

Functional Recovery Interventions (FRI) Summary Card

FRI refers to occupational health best practices that should be done for injured workers at higher disability risk (in addition to usual COHE best practices). If an injured worker is identified as **“positive”** on the **Functional Recovery Questionnaire (FRQ+)** or has been off work due to their injury for more than 4 weeks they are at a higher risk of disability.

Next Office Visit following identification of FRQ+

Billing Codes: E/M Office Visits (DCs: E/M or Chiro Care Codes 2050A-2052A)

Active Engagement in Recovery – Review the worker’s role in their own recovery

- Keep all health care provider appointments,
- Stay active and systematically increase activity each day,
- Avoid prolonged rest, sitting, etc,
- Use pain control (e.g., medications, modalities, rest) sparingly to improve function that facilitates real healing.

Re-emphasize Normal Recovery – Set appropriate recovery expectations with your patient

- Just like with a cold or flu, assure your patient that nearly all joint & muscle problems get better, it could take just a few days or a few weeks.
- Explore any recovery concerns your patient might have:
 - Ask your patient to explain his or her concerns regarding specific job tasks and other issues in getting back to work,
 - Ask what might get in the way of continuing to work at his or her job,
 - Ask what specific job your patient believes they can do and discuss ways to cope with issues that may be identified,
 - Consider a questionnaire such as FABQ if there’s a high concern regarding reinjury, catastrophizing, or low recovery expectation.

Review Concerns With Job Tasks - Call/follow-up with the employer to determine current availability of accommodation

- Discuss any concerns your patient has about performing work and other activities,
- Reinforce that the fastest recovery occurs by staying active, including work (revisit work accommodation options and request RTW assistance as needed),
- Remind them that activity doesn’t cause more physical damage, even when its uncomfortable, or painful, at times.

Re-emphasize Functional Improvement

- Measure and track functional improvement using a validated instrument such a Oswestery or NDI (See Tracking Funtional Progress Resource in FRI Toolkit).
- Assess for psychosocial factors that may influence recovery (See PDIR Resource in FRIToolkit).

Assure Incrementally Increasing Activity

- Reiterate that increasing activity a little each day speeds recovery;start easy and work up to more and/or longer activities,
- Use a weekly activity diary and schedule a follow-up visit to review progress (See Activity Diary in FRI Toolkit),
- With your patient, agree on a specific set of activities to include in the Activity Diary and have them record them daily. Recheck weekly,
- Encourage regular aerobic exercise, whenever feasible (eg, walk, swim, stationary bike, treadmill),
- Recommend that your patient avoid prolonged sitting, laying, leaning in one position, etc. Emphasize that movement variety speeds recovery.

Consider Active Rehabilitation Referral

- Referral to a rehabilitation-oriented PT, OT, chiropractor, or other provider who utilizes active care and self-reliance approaches may be helpful,
- Use Functional Recovery Referral Form to set active care and follow-up expectations.

Follow-up FRI Visits

Billing Codes: E/M Office Visits (DCs: E/M or Chiro Care Codes 2050A-2052A)

Review Worker’s Progress

Reinforce FRIs: Active Engagement, Normal Recovery, Return to Work, Functional Improvement and Incremental Activity (Review Diary), PT/POT Progress

Complete FRI Tracking Sheet: Fax completed form to LNI 855-268-4088

Billing Code: FRI Tracking Sheet - 1075M (Form # COHE-FRI 02-2013)

For Patients not back to work after FRIs

Billing Codes: 99441, 99442, 99443, and 99444

If not back to work after at least 2 FRI sessions (about 4-6 weeks after initial care begins)

- If function is improving, consider 2 more weeks of FRIs,
- If function is not improving, contact HSC to schedule phone conference to develop plan to overcome recovery impediments (e.g., with COHE advisor, concurrent care providers).

If not back to work after at least 4 (total) FRI sessions (about 6-8 weeks after care begins)

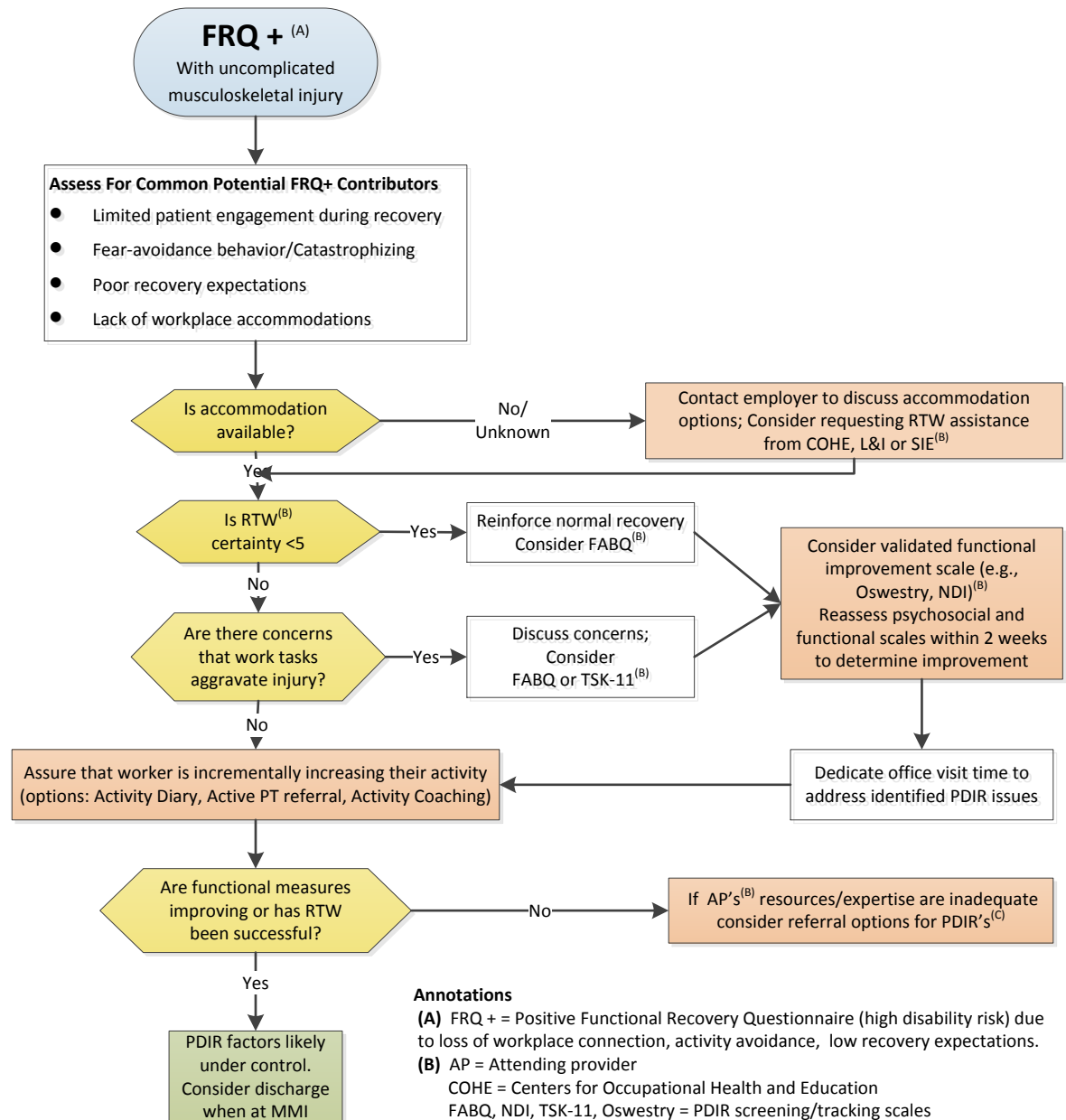
- Contact HSC to discuss next steps (e.g., Activity Coaching (PGAP); Occupational Medicine or other specialist referral; Cognitive/Psychosocial Barrier Identification).

BACKGROUND

FRQ is a short survey administered to injured workers that miss 2 weeks of work. Nearly 40% of workers identified as 'positive' on the FRQ are disabled 1 year after their injury compared to under 3% of workers identified as negative on the FRQ. If you have been notified that one of your injured workers is **FRQ+**, include **Functional Recovery Interventions (FRIs)** in your treatment plan:

- **Include FRIs at follow-up office visits:**
 - Reinforce patient's active participation.
 - Reassure likelihood of recovery and discuss any concerns they have,
 - Address any return to work issues, particularly concerns about job activities and re-injury.
 - Reiterate expectations for incrementally increasing activity including a daily activity diary,
 - Provide intensified oversight of any physical therapy referrals/programs, particularly documenting functional improvement with care.
- **High-risk workers waiting for surgery** or specialty consult should also have close follow-up with **FRIs**; modified as appropriate for their condition.
- **FRQ+ workers still off work** after 4 weeks of **FRIs** may be at even greater risk of disability. More intensive COHE involvement should occur such as a conference call with the treating provider(s) and COHE staff (eg, HSC & COHE advisor) to decide on further treatment options.
- **Track FRQ+ workers receiving FRIs** should be tracked using the FRI Tracking Sheet. Completed FRI Tracking sheets should be faxed to L&I and may be billed for when faxed (or otherwise submitted).

A more detailed description of FRIs, talking points, and billing information is provided in your FRI Toolkit.



Annotations

(A) FRQ+ = Positive Functional Recovery Questionnaire (high disability risk) due to loss of workplace connection, activity avoidance, low recovery expectations.

(B) AP = Attending provider

COHE = Centers for Occupational Health and Education

FABQ, NDI, TSK-11, Oswestry = PDIR screening/tracking scales

RTW = Return To Work

PDIR = Psychosocial Determinants Influencing Recovery

PGAP = Progressive Goal Attainment Program

PT = Physical Therapy

SIE = Self Insured Employer

(C) Referral options depend on the worker's specific needs. Consider PGAP, vocational rehabilitation, brief interventions for psychosocial issues as needed.