Clinical Decision-Making in Stay-at-Work and Return-to-Work Faculty:
Jennifer Christian, MD, MPH

1. Select the CORRECT definition of work disability:
   a. Having an impairment in one or more essential life functions, or a history of having had such an impairment, or being perceived as having one.
   b. The extent of anatomical or physiological impairment that is the permanent residual of a work-related injury, and which is usually expressed as a numerical percentage of either the affected body part or system or of the individual as a whole.
   c. Absence or withdrawal from work or not pulling full weight at work that is attributed to a medical condition

2. Which of the following is NOT associated with prolonged absence from work?
   a. Better medical outcomes
   b. Job loss
   c. Productivity loss
   d. Increased benefits costs
   e. Increased medical utilization

3. Which of the following people is NOT considered one of the three most important in determining a patient's return-to-work status?
   a. Employee-patient
   b. Insurance adjuster
   c. Employer/supervisor
   d. Treating physician

4. Patients, their employers and benefits payers must rely on information from doctors in order to make decisions that are important to them. Sometimes those parties try to manipulate a physician into giving an opinion on a matter that really has no relationship to health. Which of the following decisions below is really only an employment issue, not a medical or functional one?
   a. Does this employee qualify for FMLA (Family Medical Leave Act)?
   b. Was this employee’s prolonged absence from work due to a medical condition?
   c. Is it medically safe for this employee with uncontrolled seizures to work up on ladders?
   d. What department is this person with functional limitations going to be assigned to?
   e. Should this diabetic employee work night shift?
   f. Which of the tasks on this list is this employee with a back sprain able to perform?
Clinical Decision-Making in Stay-at-Work and Return-to-Work Continued Faculty: Jennifer Christian, MD, MPh

Questions 5 – 9: For the following situations, indicate whether absence from work is medically-required, discretionary, or just plain unnecessary

5. Employer has a policy prohibiting light duty work.
   a. Medically-required
   b. Discretionary
   c. Just plain unnecessary

6. Patient has just been discharged from the hospital and is just starting to move around the house.
   a. Medically-required
   b. Discretionary
   c. Just plain unnecessary

7. Employer cannot provide work within the doctor’s medical restrictions.
   a. Medically-required
   b. Discretionary
   c. Just plain unnecessary

8. Insurer and employer have been waiting since last Wednesday to receive the doctor’s report clarifying the restrictions and limitations.
   a. Medically-required
   b. Discretionary
   c. Just plain unnecessary

9. A doctor put the patient out of work because he did not know the employer and was uncertain about whether patient would be safe at work.
   a. Medically-required
   b. Discretionary
   c. Just plain unnecessary
“WRUEDS” (Work Related Upper Extremity Disorders) ACOEM Guidelines
Faculty: Gregory A. Grubb, DO

10. **True or False** The approach to treatment of muscular-skeletal disorders (according to this presentation) is protective, palliative and preventative.
   a. True
   b. False

11. **Protecting the worker involves:**
   a. Engineering out any overload stressors.
   b. Using personal protective equipment
   c. Using proper posture and biomechanics
   d. All of the above

12. **Causes of work-related upper extremity disorders (WRUEDs) include:**
   a. Deconditioned state of health
   b. Poor posture and body mechanics
   c. Smoking
   d. All of the above

13. **True or False.** To be work-related, the injury or illness must have arisen out of or in conjunction with the worker’s essential job tasks.
   a. True
   b. False
Low Back Pain/ACOEM Guidelines  
Faculty: Gregory A. Grubb, DO

14. Which of the following have been shown to contribute to chronic occupational low back pain:  
   a. Obesity  
   b. Smoking  
   c. Job dissatisfaction  
   d. All of the above

15. All of these are considered red flags for low back pain, EXCEPT:  
   a. Age > 50 years old  
   b. Fever  
   c. Weight gain  
   d. IV drug use

16. **True or False.** Back pain is the #1 cause of disability in people less than 50 years old.  
   a. True  
   b. False

17. **True or False.** According to this presentation, the provider should not write off-word slips, but keep the patients as active as possible through their rehabilitation.  
   a. True  
   b. False

18. **True or False.** ACP/APS guidelines call for routine imaging on patients who present with acute low back pain.  
   a. True  
   b. False
Customer Service/Challenging Patient
Faculty: Lee Resnick, MD

19. All of the following can be useful for identifying “patient agendas” EXCEPT:
   a. Ask open ended questions
   b. Anticipate “worst-case scenarios”
   c. Ask the patient what they think is causing their symptoms
   d. Assume that most patients will tell you why they are seeking care

20. The BEST way to manage unrealistic expectations and agendas is to:
   a. Show respect for their concern, even if it is unrealistic
   b. Tell the patient, “Doctor knows best!”
   c. Explain the importance of “evidence-based medicine”
   d. Just give them what they want so that they will be satisfied

21. Effective conflict management is important for which of the following reasons:
   a. Improves patient flow
   b. Supports better outcomes
   c. Helps mitigate risk and liability
   d. All of the above

22. Which of the following patient factors contribute to conflict and hostility:
   a. Fear
   b. Pain
   c. Prior healthcare experiences
   d. Loss of control
   e. All of the above

23. All of the following coping skills can help healthcare providers manage difficult encounters EXCEPT:
   a. Making assumptions about cause and effect
   b. Taking a good history
   c. Allowing patients to vent their anger
   d. Remaining calm and confident
Customer Service/Challenging Patient continued
Faculty: Lee Resnick, MD

24. Patients who present to your office requesting pain medication are MOST likely:
   a. Drug-seeking
   b. Exaggerating their pain
   c. Conditioned to do so by prior healthcare experiences
   d. Wanting pain relief
   e. Both C and D

25. The best way to get a hostile patient to a “rational level” is to:
   a. Tell them to calm down
   b. Try to rationalize with them when they are angry
   c. Offer supportive comments after their hostility has begun to “slow down”
   d. Explain to them why they are wrong