

Welcome...

This edition of The Rehab Review features information on changes to the WorkCover claim investigation process and an injury management article on shoulder injuries.

Our frequently asked questions address the use of case notes, including what should be recorded and why we keep them.

We have included articles on Cognitive Behavioural Therapy (CBT) and on the new graduated return to work agreement for QSuper.

If you have any feedback on The Rehab Review newsletter or would like to contribute an article, please contact Nicola on 323 70789 or by email at nicola.barnes@deta.qld.gov.au.

Changes to WorkCover Claim Investigations

From 1 January 2008, both physical and psychological injury claims must be decided by WorkCover Queensland within 20 business days (ie. 4 weeks) of the claim being lodged with WorkCover.

Once the claim is lodged, the WorkCover Claims Assessor may require additional information from the injured employee. This will generally be done over the phone in order to speed up the assessment process. This statement should contain specific details of what events the employee believes have contributed to their medical condition and any witnesses to such events.

WorkCover will then provide these details to a nominated regional contact person. The regional representative will liaise with the school or work area to establish whether the injury occurred

in the manner stated and if they have any information they can supply to WorkCover to assist in determining the claim. Relevant information will typically include contact details of witnesses (ie. someone who viewed or was involved in the event) and copies of any investigation reports.

Should WorkCover need to clarify any of the information provided or take a statement from one of the nominated witnesses, they will contact the relevant person directly.

Once WorkCover have decided the claim, they will advise the injured employee and the regional office in writing. (A fact sheet on the reporting and investigation of psychological injury claims is available on the department's Creating Healthier Workplaces website at <http://education.qld.gov.au/health/injury/factsheets.html>).

Injury Management - Frozen Shoulder Injuries

A frozen shoulder is a disorder characterised by pain and loss of motion or stiffness in the shoulder. In some cases it is so severe that the shoulder can not be moved at all, hence the term "frozen". The causes of frozen shoulder are not fully understood, but it is known that inflammation develops within the shoulder joint and adhesions form.

This disorder can develop "out of the blue" without a history of injury or overuse. It affects about 3% of the general population and is more common in women between 40 to 70 years old. People with diabetes are at an increased risk of developing this disorder.

The main symptoms of the disorder are pain and stiffness in the shoulder. Pain is usually located over the outer shoulder area and sometimes the upper arm. Sufferers describe the pain as a deep, sickly, throbbing ache in the shoulder, radiating down the arms and possibly into the neck. Sufferers cannot move the shoulder normally, which has significant impact on both work and activities of daily living, e.g. bathing, dressing.

There are three distinct stages of the disorder.

Stage one: The "freezing" stage, which may last from 6 weeks to 9 months. During this stage, the patient develops a slow onset of pain and as the pain worsens, the shoulder gradually loses more motion.

Stage two: The "frozen" stage is marked by a slow improvement in pain but the stiffness remains. This stage generally lasts 4 to 9 months.

Stage three: The "thawing" stage is during which the shoulder motion slowly returns to normal. This stage generally last 5 to 26 months.

Treatment

Frozen shoulder will generally get better on it's own, however, this takes some time. Treatment is aimed at pain control and restoration of motion. Pain control can be achieved with anti-inflammatory medications or injections, such as corticosteroids. To restore motion, physiotherapy is recommended. In severe cases or where both shoulders are affected, surgery (arthroscopy) to open the joint and free adhesions is required.

Support and Suitable Duties

There are a number of significant issues that need to be taken into account when developing a suitable duties plan for an employee who is suffering from "frozen shoulder". The duration of the disability and lack of progress become key factors in the stepping up of return to work and suitable duties.

Important components to be taken into consideration when developing a return to work or suitable duties program include, workplace and environmental factors, the availability of suitable duties and work modification, personal factors (including attitudes and beliefs about pain), recovery, activities of daily living and workplace support.

Frequently Asked Questions

Why do we keep case notes and what should they include?

Under Section 107 of the *Workers' Compensation and Rehabilitation Regulation 2003*, Rehabilitation and Return to Work Coordinators are required to keep case notes for each employee undertaking rehabilitation.

The case notes must:

1. be accurate and objective;
2. confirm details of all communication between the employee, the insurer, the employer, the employee's treating registered persons, the Rehabilitation and Return to Work Coordinator and any person engaged by the employer to help the employee's rehabilitation and return to work;
3. document actions and decisions; and
4. document reasons for actions and decisions.

Every entry should be dated and signed. The following are some examples of case notes.

What is CBT?

According to the Australasian Association of Cognitive Behavioural Therapists, Cognitive Behavioural Therapy (CBT) is a relatively short term, focused approach to the treatment of many types of emotional, behavioural and psychiatric problems. The application of CBT varies according to the problem being addressed and is tailored to the needs of individuals.

CBT examines all of the elements that maintain a problem, including our thoughts (cognitions), feelings, behaviour and the environment.

CBT programs typically consist of 5-20 weekly sessions depending on the nature and severity of the problem. Each session will involve discussion, explanation and practice of skills and techniques. Individuals will usually be required to practice those techniques between sessions.

CBT is one of the most established and researched psychological therapies for emotional, psychological and psychiatric conditions. There is good evidence that for problems such as anxiety and depression, CBT can be as effective as medication, and can enhance treatment when used with medication. CBT can also help with pain, addictions, eating disorders, somatic disorders, adjustment disorders, relationship problems, anger, stress, psychotic disorders, personality disorders and after brain injury

A range of practitioners may be able to provide CBT including: psychologists, psychiatrists, social workers, mental health nurses and general practitioners. If you are not sure, you should ask your practitioner if they are qualified to provide CBT.

Useful Resources

The Return to Work Knowledge Base is a recently launched Australian website funded by WorkSafe Victoria. Located at www.rtwknowledge.org, it provides up-to-date information about a broad range of topics related to the process of returning to work after illness or injury.

Relevant scientific research findings from around the world are presented in plain language, from the perspectives of: employees, employers, insurers and health professionals.

Date	Contact	Notes
1/5/08 10:15am	Fred Jones	P/c from Fred to say that the Doctor has approved his return to work from Monday 12/5. Initially on half days increasing to full time over a period of 4 weeks. <i>J.Smith</i>
1/5/08 11:00am	John Brown	P/c to John Brown, principal to arrange meeting to discuss GRTW. <i>J.Smith</i>
1/5/08 11:15am	Fred Jones	P/c to Fred to inform him of the meeting time with principal. <i>J.Smith</i>
3/5/08 10:30am	Fred Jones & John Brown	Meeting with John and Fred to discuss return to work and suitable duties. Reviewed Functional Job Requirements report to identify suitable duties. Fred concerned about movement around school while still using crutches in particular negotiating stairs and playground duty. John offered to change the location of Fred's classes so that they are all on ground floor and to move Fred to a downstairs staffroom. Fred will not be allocated to playground duty for duration of return to work program. Fred will have no restrictions to his teaching duties during the return to work. A temporary teacher will cover the hours not worked during the GRTW, and a teacher aide will cover the playground duty. Fred will start with half days i.e. 9:00 till 12:00 each day and gradually increase his hours over a four week period until full hours achieved. Fred is to contact John immediately if plan needs to be changed. Discussed GRTW timesheets, Fred to hand to John each Friday and then fax through to the Office. <i>J.Smith</i>

Q Super GRTW Agreement

QSuper have recently launched a new graduated return to work agreement form. This form is designed to streamline QSuper's processing of GRTW agreements from all government departments. The form has been in use in pilot form since earlier this year and is now mandatory for all QSuper funded return to work plans. Please note graduated return to work programs will not be accepted on other forms, and payments to the injured employee may be disrupted if the correct form is not used.

The GRTW agreement is to be used in place of the department's GRTW plan for all QSuper funded graduated return to work programs. The form, which requires similar information as that contained in our own departmental form, is available for download from the QSuper website at:

<http://qsuper.qld.gov.au/employer/publications/>.

The form clearly identifies the roles of all signatories including the injured employee, employer, doctor and Rehabilitation and Return to Work Coordinator. The form can be completed electronically and has a number of useful features including drop down calendars for all date fields and capacity to populate routine work hours based on data entered for the first week of the program. An alternative form is available for employees with variable working hours.

Please note the existing departmental GRTW plan should be used for all employees who are not on QSuper funded return to work programs.

Should you have any problems using the new form, please direct your enquires to the relevant QSuper Case Manager or to your region's Senior Rehabilitation Consultant.

