

ATI's F.I.R.S.T.™ program effectively, safely returns injured workers to their jobs

by

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One of the biggest hurdles within the Illinois Workers' Compensation Program is getting injured workers back to work. Physical therapy rehabilitation is generally effective for workers not performing manual labor—office work, sales, education, etc.—about 80 percent of the injured population. For the remaining 20 percent—manual laborers like carpenters, ironworkers, roofers, etc.—physical therapy rehabilitation often falls short leaving them unable to return to their occupations. That is where the lesser-known rehabilitation option—Work Conditioning/Work Hardening (WC/WH)—is recommended. The problem is many physicians and even workers' compensation professionals do not know about this option, or understand the difference between it and physical therapy.

Differences between Physical Therapy and Work Conditioning/Work Hardening

Physical Therapy	Work Conditioning/Work Hardening
Emphasis: acute injury	Emphasis: strength/function
Frequency: 2-3 times per week	Frequency: 5 times per week
60 to 90 minute sessions:	4 hours per session:
Warm-up 5-10 minutes	20-25 hours activities/week
Stretching 10-15 minutes	40-60 minutes cardio
Strengthening 20 minutes	30 minutes stretching
Manual physical therapy 20 minutes	30-60 minutes work simulation
Modalities	
2-5 hours activity/week	Return to work specific
Injury specific	

Currently, physicians prescribe physical therapy with the expectation insurance companies will continue to reimburse for those services because the patient has not improved sufficiently to return to work. Yet based on national statistics, injured workers would be better served by a safe and appropriate transition from physical therapy to a WC/WH program because of the program's return to work success rate and end objective. This is particularly important in today's changing healthcare marketplace and the rising cost of workers' compensation insurance

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for employers. Based on national figures, workers' compensation costs have more than doubled in the last 20 years in terms of percentage of payroll. Numerous strategies have been tried to decrease employer costs, but few have provided real cost-relief. One of the major problems is that few people understand the difference in handling patient care and cost structure under workers' compensation cases compared to regular group healthcare. Workers' compensation provides



“indemnity benefits” that can include wage replacement and disability benefits, in addition to medical cost coverage associated with treatment. According to the state of Illinois' most recent statistics, indemnity benefits constitute 55.6 percent of workers' compensation costs, while regular medical benefits comprise only 44.4 percent of the costs to employers. Because the two are so integrally related, trying to lower costs in one without the other has not worked and overhauling both has proven too cumbersome for most states resulting in virtually no relief for employers. Consequently, work hardening and work conditioning programs have been developed and used successfully.

ATI, a prominent physical therapy provider headquartered in Illinois, developed an internationally recognized Functional Integration of Rehabilitation and Strength Training program (F.I.R.S.T.™) based on extensive research and input from orthopedic surgeons, physical therapists, athletic trainers, exercise physiologists and bio-mechanists to safely return injured workers back to the workplace. It is a customized program based primarily on the client's current level of function with an identified return-to-work end-goal in mind. The program usually is four- to six-weeks long, with four- to five-hour sessions per day. However, modifications can be made to fit a patients' needs.

The referral path for an injured worker to become a F.I.R.S.T. candidate typically follows physical therapy treatment and if he/she has:

- Reached a plateau in physical therapy,
- Has insufficient strength/tolerance compared to his/her prior functioning level, and
- Cannot meet his/her occupational physical demand level because of remaining deficits.

While F.I.R.S.T. targets all injured individuals, it is particularly helpful for those with permanent partial disability (PPD) because it is customized for each patient's current function level with a return-to-work goal in mind. PPD settlements represent approximately 28 percent of the claims filed in Illinois, but account for nearly 63 percent of the total workers' compensation costs. This means the majority of costs to the workers' compensation system result from a relatively small number of challenging cases.

In a study on the importance of improving injured workers' lifting abilities, 96 percent of F.I.R.S.T. patients achieved the medium physical demand level (able to lift 50 lbs. occasionally,

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