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Dr. Susan Arnold Occupational Therapist

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RE OCCUPATIONAL THERAPISTS

I am an occupational therapist of over 40 years experience. Since the early 1980's I have been involved in the provision of services within workers compensation as well as the CTP legislation in NSW. Currently there are no options for an occupational therapist to provide treatment within Workers Compensation other than the old codes of OAS and OTT, unless they are employed by a Rehabilitation Provider.

Occupational therapy is a client-centred health profession concerned with promoting health and well-being through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. Occupational therapists achieve this outcome by working with people and communities to enhance their ability to engage in the occupations they want to, need to, or are expected to do, or by modifying the occupation or the environment to better support their occupational engagement¹. In the Workers Compensation environment, it is occupational therapists who provide assistance to injured workers assisting in return to work programs, yet no recognition is make of our skills, rather we are classed as "rehabilitation consultants". It is occupational therapists who undertake liaison with employers, nominated treating doctors, physiotherapist, psychologist, chiropractors, rehabilitation counsellors and the injured person to develop a graded return to work following an analysis of the tasks. This skill at task analysis allows the occupational therapist to modify the injured worker's method of performing their work tasks proving the nominated treating doctor and treating team with a guide for their decision making and therapy.

However, occupational therapists also provide additional services other than return to work assistance. We are qualified to provide information as to the physical demands of a particular job and match the injured worker's capacity to a job allowing determination of the suitability of alternative employment options. This skill allows occupational therapists to assist injured workers to seek suitable employment with a new employer.

Research² confirms that an injured worker needs to be provided with support not just at work, but also in the home environment. Occupational injuries and illnesses produce a variety of social consequences impacting on successful outcome of workers' compensation insurance claims³. These included increased medical care experiences, decreased domestic function and activities of daily living, psychological and behavioural responses which impact on the injured workers ability to participate in vocational rehabilitation and return to work⁴. Occupational therapists are trained at an undergraduate level to understand and facilitate resolution of the conflict of injuries on the family. Occupational therapists are the only allied health profession skilled at analysing not just the work environment but also the home environment. This skill also allows us to provided education to not only the injured worker and their treating services but also to their family members. This facilitates the upgrading of the workers physical demands incorporating domestic tasks as a preparation for returning to gainful employment.

Occupational therapists provide treatment services specific to workers compensation clients. These services include hand therapy; splinting; home modifications; assessment of domestic care requirements, personal care requirements and home maintenance requirements, vehicle driving capacity and/or modification, adaptive and ergonomic equipment for use both at home and in the workplace. Yet no codes exist that allow occupational therapists to provide these specific services. In Australia occupational therapists are used by workers compensation insurers to determine if a request for domestic assistance is appropriate or not under the law⁵. Yet, in NSW there is no code that allows this to occur. Rather a generic code again is used. This implies that occupational therapist are not important within the workers compensation scheme.

By the creation of codes specifically for occupational therapy recognition of the skills we provide in workers compensation is possible. Consideration for the development of occupational therapy codes, outside of occupational rehabilitation OR codes is strongly required.

Regards



Dr Susan Arnold Occupational Therapist PhD.Safe.Sc; M.App.Sc(OT); PGDip.Safe.Sc; Dip.OT 16.09.2020

References:

- World Federation of Occupational Therapy (WFOT). Occupational Therapy. https://www.wfot.org/about-occupational-therapy. Published 2012.
- Kilgour E, Kosny A, McKenzie D, Collie A. Interactions Between Injured Workers and Insurers in Workers' Compensation Systems: A Systematic Review of Qualitative Research Literature. J Occup Rehabil. 2015;25(1):160-181. doi:10.1007/s10926-014-9513-y
- Kosny A, Newnam S, Collie A. Family matters: compensable injury and the effect on family. Disabil Rehabil. 2017;40(8):1-10. doi:10.1080/09638288.2017.1283450
- Dembe AE. The social consequences of occupational injuries and illnesses. Am J Ind Med. 2001;40(4):403-417. http://www.ncbi.nlm.nih.gov/pubmed/11598991. Accessed October 7, 2016.
- Domestic Guidelines under Workers Compensation Legislation 1998. Vol 376. Workers Compensation Act 1987 No 70; 2019:8188-8191. accessed 4 January 2019.