

---

## **NATIONAL WORKER'S COMPENSATION AND OCCUPATIONAL HEALTH AND SAFETY FRAMEWORKS**

### **SUBMISSION TO THE PRODUCTIVITY COMMISSION**

Submission prepared by:  
Melody Martin and Dr Julia Hush  
REHAB ONE PHYSIOTHERAPY PTY LTD

JANUARY 2004

**DEDICATED  
TO QUALITY  
& RESULTS**

REHAB ONE PHYSIOTHERAPY  
ROCKDALE  
ABN 69 091 871 528  
Suite 201 Level 2  
27-29 King Street  
Rockdale NSW 2216  
T 02 9567 0099  
F 02 9567 1755  
[service@rehab-one.com.au](mailto:service@rehab-one.com.au)

**Associated Offices:**

REHAB ONE PHYSIOTHERAPY  
PARRAMATTA  
ABN 69 091 871 528  
Suite 701 Level 7  
2 - 10 Wentworth Street  
Parramatta NSW 2150  
T 02 9687 9399  
F 02 9687 9396

REHAB ONE PHYSIOTHERAPY  
CAMPBELLTOWN  
ABN 73 099 458 401  
Suite 2 Level 1  
101 Queen Street  
Campbelltown NSW 2560  
T 02 4640 8888  
F 02 4640 8899

## ISSUES RELATING TO INJURY MANAGEMENT IN WORKER'S COMPENSATION

Chapter 6 of the Interim Report states that: "Injury management is viewed as a partnership between employees, employers, medical practitioners, rehabilitation providers, insurers and scheme regulators" (p.139). It would seem reasonable to include key treatment providers such as physiotherapists in this partnership.

The framework of injury management, as outline in Chapter 6, does not give due consideration to treatment for injured workers. WorkCover NSW has recently produced a comprehensive document regarding effective treatment programs for workers with musculoskeletal injuries, based on the latest scientific evidence, and following a wide-ranging consultation process:

*Work related activity programs for the prevention of long-term disability in workers with musculoskeletal injuries (non red flag conditions). Discussion Paper (Sept 2003).*

It can be located at the following website:

[http://www.workcover.nsw.gov.au/NR/rdonlyres/E126C68C-719A-46A9-BCB9-9649EC3117FF/0/work\\_related\\_activity\\_programs.pdf](http://www.workcover.nsw.gov.au/NR/rdonlyres/E126C68C-719A-46A9-BCB9-9649EC3117FF/0/work_related_activity_programs.pdf)

The work related activity programs outlined in this document enable the injured worker to perform work tasks identified in the worker's Injury Management Plan. The programs include education, exercises and graded increase in daily activities, based on a cognitive behavioural approach. Physiotherapists are identified as key treatment providers in such programs.

Specifically, the role of physiotherapists in the early intervention and rehabilitation stages of Injury Management include:

- Conducting a comprehensive physical assessment, screening for red flag conditions, psychosocial screening and assessment of functional tolerances and capacity to perform work tasks.
- Providing education to the injured worker regarding their condition and the consequences of time off work as well as encouraging the worker to stay at (or return to) work.
- Establishing goals to maintain or upgrade tolerances for daily functional activities (eg walking, lifting, carrying objects) and work tasks.

- Improve functional tolerances by implementing pacing techniques and prescribing appropriate exercises to improve strength, fitness and mobility (upgraded gradually using a behavioural approach)
- Prescribe work-specific exercises to improve ability to perform individual work tasks.
- Liaise closely with the nominated treating doctor and rehabilitation provider to provide objective information regarding current physical abilities (e.g. lifting tolerance) to assist the injury management team with the return to work plan and upgrading at work.

There is strong Level I and II research evidence that such programs, implemented and supervised by physiotherapists specifically, achieve a faster return to work, with an average reduction of 45 sick days per year for workers with back or neck injuries (Schonstein et al, 2003 Cochrane Library, Issue 1, 2003).

Physiotherapy treatment therefore needs to be recognized as a key component of the injury management process.

## **ISSUES RELATING TO OCCUPATIONAL HEALTH & SAFETY**

The latest scientific research demonstrates that the only workplace intervention that works in preventing low back injuries is an exercise program supervised by physiotherapists (Maher, 2000: A Systematic Review of Workplace Interventions to Prevent Low Back Pain. Australian Journal of Physiotherapy vol 46: 259-269).

Such preventative exercise programs are done at the workplace and include whole body exercise to music weekly or bi-weekly, and have been shown to halve the incidence of work-related back injuries (e.g. Gundewall, 1993 Spine vol 18: 587-594)

Other commonly used approaches such as education or wearing back corsets have been shown to be ineffective, and other interventions such as lifting aids or teams or “no lift” policies have not yet been demonstrated to prevent back injuries (Maher, 2000).

This important scientific evidence may be of use in considering national frameworks for prevention of back injuries.