
Preface

This Handbook aims to integrate rapidly accumulating concepts, research evidence, and best practices in the expanding transdisciplinary field of return to work and stay at work. This domain is of high interest to occupational health and vocational rehabilitation professionals, clinicians, therapists, human resource professionals, disability and case managers, employers, health economists, policy makers, and other return to work stakeholders. The Handbook is also expected to strongly appeal to academics and researchers and graduate and postgraduate students in medicine, nursing, psychology, rehabilitation sciences, vocational rehabilitation, disability management, organizational management, and human resources. Currently, no single volume exists that synthesizes conceptual, methodological, and research advances in the return to work field, from both cross-diagnostic and diagnosis-specific perspectives, and translates them into practice.

The healthcare, compensation, insurance, and legal systems, together with employers in developed countries, have been challenged by rising disability, decreased productivity costs, and growing statistics. These challenges often involve nonvisible, complex, and still inadequately understood clinical conditions such as chronic musculoskeletal pain, common mental disorders, addictions, chronic fatigue, and cognitive impairments. At the same time, in recent years, more clinical and occupational research advances have occurred in the areas of traumatic brain injury, neurological and neuromuscular disorders, amputations, cancer, and serious mental illness; these areas also await more efforts at synthesis and in the translation of emerging evidence into return to work and stay at work practices. Despite the proliferation of basic science and clinical research on these diverse and disabling conditions, the translation of knowledge generated by this research into occupational and return to work solutions has lagged. To date, although most studies in the field have advanced the area of musculoskeletal pain, research on other conditions, especially cancer, mental disorders (depressive and anxiety disorders, Posttraumatic Stress Disorder, and serious mental illness), and cognitive disorders, have now started to accumulate more rapidly. This advancement has occurred in the context of growing recognition of the significance of return to work, employment maintenance, and productivity issues in populations with these diverse conditions from clinical, social, and economic viewpoints.

Our Handbook attempts to bridge the gap between new conceptual, methodological, and research developments in the field of return to work and the clinical, occupational, organizational, compensation, case management, and other stakeholder practices in the disability and return to work industry. The key stakeholders include individuals with conditions that produce return to work and employment challenges, healthcare, rehabilitation and compensation systems, employers, and society at large. Our Handbook constitutes a state-of-the art, integrated, evidence-informed resource to facilitate an exchange of knowledge between researchers and stakeholders and to promote the development of new clinical and occupational practices for return to work and new research directions. Not only will the reader be provided with knowledge of key concepts and methodologies (with inherent controversies involved), empirical evidence accumulated to date to guide practice and research, but also the essential components of a “how to” return to work toolbox: what, how, when, with whom, and why?

Return to work in our Handbook is understood broadly as a spectrum of occupational and economic *outcomes*, and as a complex multifaceted and multi-stakeholder intervention *process*. It covers emerging topics on the ability to sustain work and productivity following significant illness or injury. We advance an integrative, biopsychosocial perspective on return to work which takes a multisystem approach and places emphasis on individual “microsystem” factors, including medical, psychosocial, and functional characteristics interacting with organizational and workplace “mesosystem” characteristics, in the context of societal attitudes, culture, legislation, and policy “macrosystem” factors. The emphasis on this complex and dynamic interaction between a person and their environment in return to work research and practice is consistent with the main premises of the increasingly popular International Classification of Functioning Disability and Health (ICF) model.

Notably, particular attention is given to complex clinical conditions that pose major return to work challenges and have significant negative personal, social, occupational, and cost implications—which could be averted. Although, given the current state of knowledge, not all negative outcomes are preventable. Major positive changes in stakeholder systems, policies, and practices applied with these conditions can be affected. These changes require consistent advancement of newly integrated evidence-informed approaches to early disability prediction and risk identification, selection and implementation of clinical and occupational interventions targeting modifiable risk factors, outcome measurement, and, most importantly, design of comprehensive, measurable, implementable, and cost-effective return to work models and approaches. These approaches range from cross-diagnostic to diagnosis-specific and target modifiable risk factors for poor return to work outcomes; they are dependant on return to work circumstances and emphasize attention on positive predictors of sustained return to work.

There are five parts covered in this Handbook. Part I, “Concepts and Models of Return to Work,” discusses the following: relationships among impairment, disability and return to work, models of return to work including the application of the World Health Organization’s ICF model of health, the new concept of the “margin of maneuver” in return to work, motivational

aspects of return to work, as well as organizational, social, cultural, policy, and behavioral dimensions of return to work.

Part II of the Handbook, “Measurement and Methodological Issues: Towards Transdisciplinarity,” covers an integrative framework for barriers and facilitators in return to work planning, current outcome measurement and methodological, assessment and program evaluation challenges, and related state-of-the-art solutions.

Part III, “Evidence Informed Return to Work Approaches,” provides a comprehensive review of evidentiary basis for return to work, including integration of clinical and occupational interventions, early intervention, work accommodations, a spectrum of workplace interventions, participatory ergonomics and ergonomic solutions, working with stakeholders, organizational and policy approaches, cognitive-behavioral interventions, motivational interviewing, economic perspectives on disability management and return to work interventions, and a universal approach in return to work.

Part IV, “Best Return to Work Interventions & Practices in Key Diagnoses,” reviews best return to work practices in the most prevalent and challenging diagnoses encountered in occupational settings: chronic musculoskeletal pain, brain injury, mild cognitive impairments, anxiety disorders, Posttraumatic Stress Disorder, depression, serious mental illness, addictions, spinal cord injury, multiple sclerosis, epilepsy, cancer, major limb loss, as well as fibromyalgia and chronic fatigue syndrome.

Finally, Part V, “Research, Policy and Practice Directions,” provides a summary of recommendations across the spectrum of conditions and disabilities that would promote improved practices in return to work, as well as stay at work outcomes, research advances in the field, and health, disability, and social policy.

Importantly, in keeping with our Handbook’s transdisciplinary approach to return to work and stay at work issues, our chapter contributors are international researchers, professional experts, leaders, and innovators in a wide range of relevant disciplines and areas of scholarly inquiry, including various medical, health, and psychology specialties, occupational, social, and organizational sciences, and even architecture. Our chapter contributors span continental divides, coming from the United States, Canada, the European Union (including United Kingdom, The Netherlands, France, Finland, and Sweden), and Switzerland. As Editors, we appreciate their pioneering efforts to bring this integrative *Handbook of Return to Work: From Research to Practice* to our readers.

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