

WHAT ROLE DOES AN OT PLAY IN A PATIENT WHO HAS SUSTAINED AN INJURY ON DUTY (IOD)?



Work is one of the most prominent roles we fulfil and keeps us occupied for most of our day! Injury on duties can range from simple soft tissue sprains to complicated head trauma. The extent of the damage does not predict the probability of return to work and the ability of the employee to fulfil one of his most important roles in life – work! The OT is not limited to the type of injury – if it impacts the ability to perform daily tasks – the OT may be called in for acute or chronic management.

WHAT WILL THE OT DO FOR ME IN THE ACUTE PHASE?

The OT may be involved in your case from day one after your injury. During this phase, the OT will manage acute symptoms. For example, if you have a broken finger, the OT will manage your pain and swelling and apply a splint to your finger. If you have sustained severe burns – the OT will assist in preventing contractures, splinting you, and mobilising your joints.

OT's are always on the lookout for psychosocial symptoms and can identify and treat them immediately. An example of this is when you feel angry, sad or scared to go back to work after you have endured a traumatic incident.

OT's may ask you to engage in group therapy or work with you individually to address these symptoms. From day one, the OT plays a crucial role in liaising with your doctor, the employer and the rehabilitation team to ensure an optimal outcome.





HOW DOES THE OT GET ME BACK TO WORK?

HOW DO I SCHEDULE AN OCCUPATIONAL THERAPY APPOINTMENT?

IOD's must be reported to either the Department of Labour, Rand Mutual Assurance or the Federated Employers Mutual Assurance. These three institutions act as medical insurance for all registered employers. Their goal is to ensure access to indicated medical care for the injured employee so that the employee may return to his own occupation.

If you were injured at work, you require a referral to an OT by your treating doctor. When securing an appointment with an OT, you need to take the following documentation with you: Your claim number; the referral letter, the first medical report, the incident report and your ID document.

If you feel that you need OT based on the information of this pamphlet – share your thoughts with your doctor and ask for a referral.

Get more information about occupational therapy at

 www.instopp.co.za

PRACTICE:

The OT has started working towards the ultimate goal of returning to work in the acute phase!



The OT can assess your job demands and match them to your functional capacity. For example, suppose your broken finger still needs to be splinted for a month. In that case, the OT may negotiate a reasonable accommodation or an alternative occupation so that you can return to work in the meantime.

Accommodated duties are arranged with the employer based on concrete restrictions:



for example – excluding heavy lifting (above 10kg); reducing demands (weight or repetition); or alternate or rotate tasks to gradually expose the injured worker to demands as he gets stronger. (Basically defining 'light duty' for the employer to implement it and ensure early and safe return to work!)

In severe cases where you will not be able to return to your own occupation, the OT is involved in finding you a permanent alternative job in the company.



If this is not feasible, the OT will assist with disability application where indicated.

Your doctor may refer you to an OT for 'work hardening'.



This is a graded activity program with work simulated activities. Injured workers are rehabilitated so that they can perform and endure the physical demands of their jobs. During work hardening, we are trying to match you (the injured worker) to the job demands.

WHO ARE OCCUPATIONAL THERAPISTS?

Occupational therapy is a regulated health profession and requires specific university training which complies with national and international standards of training. The training of an OT is grounded in the Biopsychosocial approach to healthcare.