

Welcome

..... to the first edition of our newsletter for 2005.

The Organisational Health Unit hopes that you had a relaxing and safe holiday period. Judging from the amount of information within this month's edition, no doubt 2005 will be a busy yet productive and rewarding time for all. A special thank

you goes to Veronica O'Neil for contributing information for the 'Intervention Strategies' article.

If you have any feedback or articles that you wish to contribute, please contact Renee Dawson at Renee.Dawson@qed.qld.gov.au.



What's New in Rehab?

The Medical Disability Advisor

Medical Disability Advisor (MDA)

The Organisational Health Unit (OHU) has received a subscription to the Medical Disability Advisor (MDA) Internet resource package. This resource is currently used by QSuper to assist them with the management of their claims. The MDA provides comprehensive information on common workplace illnesses, injuries and disability management guidelines, including suggestions for appropriate work restrictions and accommodations.

The site is extremely easy to use. The information provided on the site is simple, easy to understand and extremely helpful for those more complicated and unusual injuries and illnesses.

If you wish to receive any articles from this site, please contact Renee Dawson on 3235 4030 or at Renee.Dawson@qed.qld.gov.au.

Principal Advisor Organisational Health Training & Health Promotion

The OHU are proud to introduce Dr Eric Dommers. Eric's role as Principal Advisor, Training & Health Promotion (HP), will focus on achieving significantly improved management of organisational health through targeted training and promotional initiatives.

Eric started career life as a secondary school teacher. Following this, Eric worked as Director of the National Nutrition Education in Schools project within QUT's School of Public Health; Executive Officer of the Brisbane South Division of General Practice; Principal Policy Advisor (Primary Health Care) for Qld Health; and most recently as HP Manager, Southern Zone of Qld Health Public Health Services.

Eric's postgraduate studies include doctoral research in Type 2 diabetes education, and qualifications in HP Evaluation and Management.

WELCOME ERIC!!

Carpal Tunnel Syndrome

Carpal tunnel syndrome (CTS) refers to a condition where pain, prickling, tingling or numbness radiates from the wrist into the palm and then down into the thumb, index, middle and thumb side of the ring fingers. Caused by an unusual pressure on the median nerve, pain may eventually radiate into the forearm, shoulder, neck or chest.

Common causes of CTS include activities involving highly repetitive motion, holding the wrist in awkward positions for sustained periods of time and work related stresses. Repeated use of vibrating tools or tools that require continual, firm grip, may also lead to CTS.

Individuals with CTS may describe pain, tingling, numbness or feelings of weakness in the wrist, hand or fingers. Complaints of dropping items more frequently may be experienced and fingers may at times feel "locked" including problems pinching or grasping items. Difficulties when performing detailed tasks such as writing or tasks that require strength may also be experienced.

Conservative treatment may include eliminating or greatly reducing movements or tasks that seem

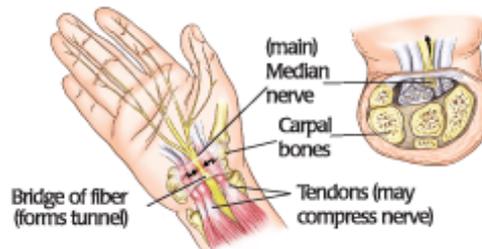
to cause or exacerbate the condition, such as repetitive movement of the wrist and fingers or wrist bending extremes (flexion and extension). Other treatment may include anti-inflammatory medication, wearing protective splints at work and/or whilst sleeping, stretching exercises, diuretics if appropriate, anti-inflammatory injections into the carpal tunnel or surgery. Symptoms may resolve

with conservative management such as reducing or abstaining from aggravating activities.

Possible rehab interventions include therapy from an occupational therapist or a certified physical hand therapist. Heat prior to therapy helps to increase flexibility

and decrease pain and the use of cold compresses following therapy can help to decrease pain and swelling.

Work restrictions and accommodations may consist of avoidance of repetitive wrist movements, extreme bending and lifting heavy items. The use of splints during work and sleep helps to maintain the wrist and hand in a neutral, less stressful position. Adjustments to work station layout and processes can also assist. (MDA Internet, 2005).



Laurie O'Keefe
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Frequently Asked Questions



Q1. What are the entitlements of an injured employee?

Throughout the rehab process injured/ill employees who are participating in rehab are entitled to:

- Choose their own medical specialist;
- Have any personal information kept confidential and not released without their written authority;
- Have representatives present at rehab meetings;
- Be provided with copies of medical reports relating to their injury/illness (where the Doctor indicates that release of such information is in the best interested of the employee).
- Consultation on their vocational rehabilitation;
- A current copy of their rehab program or return to work (RTW) plan;
- Meaningful involvement in all decisions regarding their rehab program and RTW plan.

Q2. What is the difference between a rehabilitation program and a return to work plan?

A rehab program covers the whole period from the employee's injury to their RTW - either to their pre-injury job or another suitable job. A formal rehab program must be developed, in consultation with key stakeholders, for each employee who requires rehab. The program must take into account the needs of both the employer and employee. The rehab program must have clear goals, objectives and timeframes for review. A well put-together rehab program is vital as it can minimise costs and disruption to the Department and the injured employee's life.

A RTW plan provides specific details in relation to suitable duties the person is to work and the specific days the employee is required to work each week. RTW plans should be designed in full consultation with the injured employee and their treating medical practitioner. The plan should be realistic and achievable to ensure that injured employee's RTW is safe and conducted in a timely manner.

Intervention Strategies

Two types of successful intervention strategies that may be used to facilitate the rehab and recovery of ill or injured employee's are **Functional Capacity Evaluation (FCA)** and **Worksite Assessment (WSA)**.

The fundamental objective of both a **FCA** and **WSA** is to determine the functional limitations of the employee based on physical examination, objective evaluation of performance, pain behaviour and reporting from the individual with the injury. The **FCA** and **WSA** may also enable intellectual, behavioural, emotional and psychological factors of the individual to be considered.

The aim of **FCA** is to provide a comprehensive assessment of the person's physical capacities. Results usually provide greater understanding of what the worker is or is not able to do. Possible interventions as a result of participation in a **FCA** may include: *referral to a splint therapist, gym program or physiotherapist, manual handling training, graded RTW or ergonomic assessment.*

A **WSA** aims to provide a comprehensive assessment of the physical environment in which the individual works, with regards to their injury/illness. Results can identify appropriate ergonomic design of the work environment for the individual. Possible interventions as a result of participation in a **WSA** may include: *modification to the worksite, aids or equipment, referral to a physiotherapist or splint specialist or manual handling training.* (CRS, 1996).

WPRC Profile



Donna is an Assistant Principal at Monto SHS and the WPRC. As Monto is a small rural community, her WPRC role includes providing support and information to ill/injured workers from primary schools in the surrounding area and to the Snr Rehabilitation Consultants.

Key principles that Donna applies in her rehabilitation role are keeping relevant parties informed; using consultative processes to explore solutions that meet client and organisational needs; and empowering the client by providing information, then supporting them through the decision process.

A significant key to Donna's successful interactions with people is that she goes beyond examining only the present injury or illness. Donna recognises that issues for people may stem from the medical condition and/or associated pressures. Despite her workload in other areas, Donna takes the time to focus on the 'little things' to make a person feel valued and wanted at work, like arranging a 'welcome back' morning tea with fellow staff members. Consequently, her influence changes people's mindsets to a more positive attitude towards work and their colleagues.

Useful Websites to Visit



Brain Injury Association of Queensland provides a range of information & fact sheets on acquired brain injury. www.biaq.com.au/.

ACROD (National Industry Association for Disability Services) represents services for people with disabilities and their families. Their web site, www.acrod.org.au, provides many useful links.

Centrelink offers a range of government services & payments to help Australians reach their goals & full potential. Their website www.centrelink.gov.au provides a range of publications.

The **Victorian Department of Education and Training** provide a useful web page focused on safety, health & well being. Topics & links relating to injury & claims management, health & well being, work environment, accident prevention & school safety, provide a range of information to assist principals, managers & staff. www.eduweb.vic.gov.au/hrweb/ohs/health/default.htm.

For more information, please visit www.education.qld.gov.au/health

Additional Allocations

Additional allocations (AA) are designed to support employees during rehab or with reasonable adjustment issues. An AA can assist the successful RTW of an ill or injured employee (rehab) or enable an employee with a permanent impairment to remain at work (reasonable adjustment). AAs are accepted for both work and non-work related injuries, illnesses or impairments. All AA requests for **rehab** are time-limited and most do not exceed 1 or 2 terms.

The amount of AA required is based upon medical advice on the capacity of the injured, ill or impaired employee to perform their work. All AA requests are to be forwarded to your local Senior/Rehab Consultant (RC) prior to submission to the Organisational Health Unit (OHU) for approval. It is also important that all AA requests be supported and signed by the District Principal Personal Officer (PPO) or Workforce Management Advisor (WMA). Should you require any further information, your District PPO, WMA, Snr RC or RC will be able to assist you.



Creating Healthier Workplaces

Organisational Health Unit