

Prevention C+olumn

REHABILITATION – APRIL 2020

Rehabilitation: support for a return to health

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Support for a return to health...

REHABILITATION: CRUCIAL to the disability claims management process

In the disability claims management process, various tools are used to support people in their recovery. Whether the problem is physical or psychological, rehabilitation is a tool that case managers responsible for the medical and administrative aspects of disability claims use to offer their clients personalized assistance in achieving a timely and lasting return to health.

In order for this assistance to be offered, certain criteria must be met.

The following criteria are considered **in order to derive the maximum benefit** from a plan proposed by a vocational rehabilitation specialist:

- The stability of the person's health.
- The lack of progress in recovering the functional capacities necessary for the resumption of normal activities.
- The likelihood that additional assistance might make a difference for the person.

Of course, success of the plan implemented hinges first on the person's willingness to play an active role in his or her recovery. The person must demonstrate involvement in the proposed plan, because that is a determining factor in returning to health under the best conditions.

Participation may also be mandatory, if provided in the insurance contract. If so, the case manager will make the person aware of that fact.

A vocational rehabilitation specialist is a professional with a university degree in health or a social sciences discipline. The ones at La Capitale have 10 to 15 years of experience. ■



Let's take a look at the main steps in the rehabilitation process:

STEP 1

Before referring a file to the team of vocational rehabilitation specialists, the case manager informs the person.

STEP 2

Then, the vocational rehabilitation specialist schedules a meeting, either in the person's home or by telephone, to perform an assessment. As applicable, the assessment takes into account the person's abilities and restrictions and determines the person's situation, based on the psychosocial, personal, family, professional and financial aspects.

STEP 3

A personalized rehabilitation plan can be prepared. Interventions considered appropriate, based on the person's particular situation, can be put in place, as needed.

STEP 4

The goal of these interventions is to provide guidance and support during the recovery process and, ultimately, to facilitate a return to work.

Actually, one of the primary objectives of a vocational rehabilitation intervention is to reduce the functional gap that interferes with the performance of a person's duties. In essence, all efforts focus on increasing the person's functional capacities, to bring them up to the required level.

Needless to say, the return to work is always done when the time is right, i.e. when the person is considered ready to safely resume his or her duties.

STEP 5

To complete the process, a gradual return to work (GRTW) may be proposed, if the employer is able to accommodate the employee. For this to take place, a letter may be sent to the person's physician, proposing that a plan containing the appropriate terms and conditions be carried out. The work environment is the place where progress can be most effectively demonstrated, and it allows the employee to, on a daily basis, apply all the tools provided and increase his or her functional capacities in the work environment until full-time duties can be resumed.

FINAL NOTE

In general, through vocational rehabilitation interventions, people acquire tools with regard to lifestyle and sleep habits, occupational schedule, work/life balance, anxiety management, conflict resolution, etc. They can use these tools throughout the rest of their career. ■

Fictional examples

Linda, age 53

Linda, a 53-year-old dental hygienist, has been off work **for the past 10 weeks** with a diagnosis of adjustment disorder with anxiety. Although she is on the appropriate medication and has weekly sessions with a social worker, she sees very little improvement in her condition. The vocational rehabilitation specialist who visits Linda notes that her occupational schedule (her daily activities) and sleep habits are not adequate. In addition, the anxiety generated by thoughts of returning to work prevent her from being able to plan a return to work at this time.

Therefore, following the assessment, it was determined that an occupational therapist in mental health would be able to help her. An initial visit was then proposed to determine the interventions that would be required. Then, an intervention plan would be prepared to focus on the difficulties observed, in order to coordinate a return to work. Throughout the interventions, Linda would be in contact with the vocational rehabilitation specialist, who would coordinate services and her return to work when the time was right. After four weeks of follow-up with the occupational therapist, Linda was able to plan a return to work.

Because the specialist had already contacted Linda's employer to find out what the options were in that regard, a return-to-work preparatory meeting was scheduled. Linda received all the tools she needed to successfully return to her job.

Dennis, age 28

Dennis, age 28, is a casual municipal labourer, who has been on sick leave **for the past six months** due to a diagnosed herniated disc. He goes for weekly physiotherapy sessions and has received an epidural injection, which, unfortunately, did not bring about any improvement. No other treatment is planned. Dennis is discouraged. He's afraid that more activity would aggravate his injury, so he is inactive at home.

The vocational rehabilitation specialist visits Dennis at his home to evaluate his condition and concludes that a multidisciplinary program at a clinic would be appropriate at this stage. Following the intake visit, a six-week capacity development program with a kinesiologist, an occupational therapist and a physiotherapist is initiated. Dennis soon notices that the activation is having a positive impact on his health in general, and he gradually regains his functional capacities.

At the end of his program, the program counsellors gave the green light for him to return to work. A GRTW plan could then be discussed with his employer and subsequently proposed to his attending physician, who agreed. Coaching by the specialist was offered for Dennis' return to work, and he is very happy to be able to lead a normal life now. ■



In conclusion

In evidence databases built over time, it has been demonstrated that rehabilitation contributes to reducing the length of disability periods. We have noticed that the sooner interventions are carried out in claim files, the greater the impact on the length of disability periods and the more lasting returns to work tend to be. With the guidance offered and the relationship of trust that is established, people feel guided and supported throughout their recovery process, and this facilitates their return to health.

In all situations, it is important not to underestimate the person's participation in the process. That is the key to success! ■