Sounding Board

What functional analysis can do for work life

1. Traditional medical model

How should the medical model relate to life activities? One way is to prevent health problems and another is to diagnose and treat those with health problems so that they can maintain or return to a healthy lifestyle. Taking a logical medical approach, health enhancement and return to function after illness or injury is best accomplished if one understands the environment to which the person relates and the physical capabilities of the person necessary to perform in that environment. For the years that traditional medicine and rehabilitation have been practiced together, they have enhanced human performance of work injured adults by diagnosis, treatment and rehabilitation.

The new focus on prevention and medical outcomes has increased the need for professionals to better serve the worker. By improvement in services, the worker, the employers and the payer demand a higher accountability in outcomes for their services.

In identifying work-related goals, traditional medical and rehabilitation goals are not sufficient. Decrease in symptoms, increase in range of motion, increase in strength, or general health improvement after illness do not automatically cause an actual return to work for the worker. General health improvement goals do not provide a direct transition from better health to return to active work. The disconnect happens because physicians and rehabilitation personnel have not been able to link the healed or improved status of a worker directly to a job. Sports medicine or home life activity is technically easier because a larger percentage of medical and rehabilitation professionals understand home and sports requirements. The specificity of work and its demands is not commonly known in the depth required to match work and worker.

The basis of injury prevention and medical management is knowledge of the physical demands of the work site. One traditional method of identifying functional requirements is questioning the worker. However, for quantification and specificity necessary in the current medical/legal system, this does not substitute for quantified physical work requirements and subsequent interpretation into physical criteria necessary for a worker to perform the work.

Also important are antidiscrimination issues. The employer wishes to hire or place workers that can physically do the job, thus ensuring productivity and safety. Employees, particularly those who are in a protected group (gender, age, and disability), should be considered for all jobs of which they are physically capable.

All three areas – preventive, return to work management and antidiscrimination – facilitate scientific matching of work and worker.

2. Barriers to matching work and worker

Unfortunately, a few confounding issues color the actual practice of occupational health and rehabilitation.

Following are areas that must be addressed and, to some degree, countered before objective matching of worker and work can be completed.

– There is (not) an “ideal” worker

An employer once stated that “I put an ad in the paper for workers, but all that applied were people”. The truth in that statement is clear. The group that generates productive work is a mixture of all humans who have chosen to do productive work.

In looking at a worker, the employer must understand that motivation to work, while strong, is multi-factorial. A worker chooses to work, work safely, and work productively due to many aspects of their own environment and the environment with which the employer creates. Psychosocial elements such as pay, working conditions and co-worker interaction are all important variables. A pivotal issue is a compatible match between what the worker can do physically and what the job is demanding. The mismatch of work and worker can produce negative consequences.

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The worker whose job is "too hard" will exhibit behaviors that were formerly identified as psychosocial problems. They could be disagreements with supervisors, absenteeism, filing workers' compensation claims without direct injury and reluctance to return to work. Are workers the problem, or are the excessive physical demands of the job the problem? Inclusive objective measurement of work requirements and worker capacity will assist evaluating why a worker may have productivity issues.

– "Are you normal?"

The myth that there is a "normal" person is fostered by medical attitudes in which disease, injury and illness are all viewed as creating "abnormal" physiological responses. When a person is sick, they have fallen out of normal. When they are weak, they no longer meet normative standards. The problem is that normal is often seen to be "perfect and without fault" rather than "in an average healthy state".

Because there are so many physical and physiological factors affecting humans, any individual worker at any time could have normality or homeostasis in portions of their bodily function, but not have that in other portions. Because we are not homogenous in all our physical aspects, even those with abnormalities will have many normal abilities, and those who are considered healthy and normal will be impaired in some factors of their existence. Demystifying the "normality myth" is critically important for medical professionals.

Medical professionals must see each worker as functional in their environment rather than dysfunctional if compared to averages or norms. One only needs to walk into an active work site to note people, with and without obvious impairments, who are actively and healthily producing their work. Most humans can work; it is merely the match of work to the functional worker that is the critical component.

3. Injured workers or malingerers???

The financial gains in workers' compensation or disability systems provide an injured or ill worker with benefits which substitute for their pay while they are not able to work. Workers' Compensation is a no-fault system so it also removes the right to sue the employer from the worker.

Because money is involved, and because a relatively minor percentage of workers appear to balk at return to work by prolonging their disability, suspicion has developed. This has hurt the majority of excellent injured workers.

Most employers, even though they are concerned that there are workers in their work force who may use the system to their monetary advantage, acknowledge that the vast majority of their workers do not exhibit these characteristics. If one is to consider that 1–5% of workers may embellish or create a claim which is not completely based in fact, this leaves 95–99% of the workers as clearly capable and dedicated workers. The rehabilitation and medical community must likewise have an approach that reflects respect for the worker and injury.

If workers are treated as if they may be faking, they respond in kind. A worker who has been productive and treated in a negative manner of suspicion will react negatively to the employer or insurance company in response, and this begins the adversarial merry-go-round.

In order for employers and workers to reach a compatible view on injury management the employer must acknowledge that the worker is a good worker and, if they are hurt, that the injury will be treated as legitimate. The worker will be given the full benefit of quick expert medical services. By stopping the adversarial process before it starts, problems of attitude will be diminished.

Objective functional evaluation systems must be in place, however. If the medical case management system is objective and clear, workers who are not putting forth full effort can be identified through objective measures and then dealt with as inconsistent, unreliable or uncooperative. Workers who do participate in active return to work should be able to be identified. An objective system that can identify reliable performance, cooperation and functional ability to work will identify the issues without prejudice.

4. The medical professional as an advocate???

Medical professionals state that they are advocates for their patients. They feel that they must protect their patients from outside harm. While this may be true in preventing plague, the consideration of the workplace as a hazardous area for their patients is counterproductive.

Even though heavy or hard work may take place, people can work up to fatigue, putting in a full, good

day's work, and feel proud of that fact. The mere presence of hard work should not become a negative in the medical professional's mind. Work is not innately harmful.

Also, the fact that a medical professional sees injured workers does not mean that the work in itself is hazardous. The medical professional will only see people that are hurt, but not the ten, hundreds or thousands that are not seeking medical care because they do not have a physical problem.

If a medical professional knowingly or unwittingly keeps a person off work longer than is medically necessary, there is a creation of a disabled individual. Few medical professionals truly want their patients to be labeled disabled or, if they stay off work too long, to become actually disabled. Thus the medical professional must come to terms with the opportunity and requirement to match their workers with the demands of the job so that they can be assured that they are a patient advocate when returning the worker to safe, functionally verified, work levels.

5. Summary

Medical and occupational rehabilitation specialists who prevent or manage work injuries have an opportunity to make significant contributions to society's health. Most humans will become productive workers in their lifetime. The objective of matching human functional capacity to work demands enhances productivity and longevity as a worker.

The opportunity for professionals to match worker with the work allows worker population to meet their own reward system of "competence".

Functional models are superimposed on medical models to provide for the worker a safe construct of work that creates pride and safety. Knowledge of the work of a person and the effort and capacity required to do the work is the first step in creating a system of work competence and resultant work rewards.

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