

STRUCTURED FUNCTIONAL ASSESSMENTS IN GENERAL PRACTICE

- A CLUSTER RANDOMISED CONTROLLED TRIAL

Nina Østerås

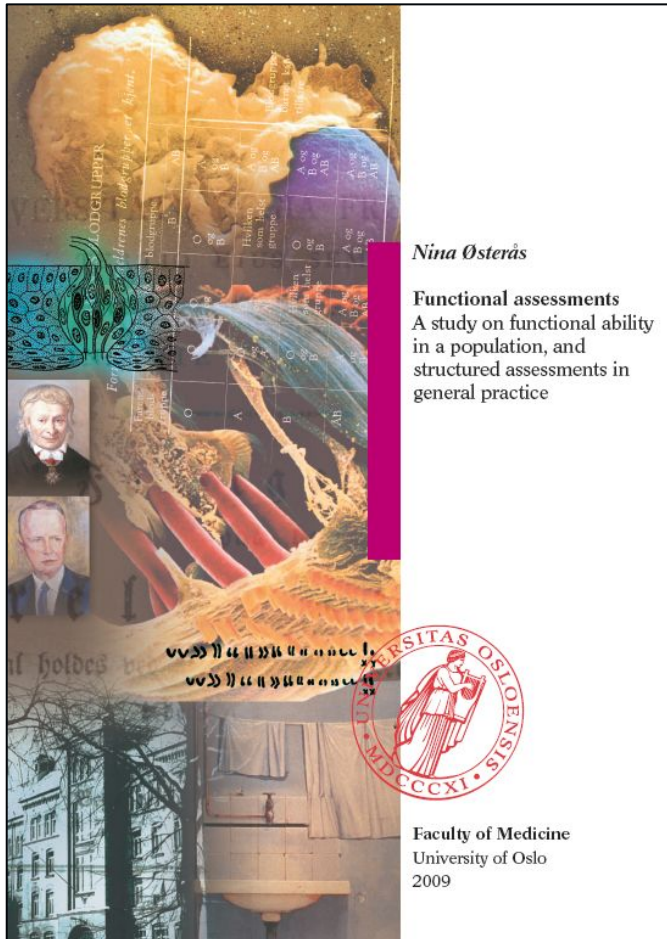
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University of Oslo

PhD, University of Oslo, 2004-2009



Research article

Open Access

Implementing structured functional assessments in general practice for persons with long-term sick leave: a cluster randomised controlled trial

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ORIGINAL ARTICLE

Structured functional assessments in general practice increased the use of part-time sick leave: A cluster randomised controlled trial

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This presentation...

- Short introduction to the Norwegian system
- Some definitions
- The GP's role
- The RCT
 - ▣ Background
 - ▣ 'The structured functional assessment method'
 - ▣ Research methods
 - ▣ Results
 - ▣ Conclusion

Definitions

Sickness certification	A declaration issued by a medical doctor, usually a general practitioner, to a person entitled to sickness benefits when this person is found to be incapacitated for work because of disease, illness or injury¹
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Sick-listed person	A person with medically certified absence from work due to disease, illness or injury

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Sick leave	Medically certified absence from work due to disease, illness or injury ¹
Sick leave episode	The period of consecutive calendar days in which a person is declared by a medical doctor to be incapacitated for work

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Sick leave case	An instance of consecutive sick leave attached to one person

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Short introduction to the Norwegian system

- 100% remuneration (≤ 6 basic amounts $\sim 56\,700$ €)
- Day 1. - max. 365 days
 - ▣ Day 1. – 16.: paid by the employer
 - ▣ Day 17. – 365: paid by the National Insurance Scheme
- Long sick leave episodes
 - ▣ GPs must fill in an expanded medical certificate to certify medical reasons for the non-activity after 8 weeks
 - ▣ Employer: 'follow-up' plan to facilitate a quick return to work at the latest after 6 weeks
 - ▣ 'Dialogue meeting': 12 weeks + 6 months

Short introduction to the Norwegian system cont.

- Allowed to issue sickness certifications in Norway:
 - ▣ Medical doctors
 - ▣ Manual therapists/chiropractors (≤ 8 weeks)
- The GPs issue about 81% of the initial sickness certifications

More definitions

Long-term sick leave	Sick leave episode lasting for more than eight weeks ¹
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More definitions

Long-term sick leave	Sick leave episode lasting for more than eight weeks¹
Part-time sick leave	A sick leave certification option allowing the employee to be absent from work for a specified proportion of the working hours or work week

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More definitions

Long-term sick leave	Sick leave episode lasting for more than eight weeks ¹
Part-time sick leave	A sick leave certification option allowing the employee to be absent from work for a specified proportion of the working hours or work week
Active sick leave	The Norwegian social insurance option that enables people on sick leave to attend work doing other tasks than they normally do. The National Insurance Administration provides 100% remuneration of normal wages during the active sick leave period for a maximum length of eight weeks.

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Vocational rehabilitation	Support or allowance granted to a sick-listed person who need to change job or job training because of ill health

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Vocational rehabilitation	Support or allowance granted to a sick-listed person who need to change job or job training because of ill health
Self-efficacy	Beliefs in one's capabilities to organize and execute the courses of action required to produce given attainments ²

¹ Tellnes G. Sickness certification in general practice: a review. Fam Pract 1989 Mar;6(1):58-65.

² Bandura A. Self-efficacy. The Exercise of Control. New York: W.H. Freeman and Company; 1998.

The Norwegian GPs' role

- Motivate, stimulate and reassure for work-related activity
- Consider part-time sick leave certifications before 100%
- Assess medical reasons for non-activity ≥ 8 weeks
- Participate at the dialogue meeting at 12 weeks
 - If requested by the sick-listed persons
- Participate at the dialogue meeting at 6 months
 - If considered suitable
- Maintain patient confidentiality

The Norwegian GPs' role in assessing functional ability

- They are obligated by the National Insurance Act
 - provide an assessment (in collaboration with the employee) of the employee's functional ability in relation to sickness certification and work disability

- The sick-listed persons are obligated to
 - provide information about his or her own functional ability to the employer and the local social security officer

Study background

- Increasing interest in functional ability
- GPs: assess function in social security claims
- Public authorities/insurance companies



Study background cont.

- Represents a focus change for the GPs

symptoms, problems and limitations



patient resources, possibilities and coping

- GPs' functional assessments are often:
 - non-standardized
 - influenced by personal/professional interest
- The GPs report difficulties and are reluctant



Study background cont.

Based on these experiences:

A structured method for functional assessments of persons with long-term sick leave in general practice

- tailor-made assessment method for GPs in primary care practices
- functional ability information & suggestions for workplace adjustments
- social security officers & employers

Functional assessment

In this work:

A balancing of individual functional abilities against occupational demands and restrictions



Model for functional assessments¹

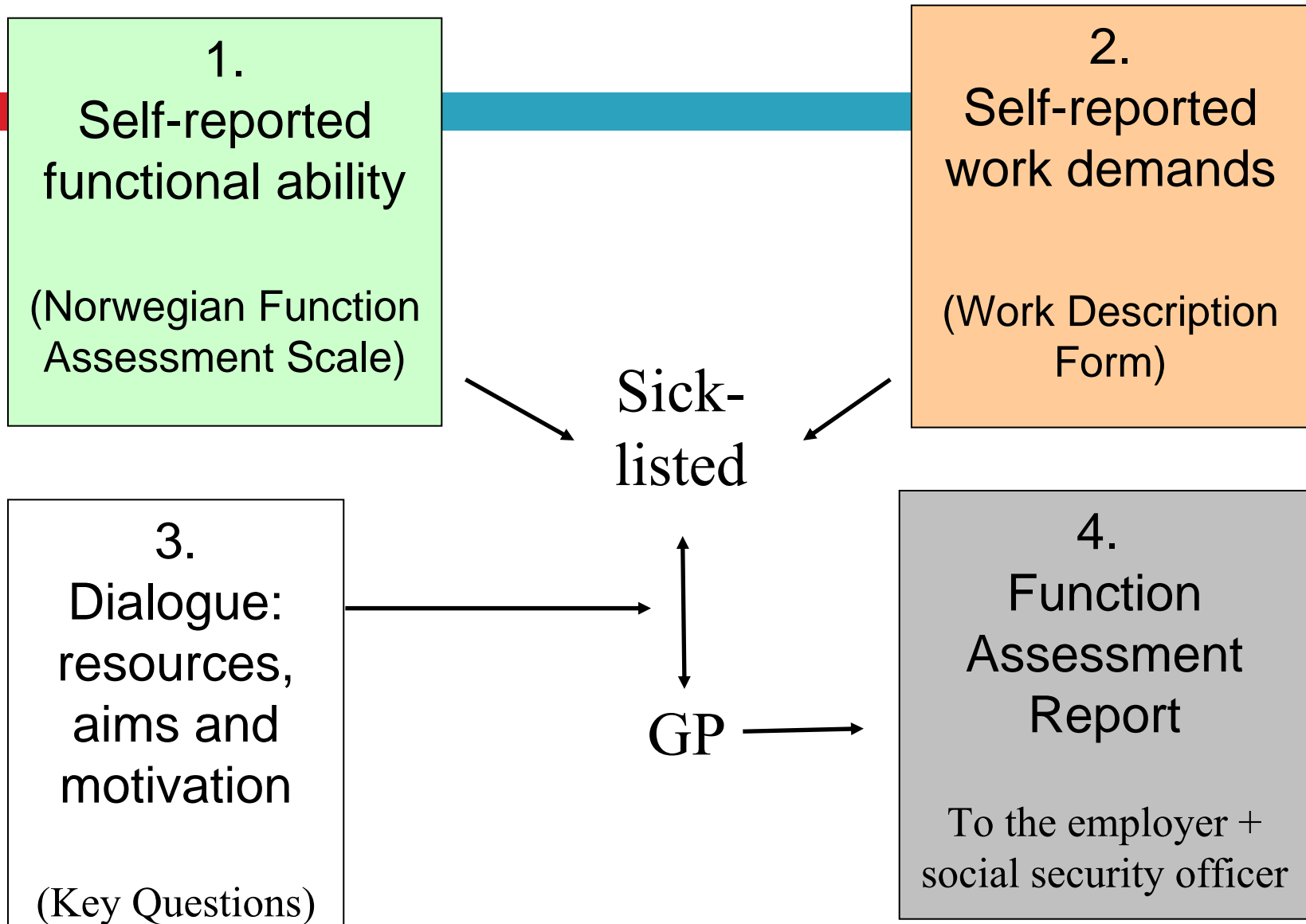
Four elements:

- The patient's own description of function
- Information about different demands at the workplace
- Discussion of possibilities and limitations
- The GP's independent, total evaluation of medical and non-medical information

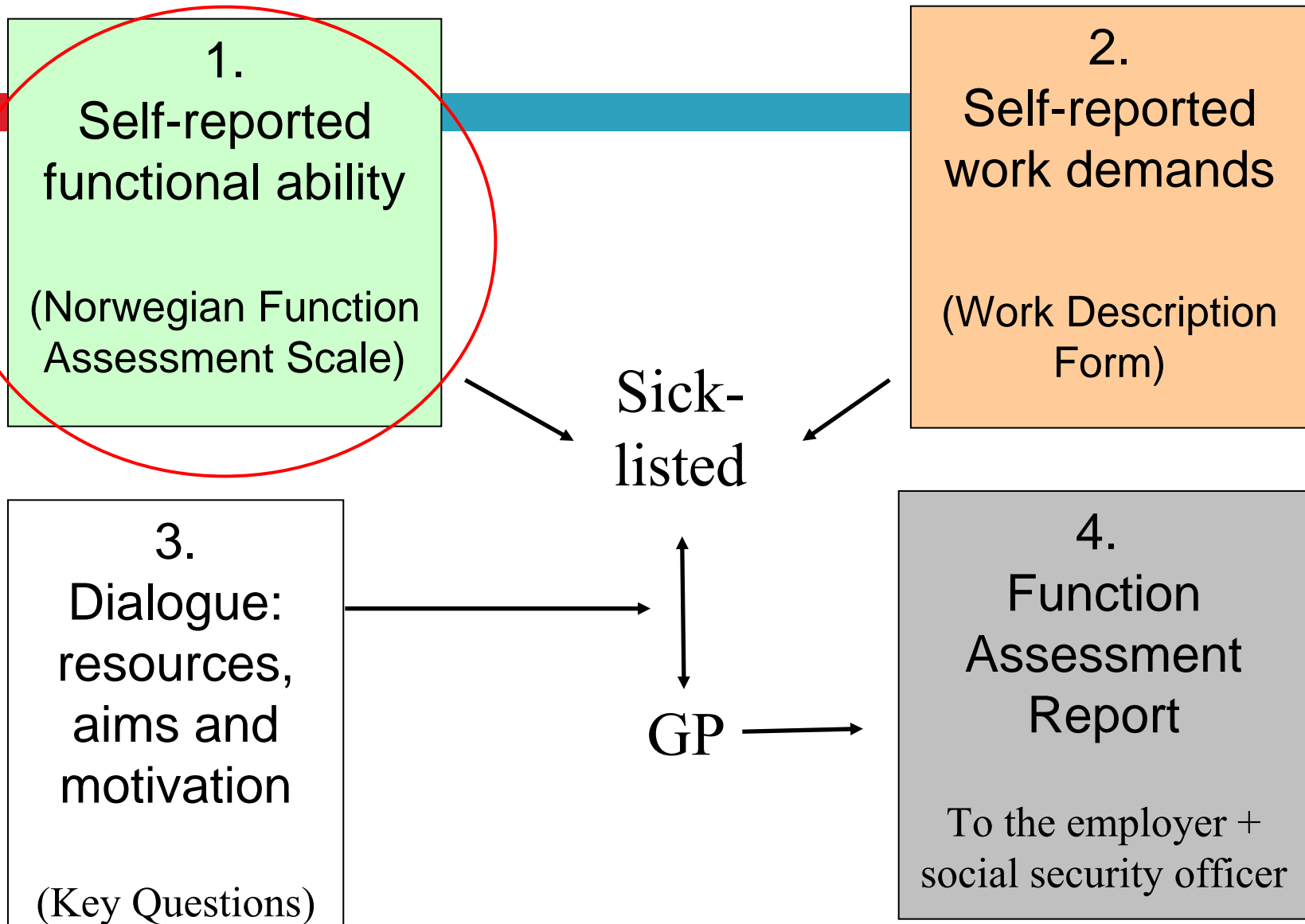


1. Cocchiarella L, Andersson G. Guides to the evaluation of permanent impairment. United States of America: American Medical Association, 2002.

The structured method



The structured method



Norwegian Function Assessment Scale

When you have filled in the form, please bring it with you to your doctor

During the last week, have you had difficulty doing the following activities because of your health? Please put a cross in the box for the best answer for each question. Even if a question does not seem to fit your circumstances, please try to answer it as best you can. If a question is not relevant for you, for example because you do not drive a car, you can draw a line through the question.

Have you had difficulty doing the following activities during the last week:

Walking/standing

	No difficulty	Some difficulty	Much difficulty	Could not do it
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking less than a kilometre on flat ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking more than a kilometre on flat ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking on different surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going up and down stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going shopping for your groceries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Putting on your shoes and socks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Holding /picking up things

Picking up a coin from a table with your fingers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holding and turning a steering wheel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving a car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparing food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performing everyday tasks on your own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engaging in your leisure activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Putting on and taking off your clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Lifting/carrying

Lifting an empty soda bottle crate from the floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carrying shopping bags in your hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carrying a little sack/backpack on your shoulders or back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pushing and pulling with your arms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning your house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing your clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Norwegian Function Assessment Scale

When you have filled in the form, please bring it with you to your doctor.

Have you had difficulty doing the following activities during the last week:

Sitting

	No difficulty	Some difficulty	Much difficulty	Could not do it
Sitting on a kitchen chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Riding as a passenger in a car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Riding as a passenger on public transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Managing

Staying alert and being able to concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working in groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guiding others in their activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing everyday responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing everyday stress and strains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing to take criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing to control your anger and aggression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cooperation/communication

Remembering things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding spoken messages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding written messages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participating in a conversation with many people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using the telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Senses

Watching television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening to the radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Norwegian Function Assessment Scale

When you have filled in the form, please bring it with you to your doctor

During the last week, have you had difficulty doing the following activities because of your health? Please put a cross in the box for the best answer for each question. Even if a question does not seem to fit your circumstances, please try to answer it as best you can. If a question is not relevant for you, for example because you do not drive a car, you can draw a line through the question.

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Walking/standing

Standing

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Walking less than a kilometre on flat ground

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Walking more than a kilometre on flat ground

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Walking on different surfaces

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Going up and down stairs

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Going shopping for your groceries

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Putting on your shoes and socks

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Picking up a coin from a table with your fingers

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Holding and turning a steering wheel

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Driving a car

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Preparing food

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Writing

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Performing everyday tasks on your own

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Engaging in your leisure activities

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Putting on and taking off your clothes

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Cleaning your house

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Washing your clothes

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Have you had difficulty doing the following activities during the last week:

No difficulty Some difficulty Much difficulty Could not do it

Sitting

Sitting on a kitchen chair

☐☐☐☐

Riding as a passenger in a car

☐☐☐☐

Riding as a passenger on public transport

☐☐☐☐

Managing

Staying alert and being able to concentrate

☐☐☐☐

Working in groups

☐☐☐☐

Guiding others in their activities

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Managing everyday responsibility

☐☐☐☐

Managing everyday stress and strains

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Managing to take criticism

☐☐☐☐

Managing to control your anger and aggression

☐☐☐☐

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Remembering things

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Using the telephone

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Watching television

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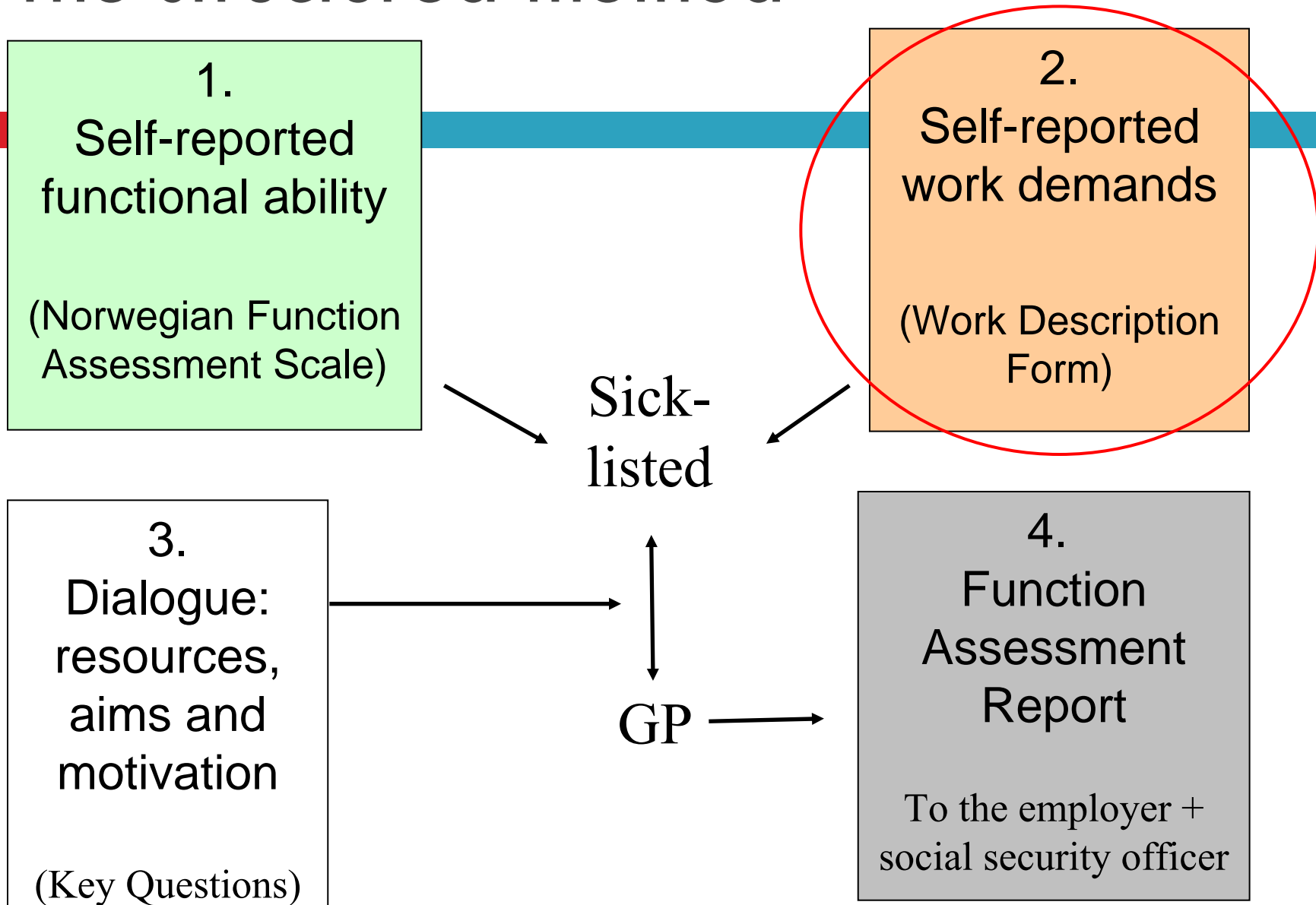
Self-reported work ability



To what degree is your ability to perform your ordinary work reduced today?

- ☐ Hardly reduced at all
- ☐ Not much reduced
- ☐ Moderately reduced
- ☐ Much reduced
- ☐ Very much reduced

The structured method



Work Description Form

When you have filled in the form, please bring it with you to the doctor

Type of work:

For how long have you been employed? ☐ Less than a year ☐ 1-5 years ☐ More than 5 years

Employment status: ☐ In work/employed ☐ Unemployed ☐ Rehabilitation

Do you work full- or part-time? ☐ Full-time ☐ Part-time

Name three positive aspects of your work:

1 _____ 2 _____ 3 _____

Do you feel your work is physically straining? ☐ No ☐ Yes

If YES, tick off appropriate box(es)

- | | |
|---|---|
| <input type="checkbox"/> Much sitting | <input type="checkbox"/> Doing precise movements with hands |
| <input type="checkbox"/> Standing still | <input type="checkbox"/> Doing the same movements many times a minute |
| <input type="checkbox"/> Much walking | <input type="checkbox"/> Working on/with vibrating surface/tools |
| <input type="checkbox"/> Kneeling or squatting | <input type="checkbox"/> Must hold the same position for long periods |
| <input type="checkbox"/> Working with arms lifted/reached forward | <input type="checkbox"/> Heavy work |
| <input type="checkbox"/> Lifting many heavy loads | <input type="checkbox"/> Other:..... |

Do you feel your work is mentally straining? ☐ No ☐ Yes

If YES, tick off appropriate box(es)

- | | |
|--|---|
| <input type="checkbox"/> Have to be alert and concentrated | <input type="checkbox"/> Have to be creative |
| <input type="checkbox"/> Have to deal with emotions | <input type="checkbox"/> Working with colleagues on tasks |
| <input type="checkbox"/> Have to have good memory | <input type="checkbox"/> Direct client/customer/student contact |
| <input type="checkbox"/> Other:..... | |

Do you feel that the work organization is straining? ☐ No ☐ Yes

If YES, tick off appropriate box(es)

- | | |
|---|---|
| <input type="checkbox"/> Have shift work | <input type="checkbox"/> Unclear what is expected at work |
| <input type="checkbox"/> Working by contract | <input type="checkbox"/> Cannot set work pace myself |
| <input type="checkbox"/> Have work with high season intensity | <input type="checkbox"/> Cannot decide myself when to take breaks |
| <input type="checkbox"/> Have management responsibilities | <input type="checkbox"/> Do not get help with the heaviest tasks |
| <input type="checkbox"/> Have too much to do | <input type="checkbox"/> Get little support and help from superiors |
| <input type="checkbox"/> Have too much responsibility | <input type="checkbox"/> Do not feel that my work effort is appreciated |
| <input type="checkbox"/> Other:..... | |

Work Description Form

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Type of work:

For how long have you been employed? ☐ Less than a year ☐ 1-5 years ☐ More than 5 years

Employment status: ☐ In work/employed ☐ Unemployed ☐ Rehabilitation

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Name three positive aspects of your work:

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☐ Yes

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| <input type="checkbox"/> Lifting many heavy loads | <input type="checkbox"/> Other:..... |

Do you feel your work is mentally straining?

☐ No

☐ Yes

If YES, tick off appropriate box(es)

- | | |
|--|---|
| <input type="checkbox"/> Have to be alert and concentrated | <input type="checkbox"/> Have to be creative |
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| <input type="checkbox"/> Have to have good memory | <input type="checkbox"/> Direct client/customer/student contact |
| <input type="checkbox"/> Other:..... | |

Do you feel that the work organization is straining?

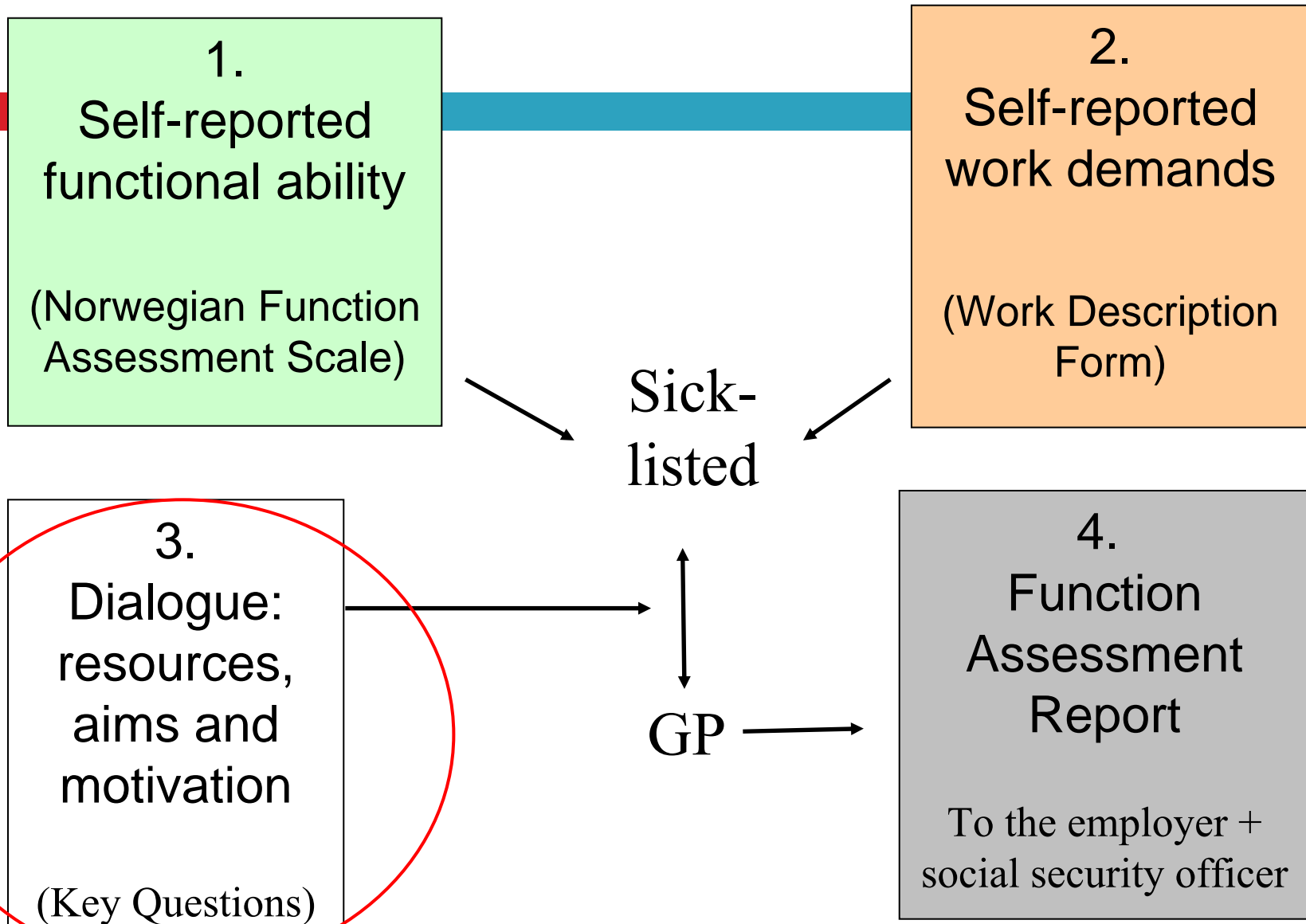
☐ No

☐ Yes

If YES, tick off appropriate box(es)

- | | |
|---|---|
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| <input type="checkbox"/> Have too much responsibility | <input type="checkbox"/> Do not feel that my work effort is appreciated |
| <input type="checkbox"/> Other:..... | |

The structured method



Key questions

These questions are to be asked after discussing the Norwegian Function Assessment Scale and the Work Description Form with the patient (see guidelines). Make it clear to the patient that the answers to these questions will not be forwarded

How much longer do you think you will be certified sick?

Are you able to work a little (maybe a few hours a week) in your present job?

If the patient answers yes, part-time sickness certification should be discussed. It might be an advantage for the patient to stay in touch with the workplace.

At the moment, are you considering other jobs?

If the patient answers yes, it should be discussed how he/she pictures the transition to other employment. Is vocational rehabilitation relevant?

All things considered, how important is your present job to you?

If the job is important to the patient, rehabilitation possibilities should be discussed thoroughly.

Has difficult work environment or conflicts at work been a contributing factor to your absence?

Discuss with the patient how this should be addressed. Initiate contact with occupational health service?

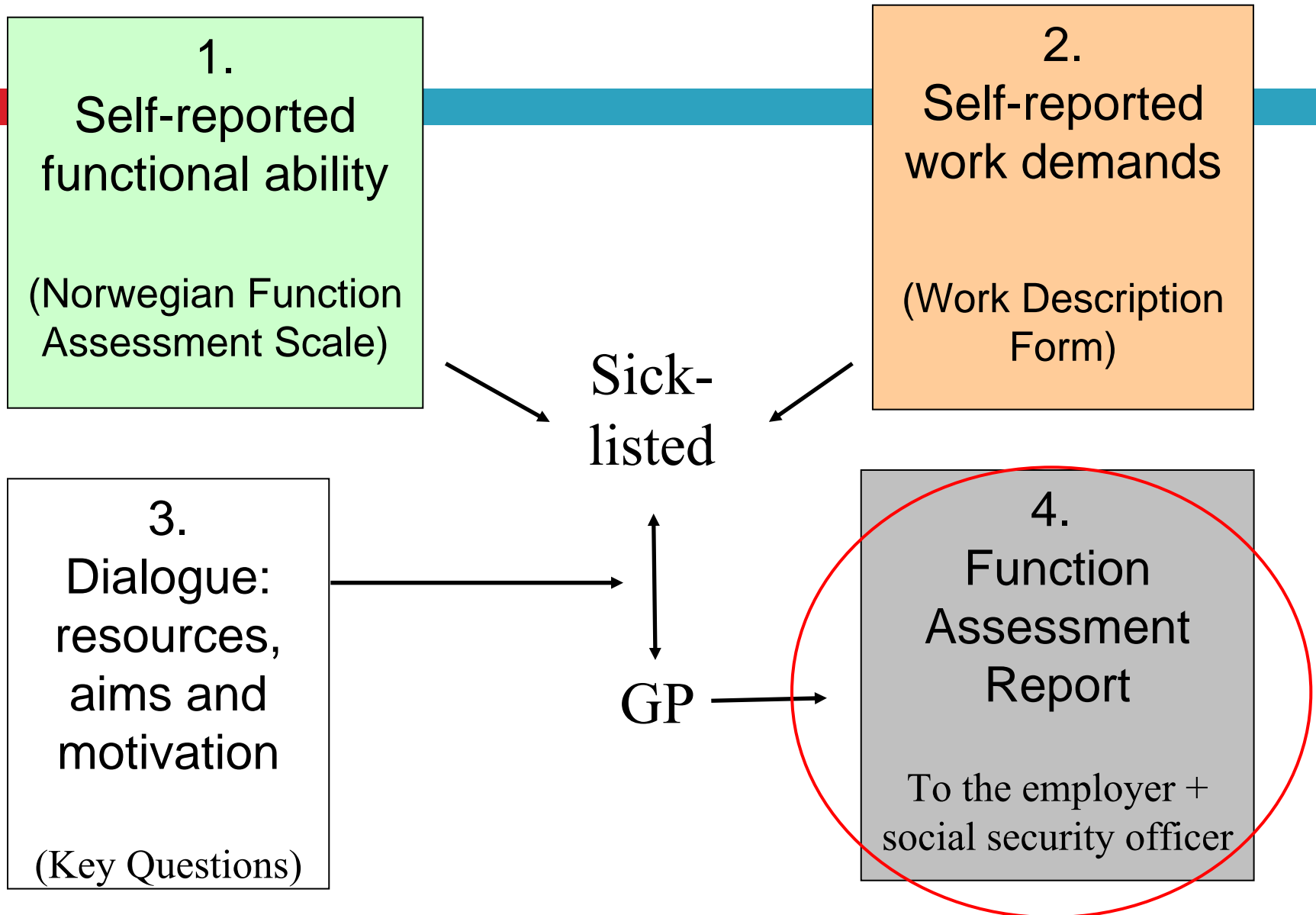
How do you experience demands outside work, *ie.* at home, in the family and during leisure time?

If there are demands outside the work situation that are perceived as straining, the doctor should clarify these.

28. Jan. 2011

Nina Østerås, EUMASS mini-symposium

The structured method



Function Assessment Report

Medical functional assessment filled out on request from the National Insurance Scheme or employer.

This form is to be filled out by treating physician in consultation with the patient, and to be seen in light of the Norwegian Function Assessment Scale, the Work Description Form and Key Questions.

Patient name..... Date of birth

Weeks on sick leave weeks

Physician name..... Date of consultation

1. Functional ability (from Norwegian Function Assessment Scale)

Check the box indicating functional resources or limitations as stated by the patient.

FUNCTION DOMAIN	Resources	Limitations	Comments:
Walking/standing	<input type="checkbox"/>	<input type="checkbox"/>	
Holding/picking up things	<input type="checkbox"/>	<input type="checkbox"/>	
Lifting/carrying	<input type="checkbox"/>	<input type="checkbox"/>	
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	
Managing	<input type="checkbox"/>	<input type="checkbox"/>	
Cooperation/communication	<input type="checkbox"/>	<input type="checkbox"/>	
Senses	<input type="checkbox"/>	<input type="checkbox"/>	

Work ability (from Norwegian Function Assessment Scale)

Check the box indicating degree of reduced work ability as stated by the patient

Hardly reduced at all ☐ Not much reduced ☐ Moderately reduced ☐ Much reduced ☐ Very much reduced ☐

2. Work description (from Work Description Form)

Is the patient's work straining? Check the box and explain in the column to the right what is perceived as straining.

Work description	No	Yes	If yes, what is perceived as straining?
Physically straining	<input type="checkbox"/>	<input type="checkbox"/>	
Mentally straining	<input type="checkbox"/>	<input type="checkbox"/>	
Straining due to work organization	<input type="checkbox"/>	<input type="checkbox"/>	

3. Physician assessment of functional resources and limitations in relation to patient's work tasks

Which are the patient's resources that can be used as means in returning to work?

Does the patient have special needs, e.g. for breaks and rest?

Can the patient work part-time? ☐ yes ☐ no

4. Medical treatment

Will ongoing or planned medical treatment influence the patient's functional ability? Will treatment interfere with activity? When will treatment be finished?

5. Protective needs

State situations or external conditions that the patient should avoid for medical reasons, eg. lifting/carrying, working with elevated arms, or contact with customers, students or clients.

6. Physician suggestions for workplace measures

Will adjustments or supportive aids facilitate the patient's return to work?

☐ Probably yes ☐ Do not know ☐ Probably no

Concrete suggestions for adjustments at place of work. What can facilitate return to work?

7. Comments

.....
Date

.....
Physician's signature

.....
Patient's signature

Function Assessment Report

Medical functional assessment filled out on request from the National Insurance Scheme or employer.

This form is to be filled out by treating physician in consultation with the patient, and to be seen in light of the Norwegian Function Assessment Scale, the Work Description Form and Key Questions.

Patient name..... Date of birth

Weeks on sick leave weeks

Physician name:..... Date of consultation

1. Functional ability (from Norwegian Function Assessment Scale)

Check the box indicating functional resources or limitations as stated by the patient.

FUNCTION DOMAIN	Resources	Limitations	Comments:
Walking/standing	<input type="checkbox"/>	<input type="checkbox"/>	
Holding/picking up things	<input type="checkbox"/>	<input type="checkbox"/>	
Lifting/carrying	<input type="checkbox"/>	<input type="checkbox"/>	
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	
Managing	<input type="checkbox"/>	<input type="checkbox"/>	
Cooperation/communication	<input type="checkbox"/>	<input type="checkbox"/>	
Senses	<input type="checkbox"/>	<input type="checkbox"/>	

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Check the box indicating degree of reduced work ability as stated by the patient

Hardly reduced at all ☐ Not much reduced ☐ Moderately reduced ☐ Much reduced ☐ Very much reduced ☐

Norwegian Function Assessment Scale

When you have filled in the form, please bring it with you to your doctor

During the last week, have you had difficulty doing the following activities because of your health? Please put a cross in the box for the best answer for each question. Even if a question does not seem to fit your circumstances, please try to answer it as best you can. If a question is not relevant for you, for example because you do not drive a car, you can draw a line through the question.

Have you had difficulty doing the following activities during the last week:

No difficulty Some difficulty Much difficulty Could not do it

Walking/standing

Standing

Walking less than a kilometre on flat ground

Walking more than a kilometre on flat ground

Walking on different surfaces

Going up and down stairs

Going shopping for your groceries

Putting on your shoes and socks

Resources

Limitations

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Function Assessment Report

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Check the box indicating functional resources or limitations as stated by the patient.

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Cooperation/communication	<input type="checkbox"/>	<input type="checkbox"/>	
Senses	<input type="checkbox"/>	<input type="checkbox"/>	

Work ability (from Norwegian Function Assessment Scale)

Check the box indicating degree of reduced work ability as stated by the patient

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Is the patient's work straining? Check the box and explain in the column to the right what is perceived as straining.

Work description	No	Yes	If yes, what is perceived as straining?
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Mentally straining			
Straining due to work organization			

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Which are the patient's resources that can be used as means in returning to work?

Does the patient have special needs, *e.g.* for breaks and rest?

Can the patient work part-time?

☐ yes

☐ no

4. Medical treatment

Will ongoing or planned medical treatment influence the patient's functional ability? Will treatment interfere with activity?
When will treatment be finished?

5. Protective needs

State situations or external conditions that the patient should avoid for medical reasons, *e.g.* lifting/carrying, working with elevated arms, or contact with costumers, students or clients.

6. suggestions for workplace adjustments _____

Will adjustments or supportive aids facilitate the patient's return to work?

☐ Probably yes ☐ Do not know ☐ Probably no

Concrete suggestions for adjustments at place of work. What can facilitate return to work?

7. Comments

.....
Date

.....
Physician's signature

.....
Patient's signature

A cluster RCT

AIM:

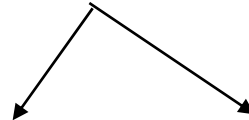
To implement structured functional assessments
for persons with long-term sick leave in general practice
and assess intervention effects on
important GP parameters, GP sick-listing practice,
and patient sick-leave

Methods

Invited: 360 → Participating: 57 GPs



Randomization



Intervention group

- n=28 (drop out: 5)
- one-day workshop (n=23)
- Include 10 patients each
- Patient inclusion:
Sick-listed between **8-26 weeks** +
holding good aspects of a return to
work

Control group

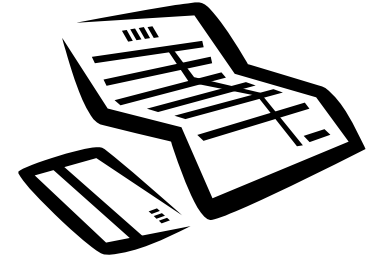
- n=29
- As usual





Outcome measures

Self-reported (before + after + 6 months after):



- **GP knowledge** – functional assessments
- **GP attitude** – functional assessments
- **GP self-efficacy** - functional assessments
- **GP knowledge** – patients' workplace and perceived stressors

→ using a 5-point scale

Outcome measures

Registry data on:

- **Duration** of certified sick leave episodes (no. of days)
- Prescription of **part-time** sick leave (yes/no)
- Prescription of **active** sick leave (no. of days)
- Prescription of **vocational rehabilitation** (no. of days)



Sample characteristics: GPs

	<u>RCT</u>	<u>National no.</u>
Female GP, %:	37	3
Mean age, yrs:	49 (29-65)	48
Speciality in Fam.Med., %	77*	59
Mean working hours/week, h:	40 (20-65)	48
Mean daily consultations, n:	22 (15-33)	
Mean list size, n:	1285* (640-2170)	1189

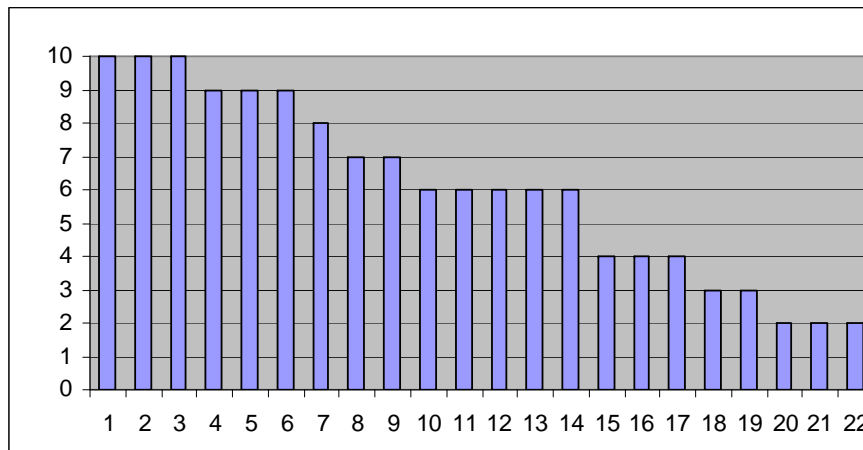


* Representative for all Norwegian GPs, but proportion of specialists and mean list size sign. higher

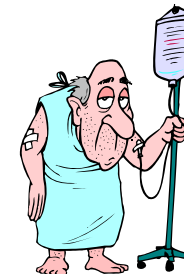


Implementation and sick-listed persons

Intervention GPs applied the intervention on 133 persons
- range 2-10 per GP



Patients : 45 years, 32 % males
(National no.: 42 years, 38% males)



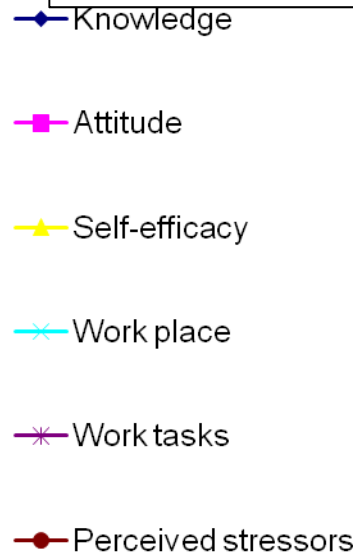
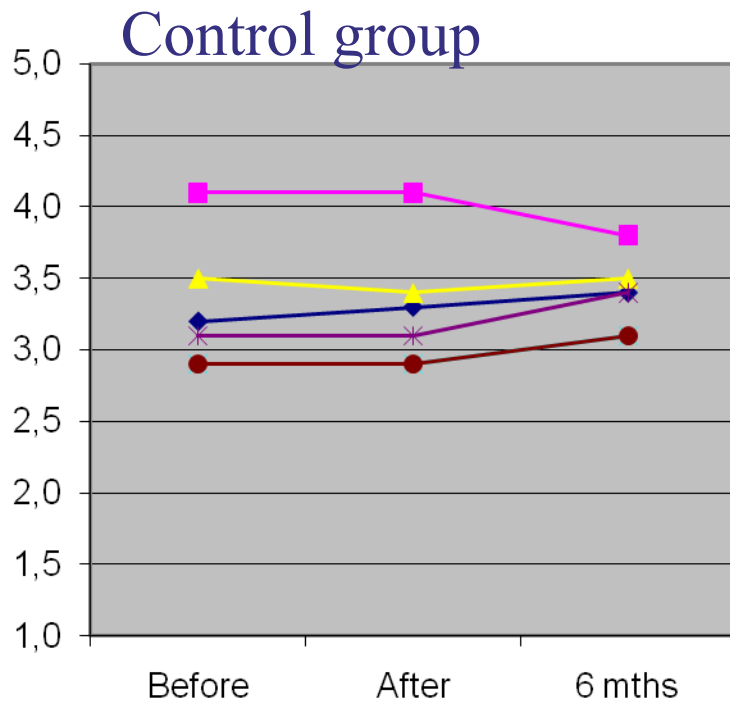
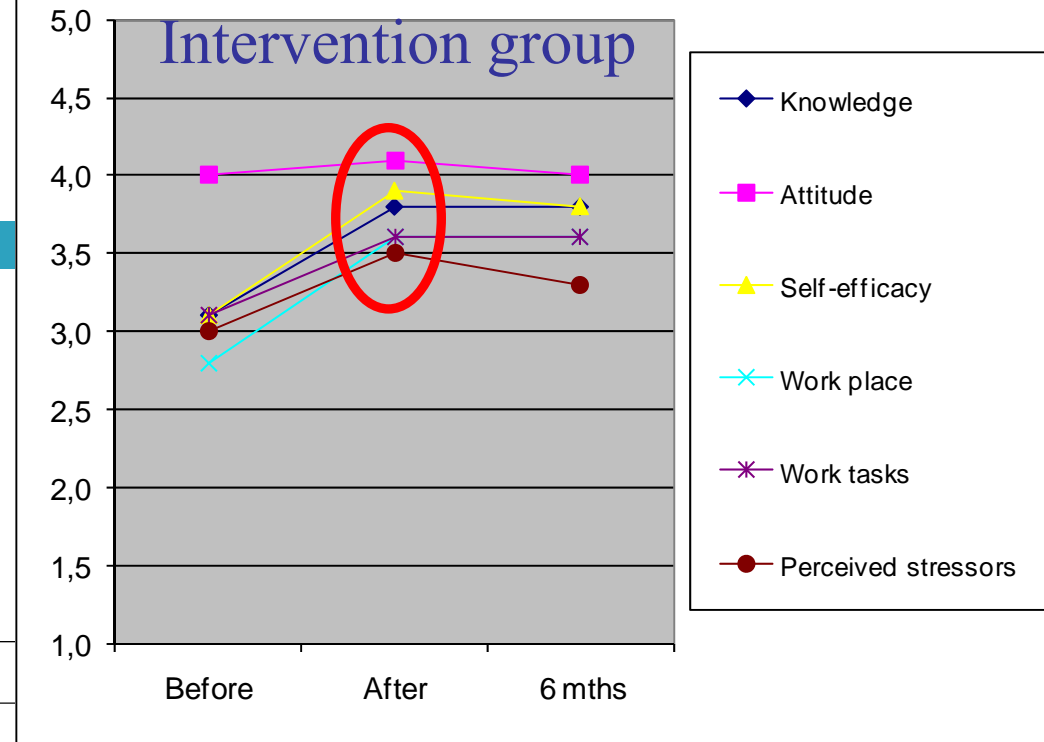
Registry data

Cases n=5274
Excluded n=712
Included n=4562



No. of cases	Control period	Intervention period
Control group	1361	1231
Intervention group	1031	939

Results



Results

Duration of sick leave

Contr. gr: 195 → 190 days

Interv. gr: 196 → 191 days

Cox regression: **HR: 0.89** (95% CI (0.79, 1.01))

Part-time sick leave

Contr. gr: 47.5 → 56.0 %

Interv. gr: 48.1 → 63.2%

Binary regression: **OR: 1.33** (95% CI (1.06, 1.68))

Results

Active sick leave

Contr. gr: 9.8 → 7.0%

Interv. gr: 8.7 → 4.6%

Cox regression: **HR: 0.65** (95% CI (0.43, 0.98))

Vocational rehabilitation

Contr. gr: 3.4 → 3.3 %

Interv. gr: 4.2 → 3.5%

Cox regression: **HR: 1.04** (95% CI (0.63, 1.70))

Results - summary

Intervention effects:

↑ GP knowledge (func.ass. + work factors)

↑ GP self-efficacy

÷ GP attitude

↑ part-time sick leave

↓ active sick leave

÷ duration

÷ vocational rehabilitation



Links

- Link to thesis:

<http://www.duo.uio.no/sok/work.html?WORKID=98354>

- Papers:

Østerås N, Gulbrandsen P, Benth JS, Hofoss D , Brage S. Implementing structured functional assessments – changes in knowledge, self-efficacy and attitudes among general practitioners in a cluster randomised controlled trial. BMC Family Practice 2009, 10:31

Østerås N, Gulbrandsen P, Kann, IC , Brage S. Structured functional assessments in general practice increased the use of part-time sick leave: a cluster randomised controlled trial. Scand J Public Health 2010; 38:192-199.



Thank you for
your attention!

