



# EFFECTIVE PHYSICAL REHAB

The injured worker needs and deserves it

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**General Manager – Guardian Exercise Rehabilitation**



# Introduction



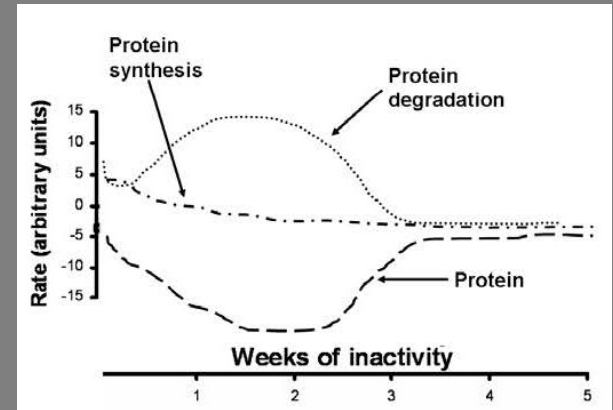
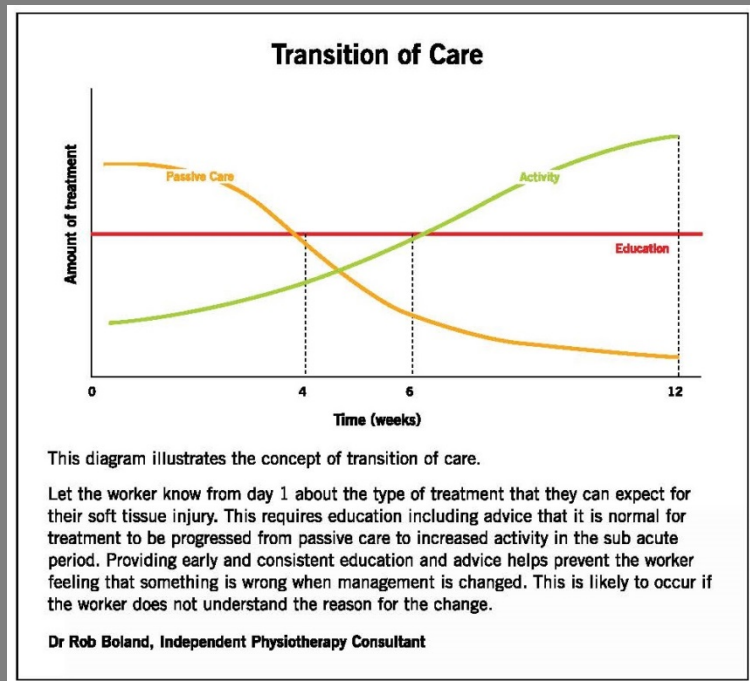
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# Overview

- When should exercise commence
- Modes of exercise
- Buy-in and self-management
- Assisting the RTW process

# When to commence - considerations

## □ Muscle disuse atrophy



- Psycho-social benefits
- Acute / Subacute / Chronic
- Risk of late intervention

# When to commence - considerations

Days absent from work	Chance of getting back
20	75%
45	50%
70	35%

*Realising the Health Benefits of Work, 2003*

**Table II.** Cost-Comparison Results (Average Cost Per Patient/Year)

Cost variable	HR-I ( <i>n</i> = 22)	HR-NI ( <i>n</i> = 48)
Healthcare visits related to LBP	\$1,670	\$2,677
Narcotic analgesic medication	\$ 70	\$160
Psychotropic medication	\$24	\$55
Work disability days/lost wages	\$7,072	\$18,951
Early intervention program	\$3,885	NA
Totals	\$12,721	\$21,843

*Journal of Occupational Rehabilitation, 2003*

# Exercise Modalities - Hydrotherapy

## □ Consider characteristics of water

- Access

- Depth

- Temperature

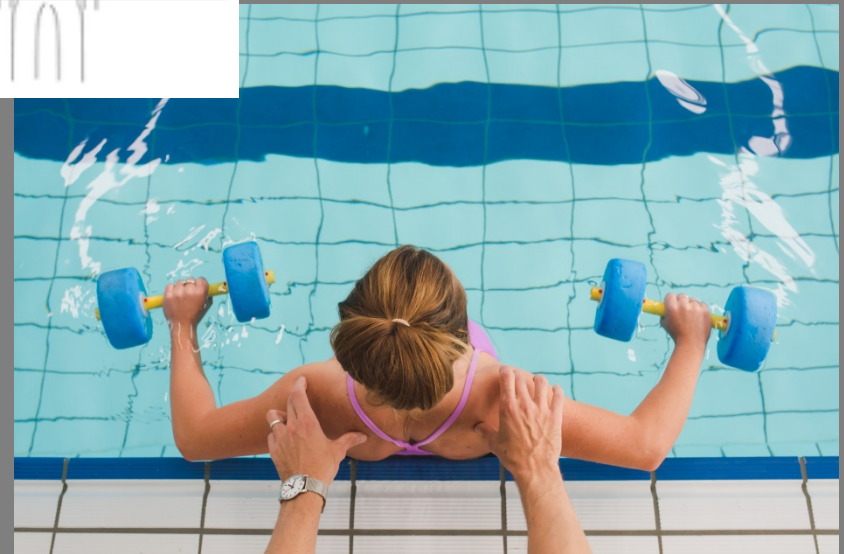
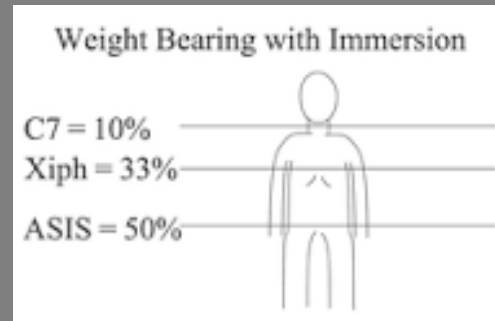
- Buoyancy

- Resistance

## □ High pain, low mobility

## □ Weight bearing joints

## □ Helps buy-in



# Exercise Modalities - Gym

- ❑ Moderate-good mobility and pain
- ❑ Match fitness to job demands
- ❑ Consider setting – gym vs clinic



- ❑ Resistance and aerobic
- ❑ Pilates
- ❑ Functional progression

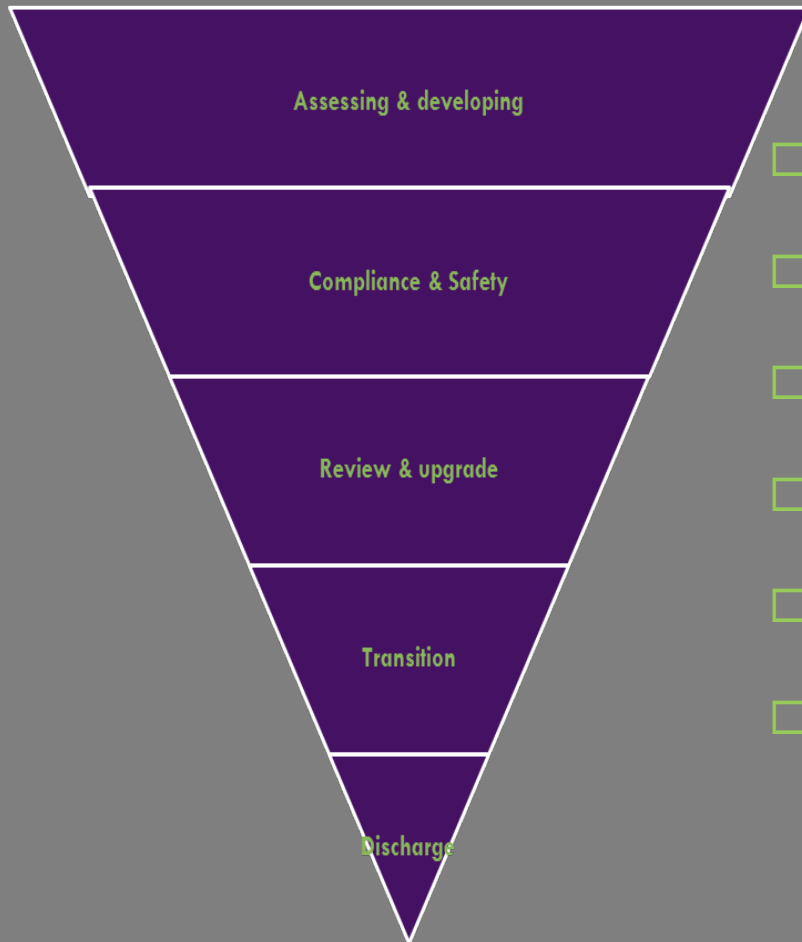
# Exercise Modalities - Home

- Integral part of any programme
  - Stretching / mobilising
  - Motor control
  - Postural exercises
  - Graded activity & pacing
- Consider work demands
- Compliance???



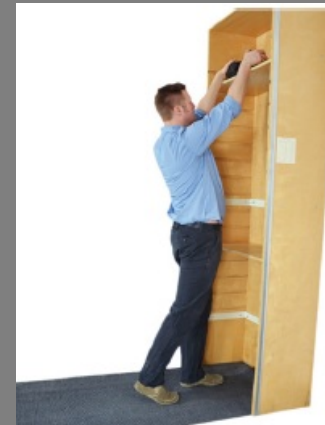


# Buy-in and self-management



- Assessment techniques
- Motivators and de-motivators
- Identify barriers to recovery
- Goal setting
- Independence from supervision
- Attendance records

# Assisting RTW – functional prescription



- Reporting
- Emails
- Phone calls
- Case conferencing
- With injured worker

# CERTIFICATE OF CAPACITY

- A valid Certificate of Capacity must be provided if you are claiming compensation for loss of income because of a transport accident or work-related injury or illness.
- The certifier will use the Certificate of Capacity to communicate with your employer and your case manager about your work capacity (refer to the TAC or WorkSafe Victoria (WorkSafe) website for who can certify). **Note:** The first medical certificate for a work-related injury/condition: WorkSafe claim must be issued by a medical practitioner.
- Certifiers - Please type or use block letters and ensure that all relevant sections are complete. Incomplete forms may be returned.

This certificate has been issued in relation to a:

☐ Transport accident related injury (TAC Claim)

☐ Work related injury/condition (WorkSafe Claim)

This certificate has been issued to confirm attendance only. Complete sections 1, 2, 5 & 6 only. ☐

## 1. Worker Details

Worker First Name

Worker Last Name

Worker Address

Claim Number (if known)

Date of Injury (if Claim number not known)

Date of Birth

Postcode

## 2. Diagnosis

I examined you on ☐/ ☐/ ☐

If this certificate refers to a period prior to the date of examination, please provide details in Additional Comments (Section 5) below.

My Clinical Diagnosis/es based on my examination of you and other available information is:

## 3. Capacity Assessment

**Note:** If capacity is affected further details **MUST** be provided in this section.  
+ Continue to Section 5 if capacity is unaffected

Your work capacity is affected by your injury/condition as follows:

Physical Function	CAN	WITH MODIFICATIONS	CANNOT
Sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stand/Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach above shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use injured arm/hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neck movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physical Function - Additional Comments e.g. limits on duration, weight, handling capacity, resistance or sustained postures, movements or force.

Mental Health Function	NOT AFFECTED	AFFECTED
Senses perceptible	<input type="checkbox"/>	<input type="checkbox"/>
Attention/Concentration	<input type="checkbox"/>	<input type="checkbox"/>
Memory (short and/or long term)	<input type="checkbox"/>	<input type="checkbox"/>
Judgement (ability to make decisions)	<input type="checkbox"/>	<input type="checkbox"/>

Mental Health Function - Additional Comments e.g. effects of mental health symptoms, cognitive function.

Other Functional Considerations - not listed above

Other Functional Considerations - Additional Comments e.g. effects of medication

Work Environment Considerations e.g. physical (temperature, noise, space, light) or mental health considerations that affect work capacity.

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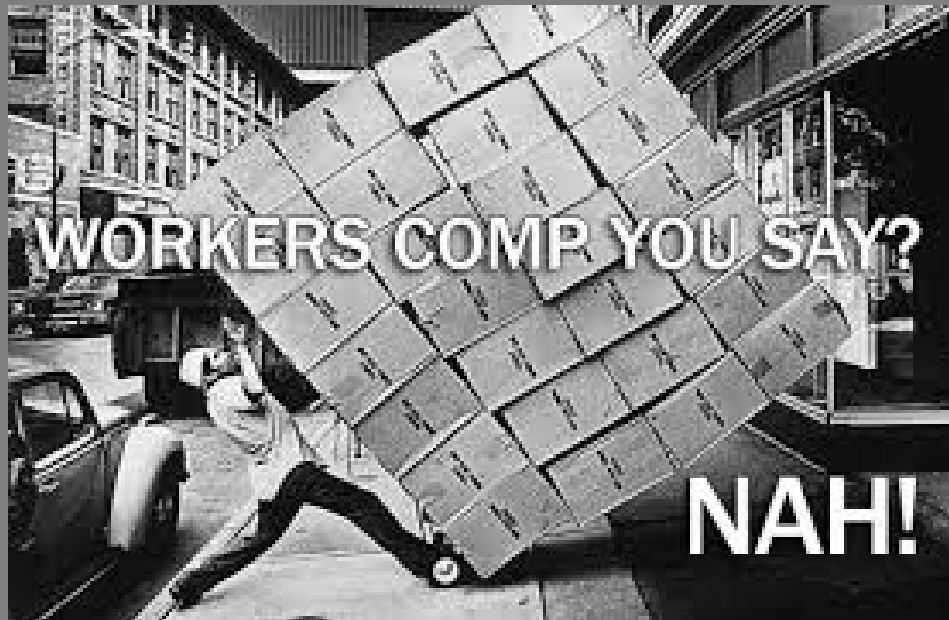
Page 1

# Take home messages

- Help the injured worker and medical practitioner
- “A stitch in time saves nine”
- Horses for courses
- Principle 3 of Clinical Framework
- Ensure transferability

# Thank you

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# Q and A

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