

All in a Day's Work

New technology is helping practice owners add an industrial rehab service

By Tim Seals, MS, OTR/L, CEAS, and Kelly Chapman-Day, OTD, OTR/L, CVE



In response to decreased service reimbursement over recent years, physical and occupational therapy clinics are looking for ways to offset loss of revenue. Industrial rehabilitation is becoming a popular service addition to compensate for this loss.

Industrial rehabilitation is an all-encompassing term for a number of work and employer-related services, including work conditioning, work hardening, and functional capacity evaluations. Additional services include onsite ergonomic evaluations, physical demands analysis, employment testing, and onsite therapy services for employers.

Implemented the right way, using the right technology for best results, industrial rehabilitation is a proven means for diversifying services and driving additional volume and revenue.

Understanding the services involved in a successful industrial rehabilitation program, and how best to use reliable technology for efficiency, are key items to consider before making the decision to add industrial rehab services to your clinic's offerings.

Work-based Treatment Programs

Adding work conditioning and work hardening to your practice can be an effective way to boost revenue and improve payer mix. Work hardening programs were first introduced in California in the late 1970s,¹ with formal guidelines for work-based therapy programs developed by the American Occupational Therapy Association in 1986.²

The American Physical Therapy Association followed by publishing guidelines for industrial rehabilitation in 1993.³ Work hardening is described as a "work oriented treatment program that has an outcome which is measured in terms of improvement in the client's productivity."¹

Work conditioning and work hardening programs commence after acute physical and/or occupational therapy treatment, when the client is able to tolerate gradual progressions in functional activities.^{1,2,3,5,7} The programs are longer in nature than acute therapy treatments, ranging from 2-4 hours to 8 hours per day, 3-5 days per week, for 4-8 weeks.^{1,2,3,5,7}

Typical components of a good work conditioning or work hardening program include cardiovascular conditioning, neuromuscular strength and flexibility training, and functional work activity/simulation activities.^{1,2,3,5,7} Functional activity deficits can be addressed in a variety of customizable work simulation activities using work samples and materials.

Several elements must be considered before starting a work program. Work hardening and work conditioning clients are in the clinic for longer periods of time, performing more physical types of work, such as lifting, carrying, pushing, pulling, and climbing. Dedicated space is required, as are work samples.

You may also need to purchase, construct, and adapt additional equipment to adequately address the physical demands of returning to work. Fortunately, technology has progressed to the point that well-engineered, versatile systems are available to make testing and treatment more efficient and profitable. These commercially available hardware and software systems allow for multiple testing applications and work simulations, all while using less space and taking less time.

A dedicated clinician is typically needed to work with work conditioning and work hardening clients daily to evaluate, develop, and advance programs as appropriate. The clinician also monitors and addresses any inconsistencies that may surface.

Treatment systems with customizable task applications provide automated objective data capture for better clinical decision making and automated progress tracking. This makes it easy to observe progress and increase goals as appropriate. Some systems further free up clinicians' time by allowing them to set clients up on a guided, customized program. Clients then go through their exercise sessions needing minimal hands-on assistance from the clinician.

Advent of FCE Technology

A functional capacity evaluation (FCE) is defined as "a systematic method of measuring an individual's ability to perform meaningful tasks on a safe and dependable basis."⁴ FCEs are comprised of multiple assessments. Best practices and research indicate that a trained clinician should select individually researched and validated assessments to measure the factors specific to the client and the specific job or occupation.^{4,5}

This can be a daunting task, and it's another area in which leading technology-based functional testing systems help clinicians deliver better FCEs more quickly. The time required to perform an FCE varies depending on what information is required. Most FCEs can be completed in less than 4 hours; however, some may be performed over the course of a full work day or consecutive half-days.

Referral questions, typically posed by physicians and insurance companies, dictate the type of FCE to be performed:

- Job task matching — comparing client abilities to the same job they held prior to the injury.
- Occupation matching — comparing client abilities to the same occupation they held prior to the injury.
- Work restriction — can the client return to their usual and customary employment with modifications or restrictions?
- Work capacity evaluation — obtaining a client's maximum abilities for comparison to any occupation.
- Disability rating — quantifying the extent of a client's disability.

In order to answer questions regarding return to work, a comprehensive physical demands analysis is needed to accurately compare clients' abilities to the job demands.⁴ The FCE is then performed against these job demands to determine whether the client is able to return to the occupation, whether there are functional limitations, and other considerations.

Several technology-based testing systems are designed to simulate numerous job tasks, allowing the client to be tested to specific job requirements.

Technology can make a big difference in FCE administration, allowing clinicians to gather and interpret data at a faster rate, and slashing the time required to complete the evaluation and reporting. With flat-rate reimbursement, better efficiency translates directly into higher net profit. As report-writing time is not a billable part of the FCE, sophisticated software

integrating automated report generation makes FCE services more profitable.

From software guiding clinicians through test selection and customization, to precisely calibrated hardware, technology can streamline the process and empower clinicians to deliver a better, more efficient FCE report.

How to Begin

Starting an FCE program leads to several considerations. Here are the most important ones.

Training. It's critical that the clinician performing FCEs is trained and has experience performing them.⁵ A large percentage of FCEs will be viewed by defense and plaintiff attorneys, so there could be legal consequences associated with the report and its content.

Tools and testing approach. Customizing tests to match specific activities yields a higher quality FCE than a one-size-fits-all approach. FCE products available on the market each have subtle differences in approach and process. Hardware-based testing platforms integrating software with customizable test configurations provide the most testing flexibility.

Work simulation. Activities simulating job requirements should be included if the referral question is safe return to work. Isometric and dynamic testing systems with configurable hardware attachments offer the ability to most accurately simulate tasks for better outcomes.

Referral sources. Doctors, insurance carriers, nurse case managers, and attorneys (plaintiff and defense) are the most common FCE referral sources. Getting to know your best local referral sources through marketing and word of mouth is key. Clear, high-quality graphic reports make a powerful impression on referrers.

Billing and Coding

Work conditioning and work hardening CPT codes are 97545 for the first two hours, with a modifier code of 97546 for each additional hour.⁶ Unlike Medicare and private-pay insurance, return-to-work (and work-based) programs are paid through state or federal workers

compensation, with no out-of-pocket client cost. Workers compensation also reimburses at around 80% in most states — higher than Medicare or private insurance.

FCEs are billed with CPT code 97750 in 15-minute increments, so a 4-hour FCE would be billed as 16 units.⁶ Some states cap reimbursement for FCE testing. Additionally, clinics may work with insurance carriers and law firms on a negotiated rate to procure more referrals.

Taking the Next Step

Industrial rehabilitation is a great avenue for many clinics to expand their business. Offering a combination of work conditioning, work hardening, and functional capacity evaluations can provide your facility with new sources of referrals and reimbursement.

The decision to incorporate an industrial rehabilitation program should be made after ensuring that this direction makes sense for your clinic. Leveraging some of the great technology available makes setting up and growing your new services easier, more efficient, and more profitable. Versatile testing and rehabilitation systems with integrated hardware and software can provide better data and more streamlined reports to save clinical time and attract more referrals. ■

References are available at www.advancweb.com/pt under the Toolbox tab.

Tim Seals is a clinical specialist at BTE and an NADEP-certified disability evaluator. He has directed a large outpatient rehabilitation clinic specializing in FCE and return-to-work programs, and trains PTs and OTs to use technology for functional testing. He can be reached at tseals@btetech.com. Kelly Chapman-Day is a clinical specialist and FCE program manager at BTE. Trained under Leonard Matheson, PhD, she has worked in physical and industrial rehabilitation and has performed physical demands analyses for Fortune 500 companies. She can be reached at kday@btetech.com.