
VOCATIONAL ASSESSMENT IN
HAND REHABILITATION

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Abstract

By combining the expertise of a unique team of physicians, physical therapists, and rehabilitation counselors at Louisville Hand Surgery with innovative, quality care, patients are offered a single state-of-the-art facility to meet all their vocational and injury-related needs. The purpose of this paper is to discuss the role of the rehabilitation counselor in hand rehabilitation and describe how vocational assessment is carried out among patients with hand and upper extremity injuries.

Introduction

Successful hand rehabilitation requires the collective efforts of a highly specialized network of medical professionals (Clark and Schlegel, 1984). Unique to the interdisciplinary team at Louisville Hand Surgery is the rehabilitation counselor. While other team members concentrate their efforts upon restoring maximal hand function, the rehabilitation counselor focuses upon the broader context of the patient's vocation to facilitate his return to gainful employment. Often the medical team's accomplishments are diminished if the patient is unable to secure suitable employment upon discharge despite innovative microsurgical treatment and care (Walker, 1971).

Job Analysis

Vocational assessment begins with exploration of the patient's job through a job analysis (Vercillo, 1987). This initial step provides a better understanding of what is actually required at the work place to guide future vocational planning. Another primary function of the job analysis is to provide the treating physician and other support staff with relevant information when considering a specific course of treatment or a return to work. A detailed job description can also provide a baseline for a work capacity evaluation/work hardening program. Likewise, the need for ergonomic changes or job restructuring can be considered after a thorough review of the job analysis.

Information for the job analysis is compiled from the Dictionary of Occupational Titles, an interview with the injured worker, or an on-site industrial visit (Lytel and Botterbusch, 1981). The Dictionary of Occupational Titles can provide a generalized description of the job demands and prepare the rehabilitation counselor for the patient interview and on-site visit.

An in-depth discussion is held between the rehabilitation professional and the injured worker regarding the jobs physical requirements. Critical physical demands at the work place, such as lifting, carrying, reaching, and

grasping are recorded and the duration of such activities is noted (occasionally, frequently and continually). Environmental and working conditions, such as exposure to temperature extremes and rate of production are also discussed along with specific materials, tools, and equipment that the worker uses in his job. Tasks and activities that are of special concern to the injured worker are also noted. Whenever possible, these job demands are reviewed with the employer to assist in providing specific weights and measures the employee might be unsure of. Follow up with the employer provides an opportunity to involve them in the rehabilitation process and serves as an initial step towards future job placement contact.

If a clear and accurate description has not been obtained through the interview process, then an on-site visit is arranged with the employer. Not only can this provide the rehabilitation professional with an opportunity to observe the patients working environment but through the use of video-camera, other members of the medical team can also visualize the nature of the work performed by the patient. When videotaping is not feasible, then direct observation of the job and discussion with workers and other key personnel (supervisor, foreman, or labor relations representative) is relied upon to obtain an accurate job analysis.

Case Management

Critical to treatment of patients with industrial hand injuries is effective case management to reduce disability behavior and minimize obstacles to vocational rehabilitation (Eaton, 1979). Consequently, following a patient's initial office visit, new medical records are reviewed and screened for potential return-to-work problems. Depending upon the severity of the injury, the nature of work previously performed, and the anticipated length of disability, a follow-up appointment is arranged with the patient to evaluate their adjustment to injury and the feasibility of resuming his former occupation/employment. Pending the outcome of this initial interview, the employer may be contacted to determine the availability of restricted work and/or an appropriate job change.

Coordination of Services

After all relevant information is gathered from consultation with the patient, employer, physician, and

medical staff, a comprehensive rehabilitation plan is formulated to facilitate a patient's return to gainful employment as soon as medically feasible. Based upon whether a patient can resume his former employment or will require further assistance with retraining and re-employment, several options are available to the rehabilitation counselor. Initially a patient may be referred for work hardening to increase his work tolerance to return to his regular employment. Should he need help with re-employment, available federal, state, and local resources are utilized to provide job placement assistance. If necessary, referral to private and public vocational rehabilitation providers is arranged for retraining when a catastrophic injury precludes an individual from resuming his usual and customary occupation.

Throughout the recovery process the rehabilitation counselor acts as a liaison and coordinator of services to ensure that vocational rehabilitation is timely and cost-efficient. Good communication is essential for optimum patient care. All involved parties in a patient's rehabilitation (e.g. employer, insurance carrier, and private rehabilitation consultant) are kept informed regarding current medical status. After return-to-work and/or discharge, follow-up is maintained to guarantee a successful outcome to treatment and improve the quality of rehabilitation services offered to Louisville Hand Surgery patients.

Managing the Human Factor

Regardless of normative data on estimated recovery and length of disability, it is important to recognize that the same impairment will produce very different behavior in different people (Burgel and Gliniecki, 1986). Occasionally factors other than physical incapacity delay recovery and prolong time off work (Bear-Lehman, 1983). Major among these psychosocial factors are secondary gain (Tuck, 1983), symptom magnification (Matheson, 1984), and entitlement, or the perceived feeling that the injured worker has suffered an injustice and society owes them something in compensation for their loss (Brotsky, 1983). If left unchecked, this downward spiral may end in chronic disability, permanent unemployment, and financial hardship.

By using a combination of psychodiagnostic testing and therapeutic counseling, a rehabilitation counselor

can assess whether psychosocial factors are affecting physical recovery and reduce their impact. Administered as a screening tool, the Millon Behavioral Health Inventory (Millon, Green, and Meagher, 1979) developed exclusively for medical patients, has proven invaluable in predicting an individual's likely response to treatment and injury. Through early intervention and vocational planning, potential problems with depression, dependency, noncompliance, and symptom magnification can be averted (Kaplan, 1986). Consequently, the focus of treatment can be maintained upon assisting the patient regain independence while establishing a mutually agreeable and realistic vocational goal.

Job Placement

The ultimate goal of any vocational rehabilitation program is a successful return to work. Therefore, job placement of the injured employee is a critical factor in the rehabilitation process. A successful return to work can be achieved despite restrictions imposed by an injury. The rehabilitation counselor keeps the lines of communication open between the medical setting and the work place throughout the recovery period in order to ensure a smooth transition. Availability of light, restricted or modified duty is discussed with the employer as soon as the patient is evaluated. Should a worker be unable to resume his regular job demands, these options can be explored.

Follow up contact with both the employee and the employer is essential once the injured worker has returned to the work place (Vercillo, 1987). Potential problems can be evaluated and discussed to avoid becoming further barriers to employment.

Vocational Assessment

When an injured worker is unable to return to his former employment due to physical incapacity or the lack of an appropriate job placement, attention is redirected toward exploring potential job alternatives. Through use of the Vocational Diagnostic Assessment of Residual Employability (VDARE, 1985), the rehabilitation counselor helps to clarify an individual's vocational liabilities and assets and identify transferable job skills. Factors considered include age, education and training, work history, and residual functional capacity.

Once transferable skills have been

identified, a vocational profile is compared with feasible job alternatives and local employers via a computerized job matching program (J.O.B.S.). Patients are then advised regarding successful methods and available job placement agencies. Following a trial period of work hardening to help an injured worker complete the transition from patient to employee, he is ready to resume productive gainful employment upon discharge.

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