

Returning to Work After an Orthopaedic Injury

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Workers' compensation and orthopaedic nursing are often intertwined for the treatment of an injured worker and returning them to work. The workers' compensation system can be complex, and knowing the regulations can be beneficial in the treatment of an injured worker and returning them to work safely. Orthopaedic nurses often play an integral role in the evaluation, treatment, and discharge of an injured worker, so understanding workers' compensation, workers' job, and expectations is important for the safe return of a worker back to duty. Orthopaedic nurses are in key positions to assist with the planning, treatment, and return of a worker back to their job.

Regardless of their occupations, employees sustain job-related injuries or illnesses at their places of employment each year. The Occupational Safety and Health Administration (OSHA) defines a job-related injury and illness as an incident or exposure that occurred in the work environment, which leads to or produces a subsequent ailment or negatively impacts a previously diagnosed condition (U.S. Bureau of Labor Statistics, 2020). In 2018, employers in private industries reported 2.8 million nonfatal work-related injuries and illnesses; surprisingly, since 2012, the trend of total recordable cases did not decrease (U.S. Bureau of Labor Statistics, 2020). A reported 900,380 nonfatal injuries and illnesses that required days away from work occurred in the private industry nationwide. For example, 37% ($n = 333,830$) of cases required a healthcare visit to either an emergency department for care or an inpatient hospitalization (U.S. Bureau of Labor Statistics, 2020).

Nonfatal work-related injuries and illnesses are numerous and encompass select body parts and are associated with days away from work in the private industry. The commonly reported areas affected by injury or illness include the categories of head, trunk, upper and lower extremities, body systems, and multiple body parts (U.S. Bureau of Labor Statistics, 2020). In ranking order, the top three orthopaedic, work-related injuries include 286,810 upper extremity (shoulders, arms, hands, and wrist) injuries, 215,500 lower extremity (knees, ankle, and foot) injuries, followed by 142,230 back injuries. No matter the body part or system-related injury or illness, days, or time away from work has a

significant financial cost or burden that is imposed on the employer as well as the employee.

Costs associated with medical and work-loss nonfatal emergency department-treated injuries account for more than \$456 billion in 1 year, which is a substantially greater financial burden than the cost coupled with fatal injuries at \$214 billion (Centers for Disease Control and Prevention, 2020; Florence et al., 2015). Specifically, nonfatal injuries account for 68% of the total cost of all injuries (fatal and nonfatal) with an estimated cost of \$671 billion. The purpose of this article is to discuss the workers' compensation system and how orthopaedics are often involved due to the nature of a worker's injury. The article discusses important aspects of workers' compensation and how they relate to orthopaedic nursing practice, education, and research.

Workers' Compensation/OSHA Regulations Related to Injuries

WHAT IS WORKERS' COMPENSATION?

Workers' compensation, also known as "workers' comp" or "workman's comp," refers to insurance coverage available to employers for purchase from multiple commercial providers to cover expenses sustained from

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employee job-related injuries and illnesses (The Hartford, n.d.).

This insurance covers a portion of costs incurred from medical care directly associated with a job-related injury or illness and covers a portion of lost income while an employee is unable to work. Coverage allows for employee recovery time, bestows disability benefits when applicable, and covers funeral expenses if injury or illness results in loss of life. Benefits associated with workers' compensation are determined by individual states and expressed as regulations and requirements. Employers profit from workers' comp coverage by receipt of monetary protection from lawsuits, coverage of workplace injuries and illnesses, and by remaining in compliance with state-mandated regulations (The Hartford, n.d.).

The OSHA mandates and publishes standards also referred to as regulations, and categorizes them into the areas of general industry, construction, and maritime. Regulations offer a means to measure employer compliance standards by establishing and enforcing criteria to show observance with OSH Act laws. OSHA standards are published in the Code of Federal Regulations. OSHA updates are published each weekday by the National Archives and Records Administration in *The Federal Register* along with other federal updates including regulations, rules being proposed, notices to the public, and presidential orders, proclamations, and other documents. Regulations are enforced by OSHA-conducted inspections that are prioritized by worker complaints, reports of danger, and fatalities. Workers currently employed or their representatives may request workplace inspection by filing a written complaint to the OSHA reporting potential noncompliance with OSHA standards or significant workplace hazards (U.S. Department of Labor, n.d.a).

RECORDABLE INJURIES AND ILLNESSES

The OSHA defines recordable injuries and illnesses as any work-related fatality, injury, or illness resulting in unconsciousness, lost days from work, work restrictions, or assignment to a different job as a result of the work-related injury or illness. Work injuries and illnesses that require more than first aid treatment are recordable. A significant injury or illness diagnosed by a physician or other licensed healthcare professional meets criteria for recording even if it does not result in unconsciousness, lost workdays, work restrictions, change in job assignment, or medical treatment beyond first aid. Cancer, fractures to bones or teeth, ruptured eardrums, and chronic irreversible diseases deemed work-related must be recorded. Tuberculosis, loss of hearing, sharps, and needlestick injuries and medical removal from work fall under special recording criteria. Most businesses employing more than 10 employees are mandated to maintain a record of all significant job-related injuries and illnesses. Industries considered low risk (e.g., office administrative services or business support services) are exempt from record keeping (U.S. Department of Labor, n.d.c). There is no requirement to keep a record of injuries only requiring first aid. Maintaining a record of recordable illnesses and

injuries assists employers, workers, and the OSHA to identify workplace hazards and focuses attention on cause analysis, and directives for safety programs thus aiding in prevention of future injuries and illnesses. Records of recordable illnesses and injuries must be retained at the work location for a minimum of 5 years and summarized annually for posting by the employer between the months of February and April. Both current and former employees or their representatives may request copies of records at any time. Employers are required to report worker fatalities within 8 hours of occurrence; and hospital admissions, amputations and eye injuries resulting in loss of vision within 24 hours of injury (OSHA, n.d.).

OSHA Standard 1904 refers to determination of work-relatedness and recording and reporting of occupational injuries and illnesses. Standard 1904.5(a) states the basic requirement that if an occurrence or exposure at the work site results in or contributes to a condition or notably aggravates a preexisting injury or illness, it is to be considered as a work-related condition. Any exceptions to this basic requirement standard are found in Standard 1904.5(b)(2). General reporting and recording criteria, forms for reporting and record keeping and other applicable materials are included within this standard (OSHA, n.d.).

FIRST AID VERSUS TREATMENT

First aid is defined by the OSHA as treatment required for an injury necessitating medical attention after it occurs, but is usually one-time, short-term treatment with little to no medical training or technology (U.S. Department of Labor, n.d.b). Table 1 discusses first aid approved by the OSHA. Treatment is defined as the care and management of an injury, disease, or disorder that goes beyond the definition of first aid but does not include observation or a counseling visit with a provider, diagnostic procedures, or using prescription medication

TABLE 1. FIRST AID TREATMENT

Cleaning, flushing, or soaking surface wounds
Tetanus immunizations
Hot or cold therapy
Eye patches
Wound coverings, no closure devices
Draining fluid from blister
Nonrigid means of support
Removing foreign body from eye-by irrigation or cotton swab
Nonprescription medicine at nonprescription strength
Finger guards
Massages-not physical therapy
Removing splinters by simple means
Drinking fluids to relieve heat stress
Using temporary immobilization devices to transport accident victim

Note. From *OSHA injury and illness recordkeeping and reporting requirements* by U.S. Department of Labor, n.d.c.

for the sole purpose of a diagnostic procedure (U.S. Department of Labor, n.d.b) Understanding this difference is important, because going beyond first aid, when unnecessary, can result in a recordable injury, which in turn, can increase unnecessary spending.

CASE STUDIES

Case Study 1

A 30-year-old female truck driver sustained a nondisplaced distal fibula fracture after slipping on an icy truck step and falling 4 ft on an inverted ankle. Initially, she was evaluated and treated in a local emergency department with splinting, elevation, ice, and non-weight-bearing advised. Anti-inflammatory pain medications and a short course of opioid pain medications were prescribed. Over a 6-week period, she was off work and was treated in a short cast with non-weight-bearing status. She attended periodic orthopaedic visits to monitor fracture healing and, at week 6, was placed in a walking boot and was cleared to return to work by the orthopaedic surgeon.

The injured worker in this case study is a Department of Transportation (DOT)-certified driver. This is an important point to understand, particularly when treating workers who drive or work in safety-sensitive positions (police, fire, drivers, heavy machine operators, etc.), as well as other workers whose jobs cannot safely accommodate limitations. The provider in this case study has cleared the driver to return to work with no restrictions. However, in this case the driver has a limitation of a walking boot and would be unable to operate a truck, due to decreased range of motion, as well as decreased strength in the right ankle. The driver would be unable to return to full duty until the walking boot was removed, and full strength and range of motion in the ankle was regained to safely operate the truck. In this case, as well as other work-related injuries, it is important to know and understand a worker's job and responsibilities. Most employers are able to provide a job description with specific requirements and expectations of a worker's functional job description upon request. This can help clear any misunderstandings and provide expectations of a worker's job position and specific requirements of their work. See Table 2, specifically the website for the Federal Motor Carrier Safety Administration, which regulates DOT drivers and provides standards and regulations regarding a truck driver's ability to safely operate a truck.

Case Study 2

A 41-year-old male construction worker sustains a grade 2 rotator cuff strain while carrying large items as part of a demolition project. The worker was not able to continue work due to pain and was sent to their supervisor. Because it was not deemed a medical emergency, the worker had an appointment scheduled the following day with the occupational health provider. The patient was initially diagnosed with an unspecified strain of the shoulder, prescribed anti-inflammatory medications, and scheduled for rehabilitation with an occupational therapist. The worker followed up 3 weeks later with the provider and, due to continued pain, required an MRI, which diagnosed a grade 2 rotator cuff strain. This diagnosis did rule out a need for surgery but did require a more individualized plan for treatment, including continued therapy.

When a worker may be out for an extended period, it is essential to speak with the employer to see whether there are tasks they are able to do, such as managerial or office work, which would not require strain in the affected joint. A job description was requested, and given the work required, the provider could not return the worker to full duty. This required further follow-ups to evaluate for decreased pain and increased strength, and in this case, there were no other work opportunities they could do at this time. This will require the worker to continue therapy until they can complete all the required tasks of their job, including heavy lifting. To provide the most effective care and return the worker to full duty, this will require excellent communication between the worker, occupational therapist, occupational health provider, and all other potential parties. This highlights the importance of all members of the occupational health team working together.

Considerations in All Cases

It is important to remember that all injuries are different. You have fractures, sprains, and strains, but there are even more. Also, based on the type of injury, type of work, and healing process in the worker, you cannot expect them to proceed in the same fashion. This can be frustrating for all parties but this understanding will help the occupational health team plan more efficiently. These variables are important to remember when taking in considerations for all of the worker compensation claims you may be a part of.

In all cases of workplace injury or illness, an incredibly important aspect of workers' compensation is

TABLE 2. OCCUPATIONAL HEALTH AND SAFETY RESOURCES

American Association of Occupational Health Nurses (AAOHN)	www.aaohn.org
American College of Occupational and Environmental Medicine (ACOEM)	www.acoem.org
Association of Occupational Health Professionals in Healthcare (AOHP)	www.aohp.org/aohp/default.aspx
Centers for Disease Control and Prevention (CDC)	www.cdc.gov
Federal Motor Carrier and Safety Administration (FMCSA)	www.fmcsa.dot.gov/regulations/medical
National Institute of for Occupational Safety and Health (NIOSH)	www.cdc.gov/niosh/index.htm
Occupational Safety and Health Administration (OSHA)	www.osha.gov

whether or not to return a worker to full duty with no restrictions, limited duty with restrictions, or off work. As mentioned previously in the article, recordables are an important aspect of work comp. Limiting duty for a worker and/or taking them off work can possibly make an injury recordable. Therefore, it is imperative to understand this regulation, as some injuries can allow a worker to return to work safely with minimal to no restrictions. Having a job description and understanding a workers' duties can help clarify whether or not a worker can return to work, with or without restrictions.

When writing restrictions or limitations for a worker, it is important to be as specific as possible in regard to their essential job function. Again, a job description or communicating with an employer can assist in this process. Adding specific weight restrictions or limiting use of an extremity due to injury should also be considered. This may allow a worker to return to work in some capacity but not allow them to return to their normal position. Also, for workers in safety-sensitive positions, a specific limitation of "no driving," "no operating heavy machinery," or "no lifting equipment greater than 15 pounds" is essential to consider when placing limitations. It is well documented in research that the longer a worker is out of work, the more likely they are not to return. Of workers off duty for 3 months or greater, only about 50% return to work (Vanichkachorn et al., 2014), so returning an injured worker back to work in some capacity can be beneficial to the worker. Lastly, when returning workers back to their positions, an important consideration is whether workers are prescribed a sedative or narcotic medication. It must be considered whether the worker is able to take their prescription medication, safely perform their job functions, and not be a threat to themselves, their coworkers, as well as the public. The goal is to return an injured worker back to their position in a safe, timely manner.

Implications for the Orthopaedic Provider

The evaluation, assessment, and treatment of an individual with an orthopaedic injury is the core of being an excellent orthopaedic nurse; however, when using their expertise to care for workers, it is very important for them to understand there are differences when managing worker and workers' compensation. Workers' compensation has very specific rules and regulations. These regulations differ for each state and the provider is responsible for knowing and following these regulations. Some of these regulations may decide how claims are processed, how a worker is assigned to a provider, or even the level of documentation.

Another difference is understanding how to balance providing the most appropriate care for the individual with returning them to work. This requires the orthopaedic nurse to understand the requirements of the individual's occupation and when the time is appropriate to safely return them to work, which is of importance to the worker, their fellow workers, and the public. The

goal is to help the individual completely recover from the injury and to release them to full duty when possible. However, these two things many times do not occur at the same time. There may be instances where individuals can be released to full duty, but they are still recovering from an injury and will require further care. These subtle differences make caring for workers unique and may require some adjustment for the orthopaedic nurse. Table 2 provides some additional resources regarding occupational health and safety that may be of benefit when dealing with the workers' compensation system, as well as the evaluation, treatment, and return to work of the injured worker.

Understanding the occupational health process as an orthopaedic nurse has implications on their clinical practice, but it can also impact the education of the orthopaedic nurse and the development of future research. As orthopaedic nurses begin understanding the importance of occupational health nursing and the impact they have on it, they can work as a professional group to incorporate more of this crucial knowledge in their educational components and continuing medical education opportunities. Funding opportunities for future research are available in occupational health. A collaboration with the expertise of orthopaedic and occupational health nurses could be fertile ground to grow future research, impacting both disciplines.

Conclusion

Orthopaedic nursing, occupational health, and workers' compensation healthcare providers often work together for the treatment of injured workers. It is important for orthopaedic nurses to understand workers' comp and its regulations because of the impact it can have on an injured worker. Knowing and understanding a worker's job and daily tasks is important to consider when taking them off work, writing limitations, or returning them to their full-duty position. Returning a worker to full duty without consideration of their occupation can be unsafe for the worker, as well as their coworkers and the general public. Orthopaedic nurses can advocate on behalf of the worker to ensure a safe return to work.

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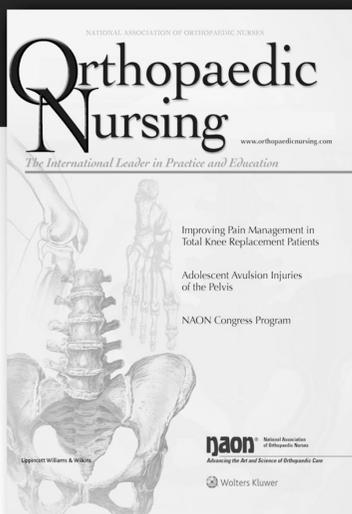
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