

taylord ERGOTIMES



How to bring injured workers back to work objectively, and with compassion

(A case study describing how we were involved in successfully bringing an injured worker back to the workplace.)

A senior plant employee, let's call her "Grace", broke her hip as a result of a fall, and was ready to return to work, with some limitations. Grace brought a functional abilities form (FAF) to the HR department. This employee also had some permanent non-work-related limitations of the type that often accompany "senior" status. The return-to-work coordinator (let's call her "Marie") asked the ergonomist to investigate whether Grace could return to her pre-injury job. She could not—the job involved walking and climbing steps, demands which would exceed her capabilities. She also needed the ability to alternate between sitting and standing. Marie asked the ergonomist to suggest another job that might be suitable.

This employer has been our client for many years, so we had physical demands analyses (PDAs) for almost all jobs in the facility. The ergonomist used the PDAs to review the match between several jobs and the employee's documented capabilities. The ergonomist found a suitable offline subassembly job, which could be performed while sitting or standing. She proposed a gradual return-to-work schedule, beginning with four hours per day, mostly sitting, and increasing hours weekly. The employee was encouraged to increase the proportion of time spent standing, in order to "harden" (or strengthen) to these demands. Early in the process, the WSIB's return-to-work coordinator visited the plant once, and decided that Grace was in good hands with the cooperative approach we were using.

Grace, Marie, and the ergonomist met on a weekly basis to check progress. The meetings checked for issues, and confirmed that Grace was performing the duties as requested, gradually increasing the duration of standing. When occasional set-backs were experienced (sometimes as a result of non-work-related discomfort), we re-adjusted the plan. Each week, the ergonomist sent an email summary of progress over the past week, and a plan for the coming week, which guided the supervisors in scheduling Grace appropriately.

Grace provided regular updates from her health care providers, and participated in physiotherapy and, later, a program at her gym, aimed at strengthening her lower limb. When she was able to tolerate standing for a few hours at a time, she started to work for one hour in production at a "standing" job with a little walking but no climbing, and the remainder of her shift at the offline job. When she could tolerate standing for longer periods, she returned to her pre-injury job for one hour per day, initially with some help to

Our mission:

Inspiring, building, and supporting partnership between your organisatior and our innovative team to advance ergonomics excellence.



Our team

Carrie Taylor M.Sc., CCPE, CPE Principal Ergonomist

Karen Hoodless M.Eng., CCPE, CPE Operations Manager/Ergonomist

Josie Blake B.Sc.(Hon.Kin.), AE Ergonomist, London, ON

Follow us on:









All of our ergonomists are members of:





avoid stair climbing. Over a period of four months, Grace returned to full duties at her pre-injury job.

This employee came back to work with crutches, but progressed steadily back to full duties, despite some non-work-related challenges. Why? Grace was "heard", and we responded to her concerns while encouraging her progress. When she was having difficulty or feeling uncomfortable, we eased the plan a bit, and when she was progressing well, we advanced accordingly. We continually adjusted the plan in small increments, so that Grace increased her hours spent standing (vs sitting), in regular production (vs offline), and on her own (vs with help), on an almost daily basis. Supervisors were kept in the loop, and the entire plan was documented efficiently through emails. Note also that, from the time that she came back to work, she stopped receiving WSIB benefits at 80% of her regular pay, and earned full wages; Grace was a good employee and likely wanted to come back regardless, but the added financial motivation didn't hurt.

From the employer's perspective, returning this worker to work in a timely manner represented a *significant* cost savings.....instead of the expected NEER penalty, they received a rebate. The Plant Controller is generally a cheerful fellow, but he was *singing* for weeks after he learned the outcome! Call us, for help in making your Controller joyful!



"Frequent" or "repetitive"? Is there a difference?

Ontario's Workplace Safety and Insurance Board (WSIB) uses a "Functional Abilities Form" (FAF) that allows health care providers (HCPs) to restrict workers from "repetitive bending". Some HCPs will specify a body part (wrist, back, etc.), but rarely will they spell out what they mean by "repetitive". When we are given an opportunity, we provide information to HCPs about how we interpret "repetitive" when we flag these demands on our PDAs. For example, our PDAs would identify any job requiring more than 4 wrist movements per minute as "repetitive" for the

wrist. Better yet, for cyclic jobs (such as assembly line work), we report the required number of movements per minute for each body part. This way, an HCP can provide more specific information or feedback about a worker's capabilities, and the job match can be easily, and objectively, completed. For example, a job may require 1.5 back bends per minute. (We would not flag this as "repetitive" in a PDA.) However, a worker with a severe back injury might only tolerate one back movement every 5 minutes

(which would be 0.2 movements per minute.) This job would not be a good match for this worker at this time.

How would *you* describe a motion that occurs once per minute?

Frequency categories such as "occasional" and "constant" are often used on PDA template forms, and also on HCP's evaluations of worker capabilities. Unfortunately, these categories are interpreted differently within the context of different types of work. Consider a task that takes a few seconds, and is performed once per minute; how would different workers view this type of task? Wouldn't it be nice if we all shared a common language around this criterion?

Unscramble the letters on the right to describe how the *worker*, named in the vertical columns, might interpret a "once per minute demand".

The first example is completed for you. For a firefighter, who has quite a lot of variety in his/her job, anything that is done once every minute would probably be considered "frequent." By contrast, a "sweet maker" who processes hundreds or thousands of truffles per minute, would say that such an occurrence is S ___ _ _ _ _ _ _ _ _ _.

<u>F</u>	<u>R E C</u>	<u> U </u>	<u> </u>	<u> </u>	Q R I	UE	ΞTΝ	۱E								
R E	<u>s</u> W			_ () L [DEN	ΛS									
F I	E E	<u>O</u> . F					_	SCL	. N A	OC	Ο	ΙΑ				
G H	T	F I	<u>C</u> _ E			_	- /	ANN	IST	ТО	C					
T E	M A	C E	M E	<u>R</u> . E			-)	. I	PΕ			EV I			
R	K E	С	N T	A L	<u>I</u> .		9	7-						I M	TENE	
	R	L E	W	E	T E	<u>C</u> _				CC			4.0			
		R K	O R K	S T A	R P R	R A	C A R	<u>R</u> _		_ IVI	O r	A C N	J G L	F R	R	
			E R	T E	E T	S	M	0	<u>s</u> _		-	,,,			radc	s
				Α	E R	E M	E C	F E	I N	R_		E	ERR			
				G E		B L	H A	R	G E	V						
				N T		E R	N I		R	E T T						
							С			E						





Blitzed?

The Ontario Ministry of Labour (MOL) recently published the results of their September/October 2015 material handling blitz. (www.labour.gov.on.ca/english/hs/sawo/blitzes/blitz_report74.php) Their focus for this blitz was in the "industrial sector", including retail outlets, wholesalers, fabrication

shops, vehicle sales and service, industrial services, automotive, and more. They particularly focused on workplaces with high rates of lost-time injuries, complaints, or a history of non-compliance, and workplaces that had not previously been visited. The MOL reported these stats for the blitz:

- 1224 visits to 1014 workplaces
- 4393 orders, including 107 stop work orders
- The top three reasons for the MOL to issue orders related to:
 - lifting devices not examined by a competent person or not operated within capacity (306 orders)
 - equipment, materials, and protective devices not maintained in good condition, and (287 orders)
 - materials moved in such a way as to endanger a worker's safety (216 orders)

Although ergonomics can help in many ways, the most common orders we're asked to address are those pertaining to "every precaution reasonable" (160 orders) and "providing information, instruction, and supervision to a worker" (146 orders).

If you've been "touched" by a blitz, please contact us for help in assessing and addressing hazards, or providing safe material handling training for your employees.

PDA template overhaul

C Kg

We recently revised our physical demands analysis (PDA) template in response to feedback from our clients. Our PDA force measurements now include grip type, hand heights, and reaches *for each applied force*. We've made it easier to scan through a report to find peak forces, or forces applied with one or both hands, or particular types of forces (lift/push/pull/grip/pinch). So far, feedback has been very positive, from those who use our

PDAs for return-to-work, and for designing work hardening and pre-placement testing.

Our PDA template has been a cornerstone of our business for over 20 years. We're proud that we are still able to use a continuous improvement process to make it even more useful to all of the stakeholders who use it.

SAVE A TREE, and don't get left behind!

Over the next year, we'll be reducing our hard copy distribution, and increasing our enews. If you enjoy our articles, you'll get more info, more often, if you **convert to enews**. Just send us an email at info@taylordergo.com, call 519 623 7733, or fax 519 623 9164, to provide your email address. And please remember to update us if you move!

Missed our e-news?

Here's what we've been talking about lately:

- ways to improve ergo awareness for "International RSI day" (Feb 29)
- choosing appropriate sit/stand furniture
- "ergonomic" box cutters, and considerations for tasks performed on "boxing day"
- work flow in a warehouse setting
- why peer review of professional reports is important
- home health care, and why family members and professionals need training in safe handling

Ask for links to our e-news (info@taylordergo.com).
Alternatively, follow us on facebook or twitter @taylordergo.
Thank you for "liking" and "sharing" our content—your support helps us grow!



Free Ergo Speaker If your professional association is looking for a speaker

on an "ergo" topic, please contact Carrie. We would be happy to come out to speak with groups of human resources professionals, safety professionals, disability managers, production managers, or engineers! If you are within an hour radius of one of our offices, we'll come at no charge! (We also offer many seminars and workshops for groups of employees—call for pricing.)



Build in-house ergo resources with Taylor'd Ergo training

For more details, or to register online, please visit our website www.taylordergo.com/workshop/.

Please register me for:

Return-to-work Wednesday, March 30, 2016

Participants learn how to communicate with health care providers to ensure that everyone understands the language used to describe functional abilities. They also learn how to use the objective data in a physical demands analysis in order to effectively resolve return-to-work challenges.

\$350+hst HST#89765 6377



Office Ergo, Wednesday, April 6, 2016

This one-day session will allow you to identify MSD hazards at office work stations, and develop cost-effective recommendations to address them. Includes suggestions for using and carrying laptops, introducing sit/stand stations, and more. \$375+hst HST#89765 6377



Ergo Design Thursday, April 21, 2015

Participants, including engineers, safety coordinators, and ergo team members, will learn to incorporate effective ergonomic design features into new workstations, jobs, and layouts, using our detailed ergo design guidelines. Guidelines include height, reach, clearance, tool selection, work flow, and more.

\$425+hst HST#89765 6377



This two-day session will allow participants, including ergo co-op students, nurses, safety coordinators, and return-to-work coordinators, to collect data and write an objective, concise physical demands analysis report for the WSIB, employee's doctor, physiotherapist, or for internal company use. Participants learn how to measure forces, quantify "repetition", and obtain useful workstation and task photos.

\$785+hst HST#89765 6377

ONLINE registration and payment is now available at www.taylordergo.com. We're also happy to receive your registration "old-fashioned way." Just complete and fax this page to 519 623 9164, with your purchase order number, or mail it with a cheque to Taylor'd Ergonomics, 38 Water Street South, Cambridge, ON N1R 3C5. Your registration will be acknowledged immediately, and **confirmed by email, 1-2 weeks before the course.** Register early, as space is limited. Cancellations within one week of the workshop will be subject to a \$100 charge, although substitutions are welcome at any time.

Name(s):	Company:
Phone:	e-mail:
riiolie.	e-mail.

P.O.#____(if no PO, please send cheque with registration, or register online with your credit card)



Need in-house ergo training for your employees? Our hands-on, skill-based one-hour "face-2-face" sessions (driver, office, industrial, or lifting) can be provided for as little is \$275/group (4 sessions in one day), plus materials (\$5 per person), and mileage. Find more info under the "training" tab at www.taylordergo.com.

