

PHASE 5. HEALTH CARE MANAGEMENT

Phase 5 is designed to define health care management processes and linkages with Ergonomics Subcommittee activities. All of the information, checklists and examples needed to complete the tasks in phase 5 are included in the attached *Ergonomics in Action, Booklet IV: Health Care Management* (attachment 1).

1. Available Resources. In addition to the Ergonomics in Action booklet, the DOD Ergonomics Working Group has been working with the DOD/VA Clinical Practice Guideline initiative.

a. Back Pain Clinical Practice Guideline. This guideline has been completed and is being implemented throughout DOD. All Army facilities should be using this practice guideline. The algorithm and supporting patient and provider toolkit materials are provided in attachment 2. The complete guideline and detailed information can be downloaded from <http://www.cs.amedd.army.mil/qmo/>.

b. WMSD Clinical Management Guideline. This guideline is currently in draft but is scheduled for full development in FY 01. The draft guideline is included in Booklet IV and is complete enough to be used by providers. At present, it does not include the extensive supporting evidence, documentation and toolkit that the completed guidelines offer. Progress reports and draft updates will be posted on the DOD Ergonomics Working Group websites.

2. Phase 5 Tasks.

a. Provider Education. Provider education and support are key to the success of this phase. Education efforts should include --

- (1) Overview of ergonomics, risk factors, common problems and solutions
- (2) Overview of the clinical practice guidelines for low back pain and WMSDs.
NOTE: Education on the low back pain practice guideline may have already been provided as part of the DOD/VA initiative.
- (3) Providers' roles and responsibilities in the program, specifically –
 - (a) Identifying concerns and communicating with the Ergonomics Subcommittee. This 2-way communication link is essential to ensure complete and timely management of the injury or illness.
 - (b) Clinical case management – which includes return to work planning, coordination with the Subcommittee for work area assessment, specific descriptions of work limitations and accommodations, and communication with the immediate supervisor. The consideration of

workplace risk factors is critical in the clinical management of the case in order to facilitate recovery and prevent re-injury or disability.

- (c) Coordination with the Ergonomics Subcommittee and the work area supervisor to identify accommodation requirements for special needs populations.

b. Quality Assurance / Quality Management. Include the adherence to the treatment protocols in the local quality assurance / quality management monitoring.

c. Protocol Re-Evaluation. Periodically re-evaluate treatment protocols to ensure they continue to reflect current knowledge and best practices.

d. Workplace Follow-up. Develop a process and timeframe to re-evaluate high risk areas to ensure the job requirements are appropriate and risks have been eliminated or are reduced to an acceptable level for workers/soldiers on a limited duty restriction or returning to full work.

e. Work Hardening / Reconditioning. Work with health care personnel to develop work hardening / reconditioning / break-in guidelines for new or returning workers/soldiers.

f. Conditioning. Work with health care personnel to identify appropriate warm-up, stretching, and conditioning activities. Include this information in worker and supervisor training programs and periodically monitor for compliance.

2 Attachments

1. [Booklet IV](#)