

Back in the Saddle: A Systematic Review of Occupational Therapy Interventions that Facilitate Return-to-Work

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Objectives of Presentation:

1. Recognize the opportunity for injured workers, organizations, and society to benefit from occupational therapy interventions that improve return to work (RTW) outcomes.
2. Classify RTW occupational therapy interventions based on effectiveness.
3. Describe strategies to apply evidence-based interventions in current clinical practice.

PICO: What interventions within the scope of occupational therapy best facilitate return-to-work for adults with musculoskeletal disorders on workers compensation?

Methods:

- Bulleted info about databases, search terms, how critiqued and number of articles found and used for review
- Developed PICO Question, determined inclusion and exclusion criteria, identified databases
- Performed systematic review per PRISMA Guidelines: Medline, PsychInfo, and CINAHL
- Screened articles by title, abstract and full text
- 15 articles were appraised using the Evaluation of Quality of an Intervention Study (Law & MacDermid, 2014) or Quality Indicators within Single Subject Research (Horner, 2005)

P: Low back pain, Upper Limb*, Musculoskeletal disorder*, Work* Compensat*, Musculoskeletal dysfunc*, Work Disabilit*, Musculoskeletal injur*, Worker* Compen*, Neck pain, Workm* Compen*, Upper extre*, Work-related, *Back Pain, Occupational Diseases, Low Back Pain, Occupational Health, Musculoskeletal Diseases, Upper Extremity, Musculoskeletal Pain, Worker's Compensation, Musculoskeletal System Injury, Neck Pain, Occupational Accidents*

I: Coping, Rehabilitation, Work Simulation, Education, Strengthening, Workplace, Ergonom*, Training, Exercise, Vocational Rehabilitation, Motivation, Work Conditioning, Occup* Therap*, Work Hardening, Psychosocial, Work Rehabilitation, *Ergonomics, Occupational Therapy Rehabilitation, Vocational Rehabilitation*

C: None

O: Absenteeism, Functional capacity, Return to work, Work capacity, Work disability, *Employee Absenteeism, Job Re-entry, Reemployment, Return to Work*

Results:

| Themes | Number of Articles | | Outcomes |
|---------------------------------|--|--|--|
| Psychosocial Intervention | 12 Studies (Ref. 5, 8, 10, 12, 16, 18, 20, 21, 22, 23, 24, 26) | | Moderate evidence overall supports psychosocial intervention for RTW. Psychosocial intervention is effective when delivered in individual sessions and in a program with complementary therapies. |
| Patient Education | 11 Studies (Ref. 5, 6, 8, 10, 11, 16, 18, 20, 21, 23, 26) | | Strong evidence overall supports patient education, especially on pain management and return to activity, to facilitate RTW. Education is effective delivered in tandem with psychosocial intervention and combining direct instruction, printed materials, and discussion. |
| Interdisciplinary Collaboration | 6 Studies (Ref. 6, 10, 21, 22, 24, 25) | | Strong evidence overall supports collaboration in health care teams of 4 or more professionals, including a psychosocial expert, for RTW. Including worker in RTW plan or goal-setting improves outcomes. |
| Delivery of Services | Workplace Intervention | 4 Studies (Ref. 6, 12, 21, 25) | Mixed evidence overall supports changing delivery of the intervention to improve RTW. Workplace involvement may be effective for improving RTW outcomes. More evidence is needed to determine if staging the delivery of the intervention and early intervention are effective. |
| | Staging delivery of intervention | 2 Studies (Ref. 20, 22) | |
| | Early Intervention | 1 Study (Ref. 21) | |

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