

The American Occupational Therapy Association

Report to the Board on Work and Industry

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FROM: Work and Industry Ad Hoc Committee

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TO: AOTA Board of Directors

Executive Summary

Occupational therapy practitioners (OTPs) already practice their profession in the area of “work”, by virtue of the fact that the ultimate goal of patient intervention is to help individuals gain full participation in all areas of occupational performance their lives. Therefore, if a person desires or needs to work (by whatever definition of work one uses), that becomes one of the goals of rehabilitation. We practice prevention by the education we give to both our patients and their families regarding their condition and what they can do to avoid exacerbating the injury.

Occupational therapy practitioners already practice in the area of “work.” Yet there is confusion within the profession about specific roles that occupational therapist should assume within this area. Some occupational therapy practitioners aver that we are already practicing in the area of “work”. Some do not understand why students or other practitioners think it is a new or different area of practice, and yet others are intimidated by the idea of entering the workplace, dealing with employers, and giving workplace recommendations. Some Occupational therapy educators believe that all of the skills for entering into a work specialty are contained in the basic curriculum, while others believe it is an area of advanced practice.

Clearly, our practitioners need guidance in how to enter and thrive in the field of work and industry. They need to understand what skills are required, what the practice might consist of, and what the unique contributions of Occupational therapy practitioners might be. They also need to have guidance on what they might contribute as entry-level Occupational therapy practitioners and what areas for additional training and professional growth exist.

This ad hoc working group has sought to identify some of the issues and to provide some short and long term goals to rectify them. It is a beginning, an arrow to point the direction for further efforts in a practice area that is certain to be fruitful for our practitioners.

Work and Industry Ad Hoc Committee

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Questions	Responses
<p>1. Who are our external partners in this area of practice and what organizations are central to building strong networks to achieve our objectives?</p>	<ul style="list-style-type: none"> • Physicians – occupational medicine, physiatrists, orthopedic surgeons, neurologists, neurosurgeons, family medicine, general medicine, psychiatry • Health care professionals – occupational health nurses, employee health nurses, vocational rehabilitation specialists, safety specialists, physical therapists, exercise physiologist, athletic trainers, psychologists, neuropsychologists • Workers Compensation Carriers – state operated, private insurance companies, self-insured companies • Insurance Companies – health insurance, Medicare, Medicaid • Health Care Facilities – hospitals, rehabilitation centers, clinics • Employers – national employers, local employers • Industrial Sectors – national and local • Labor Unions • Labor Training Centers • Employees • Health, Safety, and Environmental Professionals • Ergonomists • Attorneys • Secondary Schools – trade schools, community colleges, nursing schools, business schools • Training vendors – Work Well, BTE • State Agencies and Committees – Quality Review, Safety Council, Workers’ Compensation Boards and Commissions, Vocational Rehabilitation Departments • Federal Agencies – Occupational Safety and Health Act, National Institute of Occupational Safety and Health, US Department of Labor, Department of Vocational Rehabilitation • Professional Organizations – American College of Occupational and Environmental Medicine, National Association of Occupational Health Professions, American Association of Occupational Health Nurses, American Physical Therapy Association, American Society of Hand Therapists, Rehabilitation Engineering & Assistive Technology Association of North America, Human Factors & Ergonomics Society, Board of Certification in Professional Ergonomics, Lawyer associations (workers compensation, and return to work

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Issue: Promote increased interaction with some of the groups listed above.

Short Term Actions:

- **Establish contact with at least one organization listed above. Develop an action to further mutual understanding with at least one group (e.g., conference presentation, article in their publication).**
- **Consider asking the Board of Certification in Professional Ergonomics (BCPE) to present and/or offer their examination at the AOTA conference.**
- **Have an OT talk about carpal tunnel or shoulder injuries at an Ergo/HFES conference.**

Long Term Goals:

- **Develop contacts and make inroads toward ongoing relationships with organizations with which we have common goals.**

<p>2. What are the critical education issues in this area of practice? Include foundational knowledge, OT specific knowledge, and practice skills.</p>	<ul style="list-style-type: none"> • Basic OT Tenets: Task/activity analysis, therapeutic use of self, client-centered practice, group dynamics, health/safety issues, terminology, handling skills, observation skills, ethics • Communication Skills: Interviewing skills, constructive confrontational skills, communication skills, assertive communication, negotiation skills, ability to explain medical and biomechanical principles and their application to cases to non-medical personnel in languages they understand, ability to read non-verbal language, advanced documentation skills • Theory: Use of theory/frame of references/approaches to guide treatment; including cognitive-behavioral, biomechanical, rehabilitation, environmental, psychosocial, cognitive models, cognitive psychology, models of occupational performance, social learning theory, educational, specific biomechanical models developed by other disciplines that are useful for OTs • Principles of Work: Basics of work, why people work, why people work at various ages, reward and motivation, importance of work in our society • Confidence in Skills/Knowledge/Abilities to deliver work services • Science & Pathology Foundation: Anatomy, physiology, kinesiology, biomechanical principles (some physics), application of biomechanical principles to various problems, biomechanics of the spine, exercise physiology, time and motion studies, CPR, diagnosis specific information, ability to treatment plan for all types of diagnoses and understand contraindications to specific interventions (UE, LE, spine, CNS, musculoskeletal, cardiac, pulmonary, developmental, psychiatric, pain syndromes), understanding of common surgical interventions for various diagnoses • Client Assessment: Lift capacity assessment, functional capacity
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	<p>evaluation, pre-employment screening, structured interview development and use, how to choose the best standardized/non-standardized assessment to meet assessment needs, interpretation of test results, use of normative data and criterion-referenced results, methods to ensure client offers safe/maximum effort during testing, identification of appropriate/inappropriate clients for services, identification of risks of the assessment, ability to administer assessments in a safe and reliable manner, vocational assessment</p> <ul style="list-style-type: none"> • Worksite Assessment: Job analysis, job description development, methods of quantification of work levels and physical demand levels, use of the O*NET
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Issues:

- How to incorporate work and industry needs into OT curriculum to demonstrate the occupational therapy role and benefits of this area of practice to students.
- How to better support members in this field.

Short Term Actions:

- Develop workshop for training in work-site evaluations (on-site clinic on specific industry), possible self-study on industry-related topics)

Long Term Goals:

- Review ACOTE standards for inclusion of work practice in curriculums. Identify deficits and provide recommendations.
- Develop best practice adjunctive curriculum for educational programs.
- Provide additional CE programs for members.

<p>3. What are the OT issues that should be addressed in each of the following: acute care, rehabilitation, institutional (i.e., schools or organizations) and community?</p>	<p>Occupational therapy practitioners are uniquely qualified to address work issues across the lifespan. Often times, in traditional practice settings, work performance (i.e. the “occupation” of work: work reintegration, work hardening, etc.) is often ignored, in favor of more immediate goals and treatment. It is important for OTs to consider the whole person, not just a body part, in the treatment process, with addressing the needs and challenges of work throughout the continuum of care.</p> <ul style="list-style-type: none"> • Acute Care - Return to work (RTW) is sometimes ignored due to time and feasibility. This is a great opportunity to: encourage and assist with maintained communication with the employer, LOA issues, getting a job description from the employer, exploring potential for RTW, maintenance of worker role and income • Rehabilitation - Work is often described as a “worker’s comp” issue. There are few opportunities to evaluate ability to perform physical demands of work, begin job simulation, identify equipment needs, perform a work-site visit, perform job demands analysis, remediate performance/skill deficits, teach strategies to modify work habits and environment, and investigate job accommodations and compensations for work performance limitations. • Institutional (e.g. worksites, schools, geriatric centers, ADA assessments) <ul style="list-style-type: none"> ○ Community/School Based (including primary, secondary, high school, training programs) – The physical sides of work issues are
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	<p>not usually addressed; there is a tendency to focus on cognition.</p> <ul style="list-style-type: none"> ○ Employers - Often left out of the loop regarding the “return to work” process. Increased opportunities are needed to address the link to medical care, job descriptions, job analysis, equipment needs and availability, reasonable accommodation (if necessary), on-site rehabilitation, light/modified duty, transitional work, on-site ergonomics training and wellness/prevention programming.
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Issue: Educate OTPs as to how to incorporate work into medical and community settings.

Short Term Actions:

- Review ACOTE standards for inclusion of work practice in curriculum. Identify deficits, if any.
- Increase Awareness: Publish individual articles focused on various. For example, how does “work” fit into acute care treatment? How does work fit into medical settings?
- Offer conferences or workshops on specific work-oriented practices, perhaps at annual conference. It must be contextual: worksite evaluations, clinical treatments so clinicians can see how they set up work simulations, visits to industrial settings.

Long Term Goals:

- Develop adjunctive curriculum to augment work programming education.
- Develop a series of articles, with a long term plan that builds one article upon another.
- Identify best practices identified by university program (e.g., WAU). Recommend incorporating information from more than one, or have specific sections written by different universities. For example, one university may have a terrific program on legal issues and the Americans with Disabilities Act (ADA); another may have an excellent program teaching about overuse injuries and industrial interventions on a macro level.

As an aside, the Center for Health Promotion and Preventive Medicine, US Army, has an excellent program in ergonomics run by an OT (LTC Myrna Callison). The Uniformed Services University of the Health Sciences in Washington, DC has a master’s degree in public health with a specialization in ergonomics that was designed by an OT (COL Mary Lopez), primarily for OTs who wanted to get a masters degree. They may be good sources of information. Both of these individuals have doctorates in Human Factors Engineering.

<p>4. What are OT outcomes in this area of practice and how do they relate to participation?</p> <p>How do they relate to the outcomes valued by consumers or payers?</p>	<p>Occupational Therapy Outcomes</p>	<p>Desired by</p>		<p>²Related to Occupation</p>
		<p>Consumer</p>	<p>TP¹ Payer</p>	
<p>¹TP = Third Party</p> <p>²An outcome is related to occupation, if the outcome</p>	<p>Minimized loss of</p> <ul style="list-style-type: none"> ○ Pay ○ Responsibility/Status/respect ○ Comfort ○ Function 	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>	<p>x</p> <p>✓</p> <p>x</p> <p>✓</p>	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>
	<p>Return to work near/above pre-morbid</p> <ul style="list-style-type: none"> ○ Pay ○ Responsibility/Status/Respect ○ Capacity 	<p>✓</p> <p>✓</p> <p>✓</p>	<p>✓</p> <p>x</p> <p>✓</p>	<p>✓</p> <p>✓</p> <p>✓</p>

affects the consumer's a) successful performance; or b) likelihood of participating in meaningful activity, be it work-, ADL- or IADL-related	Return to participation in all life occupations ○ Work ○ Home, family and ○ Community	✓ ✓ ✓	✓ x x	✓ ✓ ✓
	Maximum Independence ○ Minimal or no residual disability and symptoms ○ Minimal or no compensatory techniques, equipment	✓ ✓	✓ x	✓ ✓
	Increased work and activity tolerance with ○ Reduced discomfort, pain and anxiety ○ Improved symptom management ○ Improved recognition and understanding of limitations ○ Improved ability to communicate limitations and negotiate for accommodation	✓ ✓ ✓ ✓	✓ ✓ x x	✓ ✓ x ✓
	Reduced risk of re-injury ○ Improved safety in work habits as evidenced by self -pacing, work simplification and energy conservation	✓	✓	✓
	Worker's Compensation cost savings resulting from ○ Decreased frequency and severity of work-related injuries ○ Decreased percent of permanent disability (PD) ○ Decreased temporary total disability (TTD) with early, graded return to work post injury ○ Decreased time in rehabilitation ○ Reliable determination of readiness to return to work ○ Decreased rate of re-injury ○ Decreased litigation ○ Reliable, court-accepted expert evidence	✓ ✓ ✓ ✓ ✓ ✓ x x	✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓	✓ ✓ ✓ ✓ ✓ x x
	Increased productivity as evidenced by reduced time away from work, including	✓ ✓	✓ ✓	✓ ✓

	<ul style="list-style-type: none"> ○ Scheduled, as for medical care ○ Unscheduled, as for sick leave ○ Undocumented, as for distraction due to discomfort, pain and stress 	✓	✓	✓
	<p>Reduced rate of re-injury or exacerbation of existing injury</p> <ul style="list-style-type: none"> ○ Increased product output ○ Decrease in errors and waste ○ Increased length of employee retention ○ Stable, effective work teams ○ Easy recruitment of new employees 	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>
	<p>Decreased costs associated with turnover including</p> <ul style="list-style-type: none"> ○ Lengthened retention of good employees ○ Reduced training and re-training costs ○ Stable work teams ○ Hiring well, i.e. eliminating candidates who cannot perform the job duties 	<p>x</p> <p>x</p> <p>✓</p> <p>✓</p>	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>	<p>x</p> <p>x</p> <p>x</p> <p>x</p>
	<p>Improved risk management as evidenced by</p> <ul style="list-style-type: none"> ○ Accurate job analysis and job description ○ Accommodation of employees with disability ○ Communication and collaboration with the team of stake holders such as <ul style="list-style-type: none"> ▪ Insurance carriers or third party administrators ▪ Worker's compensation case coordinators, ▪ Employee Health nurses and doctors ▪ Human Resources ▪ Administrators ▪ Supervisors 	<p>✓</p> <p>✓</p> <p>✓</p>	<p>✓</p> <p>✓</p> <p>✓</p>	<p>✓</p> <p>✓</p> <p>✓</p>

Issues:

- Closing the gap between consumers' desired outcomes and payers desire to minimize costs.
- Demonstrate that OT outcomes are related to participation (i.e. return to work) either directly or indirectly.

Short Term Goals

- Develop vocabulary or phrasebook translations to communicate outcomes desired by consumers ↔

those meaningful to payers.

Long Term Goals

- Potential Avenues for Research
 - Amass and analyze outcomes data from variety of populations, settings and conditions.
 - Investigate for cost-effectiveness of varied treatment protocols.

5. What key research would inform practice in this area?

Primary Question: Can we make a difference?

- Can we: prevent injuries, develop procedures that return workers to work quicker or with greater ‘fit’ in the graded RTW process, etc?
- What do we need to know to make a difference? Do we need demographic data as well as performance data? Do we need to do epidemiological studies to predict those elements that predict success at work?
- Any research should be able to trace back to the idea of making a difference in the work life of employees as well as addressing the needs of the employer.

Issues:

- Funding to cover research
- Time to do research in addition to patient treatment or industrial intervention
- Research skills of practicing OTs (data collection, manipulation, analysis and publication), there may need to be relationships set up between those practicing in these areas with those who are doing research
- Possible need for interdisciplinary research
- OTs may be tied to a familiar ‘techniques’ and have difficulty bridging the changes needed in this arena, as well as the need for developing research skills
- Access to workers and worksites

Short Term Actions:

- Encourage short courses on both ergonomics and research skill development. Highlight them at the conference.
- Develop short course on “all the possible publications just using Chi Square “freeware”.
- Publish articles on ergonomics and research, both case studies and objective data analysis.
- Identify practitioners who specialize in this area and publish a special edition of AJOT focusing on work. Include representative outcome studies, case studies, retrospective analyses of existing data, etc.
- Encourage University programs to eliminate “projects” and require a research-based thesis.
- Establish joint conferences with other organizations involved in work, ergonomics and human factors.
- Encourage OT participation in conferences and publishing in journals sponsored by other professions involved in work, ergonomics and human factors.
- Sponsor short course(s) on specific areas of work-related practice for OTs (list accompanying specific research areas below may guide some content areas).
- Write “best practices” guide or an article on introducing research into university curriculums: such as tapping into an on-going line area of research with major professors, identifying research questions for students that are small enough to achieve in a masters program, having group research requirements, pairing students with researchers (requiring 15 hrs of “research” time).

Long Term Goals:

- Develop a Procedure for Data Collection that occurs during normal business operations (patient care or industrial intervention). Allow for personal manipulation of the variables. It is possible that this could be done in excel or some other free software system. These needs to occur without identifying information about the patient/client being part of the database. Teach this as an AOTA sponsored course.
- Specific research ideas: Comparison of costs, patient satisfaction and employer satisfaction for the following situations
 - RTW
 - Patients attending a RTW rehab programs with those attending traditional OT only.
 - Patients who are actively engaged in RTW planning and those who are not.
 - Patients attending a RTW rehab program with certain components compared with those attending RTW rehab programs with differing components (examples: work simulations, task components of job analysis as part of treatment plan, those incorporating cognitive/emotional issues, graded RTW by hours or with differing work assignments).
 - On-site OT services
 - Effect of on-site OT services on ability to return to work and continue to work without subsequent work injury or illness.
 - Effect of on-site OT services on prevention of work-related musculoskeletal disorders, including lost work time, cost of injury (medical care, lost time, training of a new person or retraining of injured individual).
 - Effect of on-site OT on productivity and wellness (fit work programs)
 - Post-hire assessments
 - Cost effectiveness of post hire assessment and realistic functional capacity programs.
 - Satisfaction surveys with workers and supervisors on ‘fit’ between work and worker as a result of the program.
 - Symptom magnification
 - Evaluate reality of this ‘syndrome’. Consistency vs. sincerity vs. a mental health disorder. Is this just a ‘frightened person’, could we have prevented it from occurring? Do they ‘magnify’ to get others to listen to you and believe your symptoms? Who does this? Is it the culture?
 - Evaluate this “diagnosis” and if true, examine whether OTs are qualified to make this determination (Len Matheson would be a wonderful help in this and he is teaching on Carolyn Baum’s staff in St Louis). Plaintiff attorneys are promoting this as a psychological diagnosis and pushing in federal court to disqualify OTs as experts in this area.
 - Model Comparisons: Many ‘look’ good, but is it all marketing or does it really work better?
 - Work-hardening models and FCE models...which works best and for whom?
 - Using specific work-based scenarios versus task components (do you need to replicate the task the patient will do or can you simply use a lift, pull or carry that is similar? Do you need to test for 8 hrs or will testing for 2 hours accurately predict 8 hr performance?)
 - Mental Health and Work
 - Issues for specific mental health conditions when returning to work
 - Issues associated with physical injury within the mental health/adjustment arena, such as the effect of chemotherapy on the cognitive and emotional capabilities of workers (known as “chemo-brain”). Explore links between mental health, disability and work.

<p>6. What key policy issues should we be tracking and leading?</p>	<p>Key Policy Issues that AOTA Should be Tracking and Leading</p> <ul style="list-style-type: none"> • The Voc Rehab Ticket-to-Work Initiative, • Transitional Planning in the Public Schools (students 14+ who will not go onto post-secondary education), • An Ergonomic Standard thru the DOL (if it resurfaces) NIOSH was working on a Nursing Home Ergonomic Standard • Worker’s Compensation Changes in the states • Transitional planning for children on a vocational track. <p>Resources that State Associations Should have Available</p> <ul style="list-style-type: none"> • Worker compensation guidelines being used in the states • Organized data about injuries being reported to OSHA annually • Trends • Information on certifications out in practice for this area of practice such as the BCPE (ergonomist and ergonomic associate
<p>Issue: Need for updated workers compensation information relevant state-by-state.</p> <p>Short Term Actions:</p> <ul style="list-style-type: none"> • Provide Internet links to Federal (e.g., Bureau of Labor Statistics, ADA) and State worker compensation websites and practice guidelines presently being used by states. <p>Long Term Goals:</p> <ul style="list-style-type: none"> • Provide information on workers compensation guidelines being used in the states. • Organized data about injuries being reported to OSHA annually. • Identify trends in WC departments and commissions’ administration of health benefit. • Develop information on certifications out in practice for this area of practice such as the BCPE (ergonomist and ergonomic associate). 	
<p>7. What internal and external barriers are limiting our practice?</p>	<p><u>Internal Barriers:</u></p> <p>Number of Interested OTs:</p> <ul style="list-style-type: none"> • The number of OT professionals interested in work and industry is small compared to the need for rehabilitation professionals in this area. • Some therapists who are employed by others (hospitals, health care agencies) are not as interested in this line of work. Their focus is on patient care, rather than prevention, design and assisting business owners. Those not involved in the ‘bottom line’ of industry practice may not be as motivated in this arena. • Not enough “spot light” of OTs working in industry used in the recruitment of students. The primary (and sometimes sole) perspective of students entering the OT profession is on patient care. • Lack of promotion of independent practice for OT, such as OTs working in business or owning their own businesses as a realistic option. <p>Education:</p> <ul style="list-style-type: none"> • Educational preparation of OT professionals may need more

	<p>emphasis on work and industry to facilitate entry level OTs movement into this arena.</p> <ul style="list-style-type: none"> • The emphasis on entry-level educational programs rather than graduate programs may prevent development of specialties, such as this one. • Teaching and recruiting students from a medical or school model prevents them from understanding and appreciating other models, such business, wellness, preventive models which are effective in the work arena. • Lack of appropriate teaching in OT schools. “Introducing” the idea or concept of working in a work or industrial setting is not the same as teaching them to work in the setting and giving them the skill set to do so. While students learn specific techniques to work with patients, they are not taught the same techniques to work with employers or employees. They learn to work as part of a medical team, but not as part of an industrial team at an industrial site. Lack of full examination of what ‘work’ means and being reluctant to enter into arenas thought to ‘belong’ to other professions, such as back or knee injuries being the domain of physical therapists. Students need to work within industry in the same way they work in school systems, hospitals, and nursing homes. Teaching child development does not immediately translate into a student being able to work in a school system, nor will teaching anatomy, physiology, and bio-mechanics permit them to easily move into the area of ‘work’ and ergonomics. <p>Unclear Role:</p> <ul style="list-style-type: none"> • Lack of new evaluations, treatment processes or research by OTs in this area: Few occupational therapists have developed assessments and protocols for FCE and job analysis, OT’s practicing in this area support work done by other professions rather than look to what has been originated by OT professionals – which may lead to their performing the work best performed by other professionals rather than developing their own areas of expertise. • As seen below, this also is an external barrier. <p>Resources:</p> <ul style="list-style-type: none"> • There are few resources at the state and national organization level for OT’s in this specialty area. <p>External Barriers:</p> <ul style="list-style-type: none"> • Other practitioners/professionals in both health care and industry: <ul style="list-style-type: none"> ○ There may be a lack of acceptance or understanding of what Occupational therapy practitioners have to offer. <ul style="list-style-type: none"> ▪ By other practitioners, such as those in the American College of Occupational and Environmental Medicine
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	<p>(ACOEM), the Human Factors and Ergonomics Society, American Industrial Hygiene Association, American Society of Safety Engineers.</p> <ul style="list-style-type: none"> ▪ This lack of understanding by others (and by OTs themselves) of any ‘niche’ area may result in other professionals assuming roles as work rehabilitation providers that might also (or best) be filled by OT professionals. Other professionals are working in this area, including physical therapists, athletic trainers, vocational evaluators, exercise physiologists, psychologists and engineers. ○ Due to consumers and external partners not being familiar with occupational therapy, especially in this arena, employers, insurers, and consumers may not seek OT services or partnering activities. ○ Other professionals are aggressively researching this area, publishing, designing assessments, and marketing their expertise in this area to consumers. ● Facilities: <ul style="list-style-type: none"> ○ Limitations resulting from business relationships with other health care providers, such as OTs working only on injuries related to hands and elbows. ○ Limitation to type of equipment and splints due to preferred vendor/discount or due to practicing in a non-healthcare/patient treatment setting. ● Politics, employment variations. <ul style="list-style-type: none"> ○ Revisions in state WC rules ○ Lack of industries’ appreciation for injury prevention education.
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Issue: Confusion about OTs role in this arena (and if there is a unique OT role) by OTs and other practitioners.

Short Term Actions:

- Define and publish at least one unique OT role in the arena of work.
- Establish one short course toward that one unique role of OT in the arena of work.

Long Term Goals:

- Establish a best practices educational program of instruction and make it available to university programs at both entry and advanced levels.
- Add work to ACOTE evaluations.
- Establish a line of research funding geared toward OTs unique niche (defined above).
- Publish and become a leader in the particular niche identified within the arena of work, as being the primary area to be filled by OT.

<p>8. What is our unique contribution to the needs of people who need rehabilitation, habilitation or prevention services?</p>	<ul style="list-style-type: none"> • Our holistic approach including: functional aspect of Return to Work, Psychosocial impact of being off work, planning and goal setting with patient • Our Creativity in making job modifications, worthwhile activities (work, leisure, and ADL), • Our understanding of the body, anatomy, kinesiology, and physiology. • Our learned knowledge of motivation, group dynamics, and family interaction/involvement. • Communication skills in dealing with and advocating for patients or industry and in working in a team environment. • Ability to objectively and subjectively measure performance.
<p>Issues:</p> <ul style="list-style-type: none"> • Knowledge of the Americans with Disability Act as it pertains to return to work. • Ergonomic Guidelines set by OSHA for certain industries such as nursing homes. • Evidence Based Outcomes need to be strengthened and documented. • Scope of Practice and defining our role in work and industry as we work with the different disciplines in work and industry and diagnosis such as knee and ankle injuries and back injuries. • We need to be more business savvy and gain knowledge in marketing ourselves to industry • To make work the focus with acute injuries be it a hand injury or stroke, head injury, etc. <p>Short Term Actions:</p> <ul style="list-style-type: none"> • Education to include marketing skills needed to sell ourselves to companies • Business class to get a better understanding of what industry wants and needs to be profitable, how we can cost contain worker injuries etc. • Set up guidelines for evidence based outcomes for this field of practice • Include terminology and understanding of terms related to this field. FCE (functional Capacity Evaluations), JSA (job site assessments), FJA (functional job analysis) etc. <p>Long Term Goals:</p> <ul style="list-style-type: none"> • Advanced credentialing. Industrial Occupational Therapist title or Industrial Occupational Therapy Assistant would be better to pursue rather than that of the ergonomists. 	

Internet Links for Information Related to Work and Industry

American National Standards Institute	www.ansi.org
Board of Certification in Professional Ergonomics (BCPE)	www.bcpe.org
California Code of Regulations, Title 8, §5110. Repetitive Motion Injuries.	www.dir.ca.gov/title8/5110.html
California Department of Industrial Relations	www.dir.ca.gov
Canadian Centre for Occupational Health and Safety	www.ccohs.ca/
The (Ontario, Canada) Workplace Safety and Insurance Board	www.wsib.on.ca/wsib/wsibsite.nsf/public/Reference#wsibmain
Centers for Disease Control and Prevention	www.cdc.gov
Department of Labor	www.dol.gov
Dorland's Medical Dictionary online	http://www.dorlands.com/registration_info.jsp
Ergoweb	www.ergoweb.com
Foundation for Professional Ergonomics	www.ergofoundation.org
Health calculator page	www.halls.md/index.htm
Human Factors and Ergonomics Society	www.hfes.org
IIEE Applied Ergonomics Community	www.appliedergo.org
International Ergonomics Association	www.iea.cc
International Society for Occupational Ergonomics and Safety	www.iso.es.info
National Safety Council	www.nsc.org
National Institute for Occupational Safety and Health	www.cdc.gov/niosh/homepage.html
Occupational Safety and Health Administration	www.osha.gov