

TS-GRTW

TOOL FOR SUPPORTING A GRADUAL RETURN TO WORK

MUSCULOSKELETAL DISORDERS



Instruction Guide

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Background

This tool is derived from three innovative studies led by Marie-José Durand, who identified the **margin-of-manoeuvre (MM)** concept as a vital principle in the success of the return-to-work process¹. **Intended for workplaces**, the tool is an adaptation of the original guide produced as part of a master's degree project². Its purpose is to **support the gradual RTW process based on the RTW plan prescribed by the employee's physician**. More specifically, it helps users to spell out the work schedule, the work tasks to be performed, and possible ways to provide returning employees with a sufficient margin of manoeuvre that they are able to reach their productivity objectives without compromising their health. As a support tool for carrying out weekly follow-up and documenting key elements in the gradual RTW, it encourages both employees and their direct supervisors to commit to and actively participate in the process.

In short, using this tool offers several advantages. It helps:

- clarify each party's expectations,
- facilitate communication, and
- prevent relapses.

Note: The masculine form is used in this document solely in the interests of readability with no discrimination intended.

¹ Durand M-J, Vézina N, Baril R, Loisel P, Richard M-C & Ngomo S (2008) La marge de manoeuvre de travailleurs pendant et après un programme de retour progressif au travail - Définitions et relations avec le retour à l'emploi. Montréal, Qc: Institut de recherche Robert-Sauvé en santé et en sécurité du travail.

Durand M-J, Vézina N, Baril R, Loisel P, Richard M-C & Ngomo S (2009) Margin of manoeuvre indicators in the workplace during the rehabilitation process: A qualitative analysis. *Journal of Occupational Rehabilitation* 19(2):194-202.

Durand M-J, Vézina N, Loisel P & Richard M-C (2010) Developing a guide for measuring the concept of margin of manoeuvre. Paper presented at the 7th International Scientific Conference on Prevention of Work-Related Musculoskeletal Disorders (PREMUS), Angers, France.

² Bouffard J (2018) *Outils pour les employeurs dans la gestion du retour progressif au travail de personnes présentant un trouble musculosquelettique : Adaptation du guide d'évaluation de la marge de manoeuvre* (master's thesis). Université de Sherbrooke, Sherbrooke, Qc.

At a glance

Systematic follow-up of a gradual RTW according to specific guidelines facilitates a sustainable return. Intended for use by workplaces, this tool will help users put in place winning conditions to ensure a successful RTW for all parties concerned.

Theoretical foundations of the tool

A gradual return to work after a long-term absence poses challenges for the employee involved, but also for his direct supervisor and co-workers. The choice of tasks to be performed during the initial weeks after the return is critical: the tasks must be suitable for the injured worker if they are to prevent a relapse or new injuries, but must also take into account the workplace constraints. To achieve this requires creating a sufficient margin of manoeuvre for the employee.

What does “margin of manoeuvre” mean?

The opportunity or freedom given to an employee to develop different ways of working in order to meet productivity objectives without having adverse effects on his health³.

The margin of manoeuvre is **sufficient** when the work demands and the means made available to the employee allow him to maintain a balance between meeting productivity objectives and maintaining his health¹.

For whom is this tool intended?

For individuals in the workplace who are involved in coordinating and following up on the gradual RTW of employees who have been absent for a musculoskeletal disorder. It can therefore be used by the personnel of a company's health office or Human Resources Department, by the employee's direct supervisor, or by a dyad composed of a Human Resources representative and the worker's direct supervisor.

When?

From the beginning to the end of the gradual return-to-work process.

³ Vézina N (2001). La pratique de l'ergonomie face aux TMS: Ouverture à l'interdisciplinarité in *Comptes rendus du Congrès conjoint SELF-ACE Les transformations du travail : enjeux pour l'ergonomie*. Montreal.

How?

Based on the return-to-work plan prescribed by the treating physician and on any restrictions and recommendations he may have issued, this tool enables users to anticipate obstacles and difficulties that the employee may face during his gradual return to work. It can also be used to identify ways to allow him a sufficient margin of manoeuvre to promote a successful RTW process.

Why?

To facilitate the work of Human Resources departments and direct supervisors responsible for welcoming back an employee following a work absence for a musculoskeletal disorder.

To provide a framework for the process and ensure adequate follow-up of the employee as he resumes his tasks.

To encourage the commitment and active participation of the stakeholders concerned, namely, the employee, his direct supervisor, and Human Resources personnel if applicable.

Cautionary note

This tool will be useful to workplaces when following up on most employees who are returning to work in accordance with their treating physician's recommendations.

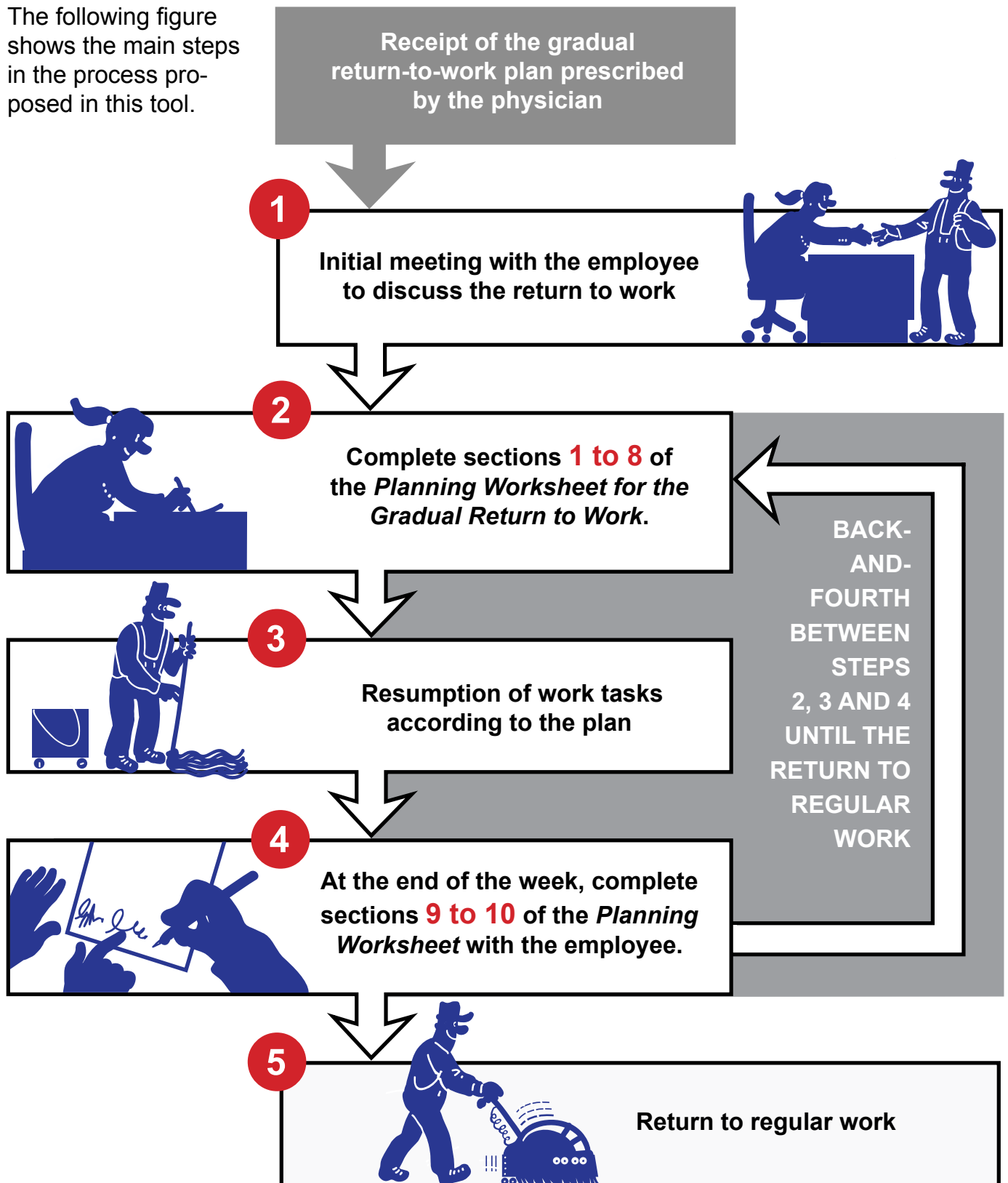
It reflects a collaborative approach and requires the mutual involvement of both employee and direct supervisor.

It is *not* designed for performing an ergonomic analysis of the work.

If, along the way, the employee experiences major difficulties in resuming his tasks, it may be necessary to enlist the services of a work rehabilitation professional such as an occupational therapist to supervise the process.

Overview of the Gradual Return-to-Work

The following figure shows the main steps in the process proposed in this tool.



A Step-by-Step Look at the Process

1 Step 1: Hold the initial meeting

After receiving the return-to-work plan prescribed by the employee's physician, a meeting should be held between a Human Resources representative, the employee, and his direct supervisor to discuss the return to work. If relevant, any other key actor such as a union representative, an occupational health and safety representative, a representative of the insurer, or a health professional could be invited to join in the meeting. Someone should also be designated as responsible for completing the *Planning Worksheet for the Gradual Return to Work* and following up with the employee.



The initial meeting with the employee offers an ideal time to inquire about his health and build a climate of trust. Getting off on the right foot will help create the cooperative spirit needed to use this guide effectively.

This meeting also provides a good opportunity for talking with the employee about how his return should be announced to his work team. Would he prefer that the reasons for his absence not be mentioned, or does he agree that his co-workers should be told about his health condition? The fact of clarifying this issue frankly with the employee and of clearly and openly informing co-workers of the returning employee's capacities and limitations can often help prevent many misunderstandings. However, it is important to respect the employee's right to confidentiality and to reach an agreement with him about what he wants his co-workers to be told or not

Here is an example of what a direct supervisor could say, with the consent of the employee concerned:

“Robert will start back to work gradually as of next week. He's been off work for a low back strain. He has spent the last few weeks recovering from his injury and participating in a rehabilitation program. He's doing better now, but still has some restrictions. For example, he has a hard time standing up for long periods of time. So he'll be allowed to sit on a stool to do his work. I'm counting on you to give him a warm welcome back and to lend him a hand if he needs it.”

A Step-by-Step Look at the Process

2 Step 2: Complete the Worksheet

The *Planning Worksheet for the Gradual Return to Work* appears in the appendix of this document. You will also find a sample worksheet that has been completed for a fictitious case to help you better understand how the tool works.

This worksheet can be used starting at the initial meeting in Step 1, or alternatively, at the beginning of the first week of the gradual return. However, it must be used before the employee officially starts his gradual return to work. Sections 1 to 8 should be completed every week or every two weeks.



To make it easier to organize the return to work, a period of 24 to 48 hours should be left between the time when the planning worksheet is completed and the actual start of the gradual return to work.

Planning Worksheet for the Gradual Return to Work

1- Restrictions/recommendations issued by the treating physician

If the physician has issued physical restrictions (for example, not to lift loads weighing more than 15 kg), enter them in the appropriate box on the worksheet. This will make it easier to put your finger on them when it comes time to identify the work tasks to be performed for the week ahead.



It is important to note that the restrictions may change over the course of the gradual return to work.

2- Determining the work schedule

If the physician gave no specific instructions regarding the work schedule for the gradual return, take the time to determine the days and hours that the employee will work.



By asking the employee about the time of day when he has the most energy or the least discomfort, you can take the variation in his symptoms into account when planning his work schedule. This will in turn help the gradual return to work succeed.



As shown in the sample completed worksheet in the appendix, work periods should be alternated with rest periods. This practice promotes the employee's recovery.

3- Identifying the work tasks

After determining the work schedule, the next step consists of identifying the work tasks that will have to be performed by the employee. The worksheet provides one line for each task. In some cases, the tasks to be performed will vary, depending on the work schedule retained (for example, morning versus afternoon) or, will be performed alternatively on the days worked, which is why it is important to determine the work schedule first.

Planning Worksheet for the Gradual Return to Work

4- Productivity expected

It may be useful to discuss and clarify the level of productivity expected or desired for each task. The level must be realistic in terms of the employee's capacities and the work context. For example, the number of parts to be assembled, the territory to be covered, or the number of clients to be served could be defined. If the nature of the work is such that the expected productivity cannot be quantified, an objective (such as "write up a procedure") could be defined, or quite simply, nothing could be written.



The fact of reducing the level of productivity expected during the first few weeks back at work may help increase the employee's margin of manoeuvre. A properly dosed margin of manoeuvre can be extremely reassuring for the employee.

5- Difficulties anticipated

The employee and his direct supervisor should discuss the difficulties anticipated during performance of the tasks planned for the week. For example, the employee could be asked, "What are the main problems you think you will have to face during the period covered by this worksheet?"

6- Ways to offset the difficulties

In light of the tasks and potential difficulties identified, the employee and direct supervisor should discuss ways that would allow the employee to maintain a sufficient margin of manoeuvre. They should be sufficient to allow the employee to carry out the task in question with tolerable discomfort⁴. They may be personal (e.g. adapting his work posture or taking micro-breaks) or organizational (e.g. rotating between different work stations or using hoisting equipment).

⁴ Here we are referring to the discomfort experienced by the employee in connection with his injury, such as pain, numbness, tingling, stabbing pain, fatigue, a feeling of heaviness or burning, or inflammation.

Planning Worksheet for the Gradual Return to Work



The means retained for offsetting potential difficulties must be seen positively by the employee. Otherwise, he risks not using them.

A list of possible ways to give the employee a sufficient margin of manoeuvre is provided on page 13. Some may be needed during the first few weeks only, while others may be needed on a long-term basis.

7- Level of confidence in the work plan

In light of the ways identified and the productivity expected, the employee should be asked to estimate his level of confidence in his ability to execute the work plan retained for the week. He should indicate whether he feels “not very confident,” “somewhat confident,” “confident,” or “very confident.”

This step provides an opportunity for the employee to express his fears and to renegotiate the terms of the work plan if he is not confident enough about his ability to carry it out. The goal at this stage is to successfully plan a **sufficient** margin of manoeuvre, i.e. to ensure that the means made available to the employee will allow him to attain a realistic level of expected productivity with tolerable discomfort.



An employee who is “**not very confident**” is **probably uncomfortable about the work plan**. This situation should lead to an open discussion about the reasons why he feels this way. To improve the employee’s level of confidence, it may be necessary to re-examine the expected productivity and the means or strategies available to ensure that he has a sufficient margin of manoeuvre.

8- Signatures

The signature of each person who participated in developing the work plan indicates his agreement with the plan retained. It should not be used for any other purpose than this, in order to avoid undermining the climate of trust.

A Step-by-Step Look at the Process

3 Step 3: Carry out the work plan

The employee carries out the work plan defined for the week.



An informal follow-up with the employee involving only a few minutes may be recommended especially during the first few days of the gradual return to work. If he experiences major difficulties, it is important to proceed to Step 4 immediately, even if the week is not over.



It is perfectly normal for the employee to experience fatigue and discomfort during the gradual return to work: It's a little like going back to the gym after a long time off. However, if the discomfort persists or increases, it may be a sign that the planned margin of manoeuvre is insufficient. The work plan should then be reviewed or an appointment scheduled with the treating physician.

4 Step 4 : Review the work week

Follow-up should be done with the employee on a weekly or biweekly basis by completing sections 9 and 10 at the bottom of the *Planning Worksheet for the Gradual Return to Work*.



Weekly follow-up helps prevent misunderstandings about the expectations and allows quick adjustments to be made to the work plan in the case of difficulties.

Planning Worksheet for the Gradual Return to Work

9- Attainment of the productivity objectives

At the end of the week, the employee and his supervisor should work together to assess the attainment of the productivity objectives, by indicating which objectives were “not at all attained,” “partially attained,” or “totally attained.”

10- Increase in discomfort level

Also at the end of the week, the employee should be asked about the impact that carrying out the work plan had on his discomfort level. He should indicate whether his discomfort remained “unchanged” or whether it “slightly increased,” “moderately increased,” or “greatly increased.”



A big increase in discomfort level and/or a low attainment of productivity objectives may mean an **insufficient margin of manoeuvre**. Reducing the productivity expected and/or identifying other means of offsetting the difficulties encountered may help make the margin sufficient.



By contrast, if the employee attained the productivity objectives with no major increase in his discomfort level, it is a sign that the objectives may be revised upward or that the means identified may be reduced.

After completing the weekly follow-up with the employee, it is time to take a new planning worksheet for the following week. The procedure described in Step 2 should be repeated, taking into account the points raised above. In other words, the planning for the following week should include adjustments to ensure a sufficient margin of manoeuvre for the work plan retained. It may be useful to ask the employee what tasks he thinks could be added for the week ahead.

5 Étape 5 : Return to regular work

When the treating physician authorizes the return to regular work or when the employee has resumed all of his tasks and is working his regular work schedule, it is no longer necessary to use the *Planning Worksheet for the Gradual Return to Work*.

Examples of Ways to Increase the Margin of Manoeuvre

The following list provides examples of ways to increase the employee's margin of manoeuvre in the context of a gradual return to work. This list is not exhaustive. The user should feel free to be creative when it comes to identifying ways to facilitate the return to work.

- **Planning the work schedule for outside peak hours.**

The fact of integrating the employee back into work outside peak periods during the first few days of his gradual return helps reduce stress and lower the expected productivity.

- **Rotating the employee between different tasks or work stations.**

This option is particularly worthwhile when the tasks are repetitive and physically demanding. Performing tasks with varying physical demands allows some recovery time and helps limit muscle fatigue.

- **Ensuring that the employee uses hoisting equipment or appropriate work techniques.**

The use of tools such as a hoist, winch, dolly, wheeled trolley, or patient lifter - even if it takes longer to perform the task - helps reduce the effort required, and thus, the risk of injury associated with materials handling. The same applies to certain work techniques, such as dividing up the loads to be lifted or transported.

- **Ensuring that the employee uses adapted work equipment.**

Any equipment that promotes optimal positioning of the body parts involved or that reduces the physical demands should be favoured to prevent the onset or aggravation of symptoms associated with musculoskeletal disorders. Here are a few examples: a step stool to avoid having to work above shoulder height, knee pads, anti-vibration gloves, an anti-fatigue mat, an ergonomic chair, or a headset.

- **Ensuring that the employee alternates between sitting and standing positions.**

This solution may be implemented by providing a stool or chair. Various types of stools can be adapted to different contexts (sit/stand work stool, saddle seat stool, fixed or wheeled stool, etc.). The employee could also be provided with a surface where he can work in a standing position. The important point is to allow the employee to alternate between the two positions.

- **Ensuring that tools are properly maintained.**

Properly sharpened knives or scissors, well-inflated tires, and well-oiled tools can, for example, help limit the efforts required.

- **Having the employee work as a supernumerary.**

The employee can be paired with a co-worker and work in tandem with him. This solution allows him to perform more difficult tasks in keeping with his tolerance level. He can also withdraw if he experiences difficulty, without compromising service delivery or hindering production.

- **Allowing the employee to take micro-breaks.**

Micro-breaks are short breaks that allow the employee to apply ways (if he has identified any) to manage his symptoms. This may involve changing positions, doing stretching exercises, self-massaging, doing deep breathing exercises, or applying ice or heat.

- **Offering the employee training.**

Any training that better equips the employee to perform his work in a safe manner may be highly relevant to help him manage his symptoms and avoid new injuries.

Example of a Completed Worksheet for a Fictitious Case

TS-GRTW 2018 Planning Worksheet for the Gradual Return to Work								Workweek No. 1
ROBERT O'CONNOR			GARMENT SORTER			OCT. 20 2019		
Name of the employee			Job			Date		
1- Restrictions / recommendations issued by the treating physician								
<ul style="list-style-type: none"> - DO NOT LIFT LOADS OF MORE THAN 15 KG - AVOID CERVICAL FLEXION MOVEMENTS REQUIRING WIDE RANGES OF MOTION 								
2- Planned work schedule								
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
No. of hours	4	—	4	—	4	—	—	
Schedule	8am to 12	—	8am to 12	—	8am to 12	—	—	
3- Work tasks identified				4- Productivity expected				
- DO SORTING AT THE SORTING TABLE				- DO THREE PERIODS OF 30 MINUTES				
- LABEL THE GARMENTS				APPROXIMATELY 25 BAGS PER 30 MINUTE PERIOD				
- PLACE THE GARMENTS ON THE GARMENT RACKS				- DO THREE PERIODS OF 30 MINUTES / APPROX. 5 RAILS PER 30-MINUTE PERIOD				
				- APPROXIMATELY 10 RAILS PER HALF-DAY				

TS-GRTW 2018 Planning Worksheet for the Gradual Return to Work								Workweek No. 1
ROBERT O'CONNOR			GARMENT SORTER			OCT 20 2019		
Name of the employee			Job			Date		
5- Difficulties anticipated				6- Ways to offset these difficulties				
<ul style="list-style-type: none"> - MOVING TROLLEYS OF GARMENTS TO BE SORTED - STANDING FOR LONG PERIODS OF TIME - FLEXING NECK WHEN LABELLING 				PERSONAL		ORGANIZATIONAL		
				<ul style="list-style-type: none"> - POSTURE (TUCK CHIN IN AND SLIGHTLY TILT THE TRUNK) - TAKE MICRO-BREAKS TO DO STRETCHING EXERCISES 		<ul style="list-style-type: none"> - GET HELP TO MOVE TROLLEYS - SIT ON A STOOL WHEN LABELLING - ALTERNATE EVERY 30 MINUTES BETWEEN WORK STATIONS 		
7- Employee's level of confidence in the work plan retained for the week				<input type="checkbox"/> Not very confident <input checked="" type="checkbox"/> Somewhat confident		<input type="checkbox"/> Confident <input type="checkbox"/> Very confident		
8- Signatures		Employee		Direct supervisor		Return-to-work coordinator		
Date		ROBERT O'CONNOR		JOHN SMITH		CAROL SMITH		
OCTOBER 20 2019								
9- Attainment of productivity objectives				10- Level of discomfort				
<input type="checkbox"/> Not at all attained <input checked="" type="checkbox"/> Partially attained <input type="checkbox"/> Totally attained				Reason(s): DID NOT SUCCEED IN MEETING SORTING QUOTA AT BEGINNING OF WEEK (LACKED ENDURANCE)				
				<input type="checkbox"/> Unchanged <input checked="" type="checkbox"/> Slightly increased <input type="checkbox"/> Moderately increased <input type="checkbox"/> Greatly increased				