NON-SURGICAL FRACTURE

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Reference Guide

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WORKPLACE SAFETY AND INSURANCE BOARD

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Contents

Scope of the Non-Surgical Fracture EOC

The Non-Surgical Fracture EOC will include treatment focused on functional recovery for workers, improved communication with the WSIB regarding functional status and return to work (RTW) planning, as well as new reporting and billing.

The Non-Surgical Fracture EOC includes an initial assessment, an initial assessment report, treatment, outcome measurement, communications and a summary report. While the EOC does not stipulate specific interventions, treatment interventions delivered to the worker must support SMART goals that are relevant to the overall recovery and return to work goals.

The Non-Surgical Fracture EOC is the first line of rehabilitation for workers who meet the target population criteria.

Objectives

The objectives of the Non-Surgical Fracture EOC include:

- Providing a comprehensive assessment and treatment plan that focuses on early reactivation and restoration of function
- Setting treatment goals that are based on clinical findings and functional needs of the worker
- Facilitating safe, early and sustained return to work for workers
- Timely identification of workers who are not responding to EOC treatment, including use of the Patient-Specific Functional Scale as a measurement tool
- Communication of initial assessment findings, treatment goals and progress through reports
- Communication with employer, other health care providers and WSIB as appropriate
- Achieving satisfaction with quality of care among workers, providers and other stakeholders

Target Population

The target population is workers with an allowed claim and who meet the following criteria:

- have a fracture that did not require surgical intervention;
- be medically cleared to begin rehabilitation;
- no longer have a fracture that is casted or immobilized OR have a fracture that is immobilized with a removable device (such as a splint, walking boot, etc.);
- begin the EOC within four months (16 weeks) from the date of injury;
- not have any additional injuries that prevent participation in this EOC;
- be at work (regular or modified), or are not working; and
- not be hospitalized.

The Non-Surgical Fracture EOC is not recommended for workers who are not medically cleared to begin rehabilitation or workers who have contraindications to receiving treatment in the EOC. The EOC is not appropriate for workers with pathological fractures (e.g., osteoporosis, infection, tumour, etc.).

In the context of this EOC, the terms immobilized and immobilization refer to the use of any device intended to restrict mobility, for example a cast, splint, slab, sling, brace, walking boot, or other restrictive device.

If the health professional determines that a worker is not suitable for the Non-Surgical Fracture EOC, the health professional must contact the WSIB Clinical Expert Line to discuss treatment options.

Contact the WSIB Clinical Expert Line by calling 1-866-716-1299 (toll free) or 416-344-5739.

Duration of Treatment

The program duration is up to 8 weeks from the date of the initial assessment.

A minimum number of 6 visits must be provided during the Non-Surgical Fracture EOC.

Assessment for Barriers to Recovery and Return to Work (RTW)

During the initial assessment and treatment, health professionals are expected to identify the presence of any barriers to recovery and RTW. Early identification of barriers is important as early intervention can help to reduce the chronicity and support the recovery and RTW goals.

The literature often refers to coloured flags as a way to categorize and explain barriers to recovery and RTW:

- **Red Flags** are signs of serious pathology and are identified during the musculoskeletal assessment, such as significant neurological deficits, signs of infection, tumour or a systemic condition, and may require more urgent referral for further assessment.
- **Yellow Flags** are psychological risk factors that may hinder recovery, such as expectations of a poor recovery outcome, the belief that pain or hurt equals harm, fear/avoidance behaviours or over-reliance on passive treatments.
- **Orange Flags** refer to more serious psychiatric pathology which tends to interfere with recovery more significantly than yellow flags.
- **Blue flags** refer to the social and environmental factors that may delay recovery that stem from the work environment, for example from work that is perceived by the worker as too heavy or that is perceived to be unsafe.
- **Black flags** refer to legislation, policies or procedures both within WSIB and within the broader system context that may be considered barriers to recovery.

Occasionally the health professional will identify barriers which may interfere with the worker's successful participation in the Non-Surgical Fracture EOC or jeopardize a successful recovery and RTW. In these cases please contact the WSIB Clinical Expert Line to discuss how these barriers can be effectively addressed to enable a successful outcome.

Components of the Non-Surgical Fracture Episode of Care:

Outcome Measurement

The Non-Surgical Fracture EOC will use the Patient-Specific Functional Scale[1] (PSFS) for outcome measurement. It will be used to measure a worker's improved function from admission to discharge. The PSFS is a self-reported, patient specific measure, designed to assess functional change primarily in patients presenting with musculoskeletal disorders. It is not region or injury specific. The PSFS has been found to be valid, reliable and sensitive to change in workers with fractures, as well as injuries to the knee, shoulder, upper extremity, neck and low back. The PSFS is not dependent on literacy skills, is highly relevant to the worker population and is simple to score and interpret.

The worker is asked to identify three to five functional activities, two of which must be work related, that are difficult to perform as a result of the non-surgical fracture.

The worker then rates their current ability to perform that activity on a scale from zero (unable to perform the activity) to 10 (able to perform the activity at the same level as before the injury or problem).

The maximum PSFS score is 10 (the total score divided by the number of tasks) and the minimum score is zero. The progress toward a score of 10 is a measure of improved function. The Minimum Clinically Important Difference (MCID) is three PSFS points.

The PSFS is to be administered at admission into the Non-Surgical Fracture EOC and at completion of the program with the scores recorded on the EOC Initial Assessment and on the Summary Report.

1 ©1995 P. Stratford, adapted with permission

Treatment Planning & Goal Setting

While the EOC does not stipulate specific interventions, treatment interventions delivered to the worker must support SMART goals identified during the Initial Assessment.

During the Initial Assessment, the health professional and worker will identify SMART goals for each functional activity listed in the PSFS. The SMART goals must be relevant to the overall recovery and return to work goals.

A SMART goal is a goal that meets the following criteria:

- **Specific** – clear description of the desired outcome
- **Measurable** – includes a method of measuring achievement of the goal (e.g. numbers, quantities, repetitions, etc.)
- **Attainable/Achievable** – the goal is reasonable to achieve
- **Relevant/Realistic** – it is applicable to functional recovery and return to work activities
- **Time-bound** - includes a clear timeline within which it is expected the goal will be achieved

An example of a SMART goal is provided in Section D of the Initial Assessment report.

Once the SMART goals have been set, the health professional will outline the treatment interventions and self-management techniques that will be used to support the worker to achieve the identified goals. Treatment interventions may be delivered in the most effective combination, frequency and intensity based on clinical judgement, the clinical findings, and on the functional needs of the worker.

Return to Work Planning

The health professional plays an important role in planning for early, safe and sustainable RTW. Information gathered during the initial assessment, treatment phase, and summary report can be used to provide recommendations to support the RTW plan.

The final page of both the Initial Assessment Report and Summary Report contain the return to work recommendations. The health professional must complete this page and provide a copy to the worker to share with their employer. The purpose of this section is not only to identify limitations and restrictions, but also to highlight current abilities. The health professional is expected to provide the following information:

- The date at which the worker can safely RTW, either at full regular duties or modified duties
- Recommendations for work hours
- Identify whether the worker has restrictions/limitations
- Description of accommodations and restrictions to consider as part of the RTW plan

Staying at or Returning to Work

Staying at or returning to work enhances recovery, is part of the rehabilitation process and can be effective in reducing work disability. There is evidence that staying at work or returning to work following injury enhances recovery, general health, and long-term employment outcomes. WSIB refers to this as Better at Work.

The following RTW considerations can be used to assess the worker's status and to enable treatment planning:

- RTW goals provided by WSIB's RTW Specialist or Case Manager
- Current work status
- Previous work history
- Completed Functional Abilities Forms (FAFs) and treatment reports
- Self-reported functional tolerance using the Patient-Specific Functional Scale

Reporting and Communications

Timely and effective communication is an important element in the success of the Non-Surgical Fracture EOC. Communication includes written reports, telephone conversations, and one-on-one discussion. The frequency of communication will depend on the individual circumstances of the worker and the extent of progress achieved.

Health professionals may communicate with:

- The worker
- WSIB service delivery team such as case manager
- Treating health professionals

Reporting Requirements include:

- **The Initial Assessment Report** which will communicate key findings of the initial assessment, including barriers to recovery and RTW, outcome measurement, SMART goals and planned treatment interventions.
- **The Summary Report** which will communicate the worker's functional recovery and RTW outcomes, outcome measurement, and a status update on the SMART goals.

Please submit the Initial Assessment and Summary Report within 2 working days by mail or fax to:

200 Front Street West
Toronto, Ontario MSV 3J1

OR

Fax: (416) 344-4684 or 1-888-313-7373.

Selected References

Outcome Measurement, PatientSpecific Functional Scale

Gross, D. P., Battié, M. C., & Asante, A. K. (2008). The Patient-Specific Functional Scale: validity in workers' compensation claimants. *Archives of physical medicine and rehabilitation*, 89(7), 1294-1299.

Horn, K. K., Jennings, S., Richardson, G., Van Vliet, D., Hefford, C., & Abbott, J. H. (2012). The patient-specific functional scale: psychometrics, clinimetrics, and application as a clinical outcome measure. *Journal of orthopaedic & sports physical therapy*, 42(1), 30-D17.

Stratford, P., Gill, C., Westaway, M., & Binkley, J. (1995). Assessing disability and change on individual patients: a report of a patient specific measure. *Physiotherapy Canada*, 47(4), 258-263.