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Job retention vocational rehabilitation for employed people with inflammatory arthritis (WORK-IA) : a feasibility randomized controlled trial

Hammond, A, O'Brien, R, Woodbridge, S, Bradshaw, L, Prior, Y, Radford, K, Culley, J, Whitham, D and Pulikottil-Jacob, R

<http://dx.doi.org/10.1186/s12891-017-1671-5>

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Type	Article
URL	This version is available at: http://usir.salford.ac.uk/id/eprint/43351/
Published Date	2017

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Supplementary File 1:

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WORK-IA Trial: contents of the: Work Self-help Information Pack; Vocational Rehabilitation; and Vocational Rehabilitation Resource Manual.

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Work Self-help Information Pack

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This was received by all participants. The control group only received this.

8

The participating occupational therapists, patient research partner, working members of the Derby

9

National Rheumatoid Arthritis Society branch (acting as study advisors) and the Trial Management

10

Group, agreed what written information could be representative of “usual care:.

11

- a welcome letter, encouraging people to read the enclosed booklets and discuss work problems with relatives, friends and employers;

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- a self-help flowchart, suggesting how to identify problems, resulting work difficulties and solutions to then implement and/or discuss with employers/ line managers;

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15

- and two work self-help booklets including a summary of the Equality Act [2010], what “reasonable adjustments” employers could make, common work problems and solutions, the importance of discussing work issues with employers and colleagues and how to get further help [14,15].

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Vocational rehabilitation (VR: intervention group)

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VR was based on that provided in a successful VR trial in the USA [10], with content modified to suit

22

the UK, as applicable. The occupational therapists received three days face to face VR training,

23

(including: conducting the Work Experience Survey-Rheumatic Conditions (WES-RC) and task

24

analysis; legislation and work services available; role play, case studies, manual handling, equipment

25

options (e.g. seating, computer equipment), and practical workshops), plus self-study [12]. In addition,

26

each occupational therapist was provided with a VR Resource Manual (developed for the study – see

27

later for contents), linking problems with potential solutions. These included: solutions fact sheets,

28

equipment recommendations, equipment sources, work station checklists and other Health and Safety

29

Executive Guidance (e.g. on manual handling), and work-related guidance. During the study, the

30

therapists could contact the VR trainers [RO'B, SW] for advice by telephone or e-mail.

31 At the first meeting, the occupational therapist used the WES-RC [16-19] to identify work problems and
32 specific barriers (physical, psychological, environmental (physical/social) and managerial) to
33 overcoming these. Three broad priority areas of work problems (e.g. work station modification and
34 work positioning, moving to/around the workplace), specifying problems within these, were then
35 collaboratively identified by the therapist and participant. The occupational therapist then recommended
36 some initial self-management advice tailored to the participant's needs, e.g. hand exercises, relaxation,
37 sleep hygiene, fatigue and/or joint protection advice and the occupational therapist provided appropriate
38 booklets, e.g. Arthritis Research UK's "Keep Moving*" or "Looking After Your Joints when you have
39 arthritis*," as applicable. The participant completed an Action Plan, with the support of the occupational
40 therapist, with a few initial, achievable goals, to meet their identified needs, to help the participant start
41 taking appropriate actions to resolve work problems.

42

43 Participants were asked, before the next meeting, to complete an activity diary, for 24 hours on a typical
44 work day, identifying for each 30-minute period: their main activity; any equipment, tools or materials
45 used; any difficulties or discomfort doing the activity; whether they took a short rest; and to rate their
46 level of pain and fatigue using a 0 (no) to 10 (severe) scale [modified with permission; 56]. They were
47 asked to reflect on problems identified in the WES-RC and diary and start considering possible
48 solutions. Between the first and second meeting, the occupational therapist reviewed the three priority
49 problem areas identified in the WES-RC and developed a range of possible solutions to discuss/
50 practice with the participant. At subsequent meetings, the occupational therapist and participant
51 reviewed progress with action plans set in the previous meeting, collaboratively problem-solved, and
52 the occupational therapist continued supporting participants to write Action Plans and in resolving
53 difficulties for themselves. Throughout the meetings, therapists emphasised the importance of
54 participants taking responsibility to liaise with employers to request and obtain job accommodations.

55

56 VR was individualised to include (based on the WES-RC, activity diary and priority problem areas), as
57 applicable:

- 58 a. applying ergonomic, fatigue and stress management approaches to the workplace
- 59 b. recommendations for assistive technology/equipment adaptation, workplace/work station
60 modification, transport advice
- 61 c. practical advice and support enabling participants to disclose their condition and negotiate job
62 modifications with employers, e.g. discussion of strategies, how to explain their condition its
63 impact on work, proactively make suggestions for addressing issues and role play, when
64 applicable.
- 65 d. explaining rights under the Equality Act 2010, how and why their condition meets being one
66 applicable under the Equality Act, what are "reasonable adjustments" employers can make in

- 67 the workplace, and the facilities available to support employers making "reasonable
68 adjustments," e.g. Access to Work [47]; and how the participant could apply to Access to Work.
- 69 e. psychological support, through listening to and discussing work problems; encouraging ability
70 and confidence in solving work problems, managing arthritis when working and continuing
71 working in future
- 72 f. advice on other activities of daily living and hand function difficulties affecting work ability
- 73 g. to discuss, if necessary, about considering a change in job or career. Referral to a Disability
74 Employment Advisor (DEA) at their local Jobcentre for advice and support in doing so, if the
75 participant wishes
- 76 h. referral to other relevant services such as 'mainstream' occupational therapy (e.g. for splinting,
77 activities of daily living training, self-management education groups), physiotherapy,
78 rheumatology or other work rehabilitation services (e.g. DEA, or advice to contact their
79 employer's occupational health department).
- 80 i. provision of relevant work and self-management advice booklets and other information as
81 appropriate
- 82 j. general advice on disease flare management and contacting the Rheumatology department
83 quickly in a flare for review and medication changes, if necessary, to reduce the risk of longer
84 sickness absences
- 85 k. optional: if applicable, to conduct a workplace job assessment and meeting the participant and
86 line manager together to discuss job accommodations and enabling referral to Access to Work
87 for equipment / other support funding, as applicable.
- 88 l. A telephone review, several weeks after the final meeting, to discuss participants' progress
89 implementing changes, check recommended job accommodations were in place and if any
90 further action was needed.
- 91

92 *Arthritis Research UK downloads available from:

93

94 Keep Moving:

95 [http://www.arthritisresearchuk.org/shop/products/publications/patient-information/living-with-
arthritis/keep-moving.aspx](http://www.arthritisresearchuk.org/shop/products/publications/patient-information/living-with-
96 arthritis/keep-moving.aspx)

97 Looking After Your Joints:

98 [http://www.arthritisresearchuk.org/shop/products/publications/patient-information/living-with-
arthritis/looking-after-your-joints.aspx](http://www.arthritisresearchuk.org/shop/products/publications/patient-information/living-with-
99 arthritis/looking-after-your-joints.aspx)

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WORK REHABILITATION IN INFLAMMATORY ARTHRITIS TRIAL

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Vocational Rehabilitation Resource Manual for OT

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Contents List:

109

1. Research project

- 111 • Lecture: Work Rehabilitation in Inflammatory Arthritis:
112 "Effectiveness and cost effectiveness of an occupational therapy job retention vocational
113 rehabilitation intervention: a pilot randomised controlled trial"
- 114 • Gantt chart – timeline for project
- 115 • WORK-IA Study diagram
- 116 • Work Rehabilitation in Inflammatory Arthritis: research protocol
- 117 • Roles and Responsibilities of the research team/ participating therapists
- 118 • Contact details: therapists; research team.

119

2. Vocational Rehabilitation Intervention, Work Assessment Tool, VR Treatment Record, Information Pack,

- 122 • Summary of the Vocational Rehabilitation intervention content
- 123 • The UK Work Experience Survey- Rheumatic Conditions (UK WES-RC): assessment
124 [Hammond A, Woodbridge S, O'Brien R, Grant M. The UK Work Experience Survey for
125 persons with Rheumatic Conditions (UK WES-RC). 2013. University of Salford [16].
- 126 • UK Work Experience Survey- Rheumatic Conditions (WES-RC): Manual v2 Hammond A,
127 Woodbridge S, O'Brien R, Grant M. The UK Work Experience Survey for persons with
128 Rheumatic Conditions (UK WES-RC) Manual version 2. 2013. University of Salford [17].
- 129 • Vocational Rehabilitation Treatment Record
- 130 • The Information Pack (Intervention and Control Groups) content: Cover letter to all
131 participants; Finding Solutions flowchart; NRAS and Arthritis Care booklets

132

133 **3. Vocational Rehabilitation Training Programme**

134 • Lectures

135 a. Legislation and Policy impacting on Work

136 b. Role of the Disability Employment Adviser (DEA)

137 c. Rheumatoid Arthritis and Work: a service user's perspective

138 d. We are not Alone! – Setting the Scene in which we work

139 e. Work rehabilitation strategies

140 i. Work station assessment

141 ii. Work Rehabilitation strategies: the Upper Limb

142 iii. Work Rehabilitation strategies: the Environment

143 iv. Load Handling

144 v. Work Rehabilitation strategies: Disclosure

145 • Case studies: six cases (problems plus solutions)

146 • Example: Two completed WES-RCs, with solutions based on telephone role play activity

147 • Bakery case study and solutions

148 • Practical workshops: notes

149 • Peer teaching: notes/ handouts teaching how to practically do the following: conduct a

150 worksite assessment; take micro-breaks; manage de Quervain's tendinitis; manual handling;

151 pacing; relationships at work; disclosing arthritis at work

152 • Key Messages

153

154

155 **4. Vocational Rehabilitation Solutions: Getting to Work & the Work Environment**

156 • Travel

157 a. Public transport

158 b. Driving

159 • Access

160 a. Access

161 b. Flooring

162 Floor protection

163 Specialist flooring

164 c. Emergency exit

165 Personal evacuation plan

166 d. Toilet

- 167 • Welfare at work – Health and Safety Executive (**HSE**) Guidance for employers on welfare
168 provisions [<http://www.hse.gov.uk/pubns/indg293.htm>]
169

170 e. Refreshments

- 171 • Working conditions

172 a. Lighting

173 b. Temperature

174 c. Noise
175

176 **5. Vocational Rehabilitation Solutions: Physical job demands**

- 177 • MSD Hazards & Solutions

178 [https://www.uwo.ca/hr/form_doc/health_safety/doc/ergo/msd_hazards_solutions.pdf]

179 a) Lifting strategies:

- 180 • HSE Are you making the best use of lifting and handling aids HSE getting to grips with
181 manual handling [<http://www.hse.gov.uk/pubns/indg143.pdf>]

- 182 • HSE Manual handling assessment chart (MAC) [<http://www.hse.gov.uk/msd/mac/>]

183 a) Pushing and pulling

184 b) Ladders

185 HSE Safe use of ladders and step ladders

186 [<http://www.hse.gov.uk/pubns/indg455.htm>]
187

188 **6. Vocational Rehabilitation Solutions: Work Station Evaluation**

189 a) Seating

190 Osmond Ergonomics seating assessment chart

191 [<http://www.ergonomics.co.uk/downloads.html>]

192 Selecting a chair, issues for consideration

193 National seating suppliers

194 b) Desk

195 RSIA repetitive strain awareness leaflet – www.keytools.com

196 c) Computer monitor

197 My computer My way – Abilitynet <https://www.abilitynet.org.uk/>

198 d) Keyboard

199 Osmond Ergonomics range of inputting devices – keyboards

200 (<http://www.ergonomics.co.uk/>)

- 201 Voice recognition software – Abilitynet: <https://www.abilitynet.org.uk/>
- 202 e) Mouse
- 203 Selecting a mouse
- 204 Osmond Ergonomics inputting devices, mice etc
- 205 (<http://www.ergonomics.co.uk/>)
- 206 RSIA repetitive strain awareness – no cost computer tips
- 207 (<https://www.rsitips.com/>; http://www.rsiprevention.com/rsi_prevention.php)
- 208 f) Wrist rest
- 209 Summary sheet
- 210 g) Document holder / writing slope
- 211 Osmond Ergonomics range of holders (<http://www.ergonomics.co.uk/>)
- 212 h) Laptop
- 213 Range of laptop stands
- 214 i) Writing
- 215 Range of products by EmpTech (<http://www.emptech.info/>)
- 216 j) Telephone
- 217 k) HSE VDU Work Station Checklist [<http://www.hse.gov.uk/pubns/ck1.pdf>]
- 218

219 7. Vocational Rehabilitation Strategies: Policies, Benefits & Legislation

- 220 • Company policies
- 221 • Benefits / assistance
 - 222 a. Disabled Living Allowance (DLA)
 - 223 b. Carers allowance
 - 224 c. Employment and Support Allowance
 - 225 d. Blue Badge scheme
 - 226 e. Work choice
 - 227 f. If an individual is in employment and becomes disabled
 - 228 g. Access to Work
 - 229 h. Legislation Summary

230

231

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234 **8. Supporting documents**

- 235 • Manager support for return to work following long-term sickness absence: Guidance
236 [Chartered Institute of Personnel Development: CIPD:
237 <https://www.cipd.co.uk/knowledge/fundamentals/relations/absence/return-to-work-guide>]
- 238 • Working together? Matching work ambitions with health provision for people with arthritis –
239 Arthritis Care
- 240 • Recruitment: an overview - CIPD
241 [<https://www.cipd.co.uk/knowledge/fundamentals/people/recruitment/factsheet>]
- 242 • Disability and employment – CIPD [<https://www.cipd.co.uk/knowledge/fundamentals/emp-law/disability-discrimination/factsheet>]
- 243
- 244 • Harassment and bullying at work – CIPD
245 [<https://www.cipd.co.uk/knowledge/fundamentals/emp-law/harassment/factsheet>]
- 246 • Managing sickness absence and return to work [Health and Safety Executive:
247 <http://www.hse.gov.uk/pubns/psd/hsg249.pdf>]
- 248 • Health Work Wellbeing : Health Care Professionals' consensus statement
249 [<https://www.nhs.uk/Livewell/workplacehealth/Documents/hwwb-healthcare-professionals-consensus-statement-04-03-2008.pdf>]
- 250
- 251 • College of Occupational Therapists' Vocational Rehabilitation strategy
252 [https://www.cot.co.uk/sites/default/files/publications/public/Work_Matters_Vocational_Rehab_English.pdf]
- 253
- 254 • The Health and Work Handbook. Patient care and occupational health: a partnership guide
255 for primary care and occupational health teams [Royal College of General Practitioners:
256 <http://www.fom.ac.uk/wp-content/uploads/hw.pdf>].
- 257 • NICE Checklist to help employers and employees discuss sickness absence using NICE
258 guidance [<https://www.nice.org.uk/guidance/ph19/checklist-for-managing-absence-65786221>]
- 259
- 260 • Fit note [<https://www.gov.uk/government/collections/fit-note>]
- 261 • UK Rehabilitation Council: Rehabilitation Standards
262 [<http://www.rehabcouncil.org.uk/pages/DownloadForm.aspx?Type=Standards>]
- 263 • Categories for Return to Work
- 264 • HSE Ergonomics and human factors at work: <http://www.hse.gov.uk/pubns/indg90.pdf>
- 265

266 **9. Relevant Articles**

- 267 • Allaire S, Li W, la Valley M. Reduction of job loss in persons with rheumatic diseases
268 receiving vocational rehabilitation. *Arthritis Rheum* 2003;48:3212-3218
- 269 • Allaire SH, Niu J, LaValley MP. Employment and satisfaction outcomes from a job retention
270 intervention delivered to persons with chronic diseases. *Arthritis Care Res* 2005;48:3212-
271 3218

- 272 • Tang K, Beaton DE, Gignac MAM, et al. The Work Instability Scale for rheumatoid arthritis
273 predicts arthritis-related work transitions within 12 months. *Arthritis Care Res* 2010;62:1578-
274 1587
- 275 • Allaire S, Keysor J. Development of a structured interview tool to help patients identify and
276 solve rheumatic condition related work barriers. *Arthritis Care Res* 2009; 61:988-995
- 277 • Hammond A. Rehabilitation in Musculoskeletal Diseases. *Best Practice Res Clin Rheum*
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280 [[http://www.webmd.com/rheumatoid-arthritis/features/rheumatoid-arthritis-work-and-](http://www.webmd.com/rheumatoid-arthritis/features/rheumatoid-arthritis-work-and-disability#1)
281 [disability#1](http://www.webmd.com/rheumatoid-arthritis/features/rheumatoid-arthritis-work-and-disability#1) Downloaded 14 October 2016].
- 282 • ES Bowers. About to Resign? Accommodations for RA at Work.
283 <http://www.webmd.com/rheumatoid-arthritis/life-with-ra-11/ra-work-accommodations>
284 • Downloaded 14 October 2016

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286 **10. Own Notes**

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288 **11. Further Resources.**

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290 **12. Other information**

291 ©Alison Hammond, Rachel O'Brien, Sarah Woodbridge (2016).

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293 Supplementary File 2: Table 6: Self-reported health and personal resource use at six and nine months.

Resource	6m: Intervention (n = 23)	6m: Control (n =21)	9m: Intervention (n = 22)	9m: Control (n =21)
Hospital service use:				
Contact with any hospital services (n):	21	19	19	19
Rheumatology outpatient appointments:				
- no. attending;	21	18	16	17
- median no. visits (min-max) of attenders	2 [1-18]	3.5 [1-12]	2 [1-9]	2 [1-9]
Other appointments:				
- no. attending;	6	10	7	10
- median (min-max)	4 [1-11]	2.5 [1-30]	2 [1-6]	2 [1-3]
Day Unit attendance:				
- no. attending;	5	5	5	1
- median (min-max)	4 [2-4]	2 [1-6]	2 [1-2]	2
Accident and Emergency:				
- no. attending;	1	4	0	0
- median (min-max)	1	1.5 [1-2]		
In-patient stays:				
- no. admitted;	0	1	0	0
Rheumatology telephone helpline:				
- no. using;	6	9	6	6
- median (min-max)	2 [1-5]	2 [1-4]	1 [1-5]	2 [1-3]
Occupational Therapy appointments:				
- no. attending;	10	6	3	1
- median (min-max)	6 [1-11]	3.5 [2-4]	1 [1-2]	2
Physiotherapy appointments:				
- no. attending;	4	8	1	4
- median (min-max)	2 [1-5]	3 [1-60]	2	1 [1-2]
GP Contacts:				
- no. attending;	17	15	12	13
- median (min-max)	2.5 [1-15]	3 [1-10]	1.5 [1-4]	2 [1-4]
District and other Nurse appointments:				
- no. attending;	9	7	4	5
- median (min-max)	6 [1-26]	2 [1-6]	3 [1-6]	1 [1-2]
Personal service use:				
Home-help/cleaner (paid)				
- no. using;	2	0	2	1
- median contacts (min-max)	64 [24-104]	0	32 [12-52]	12 [12-52]

Unpaid help from friends/relatives:

Help with childcare:

- no. using;	2	0	1	0
- median hours/week (min-max)	2	0	3	0

Help with personal care:

- no. using;	6	8	3	9
- median hours/week (min-max)	2 [2-9]	2.5 [1-8]	3 [2-4]	5.5 [1-14]

Help in and around the house:

- no. using;	10	13	9	11
- median hours/week (min-max)	9.5 [2-26]	5 [3-20]	12 [1-35]	15 [4-30]

Help outside the house:

- no. using;	9	8	7	8
- median hours/week (min-max)	3 [1-9]	3 [2-6]	5 [4-20]	8 [2-30]
