



# Work Hardening Program Standards

## Work hardening definition

Work Hardening is an interdisciplinary, individualized, job specific program of activity with the goal of return to work. Work Hardening programs use real or simulated work tasks and progressively graded conditioning exercises that are based on the individual's measured tolerances. Work hardening provides a transition between acute care and successful return to work and is designed to improve the biomechanical, neuromuscular, cardiovascular and psychosocial functioning of the worker.

## Components of a work hardening program

1. Development of strength and endurance of the individual in relation to the return to work goal. Equipment and methods that quantify and measure strength and conditioning levels must be utilized; i.e., ergometers, dynamometers, treadmills, measured walking tolerances; commercial strength and exercise devices, free weights, circuit training. Goals for each worker are dependent on the demands of their respective jobs.
2. Simulation of the critical work demands, the tasks and the environment of the job the worker will return to. Job simulation tasks that provide for progression in frequency, load and duration are essential. They must be related to the work goal and include a variety of work stations that offer opportunities to practice work related positions and motions, i.e., clerical, plumbing, electrical.
3. Education that stresses body mechanics, work pacing, safety and injury prevention and that promotes worker responsibility and self-management. The education component requires direct therapist/worker interaction. Video or slide presentations may be an integral part of the program but can not be the only element. These programs should cover physio-anatomy, back care, posture, pain management as related to body mechanics and safety. The role of exercise and the worker's responsibility in self-treatment must be covered.
4. Assessment of the need for job modifications. If the worker can return to the stated job goal but only with changes, i.e., added equipment, changes in work position or ergonomics changes at the work site, these are to be documented and reported to the claims manager/VRC. Adaptations should be made and practiced to insure success. Resources for equipment should be researched and documented. On site job modification consultations must be pre-authorized by the claims manager and documented by separate report.
5. An individualized written plan that identifies observable and measurable goals, the methodology to use to reach these goals, the projected time necessary to accomplish the goal and the expected outcomes. This plan must be signed by both the provider and the worker. This plan needs to be based on functional capacity (base-line) evaluation and must be completed within the first 2-3 days of the program and these compared to the critical demands as stated on the job analysis. A comparative analysis (re-evaluation) is done prior to discharge to determine job readiness. These evaluations are considered part of the Work Hardening format and are not billed separately.
6. A safe work environment and atmosphere that is appropriate to the vocational goal and the worker. A designated work hardening area separate from treatment of clients treated for acute or clearly medical problems is needed. Amounts of space will depend on the number of workers anticipated, but at least 100 square feet per client is needed.

7. A written quality assurance system that provides for internal review of the program. Methods that record outcomes based on the provider's program goals and worker goals are essential. This is a separate evaluation from the L&I data sheet which is to be completed by the provider on each worker.
8. A reporting system that includes:
  - a. Documentation of the initial plan. (See #5 Components)
  - b. A meeting with the worker and the essential team members after the first five working days of the program. A report should be generated from this meeting and sent to the claims manager and the attending physician. This must include documentation of progress or lack of progress and future goals.
  - c. A discharge summary, with completion of the Department of Labor and Industries Work Hardening Data Outcome Sheet, that includes an assessment of the functional capacity level and the achievement of the individual's program goals. This is to be mailed to the Work Hardening consultant no later than 7 working days post discharge. The report only is to be distributed to the claims manager, attending physician and/or referral source.
  - d. A record of the worker's daily attendance including number of days and number of hours per day on the program.
9. Evaluation and modification of work behaviors. Work behavior that includes timeliness, attendance, ability to follow directions, interpersonal relationships, etc., are to be documented by established format. The Feasibility Evaluation Checklist established by the Rehabilitation Institute of California is an example but a similar substitute may be used.

### **Criteria for admission**

1. Physical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week. An exception may be made for hand injuries and other specialized diagnoses to begin at 2-3 hours per day.
2. A defined return to work goal:
  - a. A documented specific job to return to with Job Analysis  
OR
  - b. Documented on-the-job training  
OR
  - c. A job title agreed upon by VRC and worker, verified and documented by the vocational rehabilitation counselor through vocational evaluation, and transferable skills assessment with Job Analysis and Labor Market Survey.
3. The worker must be able to benefit from the program. A screening process that includes file review, interview and testing should be used to determine likelihood of success in the program.
4. The worker must be no more than 2 years past date of injury. Recent literature supports early rehabilitation and return to work. Workers that have not returned to work by two years post injury may not benefit. Exceptions may be made for workers with injuries that have required long-term medical care; i.e., extensive burns, diagnoses requiring multiple surgical procedures.

## **Referral criteria**

All referrals may be initiated by the claims manager, attending physician, or VRC. Referrals must include prior approval by the attending physician and must be authorized by the claims manager before the program begins.

## **Program timelines**

Work Hardening Programs should be completed in 4 weeks or less. Exceptions must be pre-authorized with a maximum of 2 additional weeks allowed. These exceptions must be justified by diagnosis (i.e., hand injuries), by documentation of good participation, and by necessity to reach the vocational goal.

Some workers may return to work on a modified, light and/or part-time basis. Some may need further Work Hardening/Conditioning in order to progress to full-time or unmodified work. Up to two hours per day, five days a week follow-up, Work Hardening may be authorized for two weeks.

## **Criteria for discharge from a work hardening program**

1. The worker has reached the goal stated in the plan.
2. The worker has not participated according to the program plan.
  - a. Has not reached interim goals
  - b. Number of absences exceeds those allowed by the program. A maximum of 2 absences is recommended.
  - c. Worker does not adhere to the schedule.

NOTE: In all cases (a, b, c) the provider must call the claims staff to discuss future planning and claim actions.

3. During the course of the program the goal was discovered not to be feasible.
  - a. A previously unknown medical problem is discovered. Consultation with the attending physician is required to determine the treatment.
  - b. The treating team's judgment is that the physical goals are not attainable. The provider and VRC then need to determine a new vocational goal based on the worker's realistic physical capacities.
  - c. The previously identified job is not available.

NOTE: If a VRC has not been assigned, this should be done immediately so that there is no interruption in services and other job placement may be expedited.

## **Program supervision**

Those responsible for the supervision of the worker's Work Hardening program must be licensed occupational therapists or physical therapists. Technical staff who provide direct services to work hardening claimants must be under the supervision of the licensed therapist. Other licensed professionals, i.e., physicians, may be considered on a case by case basis. A ratio of no less than one licensed therapist to every six claimants must be maintained.

## **Specialized services**

Consultations or activities not included in the current program description and fee schedules such as medical, psychological or psychiatric consultations must be separately authorized by the claims manager prior to scheduling. The need for these consultations must be documented in the work hardening reports.

## **Duties of the work hardening provider when a client is referred**

1. Observes the Labor and Industries' standards for provision of work hardening programs.
2. Coordinates the claimant's progress closely with the attending physician and the claims manager.
3. Gets authorization for the program and program extensions from the claims manager.
4. Coordinates closely with the vocational rehabilitation counselor if one is assigned.
5. If no vocational counselor is assigned:
  - a. Obtains the job analysis from the claims manager or does a job analysis with specific authorization from the claims manager.
  - b. Coordinates with employer for successful return-to-work. Phones employer to confirm return to work date.
6. Completes L&I Work Hardening Data Sheet and mails to Work Hardening Coordinator within 7 working days of discharge.

GT: cn/WH.PS1-2/10-17-89(WH1)