

## Early Engagement: What it Means and Why it Matters

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### The Situation

The longer an injured worker is out of work, the chances of returning decline. A Department of Labor report showed the likelihood of an injured worker returning to work after a six-month absence is only 50 percent<sup>1</sup>. That number drops to 25 percent following a one-year absence<sup>2</sup>. When conservative treatment is indicated, not only can needless prolonged absences be avoided, but successful return-to-work outcomes, reductions in surgery and exceptional quality of care can be achieved when treatment begins as close to the injury date as possible.

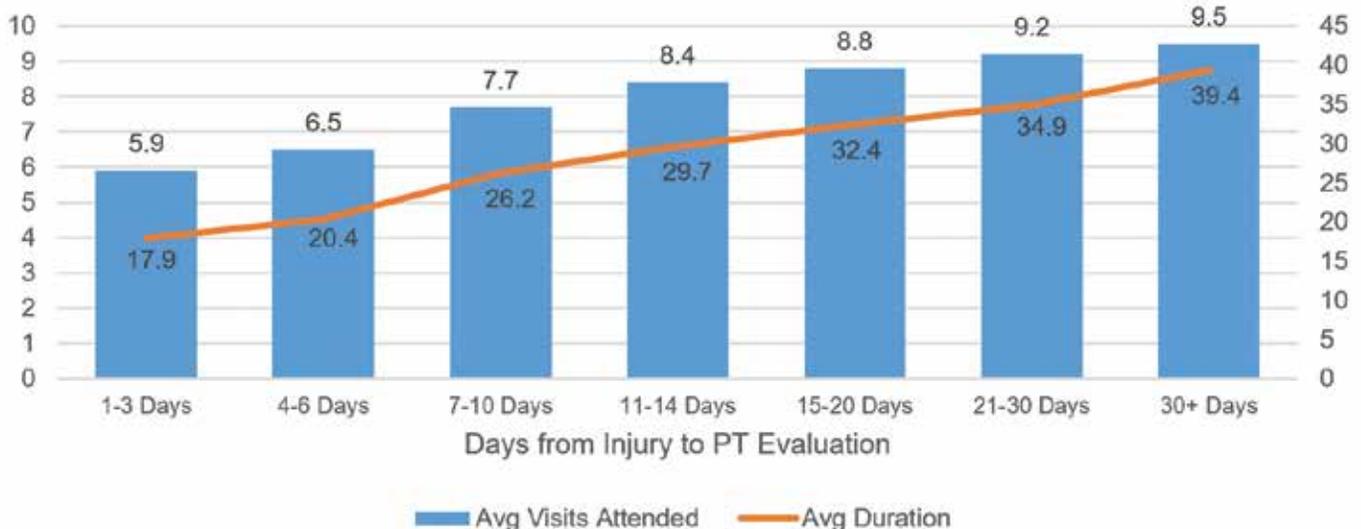
The most effective way to help injured workers achieve maximum functionality while reducing costs is through an early engagement approach. Simply put, this means an injured worker receives the treatment they need as quickly as possible following an injury.

Applying this approach in a physical therapy setting, for example, helps the physical therapist build a rapid connection with the injured worker, leading to accurate assessment, decreased anxiety, and a positive mindset focused on recovery. Ultimately, this can drastically decrease the return-to-work timeline.

### The Importance of Early Engagement

Our data shows that injured workers who start therapy within three days of injury require 38 percent fewer physical therapy visits to achieve successful outcomes<sup>3</sup>. However, if an injured worker starts conservative care more than 30 days post-injury, the time to discharge increases from less than three weeks to nearly six weeks.

**AVERAGE VISITS & DURATION BASED ON TIME TO PT**



1 Return to Work Program. (n.d.). New York, New York. Retrieved from Return to Work Program : [http://www.wcb.ny.gov/content/main/ReturnToWork/RTW\\_Handbook.pdf](http://www.wcb.ny.gov/content/main/ReturnToWork/RTW_Handbook.pdf)  
 2 (n.d.). Returning Employees to Work After Workplace Injuries and Illnesses. Retrieved from [https://www.dol.gov/sites/dolgov/files/OASP/legacy/files/ISSUE\\_BRIEF\\_addressing\\_return\\_to\\_work\\_issues.pdf](https://www.dol.gov/sites/dolgov/files/OASP/legacy/files/ISSUE_BRIEF_addressing_return_to_work_issues.pdf)  
 3 One Call national data. Reflects injured workers with shoulder injuries who completed physical therapy from Jan 2018-July 2019. Data excludes injured workers who received surgery prior to starting therapy.

### Injury-Specific Recovery

Diving deeper, we examined the top work-related musculoskeletal injuries – low back, shoulder and knee.

Let’s take a closer look at shoulder injuries – they are common and costly; they also affect many categories within the workforce such as aging workers, physically demanding jobs and the trucking industry. This makes them a prime target for more efficient and effective management strategies.

Additionally, injured workers with shoulder injuries have a high tendency to progress to surgery – increasing the importance of early engagement. On average, cases we manage within three days of injury complete therapy in 35 percent fewer visits than Official Disability Guidelines (ODG) indicate. However, cases that begin treatment greater than 30 days from injury complete therapy an average of 13 percent below ODG benchmarks<sup>4</sup>.

### The Cost of Shorter Return-to-Work Timelines

Employers save not only on indemnity costs but also on indirect costs, including the expense of replacing a worker when someone is absent. Insurers pass on cost savings to their clients with a model that expedites care to injured workers.



For example, in the southeastern United States, the cost of physical therapy for non-surgical shoulder, back and knee injuries nearly doubles if treatment starts more than 30 days post-injury versus within the first three days<sup>5</sup>.

### The Solution

It takes employers, insurers, claims and managed care representatives working together to ensure an injured worker receives prompt care at the onset of an injury. The results are clear – the earlier an injured worker receives care, the quicker and more likely they are to return to work, making an early engagement approach a win-win for everyone involved.

4 One Call data for the Southeastern United States. Reflects injured workers with shoulder, low back, and knee injuries who completed physical therapy from Jan 2018-July 2019. Data excludes injured workers who received surgery prior to starting therapy.  
 5 One Call data for the Southeastern United States. Reflects injured workers with shoulder, low back, and knee injuries who completed physical therapy from Jan 2018-July 2019. Data excludes injured workers who received surgery prior to starting therapy.  
 6 One Call national data. Reflects injured workers with shoulder, low back and knee injuries who completed physical therapy from Jan 2018-July 2019. Data excludes injured workers who received surgery prior to starting therapy.