

Returning Injured Employees to Work

A review of current strategies and concerns

By Howard A. Bose

MORE THAN 5 MILLION WORKERS are injured on the job each year in the U.S., according to Bureau of Labor Statistics (BLS). Of those, more than 1.4 million fail to return to work following an injury or illness (Bowling & Huth, 2005).

Workers fail to return to work for many reasons, including benefit eligibility, financial pressure, family resistance, rigid company policies and lack of light-duty opportunities. For example, if a person returns to work but is unable to perform job duties because of the injury, s/he may forfeit financial benefits, which can lead to increased financial pressure. Some families will resist the worker's return, believing s/he may be reinjured or will be unable to perform job duties successfully. Rigid company policies may also deter the return to work. For example, the company may pressure the employee to return, lack light-duty work or have ineffective claims handling practices (Gates, Taler & Akabas, 1989, p. 20).

The direct costs of work-related injuries and illnesses have a significant financial impact on many companies. Indirect costs related to the injuries and illnesses only add to that burden. Indirect costs may include overhead, lost production, legal and investigation costs, overtime pay, sick leave and the cost of filling the injured worker's position. Slowed or disrupted production is also common, as are high turnover rates and low employee morale as a result of work-related injuries. Cooper and Rice reported in 1976 that the "indirect costs of lost productivity were nearly twice the direct healthcare costs" (Mackenzie, Morris, Jurkovich, et al., 1998, p. 1633). It should be noted that although this equation has likely become more balanced because of rising medical costs, the impact on companies remains significant.

Social Insurance Programs in the U.S. Workers' Compensation

Workers' compensation laws provide financial benefits to employees and their families in the event of an occupational injury or death. Benefits vary among

states, as do the laws and requirements regarding who qualifies for workers' compensation following an injury or illness. In general, workers' compensation pays for medical care for work-related injuries beginning immediately after the injury occurs; pays temporary disability benefits after a waiting period; pays permanent partial and permanent total disability benefits to workers who have lasting consequences of disabilities caused on the job; pays rehabilitation and training benefits for those unable to return to pre-injury careers; and pays benefits to survivors of workers who die of work-related causes.

Workers' compensation programs in the 50 states, the District of Columbia and federal programs paid \$55.3 billion in benefits in 2005, according to the National Academy of Social Insurance (NASI, 2007). Of the total, \$26.2 billion was for medical care and \$29.1 billion was for cash benefits. NASI also reports that the cost to employers in 2005 was \$88.8 billion.

Social Security

Social Security is another component of the nation's social insurance. The Social Security Act was first recognized in August 1935, when Franklin D. Roosevelt signed the Social Security Act (SSA, 2006a). The first payments were made in January 1937 with regular monthly repayments first paid in January 1940 (SSA, 2006a). Disability benefits under the Social Security Act are paid when an individual is unable to work—that is, unable to return to the work s/he performed before the disability—or when the employer cannot make accommodations for the medical condition. Social Security disability insurance (SSDI) is funded through taxpayer dollars and is one of the largest federal assistance programs. In 2005, Social Security paid \$85.4 billion in cash benefits to disabled workers and their dependents (SSA, 2006b).

Unlike workers' compensation, for which a worker is eligible from the first

Abstract: *Millions of dollars are spent each year on direct and indirect costs associated with workers' compensation claims. With healthcare costs rising and production demands skyrocketing, effective return-to-work programs are a priority for many companies. This article briefly reviews the history and current issues regarding these programs.*

Howard A. Bose, M.S., holds an M.S. in Safety Sciences from Indiana University of Pennsylvania, where he worked as a graduate assistant. Bose served for 4 years in the U.S. Army and also served in the U.S. Air Force. He holds an A.S. in Applied Mathematics and Science, and a B.S. from Clarion University. Bose is pursuing a medical career.

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day of employment, a person must have an established work history to qualify for Social Security disability benefits. In addition, according to NASI (2007):

[W]orkers' compensation provides benefits for both short-term and long-term disabilities, and for partial as well as total disabilities. These benefits cover only those disabilities arising out of and in the course of employment. Social Security disability benefits are paid only to workers who have long-term impairments that preclude any gainful work.

Recent changes in the program are designed to encourage a return to work. One example is a trial work period that allows a worker to return to his/her job on a trial basis without a loss of benefits. Social Security has also employed a ticket or voucher program that allows the beneficiary to purchase rehabilitation services in an attempt to return to gainful employment (Alston, 2004).

Vocational Rehabilitation

Vocational Rehabilitation is a state-run program established by the federal Rehabilitation Act of 1973. Individuals qualify for these services if they have a substantial physical or mental disability that impedes their ability to work. Vocational Rehabilitation services offer training on job skills and career choices for individuals with disabilities. Financial assistance is available to qualifying individuals to pursue job training or other work-related experiences (Pennsylvania Department of Labor & Industry, 2006).

Return-to-Work Programs

Employment is difficult following an extended period away from work. It has been reported that "there is a 50% chance of returning to work following a work-related injury or illness within 6 months, which decreases to 25% following 1 year and a mere 2% when off of work for 2 years" (Hall & Kaleta, 2005, p. 34). Early intervention strategies have been used to help employees return to work in a timely manner. Effective return-to-work (RTW) programs are estimated to reduce disability costs 20 to 40%, according to the Integrated Benefits Institute (Hall & Kaleta).

Until about 20 years ago, RTW programs were rare. When a worker was injured on the job or deemed disabled, s/he left the workforce and was paid to not work (Gates, et al., 1989). Early workers' compensation laws were aimed at helping the injured worker, but many workers were forced back to work because of the financial strain placed on the family (Gates, et al.). Employees who were out of work for an extended period returned to work because they felt a sense of loss and purpose that resulted from their injury.

Since then, incentives for returning to work have occurred and the focus now is on helping workers return to gainful employment (Hall & Kaleta, 2005). An effective RTW program focuses on returning a worker to employment as soon as possible following an injury or illness, allowing the employee to be a successful part of the company.

An effective RTW program also helps to improve the injured person's mental, social and financial status

as well (Curtis & Scott, 2004). Work provides meaning for the employee, a sense of pride and accomplishment. Workers who are supported by their employers display a high degree of enthusiasm when executing the company's mission and goals (Curtis & Scott). An established RTW program allows a worker to feel more secure—s/he knows that the company will support him/her in the event of an occupational injury or illness. Returning to work helps an injured person regain a sense of importance and worthiness.

Key Corporate Elements

The company plays a vital role in establishing an RTW program. To that end, management must establish clear policies and procedures that address "early injury and illness management, accident prevention, an active safety program, ongoing review of workplace design and process, proactive claims management, and employee assistance and corporate wellness programs" (Hall & Kaleta, 2005, p. 33).

Early Injury & Illness Management

Common work-related injuries include those involving repetitive motion and strain. With early detection and treatment of such injuries, employees can continue working with minor accommodations or limited time away from work. Occupational-related illnesses can also be treated with early detection, allowing the person to continue to work with only minor changes to the work schedule or daily tasks (Hall & Kaleta, 2005).

Accident Prevention

Prevention is the aim for most health-related issues. With cost containment as a priority, companies are adopting prevention strategies to combat the high cost of healthcare. By preventing work-related injuries, accidents and illnesses, a company will eliminate and decrease the overall costs associated with these problems (Hall & Kaleta, 2005).

Active Safety Program

An active safety program is continuously implemented through training and is updated periodically to keep employees aware of safety-related issues. Controlling safety hazards helps decrease the potential risk for injuries and illness. Support from management, supervisors and employees is crucial to the overall effectiveness of the safety program. When a facility has an established safety culture, safety issues will likely be controlled before a problem arises. To create such an environment, management must support a learning environment for safety, determine safety training needs, and ensure that employees are aware of the policies and procedures for reporting work-related injuries and illnesses (Fisher, 2003).

Ongoing Review of Workplace Design & Process

Risk management, loss prevention and safety professionals must constantly evaluate workplace design, looking for potential hazards that may lead to work-related injuries or illnesses. Once problems are identified, these individuals must evaluate the current process and make changes as needed to pre-

vent problems. They must also track work-related injuries and illnesses and work to address these issues through administrative, engineering or ergonomic controls (Hall & Kaleta, 2005).

Proactive Claims Management

Proactive claims management is a strategy that draws conclusions and comparisons among work-related injury claims to determine the need for intervention and controls (Hall & Kaleta, 2005). Many employers have developed scripting tools that identify risk claims using a three-point contact that includes open-ended, probing and automated interview tools.

Another effective tool is an electronic job description, which can be easily shared with the treating physician in the event of a job-related injury. This closes the gap between information the worker relays to the physician about job demands and the actual job duties for the worker's position. The physician can then make a more informed decision about the worker's ability to successfully return to work. Based on the decision and restrictions determined by the treating physician, the employer can make accommodations such as modified job duties or implement other controls that would allow the person to return to work (Bowling & Huth, 2005).

Employee Assistance & Corporate Wellness

Companies are also taking an active role in helping employees pursue healthy lifestyles by offering employee assistance and corporate wellness programs. These programs build morale and give employees a sense that the company supports them. Wellness programs have been found to be effective in reducing stress while promoting healthy lifestyles (Alexander, 2004). Individuals with healthy lifestyles and a positive self-esteem are less likely to be injured on the job and more likely to return to work following an injury or illness (Wiegmann & Berven, 1998).

Management Involvement

Management support is essential to the success of any program (Hall & Kaleta, 2005). Management should take an active role in developing the RTW program, as well as overseeing the program throughout its stages. "Employee engagement is a compelling reason to integrate disability management into strategic planning" (Curtis & Scott, 2004, p. 299). Management generally provides the motivation for return to work and helps to expedite the process (Gates, et al., 1989). For an RTW program to be effective, management should:

- help establish and oversee the program's day-to-day operation;
- be trained in the RTW process;
- create accurate and comprehensive job descriptions for each position;
- help update the program through benchmarking, outsourcing and proactive claims management.

Work integration, a flexible work schedule and employee support are also vital to the overall success of the RTW program. As noted, management must create job descriptions that are representative

of the daily work environment and tasks performed by the worker (Smentek, 2006).

Interacting With the Physician

Management must also take a hands-on approach to monitoring RTW recommendations made by physicians (Bowling & Huth, 2005). Physician diagnosis and recommendations often determine whether workers receive workers' compensation benefits, including the time frame, with each state setting the schedule of benefits. This amount of time is determined by the average length of recovery time for the injury/illness. Therefore, employers need to fully understand the physician's recommendations and provide support to the employee and encourage return to work when medically appropriate.

Making Accommodations

Although physicians can recommend work restrictions, it is up to the employer to make accommodations for the injured employee.

Types of accommodations include changing the required tasks, modifying daily routines such as the length of the workday, providing transportation to and from work, or changing the physical aspects of the work environment such as allowing the worker with a back injury to sit instead of stand while performing the job task (Gates, et al., 1989, p. 24).

Many employers will state that there is no light duty available or that reasonable accommodations cannot be made. This is generally because it takes time and resources to implement the necessary accommodations. Although this is true, according to the Job Accommodation Network, most accommodations (70%) cost less than \$500 and 20% cost nothing (Olson, 2006).

In addition, return-to-work instructions with restrictions may not be detailed enough—they may not specify conditions such as the amount of time the individual can stand, sit, drive or reach above the head, or the amount of weight the individual can lift (Smentek, 2006). Collaboration between the treating physician and the safety manager can help to ensure that work restrictions are fully understood by all involved; this will make the transition back to work productive and effective (Bowling & Huth, 2005).

Return-to-Work Resources

To assess lost workday rates and the effectiveness of RTW programs, Schonstein, Kenny, Keating, et al. (2003) conducted a meta-analysis of work conditioning, work hardening and functional restoration programs for workers with back and neck pain. This study revealed that RTW strategies varied significantly among facilities, studies and approaches, making it difficult to compare or determine effective strategies.

While many of the studies reviewed by Schonstein, et al. reported positive changes with respect to return to work or a decrease in lost workdays (for example, the decline in sick days ranged from 2.8 days to 243 days for chronic back pain sufferers at 12 months), the interventions were unique and varied

The Myth of the Bad Employee

By Frank Pennachio

Many employers believe that bad or fraudulent employees drive up workers' compensation costs. When an employee is receiving workers' compensation for an extended period of time, it is common for an employer to say, "Tom was a model employee for many years. I can't believe he's milking the system. He should have been back to work weeks ago."

While the notion of abuse is widespread in the compensation system, particularly for "invisible" injuries such as strains and sprains, good employees are unjustly vilified. There's no evidence that competent, honest and loyal employees abuse the system; rather, it is the system itself that induces needless disability and high costs.

Fraudulent claims are those filed by employees who were never hurt and say they were or who were hurt outside of work and claim the injury to be work-related. They make for memorable anecdotes—the employee with the injured back who is seen on video salsa dancing—but, in reality, such claims are rare. Those that do occur are often the result of poor hiring choices, so by doing the proper background investigation before hiring, an employer can minimize the chances of fraud.

The biggest problem is workers who do not get well as expected, not as a result of intentional malingering, but as a result of delayed recovery. This is a disability duration out of proportion to the severity of the injury or illness. For many, the injury begins as a common problem—a sprain, back injury, or a slip and fall—that escalates into a prolonged or even permanent withdrawal from the workforce.

Consider this hypothetical example. An employee is lifting a 50-lb package from a truck and injures his lower back. According to a study by Dr. Elizabeth McGlynn of RAND Health, the employee has only a one-in-three chance of receiving the proper diagnosis and care on the first medical visit when back pain is present.

A physician may order an MRI, prescribe muscle relaxants for pain relief, when rest, over-the-counter pain relievers and return to work in modified duty may have been the proper treatment. With misdiagnoses come excessive testing, unnecessary treatments, long delays in return to work and higher costs for the employer. Even worse, there are unfortunate consequences for employees.

Employees may experience negative side effects from the drugs, lose muscle tone and develop atrophy and feel worse rather than better. Although some workers will cope with the problem and work through it, others cannot. Representing a small percentage of the claims—6 to 7%—it is this group that accounts for a large percentage of costs. For them, the medical issues are further exacerbated by a myriad of social and psychological factors.

Injuries disrupt workers' daily lives. Even a minor injury may seem like a major occurrence because it is unfamiliar and frightening or it has occurred at a time when there is stress in the workers' lives. Employers often fail to inform employees about what to expect when an injury occurs, creating further anxiety. Worried about how their coworkers perceive their injury, they quickly become socially isolated, lose their sense of productivity and purpose, and sink into depression. Their ability to deal with the frustration and pain lessens and the magnitude of the injury becomes distorted. Yet, the system keeps treating them medically.

Prolonged absences then morph into a "disability attitude." Work defines a person's identity in several ways, including the self-respect that comes from earning a living. According to clinical psychologist Kevin Gaffney, "With delayed recovery comes the issue of identity disturbance."

When that identity is taken away and the claim progresses beyond the expected

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medical recovery, injured workers begin to view themselves as disabled. The longer an employee stays away from the workplace, the more difficult it becomes to reestablish the discipline of being on the job 8 hours a day. Once this attitude sets in, the motivation to return to work is compromised.

In fact, the longer workers stay away from the workplace, the less likely it is that they will return. Research confirms that there is only a 50% chance that an employee who has been absent for 12 weeks will return to full employment.

While injured workers need encouragement and nurturing, the employer's reaction—or lack of action—can aggravate the situation. Harboring feelings that injured employees are "villains," the employer focuses on resolving the resulting production issues and has little contact with them. The injured workers' sense of self worth and identity spirals downward and animosity and distrust build. Litigation begins to look like the only available alternative.

A report by the American College of

Occupational and Environmental Medicine, "Preventing Needless Work Disability by Helping People Stay Employed," notes:

[O]nly a small fraction of medically excused days off work is medically required—meaning work of any kind is medically contraindicated. The remaining days off result from various nonmedical factors such as administrative delays of treatment and specialty referral, lack of transitional work, ineffective communications, lax management and logistic problems. These days off are based on nonmedical decisions and are either discretionary or unnecessary. Participants in the disability benefits system seem largely unaware that so much disability is not medically required. Absence from work is "excused" and benefits are generally awarded based on a physician's decision confirming that a medical condition exists. This implies that a diagnosis creates a disability.

Simply put, the problem is claims become exaggerated when a worker gets hurt, gets frustrated, is not getting better and no one is talking to him/her. Too many employers believe that these workers are malingerers. Rarely do they recognize that the real threat is not the cost of the claim, but the loss of a valuable, competent employee who is unnecessarily out on a disability that the system has created.

Workers' compensation is not "found" money. Unlike personal injury settlements, workers' compensation is a no-fault law and lump-sum settlements are usually based on estimates of how long employees will likely be unable to work. Each state varies in the amounts required for weekly temporary disability benefits, as well as in how any permanent disability is determined. In addition to the physical pain and the loss of their self-image as self-sufficient members of their families and society, injured workers can face financial difficulties. No one out on workers' compensation has improved his/her life as a result.

To avoid this, early intervention is key. Employers must understand that workers' compensation is not strictly a financial issue, but a people issue. Bringing injured employees back to work as soon as possible in a medically approved capacity is the cornerstone of preventing long-term disability. When the people component is managed well better financial outcomes will follow.

Frank Pennachio, CWCA, is cofounder and director of learning at the Institute of Work Comp Professionals, Asheville, NC, the nation's largest network of workers' compensation professionals. He can be contacted at frank@workcompprofessionals.com.

from physical conditioning to physiotherapy and psychological treatment. Further evaluation shows that the studies which reported the most significant outcomes included a cognitive-behavioral component combined with an intense physical program, leading to the conclusion that a multifaceted approach is most effective.

Various resources are available to employees and employers to facilitate return to work. These include work hardening clinics, ergonomic consultation, occupational therapy and occupational medicine. As noted, a multifaceted approach is the best strategy.

Work Hardening Clinics

Work hardening is an individualized treatment program that uses simulated or real job activities to evaluate and assess a person's ability to return to work (American Physical Therapy Association, 1995). This program looks at individual performance skills including motor skills, processing skills, communication skills, range of motion, strength, endurance, body mechanics and posture. Workers are referred to these clinics by their physician or case manager once they can tolerate at least 4 hours of rehabilitation (Alexander, 2004). A worker's injury should be less than 2 years old to be considered for work hardening.

Work hardening services are performed by physical or occupational therapists, with occasional support from dietitians, rehabilitation physicians and psychologists. Work hardening clinics were officially recognized in 1989, when standards were established for their evaluation and intervention of workers in an attempt to return them to gainful employment (Wiegmann & Berven, 1998).

Ergonomic Consultation

With the high prevalence of musculoskeletal disorders, many companies work with certified ergonomists to perform worksite evaluations in order to identify and redesign high-risk tasks. According to Alexander (2004), ergonomic consultations can help reduce workers' compensation costs, improve employee morale and improve an employee's overall quality of work.

Occupational Therapy

Occupational therapists treat individuals whose ability to function in a work environment has been impaired. They may arrange employment opportunities, evaluate work environments, plan and simulate work activities or assess a worker's ability to perform job tasks. Therapists also may collaborate with the client and the employer to modify the work environment so that the work can be successfully completed. In addition, they perform functional capacity evaluations that measure a worker's ability to manage objects and tools required for a particular job. Job analysis is used to determine an appropriate match between worker and job (Alexander, 2004).

Occupational Medicine

Occupational medicine is concerned with protecting an individual's health in the workplace and pre-

venting occupational injuries and disease. These healthcare providers often consult with companies or government agencies about occupational injuries and illnesses and appropriate controls.

Current Concerns With RTW Programs

While many resources are available to facilitate successful return to work, several issues remain that can influence the success of RTW programs. One concern is availability. Many companies do not promote return to work following an injury or illness. An employer may not fully understand the benefits of such programs and may feel it would be more liable if a worker returned prematurely and were reinjured. An employer may also fear that if an employee who returns with an unresolved condition is reinjured the employer will now face a workers' compensation claim and a disability claim. The amount of time and the cost for this employee's benefits may be significant (Smentek, 2006).

In addition, a company may become so concerned with complying with federal regulations that it forgets about the individual worker. An increasing number of employers are holding an employee's position open for only 12 weeks, which complies with the Family and Medical Leave Act. As a result, employees who return to work after the 12-week period must reapply for an open position (Olson, 2006). This may actually hurt the employer because the new worker hired may not have the same skills or experience as the injured worker (Olson).

Lack of communication is another concern. When communication among the employer, employee, physician, case manager and other involved parties is poor, problems may occur. For example, the employer may pay more money in benefits; the employee may miss more work; the physician's recommendations may not be followed; and the case manager may spend more time handling the claim (Bowling & Huth, 2005). When a company has an effective RTW program, all individuals are aware of the steps and avenues to follow, and are open to the physician's recommendations (Bowling & Huth).

Lack of partnership between involved parties is another potential problem. Within a company, those concerned with the RTW program must collaborate (Bowling & Huth, 2005). When a worker is injured on the job, the steps involved in obtaining medical care, filing a workers' compensation claim and completing paperwork must go smoothly between all departments and parties involved; this will reduce the time between the injury and the employee's return to work (Hall & Kaleta, 2005). Without such collaboration, the program will not operate smoothly or effectively.

Lack of program overlap among managers is also a concern. RTW programs are generally administered by risk managers, while sick leave and short- and long-term disability benefits are often managed by the employee benefits manager (Olson, 2006). Without a coordinated effort between these functions, program goals may not be addressed appropriately (Olson).

Collaboration between the worker, case manager, safety personnel, human resources, treating physi-

Collaboration between the treating physician and the safety manager can help to ensure that work restrictions are fully understood by all involved.

cians and others involved with the worker's injury, treatment, workers' compensation claim or return-to-work efforts should provide the best possible outcome for the injured worker (Hall & Kaleta, 2005). As noted, the treating physician should be given a job description so that s/he can make an informed decision on the worker's injury status; the case manager should follow up regarding physician appointments and recommendations; and safety personnel and management should take into consideration the restrictions or recommendations made by the physician. Without this teamwork, decisions will be made without full information, which can lead to negative outcomes such as litigation, reinjury or further exposure (Hall & Kaleta, 2005).

Another common problem is the lack of reasonable accommodations made for employees (Olson, 2006). Schonstein, et al. (2003) found that programs with modified jobs had about twice as much success with return to work as compared to those that did not offer modified duties. If an employer does not strive to make accommodations or provide light-duty work, the employee will likely feel that s/he will be unsuccessful returning to work. Again, communication among all parties is key to success.

RTW programs also would benefit from more structure. By including the same multifaceted treatments, including a cognitive-behavioral aspect, results could be compared to determine which strategies are most effective. The current variations in strategies and outcomes make it difficult to truly compare and assess the effectiveness of RTW programs.

Patient satisfaction is another concern. Patients have reported being most dissatisfied with the information given to them by their physician regarding their diagnosis. According to Verbeek, Sengers, Riemens, et al. (2004), patients with back pain did not receive thorough back examinations or assistance with their job situations. Patients also revealed that they lacked confidence in their healthcare providers because they felt that many physicians failed to believe they were in pain. Patients must feel comfortable with their healthcare providers, be included in treatment decisions, and receive relevant information regarding all aspects of daily life.

Conclusion

RTW programs should have established short- and long-term goals and objectives so that program effectiveness can be evaluated. Risk management and loss prevention representatives should focus on how an RTW program can contain costs, facilitate an early return to work, and affect direct and indirect costs. The company itself should focus on preventing and controlling work-related injuries and illness through engineering, administrative and ergonomic controls. Communication and collaboration among all involved is key as well.

Although RTW programs have been in use for nearly 20 years, their importance is coming to the forefront as healthcare costs continue to rise. Additional research is needed to examine the effectiveness of these programs for all key stakeholders.

Implementation of an early RTW program has shown benefits and cost savings, but continued support from federal agencies as well as from employers is vital to continued success. ■

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