On-the-job injuries continue to be costly to both employers and employees alike. Attempts to prevent injuries through the implementation of ergonomic laws have met with limited success. Care for the injured worker can range from extensive conservative care, surgery, work hardening, and multidisciplinary pain treatment, thus generating significant expense and loss of productivity.

It has been estimated that 8–10% of all injured workers will fall into the chronic non-working category. This group will account for up to 75% of the total cost of injury in the workplace.

Clinical studies have shown that an active approach of care that discourages disability behavior from the onset can significantly reduce both treatment cost and length of disability. Such an approach would require the following:

- Availability of modified work schedules.
- Close communication between care providers, case managers, the employer and the employee.
- Evidence-based clinical treatment guidelines that direct the worker to conservative care before more costly imaging or specialized invasive care.
- Treatments that encourage active (not passive) involvement by the injured worker.
Physical Therapy at The Polyclinic utilizes a system of mechanical diagnosis and therapy (also known as MDT, or the McKenzie Method). After an evaluation that assesses the worker’s pain response to movement and postures, the therapist develops specific exercises to reduce pain and maintain a high level of function. The patient is also educated on postures and movements that help alleviate pain, all with the goal of creating an effective self-management program unique to each problem.

Benefits of MDT in the treatment of the injured worker are as follows:

- **Fewer visits.** The Polyclinic’s internal outcomes study for low back pain has shown that patients seen in the PT department average 5 visits, resulting in 68% reduction of disability, and 89% reduction in pain.

- **No passive treatments.** Modalities (such as massage, ultrasound, traction, TENS) are not used.

- **Prudent use of spinal or joint mobilization.** Manual therapy is selectively provided only to patients who can truly benefit. This “hands off” approach empowers the patient in understanding that he or she has the resources to achieve his/her own recovery, and need not be dependent on someone else to get better.

- **Active involvement by the patient.** The therapist must provide effective education, as MDT works only if the worker performs the prescribed exercises and observes good posture. By doing his “homework,” the patient learns to take responsibility for his or her own care, and acquires good habits and exercises that can hopefully help prevent recurrence of the injury.

- **Good predictor of outcomes.** Research has shown that pain behavior during a McKenzie evaluation or treatment course can quickly predict an employee’s potential to return to work. MDT allows both the therapist and physician identify surgical candidates, or patients who will need treatments other than physical therapy.