Quick Reference

BEST PRACTICES for PRIMARY PROVIDER

WSI North Dakota Workforce Safety & Insurance

Stay at Work (SAW) / Return to Work (RTW)

This document provides information related to best practices for a primary treating provider to use to help an injured employee SAW or RTW. Workforce Safety & Insurance (WSI) encourages a provider to be familiar with these elements of care. For additional information, forms, and resources visit www.workforcesafety.com.

SAW/RTW Best Practices

Best practices for SAW/RTW include approaches that are collaborative, individualized, creative, flexible, and progressive.

- **Involve the Injured Employee to Increase Recovery Expectations.** There is strong evidence that recovery expectations are associated with SAW/RTW outcomes. Low recovery expectations in injured employees after musculoskeletal pain conditions tend to be closely associated with work-related disability[1]. The following are examples of questions a provider may want to ask to increase the injured employee's recovery expectations:
  - Do you expect to return to work?
  - What part of your job can you do today? / What part of your job can't you do today?
  - If you had to estimate your timeframe for returning to work, what would it be and to what extent?
- **Adopt a "Work as Therapy" Principle to Mitigate Psychosocial Factors.** "Work as therapy" is based on the principle that many injured employees can safety do some form of productive work during their recovery. Adopting this concept helps prevent and mitigate psychosocial factors that can impede recovery. Below are examples:

Psychosocial Barrier to Recovery	Mitigating Factor Related to SAW/RTW
Financial insecurity	Normal pay and benefits
Fear of movement	Supported confrontation of feared movements
Isolation and depression	Support of normal social contacts
Low motivation for RTW	Maintain normal work routine and environment
Focus on pain and disability	Distraction of work and active social environment
Decreased activity/deconditioning	Maintain work level activity at appropriate level
Avoidance of work relationships	Maintain relationships with colleagues and supervisor
Loss of self or self-worth	Maintenance of vocational and societal role
Perceived injustice	Minimize financial and social losses

- **Include a WSI Nurse Case Manager or WSI Vocational Case Manager in an Office Visit to Enhance Collaboration.** WSI Case Managers can answer questions about the SAW/RTW process, assist with coordinating treatment recommendations and help monitor recovery progress. A provider may bill WSI for these visits. Refer to the WSI Medical Provider Fee Schedule for the billing code descriptions and current payment amounts.

Terms Related to SAW/RTW

- **Job Accommodation Options.** The following are job options for a safe SAW/RTW:
  - **Original job**
  - **Modified original job.** Job will include some but not all the regular tasks.
  - **Transitional work.** Temporary job in a modified or alternate position.
  - **Alternate work.** Different job duties when unable to perform regular job tasks.
- **Work Conditioning/Work Hardening.** Work Conditioning and Work Hardening are specialized physical therapy programs to assist an injured employee who reaches Maximum Medical Improvement (MMI) but exhibits functional deficits. They bridge the gap between physical therapy treatment and return to full-duty work.
  - Work Conditioning focuses on restoring physical capacity and function with exercises and conditioning.
  - Work Hardening is more comprehensive and utilizes real or simulated work activities to address the issues of productivity, safety, physical tolerances, and worker behaviors.
- **Functional Capacity Evaluation (FCE).** An FCE is an assessment comprised of several tests designed to objectively measure an injured employee's safe and dependable physical abilities and limitations regarding real and/or simulated work activities. A primary treating provider may refer an injured employee who has reached MMI for an FCE with a physical or occupational therapist to address whether permanent restrictions apply.

1.Carrière, J. S., Donayre Pimentel, S., Bou Saba, S., Boehme, B., Berbiche, D., Coutu, M.-F., & Durand, M.-J. (2023). Recovery expectations can be assessed with single-item measures: findings of a systematic review and meta-analysis on the role of recovery expectations on return-to-work outcomes after musculoskeletal pain conditions. *Pain*, *164*(4), e190–e206. https://doi.org/10.1097/j.pain.0000000000002789

2. Thumula, V., & Negrusa, S. (2022). A primer on behavioral health care in workers compensation. *Workers Compensation Research* as cited in Select Medical Outpatient Division Injury Management Update. (2024). *Work as a Treatment for Musculoskeletal Injuries*.