Supporting return to work among employees with musculoskeletal or mental health conditions: An evidence-based practical resource

This resource synthesizes the research evidence on the practical solutions that workplaces can implement—in conjunction with workers' compensation, insurance and health-care authorities—to support the return to work (RTW) of employees with musculoskeletal disorders or mental health conditions. It is based on findings from a series of systematic reviews conducted at the Institute for Work & Health.

Who should use this resource?

People who may find this resource useful include employers, employer associations, unions, labour organizations, injured workers' groups, employee advocates, joint health and safety committee members, human resources professionals and other workplace stakeholders in the RTW process.

What does the research say?

There are certainly programs and practices that workplaces can implement or offer to help support the successful return to work of an injured or ill employee. These programs / practices can be grouped into three categories, which are described below, along with examples and advice for their use and implementation.

Service coordination

These programs / practices are designed to better coordinate the delivery of, and access to, health-care, workers' compensation, insurance and / or workplace services that will assist in the return to work of the injured or ill employee. Coordination involves improving communication among and between the workplace parties, health-care providers and workers' compensation / insurance authorities involved, in consultation with the injured or ill employee.

Components may include:

- development of RTW plans
- offers of early intervention
- case management and RTW coordination
- early reporting of injury
- education and training

What can workplaces do?

- Ensure RTW policies outline responsibilities in service coordination
- Ensure RTW policies are jointly supported by labour and management

Health-focused

These programs / practices facilitate the delivery of health services to an injured or ill employee either in the workplace or in settings linked to the workplace (e.g. visits to health-care providers initiated by the workplace).

Components may include:

- graded activity / exercises
- medical assessments
- functional capacity evaluations
- physical therapy
- occupational therapy
- medication
- (work-focused) cognitive behavioural therapy
- other psychological therapy
- work hardening
- psychosocial assessments

What can workplaces do?

- Use information from health practitioners to work with an injured or ill employee in developing the RTW plan
- Establish communication with health-care providers to ensure they know about workplace demands

Work modification

These programs / practices alter the organization of work or introduce accommodations for the injured or ill worker.

Components may include:

- modified duties
- modified working hours
- equipment and / or workstation modifications

What can workplaces do?

- Conduct a workplace assessment to determine the essential duties of the pre-injury job
- Ensure workplace accommodations are provided, using internal or external resources to develop solutions



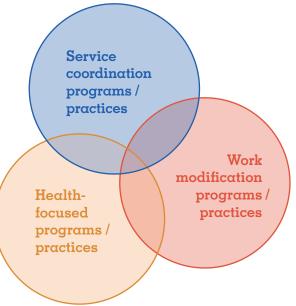
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Although each program / practice on its own has merit, the evidence is clear that incorporating programs / practices from more than one category results in better RTW outcomes.

Therefore, elements from each category should be combined to create a multi-dimensional RTW program that is suited to the workplace's unique context and the worker's specific situation.

Using a multi-dimensional approach integrating elements from all three categories is key. Deciding which elements to include from each category in any given individual RTW plan should be guided by the injured or ill employee's social, functional and personal circumstances, as well as specific jurisdictional and workplace-specific contextual factors.

All parties should work together to provide the injured or ill employee with everything needed to successfully return to work following an injury or illness.



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References

Cullen KL, Irvin E, Collie A, Clay F, Gensby U, Jennings PA, Hogg-Johnson S, Kristman V, Laberge M, McKenzie D, Newnam S, Palagyi A, Ruseckaite R, Sheppard DM, Shourie S, Steenstra I, Van Eerd D, Amick B. Effectiveness of workplace interventions in return-to-work for musculoskeletal, pain-related and mental health conditions: an update of the evidence and messages for practitioners. *Journal of Occupational Rehabilitation*. 2018;28(1):1–15. doi:10.1007/s10926-016-9690-x.

Cullen KL, Irvin E, Van Eerd D, Le Pouésard M, Amick B, Cardoso S, Mahood Q, Saunders R, Geary J, Gensby U. *System-based return-to-work* and disability management interventions: a systematic review. Toronto, Institute for Work & Health; 2018.



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