



RECOVERY BEHAVIOUR

**CLIENT BEHAVIOUR IN
RELATION TO WORK
RESUMPTION**

RECOVERY BEHAVIOUR (RB)

- CONTENTS
 - CONTEXT RB IN THE NETHERLANDS
 - ASSESSMENT OF RB
 - CONCLUSIONS



RECOVERY BEHAVIOUR

CONTEXT / HISTORY

Period	Role of the insurance physician (I P)
± 1980- '95	Involved in reintegration
± 1995- 2001	Assesses the right- fullness of the claim Determines work capacity. Reassessments.

RECOVERY BEHAVIOUR

CONTEXT / PRESENT SITUATION

- **RESPONSIBILITIES**

- **Employer (+ OHS):** reintegration.
- **Insurance physician:** test activities first year and later (**incl. RB**).
- **Employee: activities to rehabilitate and resume work.**

RECOVERY BEHAVIOUR

HELPING HAND

**all client behaviour aimed at
rehabilitation and resumption of
work**



RECOVERY BEHAVIOUR

HELPING HAND

**a person doesn't have to be fully
recovered to be able to return to
work**



RECOVERY BEHAVIOUR

HELPING HAND

- CONTEXT OF RB
- ASSESSMENT OF RB
 - WHAT TO DO?
 - HOW CAN ASSESSMENT OF RB HELP THE IP?

RECOVERY BEHAVIOUR - ASSESSMENT (WHAT)

- The I P analyses:
 - **prognoses**
 - adequacy
 - competence

RECOVERY BEHAVIOUR

ASSESSMENT (WHAT)

- The I P analyses:
 - the optimal prognosis of the work capabilities
 - the prognosis of the work capabilities when matters take their own course
- The I P compares these two prognoses

RECOVERY BEHAVIOUR

ASSESSMENT (WHAT)

- The insurance physician analyses:
 - prognoses
 - **adequacy**
 - competence

RECOVERY BEHAVIOUR ASSESSMENT (WHAT)

- **ADEQUACY**
 - 1. **VERY GOOD**
 - 2. **GOOD**
 - 3. **MODERATE / DOUBTFUL**
 - 4. **BAD / NOT ADEQUATE**

RECOVERY BEHAVIOUR ASSESSMENT (WHAT)

- **ADEQUACY, SOME REMARKS**
 - lifestyle
 - reactions to regulations laid down by practitioners
 - reactions to regulations laid down by occupational health practitioners
 - activities that fit in with functional capabilities

RECOVERY BEHAVIOUR

ASSESSMENT (WHAT)

- The I P analyses:
 - prognoses
 - adequacy
 - **competence**

RECOVERY BEHAVIOUR

ASSESSMENT (WHAT)

- **CLIENT'S COMPETENCE:**
 - **WHAT IS THE CLIENT ABLE TO DO?**
 - **WHAT DOES THE CLIENT WANT ?**

RECOVERY BEHAVIOUR ASSESSMENT (WHAT)

competent	C4	capable and willing
moderately competent	C3a	capable, unintentionally unwilling (unawareness, uncertain, fear, etc.)
	C3b	capable but intentionally unwilling
moderately low comp.	C2	moderately capable but willing
low competent	C1a	incapable but willing
	C1b	not obviously capable but clearly intentionally unwilling



RECOVERY BEHAVIOUR ASSESSMENT (how)

- **Prognoses:** is there a final state of workcapacity?
- **Adequacy:** how adequate was the RB in the past?
- **Competence (1):** How should be intervened and what can be expected during and after intervention?
- **Competence (2):** Is the client intentionally unwilling?

RECOVERY BEHAVIOUR CONCLUSIONS

Take three steps (prognoses, adequacy
and competence)
to knowledge

Why clients behave as they do

How to behave as an insurance
physician