

Educate Your Employees About Hurt vs. Harm

By Richard Pimentel

Picture this. An injured employee has been recovering at home for three weeks. The medical care provider has sent the employer a “light duty” release. The employer has developed a transitional employment assignment consistent with the release and called the employee and told them to come to work the next day. The next morning, the employee is given the assignment and told that it is consistent with the restrictions that were indicated by the medical care provider. The employee starts to work...Two hours later, the employee reports to the supervisor that the condition is worse and they cannot do the job...The employee goes home.

A week later, the employer hears that the employee has changed doctors and the workers compensation claim is now in litigation.

A classic example of an injured employee using the system? Not necessarily.

It could be a classic example of a return-to-work effort not designed with due recognition of or response to employee fears and beliefs. It could be simply a misunderstanding about whether the pain the employee felt was *hurt* or *harm*.

In the last 10 years, many changes to corporate return-to-work programs have been introduced. The theory of “work as therapy” has brought transitional employment assignments out from the “make them do nothing at work rather than do nothing at home” model to where, now, a transitional employment assignment can be a valid part of every injured and ill employee’s treatment plan. The inclusion of non-occupational injured and ill employees in the return-to-work effort has focused on the overall corporate costs of employee-related disability and factored in the current and growing problem of a valuable but aging baby boomer workforce. Modern return-to-work programs have become integral parts of corporate strategy not only for disability cost control, but also for production, profit, and employee retention.

I call this evolution the **professionalization** of the return-to-work process. While there are many return-to-work models, all of the successful ones share one common theme: Return-to-work is something that is done with employees, not to them. The partnership of the employer, the employee, and the medical care provider is vital to the continued success of these efforts. Not unexpectedly, the biggest barriers to this cooperation are not programmatic; they are attitudinal.

Light Duty as Treatment

For many employers, changing the mindset away from “light duty” as punishment to one of “light duty” as treatment has been a difficult one. The development and delivery of attitudinal training, materials, and films for managers and supervisors have become an important part of disability management consulting work.

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