

SHOULDER PROGRAM OF CARE

REFERENCE GUIDE OCTOBER 2012

Acknowledgements

The WSIB acknowledges the significant contributions of the following regulatory colleges, regulated health care professional associations and workplace representatives in the development of the Upper Extremity Injuries Program of Care from which the Shoulder Program of Care originated.

- ▶ College of Massage Therapists of Ontario
- ▶ Employers' Coalitions of Ontario
- ▶ Ontario Chiropractic Association
- ▶ Ontario Medical Association
- ▶ Ontario Physiotherapy Association
- ▶ Ontario Psychological Association
- ▶ Ontario Society of Occupational Therapists
- ▶ Registered Practical Nurses Association of Ontario
- ▶ United Steelworkers of America

**Health Care Practitioner Access Line:
1-800-569-7919 or (416) 344-4526**

Please call the Health Care Practitioner Access Line if you have any questions about the Program of Care.

Hours: Monday to Friday, 9:00 am to 4:00 pm.

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Introduction

This reference guide is intended for regulated health care professionals who, within their scope of practice, knowledge, skill and judgement, can deliver the Shoulder Program of Care. The purpose of this guide is to inform the regulated health care professionals about the objectives of the Shoulder Program of Care and the details of the treatment program.

Previously included in the Upper Extremity Injuries Program of Care (UEI POC), the WSIB has introduced a Program of Care exclusively for shoulder injuries. The recommended interventions remain consistent with those outlined in the UEI POC. An additional service is available for more complex cases or for those workers who are not progressing as expected. This service is a specialized shoulder assessment offered by the WSIB's Shoulder Specialty Clinics.

The Upper Extremity Injuries Program of Care was evaluated by an independent third party following implementation to determine health care professional, worker, and employer satisfaction, as well as health care outcomes, changes to practice patterns and economic benefit. The data was collected from the Upper Extremity Injuries Program of Care forms. The evaluation can be found on our website by going to <http://www.wsib.on.ca/files/Content/ProgramsofCare-ProgramofCareforUpperExtremityInjuriesReview/UpperExtremityPoCReview.pdf>.

The implementation of this care model is not intended to interfere with the rights and obligations of injured workers, employers, health care professionals, or the WSIB.

Grade of Evidence

Systematic reviews to identify effective treatments for work-related shoulder diagnoses were reviewed. The review conducted for the Upper Extremity Injuries Program of Care included both Level 1 (randomized controlled trials or systematic reviews) and Level 2 evidence (prospective cohort designs).

The systematic review for the Upper Extremity Program of Care was conducted by the Hand and Upper Limb Centre at St. Joseph's Health Care Centre in London, Ontario and the Human Mobility Research Centre at the Kingston General Hospital and Queen's University in Kingston, Ontario. Multiple raters reviewed abstracts to make decisions about which studies should be included in the review, and multiple raters evaluated the articles to determine their quality.

Each group developed consensus statements identifying interventions for which there is sufficient evidence to support effectiveness, or in some cases, sufficient evidence to suggest that a given treatment is ineffective. In all cases, the systematic review identified what level of evidence existed for these recommendations.

Grade of Evidence

TABLE A: LEVEL OF EVIDENCE & DEFINITIONS	
Level of Evidence	General Criteria for Level of Evidence
1a	Systematic Reviews of Homogenous Randomized Controlled Trials (RCT)
1b	Single high-quality RCT
1c	All or none study
2a	Systematic Review of Homogenous Cohort studies
2b	Single Cohort study (including low-quality RCT; i.e. less than 80% follow-up)
2c	“Outcomes” Research; Ecological studies
3a	Systematic Review of Homogenous Case-Control Study
3b	Single Case-Control Study
4	Case-series, low-quality Cohort and Case-Control studies
5	Expert opinion without explicit critical appraisal, or based on physiology or “first principles”

Adapted from reference: Sackett D, Straus S, Richardson S, Rosenberg W, Haynes R. Evidence-Based Medicine: How to Practice and Teach EBM. 2nd ed. New York, NY: Churchill Livingstone, 2000.

Objectives

The objectives of the Shoulder Program of Care are to:

- ▶ Provide workers with a thorough shoulder assessment, providing a clear diagnosis and evidence-based shoulder treatment
- ▶ Assist the injured worker to return to pre-injury level of overall function and quality of life
- ▶ Facilitate safe, early and sustained return to work for injured workers in the program
- ▶ Facilitate timely identification of surgical candidates
- ▶ Achieve satisfaction with quality of care among injured workers and other stakeholders.

Admission Criteria

The Shoulder Program of Care is for workers with:

- ▶ An allowed shoulder claim by the WSIB within 16 weeks of injury or recurrence
- ▶ No clinical evidence of significant red or yellow flags
- ▶ A diagnosis of bursitis, bruises/contusions, impingement syndrome, rotator cuff tendinitis, sprains/strains or partial tear(s) of the rotator cuff or other shoulder structures.

Diagnoses which may be considered for exclusion from the POC:

- ▶ Adhesive Capsulitis (Frozen Shoulder)
- ▶ Brachial Plexus Injuries
- ▶ Complete Rotator Cuff Tears
- ▶ Dislocations
- ▶ Fractures.

If the health care professional determines that the worker is not suitable for the Shoulder Program of Care, the health care professional must contact the WSIB to discuss treatment options.

Components of the Shoulder Program of Care

Initial Assessment and Initial Assessment Form

Initial assessment is completed at the worker's first contact with the health care professional. The assessment must include the following elements:

- ▶ A thorough understanding of the mechanism of injury
- ▶ Taking a complete history from the worker, including a subjective evaluation of the primary complaints related to the injury
- ▶ Physical and functional examination and objective evaluation
- ▶ Assessment for the presence of red and/or yellow flags
- ▶ QuickDASH and QuickDASH Work Module.

If the worker is appropriate for the Shoulder Program of Care, the health care professional completes the Initial Assessment Form and submits the completed form to the WSIB within two working days.

Rule out Red flags

Positive findings on the following conditions have been termed "red flags" and indicate that a worker may be clinically inappropriate for the Shoulder Program of Care. They include:

- ▶ Any clear indicators for immediate surgical intervention
- ▶ Acute inflammatory arthropathy
- ▶ Infection or fracture at site of injury
- ▶ Neoplasm
- ▶ Significant weight loss
- ▶ Advancing or unexplained neurological or sensory deficits
- ▶ Major tear
- ▶ Dislocation.

Identify Yellow flags

Unlike red flags, the presence of yellow flags alone is not cause to exclude or discharge the worker from the Shoulder Program of Care. If yellow flags become a significant barrier to participation in the Shoulder Program of Care, the worker should be discharged and referred for appropriate care. Otherwise, yellow flags should be monitored and addressed by the treating health care professional as appropriate:

- ▶ Believes hurt equals harm
- ▶ Prefers passive treatments
- ▶ Fears/avoids activity
- ▶ Home environment concerns
- ▶ Low mood/social withdrawal
- ▶ Work environment concerns.

It is expected that the treating health care professional will continue to monitor injured workers for the existence/emergence of red and yellow flags throughout the Shoulder Program of Care.

Components of the Shoulder Program of Care (Continued)

Outcome Measurement Tools

At the time of initial assessment and discharge, the QuickDASH (11 questions) and the QuickDASH Work Module (4 questions) are to be completed. QuickDASH and QuickDASH Work Module scores must be recorded in the Initial Assessment Form and the Care & Outcomes Summary Form and submitted to the WSIB.

Results of the QuickDASH will be used to:

- ▶ Measure the success of the Shoulder Program of Care for the worker
- ▶ Measure the success of the health professionals delivering the Shoulder Program of Care.

Recommended Treatment Interventions

Education

Education should:

- ▶ Provide information regarding the nature and the course of the shoulder complaint
- ▶ Recommend how to use the injured shoulder in daily activities
- ▶ Provide the worker with information and advice on how to manage his or her injury and how to return to normal activity.

Exercise

An exercise program consisting of a mix of supervised and home exercise programs focusing on stretching and strengthening of the shoulder.

Manual Therapy

Manual therapy includes soft tissue mobilization and localized massage for increased mobility and for pain management.

Interventions Not Recommended

There is insufficient evidence in the literature that the following interventions are effective in treatment of shoulder injuries:

- ▶ Acupuncture
- ▶ Electromagnetic Therapy
- ▶ Electrotherapy
- ▶ Laser
- ▶ Needle Aspiration
- ▶ Shock Wave Therapy.

These interventions may be used if, in the professional's clinical judgment, they are in the best interest of the injured worker. However, the WSIB will not pay and the injured worker may not be charged for these interventions.

Components of the Shoulder Program of Care (Continued)

Transition to Work (regular or modified)

Transition to work is part of the worker's rehabilitation. This may involve decreasing contact with the health care professional and increasing time at work. Pain and self-management strategies may also need to increase as the worker returns to work. This may require contact between the health care professional and the employer.

Workers should be moved towards a safe transition to work as early as possible. Health care professionals are encouraged to initiate and maintain positive cooperation and communication with the employer and the WSIB in the development of return to work strategies. Self-management strategies may need to increase as the worker moves back into the workplace.

Frequency of Contact and Duration of Treatment

The Shoulder Program of Care should be delivered according to the health professional's clinical judgment of the injured worker's need. The frequency of visits may vary among workers. A minimum of **seven visits** must be provided within the program which is up to eight weeks in duration. The frequency and treatment duration should decrease as the worker progresses and expected recovery occurs.

Care & Outcomes Summary Form

The Care & Outcomes Summary Form must be submitted whenever the worker is discharged from the Shoulder Program of Care. The Summary will include the level of participation in the Shoulder Program of Care, treatment progress, the injured worker's functional abilities, his or her work status and any further recommendations.

Communication Requirements

Timely and effective communication is an important element in the success of the Shoulder Program of Care. Communication includes written reports, telephone conversations and discussions with injured workers. The frequency of communication will vary from case to case depending on the individual circumstances of the injured worker and the extent of progress achieved. There are, however, some key communications and reporting requirements at various times during the Shoulder Program of Care.

Communication occurring among participants during the recovery and return to work process includes:

- ▶ Worker
- ▶ Health care professional
- ▶ Employer
- ▶ WSIB service delivery team (case manager, nurse consultant and return to work specialist)
- ▶ Family or general practitioner
- ▶ Other concurrent or future treatment providers.

Communication with the worker

Communication with the worker must be ongoing throughout the Shoulder Program of Care.

Communication with the employer

The only personal information about the injured worker that may be released to the employer without the worker's consent is information relating to the worker's functional abilities.

At the beginning of treatment, the health care professional must contact the employer as appropriate, either by phone or by letter, to let the employer know that you will be involved in facilitating the worker's continued progress of return to work. The health care professional may inquire about the physical demands of the worker's job and, if necessary, about possible modifications. When the worker is ready for discharge the health care professional should contact the employer to discuss RTW.

The health care professional is expected to contact the employer and maintain contact as necessary.

All communication should be documented in the worker's chart.

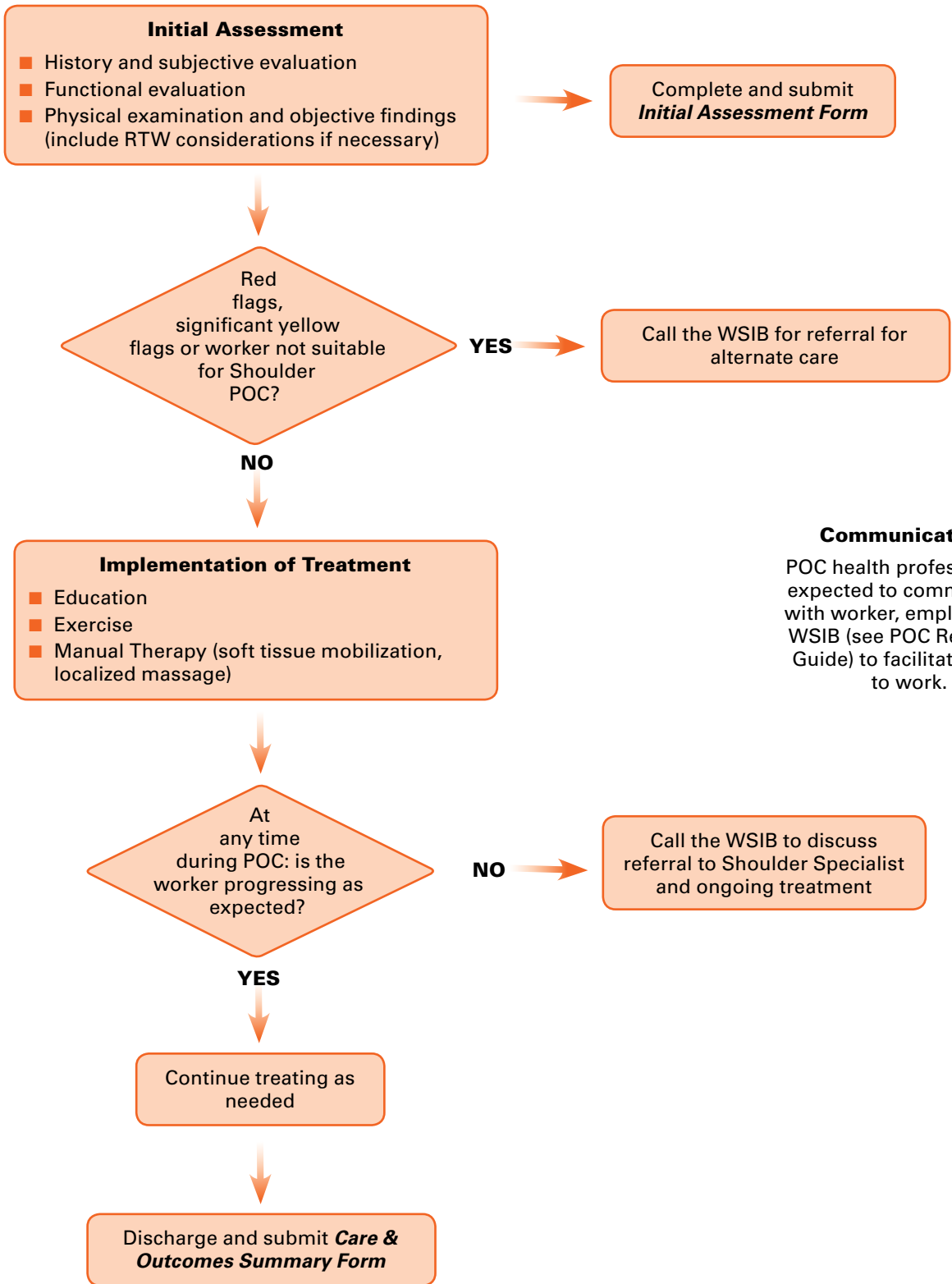
Communication with the WSIB

Quick submission of the Initial Assessment Report, and Care & Outcomes Summary by the health care professional is essential. In addition, call the WSIB when:

- ▶ The injured worker is not suitable for the Shoulder Program of Care
- ▶ The injured worker is not progressing as expected
- ▶ Red and/or yellow flags are identified that would warrant further evaluation outside the Shoulder Program of Care
- ▶ Any other issue arises.

ALGORITHM

Shoulder Program of Care (up to 8 weeks)



Communications

POC health professional is expected to communicate with worker, employer and WSIB (see POC Reference Guide) to facilitate return to work.

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