

# RETURN-TO-WORK PROGRAMMING AN ERGONOMIC OUTLOOK

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## PROJECT DESCRIPTION

To develop a more robust return-to-work program for Vera Bradley and cultivate a foundation for a future ergonomics road map within the Distribution Center.

Achieved through:

- Increased clarification of associate role throughout various workstations through development of a detailed Job Demand Analysis
- Provision of ergonomic recommendations to reduce risk
- Provision of accommodations to align with various common physician precautions
- Creation of a standardized precaution form specific to Vera Bradley
- Creation of a complimentary Job Demand Analysis Short Forms

## REVIEW OF LITERATURE

Whelan and Eger (2018) determined 44% of compensation claims each year within the Canadian mining sector occurred secondary to workplace musculoskeletal disorders (WMSDs). To reduce the amount of WMSDs – and ultimately decrease compensation claim expenditure, multifaceted interventions with inclusion of ergonomic components were found to be more successful than single-factor interventions (Karsh, Moro, & Smith, 2001; Stevens et al., 2019; Zare et al. 2020). Zare and his colleagues (2020), through extensive literature review, found that a “combination of ergonomic interventions, including engineering and organizational interventions along with stakeholder’s involvement,” (PAGE) was most likely to reduce physical risk factors. Additionally, other constructive intervention components noted in the literature included participatory ergonomics seminars, physical training, and cognitive-behavioral therapies (Stevens et al., 2019).

Vulnerability to external forces was thought to greatly impact the success of interventions designed to reduce the prevalence of WMSDs (Karsh, Moro, & Smith, 2001) To diminish the impact of external forces and best support the interventions, Zare et al. (2020) suggested increased involvement of the various stakeholders. Whelan and Eger (2018) expect increased communication and decision latitude to come about naturally through the implementation of a comprehensive ergonomic intervention. For instance, Kalkis and Roja (2016) determined continuous improvement of the work and workstation was reliant on the stakeholders’ ability to routinely observe and provide employees with continuous demonstrative ergonomics intervention. Whelan and Eger (2018) anticipated that the implementation of a multifaceted and focused workplace ergonomic intervention in conjunction with a participatory musculoskeletal disorder prevention program would provide a comprehensive approach risk factor identification and prevention strategies regarding WMSDs, thus reducing the prevalence of WMSDs and associated risk.

Through successful implementation of a multifaceted ergonomic program – reduction of WMSDs is likely (Marshall, Villeneuve, & Grenier, 2018; Kalkis & Roja, 2016; Stevens et al., 2019; Zare et al. 2020). For instance, a study completed among nursing personnel discovered a multifaceted program, including exercise and ergonomics training, was reported to provide more lasting results, such as decreased back pain and associated medication usage, than did a 45-minute training on the spine with inclusion of lifting techniques (Alexandre, Moraes, Correa Filho, & Jorge, 2001). Another study conducted among nursing staff found a statistically significant reduction of WMSD prevalence among the group that engaged in the “multifactorial” ergonomic intervention (Marshall, Villeneuve, & Grenier, 2018). Overall, the majority of studies reviewed indicated a reduction of physical risk factors throughout most workstations secondary to the implementation of a multifaceted intervention was implemented (Zare et al., 2020). Multifaceted ergonomic interventions may result in “the optimum functioning of the socio-technical system, one which ensures employee safety at work, psycho-social comfort, improvements in life quality, and providing an influence on one’s motivation for the work” (Kalkis & Roja, 2016).

References Available Upon Request

Vera Bradley  
Stone Bridge Distribution Center Stretching Program

TIME	EXERCISE	MINS
Pre-Shift	• Open Chest • Triiceps • Diagonal Neck • Wrist Flexor	4-5
Mid-Point 1 <sup>st</sup> half of shift	• Overhead • Trunk Bending • Neck Bending	3-4
Mid-Point 2 <sup>nd</sup> half of shift	• Open Chest • Lower Back • Diagonal Neck	3-4

**Stretching Considerations:**

- Continue to take deep breaths throughout
- Gentle stretches are optimal
  - Go easy – light stretches with no pain
  - Avoid jerky movements
- Discontinue stretch if pain presents

## MISSION & VISION

### MISSION

To promote safety and efficiency throughout Vera Bradley associates’ return-to-work process following work-related injury by utilizing an OT skillset – decreasing the financial burden for both the injured associate and Vera Bradley.

### VISION

To gain advanced knowledge on, and address, the ergonomic barriers impacting Vera Bradley associates’ ability to effectively return-to-work after workplace injury using implementation of occupational therapy (OT) intervention strategies.

## FUTURE IMPLICATIONS FOR OT

- Greater OT involvement throughout the return-to-work process
- Ergonomic interventions – an OT niche to further develop
- OT use of JDA short forms to better tailor therapeutic sessions to client and their work-related goals.

### DELIVERABLE 01

Matheson Certified Ergonomic Evaluation Specialist Course Certification

### DELIVERABLE 02

Detailed Job Demand Analysis Manuscript

### DELIVERABLE 03

Standardized Vera Bradley Precaution Form for Physician Use

## PROJECT OUTCOMES

Vera Bradley was left with a detailed Job Demand Analysis Manuscript filled with recommendations to reduce workstation risk and workstation modifications to align with common workplace precautions. Additionally Vera Bradley has access to the form to the right of this text box – this form is to be completed by physicians during the functional capacity evaluation process – promoting more clearly communicated precautions. Additionally, Vera Bradley will be able to take the Precaution Form and compare it to the Job Demand Analysis Short Forms - allowing Vera Bradley to get injured associates reintegrated into the workplace as safely and efficiently as possible.

Vera Bradley

**JOB DEMAND ANALYSIS SHORT FORMS**

NAME: \_\_\_\_\_ CLAIM #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ DATE OF INJURY: \_\_\_\_\_ CURRENT DATE: \_\_\_\_\_

PRIOR TO INJURY, CLIENT WORKED \_\_\_\_\_ HOURS PER DAY AND \_\_\_\_\_ DAYS PER WEEK.

**SECTION 1:** Client is permitted to work... (check one)  
 Full Length of Shift  1/2 Days Consecutively  Other | Please Specify: \_\_\_\_\_

**SECTION 2:** In a workday, client can... (check number of hours client is permitted to complete each activity)

	S1	C1	C2	C3	C4	C5	C6	C7	C8
Stand	<input type="checkbox"/>								
Walk	<input type="checkbox"/>								

Comments: \_\_\_\_\_

**KEYNOTE:** FOR A FULL REGULAR WORKDAY | OCCASIONALLY: 1-33% | FREQUENTLY: 34-66% | CONTINUOUSLY: 67-100%

**SECTION 3:** Client is able to... (check one)

	Not at all	Occasionally	Frequently	Continuously
Twist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bend/Slump (lumbar)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neck Flexion/Extension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crouch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climb/Ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk on Uneven Ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach Above Shoulder Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Simple Grasp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Firm Grasp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utilize Computer/Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operate Heavy Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_

**SECTION 4:** Client can carry... (lbs.)

	Seldom	Occasionally	Frequently	Continuously
Floor to Waist Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waist to Shoulder Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shoulder to Overhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_

**SECTION 6:** Client is to wear orthotic/brace...  Yes  No  
 If yes, please specify orthotic type & wear schedule: \_\_\_\_\_

**SECTION 7:** Comments & Recommendations \_\_\_\_\_

PHYSICIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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