



**Service Priorities and Programmes**  
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**Submitting author:** Ms Angela TONG

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**The Early Return-to-Work Program for Patients with Injury on Duty in Primary Care Settings: a preliminary review**

*Tong YC(1,2), Fong T(2), Kwan SMV (2), Cheung KL(2)*

*(1) Occupational Therapist (2)Department of Family Medicine and Primary Health Care, Kowloon West Cluster*

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**Introduction**

According to the statistics from the Labour Department, an average of 4400 workers suffered from injury on duty (IOD) annually. There were approximately 450 IOD patients attending General Out-patient Clinics (GOPC) in KWC every year. Without prompt and appropriate management, they were noted to have prolonged sick leave and delayed work resumption. Early vocational interventions are essential to facilitate patients to have early recovery and improve chance of work resumption.

**Objectives**

To review the preliminary outcomes of the Early Return-to-Work (ERTW) Program with early vocational interventions provided by Occupational Therapist (OT) in GOPC.

**Methodology**

An ERTW Program had been established in West Kowloon (WK) GOPC since 2017. Patients sustaining recent IOD are referred for early Occupational Therapy in WK-GOPC and hospital based physiotherapy. Occupational therapist in WK-GOPC provides fast-track service with early vocational assessment and intervention which covers pain management, work habit and tolerance training as well as vocational counseling. Selected cases are further triaged to the ERTW clinic with intensified SOPD-OT training in hospital and designated doctors monitoring patient's progress. Appropriate patients are also referred to non-government organization (NGO) for vocational retraining.

**Result**

From May 2017 to Jan 2018, 111 IOD patients were referred to OT in WK-GOPC. Their mean age was 50 (ranged 22-69, SD=10) with 52% of them were male and 86% of them were heavy duty worker. The mean waiting time to first OT assessment from IOD was significantly shortened from 8 months (SD=5.5) to 3 month (SD=2) when comparing that prior to program. After a short course of OT intervention in WK-GOPC, their mean duration of home-based participation of training (from 0.5 hour to 2.5 hours,  $p<0.03$ ), their mean walking tolerance (from 24 min to 43 min,  $p<0.01$ ), their mean

pain scale (from 6/10 to 3/10,  $P < 0.05$ ) and knowledge of IOD management were significantly improved. 11% of them successfully returned to work. 25% of them were triaged to NGO for vocational retraining. 24% of them were triaged to ERTW clinic for further intensive work rehabilitation in hospital setting; and among them, 27% returned to work within 5 months after injuries.

Conclusions: The preliminary outcomes of the ERTW program with early rehabilitation referral and intervention were promising. Further outcome measures on program effectiveness will be explored.