Upon completion, participants will be able to identify factors associated with work-related disability in women with newly diagnosed breast cancer.

Upon completion, participants will be able to discuss potential implications of work-related disability for cancer rehabilitation interventions as it pertains to occupational therapy.

In order to understand the impact of breast cancer diagnosis on work-related disability (WRD), predictors of WRD must be further explored. This was an exploratory secondary analysis of baseline data from a longitudinal study examining cognitive function among postmenopausal women with breast cancer. Participants were recruited from a comprehensive breast cancer program within an academic health center. We included 37 women with newly diagnosed, breast cancer (I-IIa) prior to initiation of endocrine therapy who were working. The Work Limitations Questionnaire measured WRD, characterized by frequency of difficulty performing 25 physical, emotional, job-specific tasks. The Patient Assessment of Own Functioning Inventory measured self-perceptions of cognitive and physical abilities in everyday tasks. The Beck Depression Inventory-II and The Profile of Mood States-II measured self-reported mood symptoms. Spearman rank correlational analyses were used to characterize relationships among demographic, clinical characteristics, and WRD. Thirty-five participants experienced an average of 2.69% +/- .42 at-work productivity loss, ranging from 0.08% - 11.21%. Elevated work-related disability was moderately correlated with depressive symptoms (r=.423, p=.009), anxiety symptoms (r=.481, p=.003), and impaired use of hands (r=.359, p=.029). Work-related disability was modestly correlated with hierarchy of occupation (r=.299, p=.072) and poor perceived cognitive functioning (r=.303, p=.069). Women with breast cancer had low percentages of at-work productivity loss prior to cancer treatment. Screening and provision of rehabilitation services at this time may be beneficial given associations between WRD, mood symptoms and motor impairments. Occupational therapy practitioners have the potential to provide intervention services following diagnosis to help women with breast cancer maintain meaningful work roles and routines.


Occupational therapists have the potential to provide rehabilitation services to support breast cancer survivors maintain meaningful work roles and routines. Identifying predictors of work-related disability will help distinguish cancer survivors at risk for work-related disability and inform intervention creation.

Participants will:
¢ Increase understanding of commonly used ergonomic strategies and impact on injury prevention
¢ Identify effective ergonomic strategies that are applicable to the domain of occupational therapy
¢ Recognize occupational therapists role in ergonomics in the workplace
In 2016, private industry employers reported approximately 2.9 million workplace injuries and illnesses. Of these workplace injuries, 892,270 of them resulted in a median of 8 days of missed work (Bureau of Labor Statistics, United States Department of Labor, 2017). Data from 2015 shows that musculoskeletal disorders (MSD) made up 31% of cases for that year (Bureau of Labor Statistics, U.S. Department of Labor, 2016). Primary injury prevention through ergonomic strategies can decrease injury incidence, employer costs, and psychosocial impact of injury (Boynton & Darragh, 2007).

The purpose of this presentation is to explore the effectiveness of ergonomic strategies in workplace settings. A focused review and critical appraisal of studies related to MSD and workplace injuries were conducted. Analysis of popular ergonomic strategies can benefit occupational therapy practice by increasing applicability of effective methods to practice. Multiple ergonomic procedures were evaluated, focusing on the efficacy of modifications in the workplace. The psychosocial impact and overall financial burden placed on employees, employers, and health care organizations was considered to determine if ergonomic strategies were effective (Haukka et al., 2010). Two commonly referenced ergonomic approaches identified in the literature are participatory ergonomics (PE) and structured personalized ergonomic intervention programs (Cole et al., 2009; Ratzon, Bar-Niv, & Froom, 2016). Although occupational therapists have extensive knowledge of the complex interactions between person, task, and environment, additional research is needed that explores the role of occupational therapists in ergonomics (American Occupational Therapy Association, 2017). Commonalities in these ergonomic approaches are analyzed in this presentation to explore the role that occupational therapists can have in the field of ergonomics.


The purpose of this presentation is to explore the effectiveness of ergonomic strategies and approaches in industrial workplace settings that can be utilized by occupational therapists. Evidence indicates various results in the effectiveness of reducing musculoskeletal disorders and workplace injuries.

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Participants will:
1. Identify the risk factors for WMSDs in the workplace.
2. Discuss methods of using the OTPF to guide interventions for WMSDs.
3. Summarize the best techniques to educate employees to decrease instance of WMSDs.

WMSDs cost employers an estimated $1 billion per week in the U.S. and result in pain, decreased productivity, fatigue, and loss of income for employees (Occupational Safety and Health Administration, 2017). Employees with WMSDs must negotiate with their employers to receive adaptations at work, receive workers compensation, and prove that they truly have a disorder and/or injury when these injuries typically are not visible (Smith-Young, Solberg, & Gaudine, 2014).

Based on a focused literature review, a critical appraisal of evidence was conducted to determine the most effective educational methods employers could use to inform maintenance workers on proper body mechanics to decrease WMSDs. Effective methods of education that decrease the prevalence of WMSDs for at-risk populations have been identified. Reviewed methods of education included lecture, participatory training, instruction sheets, pictures, and group coaching sessions (Ratzon, Bar-Niv, & Froom, 2016; Shuai, Yue, Li, Liu, & Wang, 2014; Yu et al., 2013). Evidence indicates the clinical significance of participatory training, which consists of hands-on instruction and group discussion, as the most effective education method to reduce instances of WMSDs in maintenance workers (Ratzon, Bar-Niv, & Froom, 2016; Shuai et al., 2014; Yu et al., 2013).

Occupational therapy (OT) has a role in reducing physical disability and psychosocial deterioration on both an individual and population level by providing appropriate body mechanic education programs for this at-risk population. Occupational therapists can utilize the prevention approach to intervention as described in the Occupational Therapy Practice and Framework (OTPF) in order to enhance educational training methods such as participatory training (OTPF, 2014).

In the US, work-related musculoskeletal disorders (WMSDs) cost employers an estimated $1 billion weekly. WMSDs result in pain, fatigue, and lost productivity and income for employees. Occupational therapy has a role in providing effective methods of education to decrease WMSDs.