The Prescription for Light Work for the Partially Disabled Employee

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SUMMARY

A prescription of "light work" for the industrially employed patient who is convalescent from injury or illness often is difficult to carry out and may do more harm than good to both employer and employee. Criteria developed from the observations of a physician engaged in an industrial establishment may be helpful to the physician in private practice who is called upon to decide when a patient may safely return to work and how strenuous or exacting the work may be.

MOST physicians in private practice have occasion at one time or another to present to an industrially employed patient who has been incapacitated by injury or illness a statement to take to his employer to the effect that "Employee is able to return to light work." Those physicians who have been engaged either full-time or part-time within an industry are likely to be familiar with the difficulties of compounding this prescription and with the various combinations of circumstances which make light work possible or desirable.

A review of the pertinent experiences of the physician in industrial practice may be helpful to the "outside" physician, for from them it is possible to develop criteria as a basis for judging the advisability of the "light work" prescription.

So far as the physician in private practice and his patient are concerned, the problem may appear quite simple. The patient is convalescent and willing, possibly even anxious, to work. But he describes his normal work, and it appears obvious that he is not improved to the point where he should attempt to return to it. It demands, in muscular activity, efforts which he cannot yet produce safely or efficiently. Yet, in the terms by which disabilities ordinarily are rated, he has only a small degree of limitation and if there is work which he can perform within his capacity, a simple statement to this effect seems quite appropriate and reasonable.

It is when we approach the job to which he is to be assigned that we find a number of variables. It may be well at this point to reexamine the accuracy of the belief that while the man is actually disabled for his own particular job, he would not be disabled for another. Has it ever been recorded that the easiest work a man can do is his own job? His muscular and his mental patterns have been developed to fit that job, and even though it might appear to an observer to be more difficult than others, for the man accustomed to it, it is much easier than a new, even if lighter, job would be.

If it is established that the patient cannot do his own job, the possibility of making slight alterations in his regular work by relieving him of certain of the heaviest or most exacting motions in connection with it may be explored at first. Assume, however, for the purpose of this discussion, that the patient's own job, even if modified, still remains incompatible with either his comfort or his recuperative progress, and that he must be considered disabled for it.

The alternative most commonly resorted to is assignment of the employee to another existing job, in which the physical demands are compatible with the employee's limited capacity. If this job is productive, if it calls for an effort approximately equal to the effort called from this man on his own job, and if he can deliver approximately a day's production with a feeling of adequacy, the assignment is likely to prove satisfactory and the situation quite healthy. (Any difference in pay rate that may exist between the two jobs is a matter of plant policy and the situation is likely to be covered by a labor union contract.)

Another alternative is to assign the employee to a synthetic job, and such jobs are likely to vary greatly in their productivity. Occasionally a collection of odds and ends may be assigned to an individual so that he is usefully employed for his eight hours, but it is more than likely that he will be less usefully employed than on his normal job, and it frequently happens that his actual usefulness is close to nil. It is in this situation that the undesirable results of returning a convalescent to work are most clearly demonstrated.

Let us first consider an example in which the practice is completely satisfactory. John Doe, 32 years of age, a laborer employed seven years, an emotionally stable individual who is recognized as a good, steady employee, fractures a wrist in the course of his employment. It has been immobilized in plaster, and the prognosis is offered that he can return to his regular work, which is quite heavy, in a matter of eight weeks.

If John is kept out until he is well, he will lose considerable income, due to the difference between

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his compensation and his wages, and the employer is sympathetically inclined on this score. Perhaps, also, a safety campaign is about to start or is at its height, or has just been completed in the plant, and there is the record of lost man-days to consider. Fifty-six days on the accident record are worth saving, and so are the compensation costs which will not only be a current expense but also will be reflected in future insurance premiums due to the increased experience rate. There is some work which John could do which is not too exacting, and, what with one good arm and the other protected by a cast, and a certain amount of indulgence on the part of his supervisor and his fellow workers, he can put in the time on this work. On the face of it, everyone will gain: John will take home his full wages, will accomplish some work, compensation costs will be reduced, and the accident record will benefit. It may well be that these benefits will actually be realized and at the end of eight weeks John will be back at his old job. The plan may have been so successful that this practice will be adopted as future policy in similar cases.

Sooner or later, however, we will find the following pattern developing in the case of one of our John Does:

John Doe II will start out quite happily. His supervisor will be friendly and indulgent, and those around him will willingly help him. John II, whose education is minimal, has also been a very good worker when he was at his own job, and was apparently well adjusted to the routine heavy work. Now, for the first time, he is in a position where he cannot hold up his end and is actually encouraged not to try.

During the course of the next few weeks, he will accommodate himself to this comparative comfort, and about the time he is really settling down to enjoy it, he will sense a desire on the part of the supervisors and those about him that he begin again to hold up his end. The incentive to admit physical improvement will be lacking, because John II will be enjoying what Freud has described as the "advantages of an illness." John's physician will begin to sense an anxiety on his part over residual pain or other symptoms, which will not seem compatible with original expectations of his progress.

Of course, he will finally return to his old job, as there is a point beyond which he will not be able to extend his partial disability—but he will have developed feelings of hostility and resentment toward those who (he will feel) have crowded him back to work despite the residual pain; and he will, subconsciously at least, have learned a technique to escape from hard, routine or unpleasant work. If he has a potentially neurotic make-up, he will have a future punctuated by injuries or ailments which will make him an unhappy placement problem indefinitely.

Actually, no one will have gained in this situation —least of all John II himself. Had he been kept on the disability list and treated as one who had a temporarily total disability, he would have made a complete recovery within the estimated period of time and would have had the incentive to return to work, as cured, as soon as possible.

In reality, the efforts to assist John II to escape the financial effects of a disabling injury have resulted in a new psychic injury to him. All that has been accomplished is the concealment of the actual cost of a compensable injury and its replacement with a buried production cost and a living personality problem. Yet many employers will fill a physician's prescription for light work, feeling that they are generous in so doing.

Possibly the case of John Doe II has been oversimplified, yet he or his counterpart has been seen in enough variations to warrant skepticism as to the advisability of prescribing special work for patients who are partially and temporarily disabled. As a general rule, unless a man can return to his own job, all the possibilities of the situation should be scrutinized very carefully before he is assigned to "easy work," or to what one worker colorfully described as a "fool-around job."

Somewhat the same principles apply to the early return to work when maximum improvement has not been achieved. There are disabilities of such nature—the marked disability caused by a foreign body in the cornea, for instance—that the length of disability can be accurately described in terms of minutes or hours. Few disabilities, however, can be so definitely estimated in terms of time. There is a twilight zone of convalescence in which it is impossible to state positively that the patient was disabled until exactly a certain date and was completely well from that date on. Therefore in the course of time the author has grown more and more willing to err on the side of prolonging disability time rather than shortening it.

This has been particularly true in cases of injury to the back. The single episode of the strained back is not the cause of the greatest anxiety or expense. It is the patients with recurrent and chronic back ailments who are the trial. In the author's experience increasing insistence that all residual pain must have disappeared before an employee is returned to heavy work has resulted in a considerable diminution of total lost time, rather than an increase, through a reduction in the number of recurrences.

PERMANENT PARTIAL DISABILITY

In the case of the permanent partial disability, of course, the situation is entirely different. Maximum improvement has been reached and the patient is still partially disabled. A return to work in this case, even though the work be entirely unproductive, may be a rehabilitation procedure of tremendous value. Lack of productivity over a period of time may be relatively insignificant compared with the value of rehabilitating the employee.

Similarly, in special cases, some degree of rehabilitation on the job is desirable, even though no permanent disability is expected. A patient who has been institutionalized for a long time as a result of a chronic disease, and who has been surrounded by

the ill, and who has been under a regimen of proscriptions, may be in great need of an on-the-job rehabilitation and an opportunity to spend a period of time adjusting to the return to the competitive life of healthy individuals. However, in most such cases it is probably better that a program of convalescence planned outside the plant be carried on until the patient steps over to work rather than returning in a state of asthenia and stepping up to it.

Employees with allergic reactions, particularly in the respiratory system or skin, to any agents with which they work or which surround them in their job pose a special problem. In such cases a change of work, not necessarily to easy work, but an entire change of working environment, is required. Not only may such a solution be difficult to work out, but in many cases it may not be lasting.

CRITERIA FOR RETURN TO LIGHT WORK

1. In considering an employee to be disabled for his own job, but able to do easier work, due allowance must be made for the fact that he is mentally and muscularly "in training" for his own job; and new work to which he is not accustomed, even though it is apparently lighter, may not actually be easier for him.

2. Temporary modifications of his own job to meet temporary disability should be considered before placing him on a new job.

3. New temporary jobs should, ideally, be fairly productive and call for sufficient effort to provide the employee with a sense of adequacy.

4. Synthetic jobs, if unproductive and calling for a minimum of effort, may retard the normal incentive for recovery and encourage a previously adequate individual to exploit the "advantage of an illness." The light work assignment should not be of such nature that the return to regular work will arouse hostility and resentment in the employee.

5. Return to either regular jobs or new lighter jobs should be delayed, rather than hastened, if early return may invite recurrences. In cases of doubt, the doubt should be resolved in favor of late rather than early return.

6. Where rehabilitation is required, productivity may be an entirely secondary consideration, and a synthetic non-productive job considered as a useful therapeutic measure.

7. Convalescence off-the-job should be encouraged until return to work involves a minor increase of effort rather than a maximum physical strain.

RECOMMENDATIONS

Is there a practical use which physicians not fully familiar with work conditions in industry might make of these criteria? When a physician gives an employee a statement that he is ready for "light work," he does so in the expectation that it will be presented to someone in authority at the place of work. It would be more effective to give him a note saying, "Would like to discuss the possibility of light work for this patient. Would you be good enough to call me on the telephone?" This simple practice will result in a useful exchange of information between the physician and the plant nurse or some lay authority at the plant, with the result that in many cases the employee will be better protected. A decision whether to give him light work, an existing job or a synthetic one, return him to his old job, or have him stay on disability status until greater improvement occurs, is a very important one so far as the patient is concerned, and a decision made on lack of adequate information may be to his disadvantage. A description of his job or of the alternate jobs open to him, supplied by the employer, may alter the physician's recommendation. The information the physician may get about plant conditions and policies in a few minutes of conversation with the employer will be useful in future dealings with other patients employed at the same plant.