

Rehabilitation

My perception of rehabilitation is influenced by about 20 years of involvement in rehabilitation, I used to do this before it came the in thing.

I think rehabilitation practices can become overly complex and time consuming if you are not careful. The big challenge is to identify meaningful alternate duties, in the ideal world you would have developed and assessed these before people require them.

The reality is some people will not want to participate in a rehabilitation program, trying to convince them of the benefits is a better approach than trying to force it on them.

The reality is that sometimes the employee considers there is more effort and cost to participating in a rehabilitation program than sitting at home and watching Oprah.

Sometimes rehabilitation is perceived by the workers as the company trying to squeeze every ounce of blood out of the workers even when they are crook.

Some people do not want to be rehabilitated, they have their eye on a big payout cheque.

You should not underestimate the psychological benefits of getting people back to work even if initially it is for a short time.

Functional capacity assessment by a trained health professional is often necessary.

Communication between the rehabilitation coordinator, injured party, supervisors and fellow workers is vital.

The alternate duties should be meaningful.

My experience is that there is sometimes a lot of stuffing around with rehabilitation that achieves little tangible benefit.

Early intervention is important.

I probably have a bit of a cynical view about rehabilitation but let me tell you about my successes

1 Anne

Anne was a senior secretary who went off work due to stress from being harassed by a female superior. This was the worst case I have ever seen of how an employee was treated. The department manager hushed the matter up, mis-managed his people and was concentrated on covering the female bosses rear end. The H.R. people were aware of the situation apparently but did not intervene. I was hardly ever in the office and did not know the rumour machine was discussing the issue.

By the time the matter got to me Anne was a mess psychologically and had a medical certificate for 6 months off work. She had lost all confidence in herself and was very bitter about the way she had been treated.

I met with the female boss and found no sense in her complaints about Anne and the antagonism towards her. I recommended some counselling for the boss.

I had a series of meetings with Anne, her family and treating health professionals and between us we worked out a plan to get her back to work.

I identified suitable alternative duties and progressively got her back to full-time work. There was frequent liaison with her, her family and treating health professionals. Anne rang for me onetime I was not around and apparently told my secretary "I know George is paid to care but that is not what makes him care" All Anne wanted really was for someone from the company to listen to her side of the storey, until I came along no one had done this.

Anne went from being a mess and hating the company to a very happy, productive and loyal company employee. Word got around about what I did, did my personal stocks a lot of good but also improved how some of the employees perceived the company. Anne was very grateful for my efforts.

2 Sam

Sam was a council labourer with a weight problem and a crook back. We got him off to a physio and a dietician. He was illiterate and had little numerical skills all of which made it difficult to put him in the usual alternate duties.

The physio developed a targeted exercise program which he enacted and he lost a fair bit of weight. He was very despondent about his future as he recognised his lack of skills.

The physio wanted to do some assessments of Sam's normal tasks so I decided to take Sam along when we went out to visit Sam's normal work crew. Sam was very miserable and withdrawn as we drove out to the worksite.

Well you should have seen the greeting he got from his mates. In a very light-hearted Aussie bloke way they said things like-Look like a bit of a girl with the weight loss-About time you stopped bludging-We have been carrying you for the last 2 months-An so on. The banter continued for a fair while as everybody was having a good time.

The physio got the workers to demonstrate the jobs and took a few measurements. He told Sam he would develop a plan for gradual return to his normal duties. It was a much happier Sam who returned to the office.

After explanation of Sam's limitations to the supervisor and workmates the return to work plan was initiated(the workers agreed to take care of the "useless bastard")and after a couple of months he was back to full function. Sam's work and his workmates were very important to him, particularly as he had limited options and he was very pleased to be back at work.

3 Col

Col was a bridgework carpenter. Some organisations in Qld still build wooden bridges, health professionals would freak if they assessed the weights the wooden bridge builders routinely manually handle.

Col was 55, enjoyed a few too many stubbies and had a stuffed back from many years of exceptionally heavy manual handling.

I had a physio assess the normal work Col used to do. The physio was adamant that no-one, not even young, fit people should be expected to do this type of work.

Col was put on an exercise and weight loss program and the physio assessed his capabilities. I referred Col's case to the Manager and Senior Supervisor. The Manager told me he wanted Col retired as medically unfit. Neither myself nor the Senior Supervisor saw the Manager's option as appropriate and we resolved to try to accommodate Col (It was common practice not to take much notice of the Manager). A supervisors job became vacant and we resolved that once Col's back was strong enough Col would be offered the role. We probably broke all the published policies on recruitment and selection in the organisation with this move.

Meantime Col and the physio put in a lot of hard work on Col's strength. After an assessment of the demands of the supervisors job and Col being assessed as capable of taking on the job of a supervisor he commenced in the role. He attended some additional training and proved to be an excellent supervisor. Col was very appreciative of the organisations persistence with him as he had become aware of the Managers preferred option. Just goes to show throwing people on the scrap heap is not always the best option.

My experience with rehabilitation says the psychological issues are just as important as the physical ones.