Rehab Outcomes

Examples of how Work Ready Physio approaches complex workplace injury rehabilitation

Every rehabilitation journey is different. The following de-identified case studies demonstrate my approach to managing complex workplace injuries through evidence-based rehabilitation, objective assessment and proactive communication with stakeholders.

Persistent Lumbar Radiculopathy Transitioning from Passive Care to Active Rehabilitation

Outcome Summary

✔ Lumbar disc protrusion identified following reassessment

✔ Psychology referral recommended following high Örebro score

✔ Progressed to gym-based rehabilitation

✔ Graduated return to work

✔ Returned to full pre-injury duties

Initial Presentation

The client sustained a low back injury while working in a physically demanding supermarket role, lifting a heavy carton during a busy shift. Following the injury, they developed persistent low back pain and were initially managed conservatively with a diagnosis of lumbar muscle strain.

Four months after the injury, the claim was transferred to me following a change in treating physiotherapist. Despite attending physiotherapy three times weekly, the client continued to report significant pain, had not returned to work, and remained apprehensive about movement and lifting.

Assessment

A comprehensive reassessment identified clinical features more consistent with lumbar radiculopathy than an isolated lumbar strain, including intermittent symptoms extending into the lower limb and objective findings suggestive of neural involvement.

The client also completed an **Örebro Musculoskeletal Pain Screening Questionnaire**, scoring **72**, indicating a high risk of prolonged disability. The assessment identified significant psychosocial barriers to recovery, particularly fear that the injury would not improve and elevated anxiety surrounding pain and returning to work.

Given the duration of symptoms, lack of functional improvement and clinical findings, the client's GP was contacted and a review was recommended. This resulted in further medical investigation, with imaging confirming a lumbar disc protrusion consistent with the clinical presentation.

Management

Treatment was restructured with an emphasis on:

- Education regarding the diagnosis, expected recovery and pain mechanisms.
- Progressive gym-based strengthening and conditioning.
- Graded exposure to bending, lifting and work-specific tasks.
- Reducing reliance on passive treatment while promoting self-management and independence.

- Regular communication with the insurer, GP and rehabilitation provider to ensure all stakeholders remained informed of progress.

Given the elevated Örebro score and identified psychosocial risk factors, the involvement of a psychologist was also recommended to address fear of reinjury, recovery expectations and anxiety impacting rehabilitation.

Passive treatment was used only when clinically indicated, with rehabilitation remaining focused on restoring function and building work capacity.

Outcome

Over the following weeks, the client developed confidence with lifting and functional activities through a structured, gym-based rehabilitation program. As strength, tolerance and self-efficacy improved, treatment frequency was progressively reduced, promoting independence and long-term self-management.

In collaboration with the employer and insurer, the client commenced a graduated return-to-work program, progressing through suitable duties before successfully returning to **full pre-injury duties** within 3-4 months. By the completion of rehabilitation, the client had achieved meaningful improvements in function, confidence and work capacity, while requiring minimal ongoing physiotherapy input.

Persistent Pain Following Rotator Cuff Repair
Multidisciplinary Management of Psychosocial Barriers

Outcome Summary

✓ Plateau in recovery identified despite objective physical improvements

✓ Multidisciplinary referral advocated for when physiotherapy alone was no longer sufficient

✓ Psychological support integrated into rehabilitation

✓ Continued gym-based rehabilitation alongside pain management

✓ Graduated return-to-work program completed

✓ Successfully transitioned into an alternative role

Initial Presentation

The client was referred to me following a workplace shoulder injury requiring rotator cuff repair surgery. Rehabilitation initially progressed well, with expected improvements in shoulder range of motion, strength and functional capacity.

Several months into rehabilitation, however, the client's recovery plateaued. Despite continued objective improvements, they reported persistent pain, declining confidence in the shoulder and increasing difficulty progressing towards their return-to-work goals.

Assessment

Clinical reassessment identified that the client's physical presentation alone did not fully explain the ongoing disability. Objective assessment demonstrated continued improvements in shoulder strength, mobility and exercise tolerance; however, persistent pain, fear of reinjury and reduced confidence appeared to be the primary barriers limiting functional progression and return-to-work capacity.

Following ongoing communication with the treating GP, rehabilitation provider and insurer, it became evident that physiotherapy alone was unlikely to achieve further meaningful progress without additional multidisciplinary input.

Management

Treatment continued with a focus on progressive gym-based rehabilitation, functional strengthening and building work capacity while maintaining regular communication with all stakeholders.

Recognising that the primary barriers to recovery were no longer physical in nature, I recommended referral to a pain clinic. I advocated for this referral with the treating GP, rehabilitation provider and insurer, believing the client would benefit from specialist pain education, psychological support and a coordinated multidisciplinary approach alongside ongoing physiotherapy.

Following acceptance into the pain management program, rehabilitation continued in parallel, with exercise prescription progressing in line with the client's increasing confidence, functional capacity and work goals.

Outcome

With the combined involvement of physiotherapy, the pain clinic and psychological support, the client was able to overcome significant barriers to recovery and re-engage with meaningful activity.

As confidence, self-efficacy and functional capacity improved, the client successfully completed a graduated return-to-work program before transitioning into an alternative role that aligned with their long-term functional capacity.

This case highlights the value of recognising when physiotherapy alone is no longer sufficient and advocating for the appropriate multidisciplinary support. Through proactive communication with the treating medical team, rehabilitation provider and insurer, rehabilitation remained coordinated and focused on achieving the best possible functional and return-to-work outcome.