



RETURN TO WORK FOLLOWING CONCUSSION

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Title:

Return to Work Following Concussion

Presenter:

Leslie Birkett, OT Reg. (Ont.)

Speaker's Biography

Leslie is a graduate of Queen's University and has worked for over 35 years in brain injury rehabilitation with both children and adults in settings ranging from acute care to the community. Leslie has operated her own private practice since 1995. She currently also has a part-time contract in our province's northwest, for the Sioux Lookout First Nation's Health Authority. In addition to clinical work, Leslie is an Adjunct Assistant Clinical Professor in the McMaster University Faculty of Health Sciences, Occupational Therapy program. She is a hub member for University Health Network's Project ECHO Concussion. Leslie enjoys collaborative community-based rehabilitation using a "Participate to Learn" approach and thrives on situations that challenge her creativity and use of best practices. She strives to assist her clients with meeting their personal life goals. Leslie is passionate about global health and has volunteered, as an OT, in India, Ukraine and Vietnam.



LEARNING OBJECTIVES

By the end of this session, participants will be able to:

- Name the typical difficulties associated with return to work
- Describe ways to combat and/or accommodate the difficulties



LEARNING OBJECTIVE #1



- Name the typical difficulties associated with return to work

MESSY, MESSY, MESSY



Bloom, B., Thomas, S., et. al.

A systematic review and meta-analysis of return to work after mild Traumatic Brain Injury.

Brain Injury 2018 Vol 32 13-14 (1623-1636)

After 1 month 50% and after 6 months 80% of patients have returned to work.

The more complicated the neuropsychological profile is the more extended the return to work period is.

FACTORS RELATED TO EMPLOYMENT STATUS



preinjury employment status

severity of injury ✓

age ✓

level of education

injury-related physical impairments

cause of injury

cognitive impairments

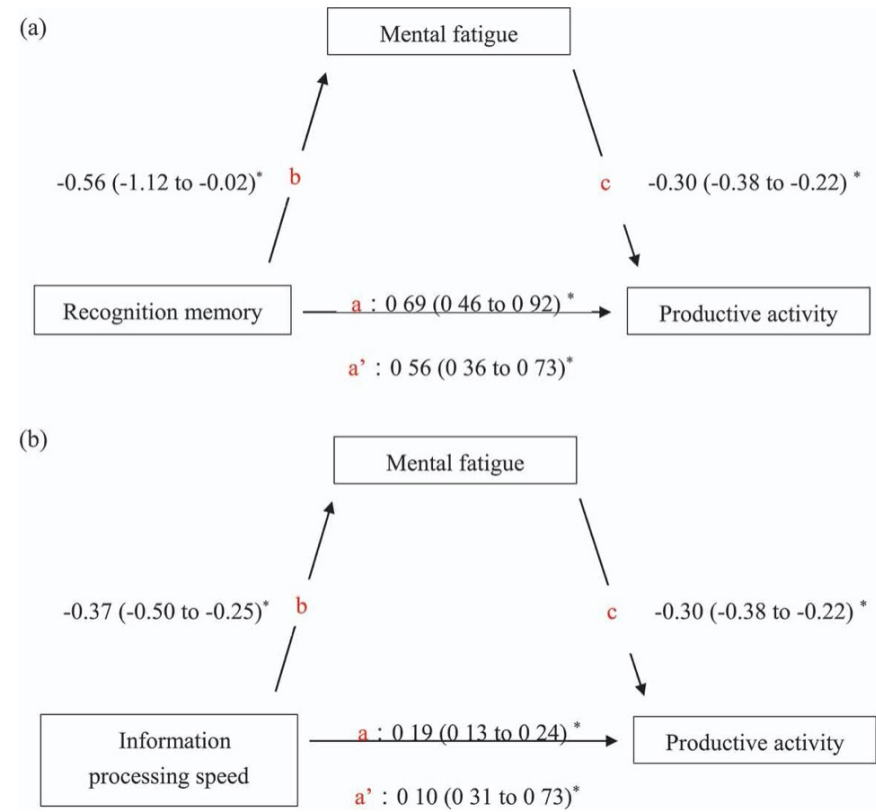
behavioural and emotional difficulties

co-morbid psychiatric diagnoses ✓

environmental factors such as social
and rehabilitation support

A LOOK AT MENTAL FATIGUE

Pin-Yuan Chen, Shu-Hua Hsieh, Che-Kuang Lin, Li Wei, Yu-Kai Su, Pei-Shan Tsai & Hsiao-Yean Chiu (2022) Mental fatigue mediates the relationship between cognitive functions and return to productive activity following traumatic brain injury: a mediation analysis, *Brain Injury*

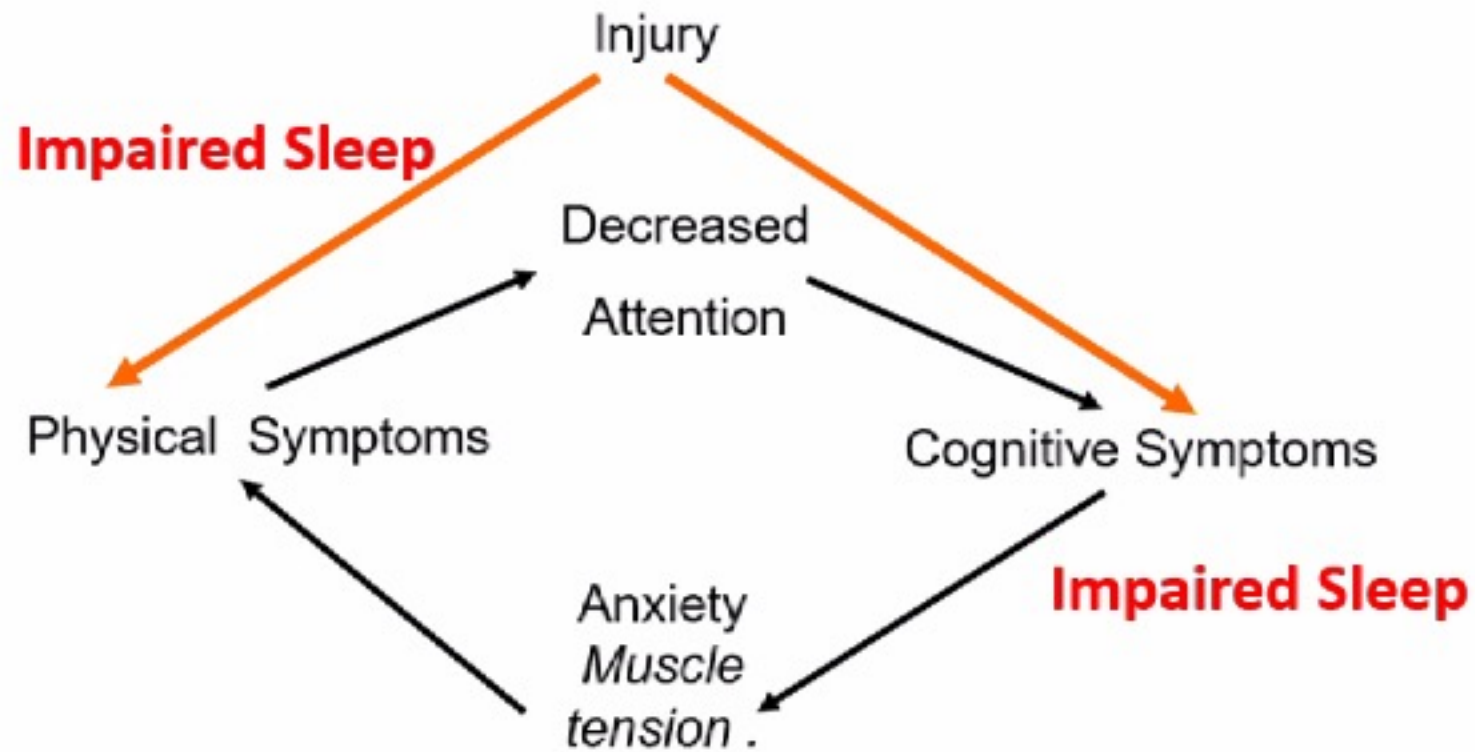


A LOOK AT HEADACHE

Dumke, H. (2017). Posttraumatic Headache and Its Impact on Return to Work After Mild Traumatic Brain Injury, *Journal of Head Trauma Rehabilitation*, 32 (2); E55–E65



The Vicious Cycle of Post-Concussion Syndrome



RISK FACTORS INFLUENCING RECOVERY POST CONCUSSION

Table 1.1. Risk Factors Influencing Recovery Post mTBI

| | |
|---|--|
| <p><u>Medical Factors:</u> Pre-existing/ concurrent medical conditions or post- injury symptoms that are associated with poor outcomes post mTBI</p> | <ul style="list-style-type: none"> • History of previous traumatic brain injury • History of previous physical limitations • History of previous neurological or psychiatric problems • Skull fracture • Early onset of pain and in particular headache within 24 hours after injury • Confounding effects of other health-related issues, e.g., pain medications, disabling effects of associated injuries, emotional distress • Anxiety • High number of symptoms reported early after injury i.e., high score on the Rivermead or Post Concussion Symptom Questionnaire <ul style="list-style-type: none"> - Vestibular/vestibular-ocular abnormalities - Pre-injury sleep disturbance or post-injury changes - Reduced balance or dizziness - Nausea after injury - Memory problems after injury - Post-traumatic amnesia (PTA) |
| <p><u>Contextual Factors:</u> Personal, psychosocial, or environmental factors that may negatively influence recovery post mTBI</p> | <ul style="list-style-type: none"> • Injury sustained in a motor vehicle accident • Potential influence of secondary gain issues related to litigation and compensation • Not returning to work or significant delays in returning to work following the injury • Being a student • Presence of life stressors at the time of the injury • Higher levels of symptom reporting is associated with mood symptoms and heightened self-awareness of deficits • Older age • Lack of social supports • Lower education/low social economic status • Female gender • Lower Resilience • Returning to a contact/ risk of contact sport activity |

Adapted from the Motor Accidents Authority of NSW, Guidelines for Mild Traumatic Brain Injury following a Closed Head Injury (MAA NSW, 2008)

BARRIERS TO RETURN TO WORK

- Cognitive factors (thinking, concentrating, understanding, remembering, planning, organizing, multi-tasking)
- Fatigue
- Persistent symptoms affecting ability to do job
- Invisibility of injury
- Lack of advice & guidance on RTW



COMMON THEME

Job Responsibilities:

- Customer interaction to market products, services and client portfolio
- Maintain professional standards in customer relationships and marketing
- Participate in daily training sessions and marketing campaign meetings
- Contribute to a positive and energetic environment that fosters creativity and growth

Job Requirements:

- Strong organizational skills and ability to network professionally
- Self-motivated and comfortable working both independently and of a team
- Marketing experience or internship preferred
- Ability to perform at a high level in a fast paced environment

RESTRICTIONS:

- **MUST** have excellent communication skills
- **MUST** be looking for **FULL TIME**
- Must be able to commute to our office in **Burlington** on a daily basis

We're looking for enthusiastic sales and marketing reps ready to rise to the challenge. Sales experience? Awesome, but not necessary. We can teach you everything you need to know.

Shop Assistant Requirements and Qualifications

- Previous experience shop work
- Aptitude for mechanics
- Familiarity with hand tools
- Capacity to analyze a situation and prioritize tasks
- Strong communication skills
- Exceptional hand-eye coordination
- Physically capable of standing for extended periods of time and lifting up to 70 pounds
- Valid G Class Drivers License
- Willing to allow for a driver abstract

JOB DESCRIPTION

We're looking for outgoing and energetic Full Time Crew Members! Crew Members provide a level of customer service that exceeds our customer's expectations. This includes making and serving great tasting products in a friendly and courteous environment every single day. Responsibilities: Crew employees provide a level of customer service that exceeds our customer's expectations. Makes and serves great tasting products in a friendly and courteous environment every single day. Greet each guest with a smile and a warm welcome. Can multi-task and doesn't wait to be told what to do. Understand what it takes to get the job done right. Learn from experience, as well as from those who have experience. Work well in a Team environment to get things done collectively. Ability to learn and apply policies and procedures. Ability to react to change productively and handle other tasks assigned. Ability to complete all applicable training programs. Working Conditions: Fast paced environment that may involve exposure to noise, heat, cold or other elements.

LEARNING OBJECTIVE #2



- Describe ways to combat and/or accommodate the difficulties

WHY?

For workers, the literature demonstrates brain injury patients who are employed report better health status, improved sense of well-being, greater social integration within the community, less usage of health services and a better quality of life than do those who are not employed.

Cancelliere C., Kristman V., Cassidy, J., Huncapie C., Cote P., Boyle E., Stainacke B., Nygren-de Broussard C. and Borg J. (2014). Systematic review of return to work after mild traumatic brain injury: results of the International Collaboration on Mild Traumatic Brain Injury Prognosis. *Archives of Physical Medicine and Rehabilitation*, 95(3 Suppl); S201-209.



WHEN?



2024

| January | February | March | April |
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Current evidence indicates graded resumption of regular pre-injury activities as tolerated (i.e., in a manner that does not result in a significant or prolonged exacerbation of symptoms), within the first few days to weeks post-injury should be encouraged because, regardless of symptomatic status, activity is more likely to speed up rather than delay recovery.

IMPORTANCE OF EARLY RTW

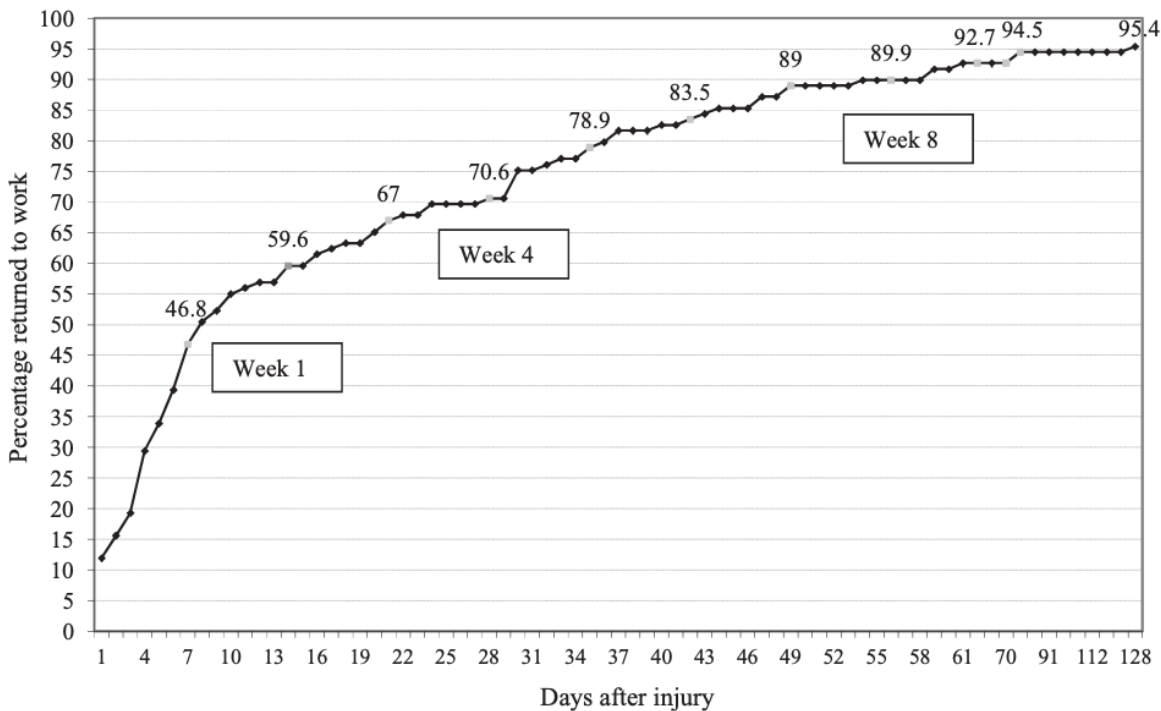
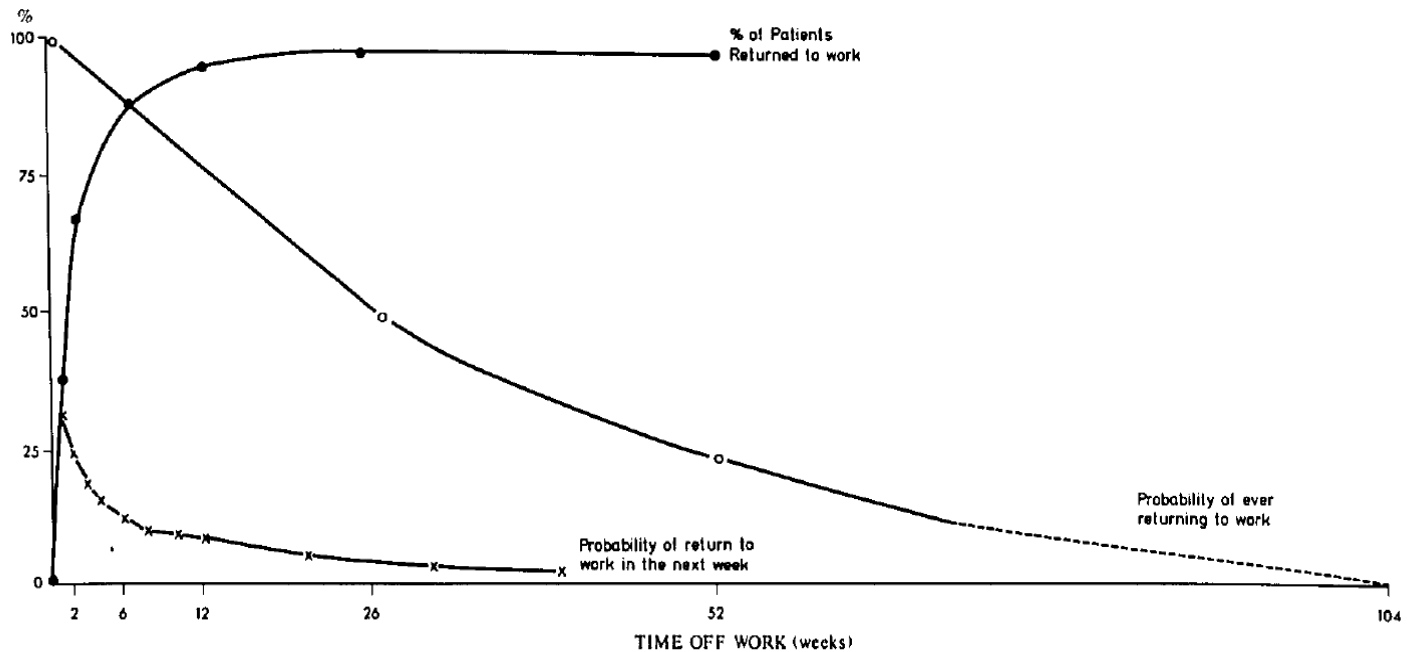


Figure. Return to work rates. Cumulative percentage distribution of return to work rates. The numbers above the line represent the cumulative percentages that returned to work each week (ie, weeks 1-11; week 11 = 94.5%).

Wäljas M, Iverson G, Lange R, Liimatainen S, Hartikainen K, Dastidar P, Soimakallio S & Öhman J. 2014. Return to Work Following Mild Traumatic Brain Injury. *Journal of Head Trauma Rehabilitation* 29(5) 443-450.

IMPORTANCE OF EARLY RTW



Short window of opportunity to renormalize life.

Waddell G, Burton AK, Main CJ. 2003. Screening to identify people at risk of long-term incapacity for work. Royal Society of Medicine Press, London.

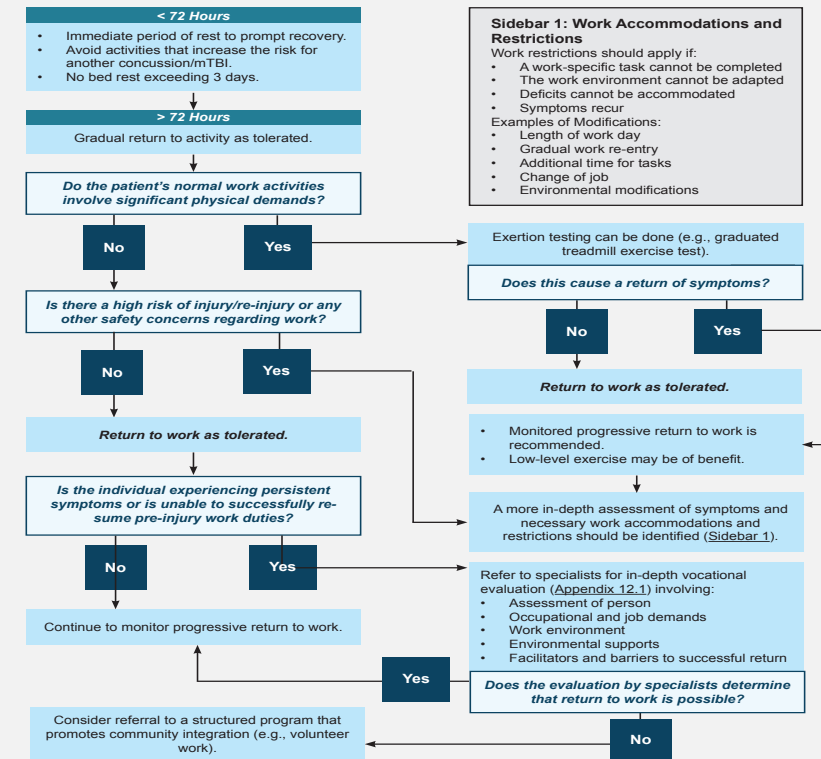
RETURN TO WORK ALGORITHM

12.1

www.braininjuryguidelines.org

It is important to note that the existence of symptoms at baseline is not, in and of itself, a basis for no return to work.

Return-to Work Considerations



Sidebar 1: Work Accommodations and Restrictions

Work restrictions should apply if:

- A work-specific task cannot be completed
- The work environment cannot be adapted
- Deficits cannot be accommodated
- Symptoms recur

Examples of Modifications:

- Length of work day
- Gradual work re-entry
- Additional time for tasks
- Change of job
- Environmental modifications

For a narrative description and guideline recommendations related to this algorithm, please refer to Section 12.

WORKER'S RIGHTS

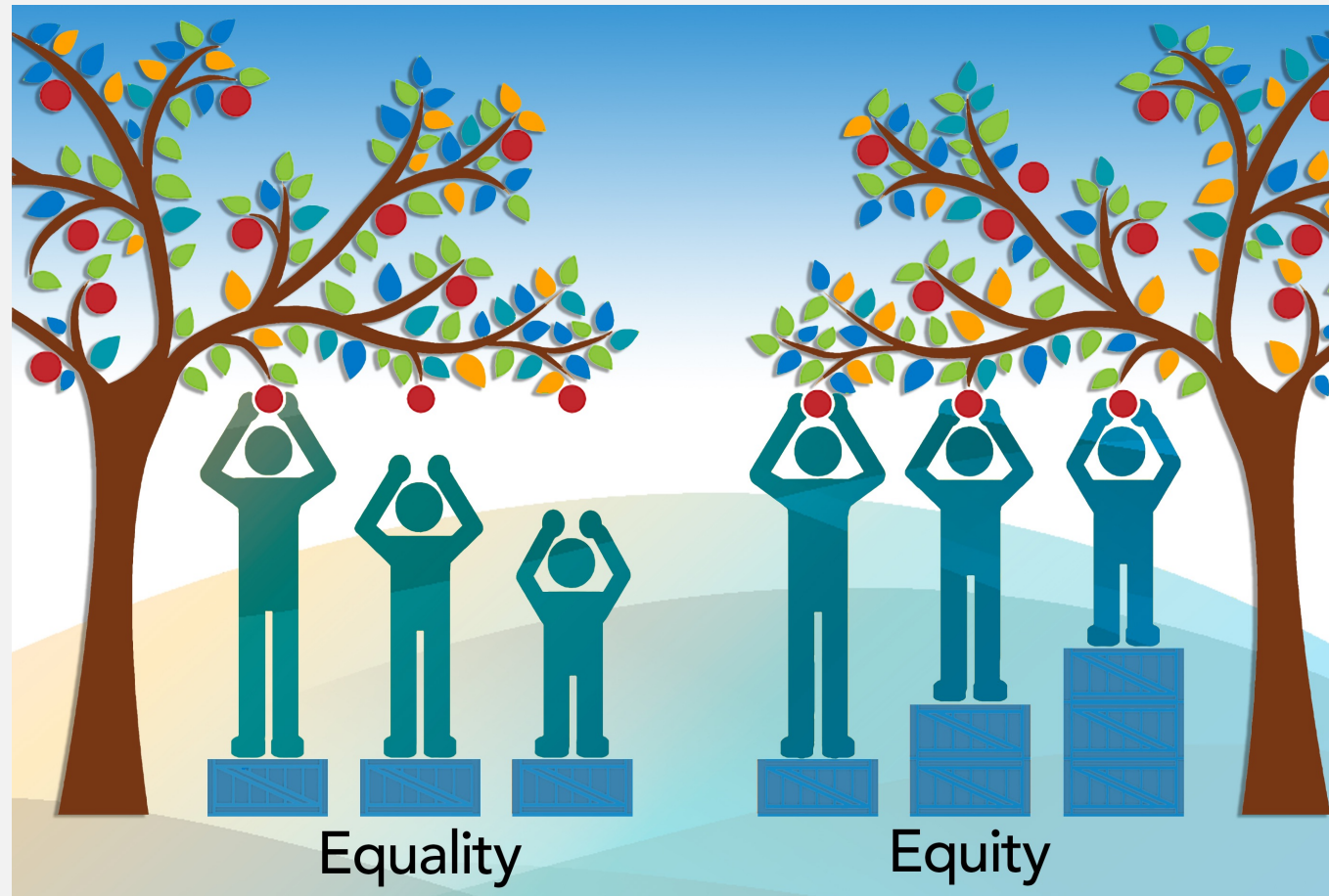


Employers are required by Ontario law to establish and maintain safe and healthy workplaces and specifically to “take every precaution reasonable in the circumstances to protect” the worker (Occupational Health and Safety Act, 1990, Sect. 25-27).

<https://www.ontario.ca/laws/statute/90o01#BK47>

Occupational Health Clinics for Ontario Workers Inc.

EQUALITY... EQUITY



THE RETURN TO WORK PROCESS



Resource from the Institute for Work & Health
2018

THE PROCESS



Table 12.2 Stepwise Approach to Return-to-work (RTW) Planning for Patients with concussion/mTBI

| | |
|--------------------------------|---|
| Healthcare Professional | <ol style="list-style-type: none">1. Identify medical restrictions (risk)2. Identify limitations (functional capacity: physical, cognitive, emotional)3. Identify and document symptom triggers |
| Employer | <ol style="list-style-type: none">4. Review information on restrictions, limitations and symptom triggers5. Review information on job demands6. Identify opportunities for accommodations/work modification |
| Employer and Worker | <ol style="list-style-type: none">7. Formulate progressive RTW plan |

RESTRICTIONS

- Restrictions are needed if there is a
- “Risk of harm encompasses any situation where performance error in a physical or decision-critical task could result in injury to the worker, coworkers or the general public, and/or disruption of equipment, production or the environment”



LIMITATIONS

“Activities that the patient physically, psychologically and/or cognitively is unable to perform (may not pose risk to worker or others per se, but would reasonably interfere with ability to perform a given task).”



GRADUATED HOURS VS. GRADUATED DUTIES?

- Must decide on a case by case basis
- In most cases, full time hours with progressive duties optimal because:
 - Provides best opportunity for active rehabilitation
 - Rapidly reinstates routine
 - Improves self-esteem
 - Minimizes workplace disruption which can strain psychosocial relationships in workplace and pose new barrier to RTW

PROLONGED SYMPTOMS

Individuals with symptoms at 1 month
post-injury



RETURN TO WORK RECOMMENDATIONS

Concerns/Symptoms

Accommodations

Fatigue & Headache

- Part-time graduated return to work
- May require intermittent work breaks between tasks and extra time for task completion. Both physical & cognitive activities may cause fatigue
- Private/quiet office
- Avoid heavy lifting

Irritability

- Reduced co-worker interaction

Difficulty tolerating bright lights/computer screens

- Natural lighting and desk lamp
- Maximum 1 hour computer work followed by change of task

Reduced concentration

- Complete 1 task at a time/avoid multi-tasking
- Single task assignments with additional time for task completion
- Ability to work from home 1 day per week

Proposed Steps for Return to Work

Part-time return

- Returns to office week of May 3rd for 4 hours per day, 3 days per week for 4 weeks
- Flexible work hours starting at 10:00 am
- Re-evaluation prior to planned increase in hours on May 31st

ACCOMMODATIONS



Connor Watkin, Julie Phillips & Kathryn Radford (2020) What is a 'return to work' following traumatic brain injury? Analysis of work outcomes 12 months post TBI, Brain Injury, 34:1, 68 - 77

STRATEGIES



PATIENT RESOURCE

12 Return-to-Activity: Work Considerations

Gradual return to your activities and participation is important for your recovery, starting with a few days to weeks after your injury. Activity is more likely to speed up your recovery than delay it. However, it is important to remember your threshold and be aware of your symptoms. The physical, mental, and emotional difficulties after a concussion/mTBI can make it difficult for you to do regular activities.

During your recovery period, and especially in the first 7 to 10 days, avoid any activity that might put you at risk of having another concussion/mTBI. If you feel the onset of any existing or new symptoms, remember to take frequent breaks and keep the activity load light.

What should I consider about returning to work?

Most people can return to work or school within 1 to 2 weeks after the injury. When planning your return to regular activities you need to consider both cognitive and physical activity because both have the potential to make your concussion/mTBI symptoms worse.

In the early days after your injury, try to avoid activities that have a high cognitive load. Activities that cause high cognitive load are those that require a lot of attention, concentration, and problem solving. For example:

- Reading or doing tasks that need you to focus or problem solve
- Using computer or cell phone, watching TV, playing video games
- Being in demanding social situations, such as with too many people, too much noise, or too many things happening at once

It will be helpful for you or your family members to keep track of your tolerance level for both cognitive and physical activity. If any activity causes the onset of new or existing symptoms, reduce your effort for a short while. Take frequent breaks and gradually resume the activity for a shorter period of time.

You may need to do an exertion test (such as a graded treadmill exercise test) to identify the level of effort that causes your symptoms to return. This is what is known as 'your threshold', and the results of this test will be useful when planning your return-to-activity plan.

CONCUSSION RESOURCES FOR WORKERS & WORKPLACES



CATT | CONCUSSION AWARENESS TRAINING TOOL

Concussion Resources for Workers & Workplaces



cattonline.com

Return to Work

This tool is a guideline for managing an individual's return to work following a concussion and does not replace medical advice. The goal for each stage is to find the 'sweet spot' between doing too much and doing too little. Timelines and activities may vary by direction of a health care professional.

| AT HOME | | | AT WORK | | |
|---|--|---|--|---|--|
| STAGE 1: | STAGE 2: | STAGE 3: | STAGE 4: | STAGE 5: | STAGE 6: |
| <p>Initial physical and cognitive rest</p> <ul style="list-style-type: none"> Rest in a quiet and calm environment. Try activities that do not aggravate symptoms (e.g., listening to quiet music or colouring). Sleep as much as your body needs while trying to maintain a regular night sleeping schedule. <p>Limit:</p> <ul style="list-style-type: none"> Lengthy social visits. Screen time (smartphone, computer, television) and reading. <p>Avoid:</p> <ul style="list-style-type: none"> Sports or physical activities that increase your heart rate or cause you to break a sweat. <p>NOTE: It is recommended to discuss driving with a licensed medical professional for safety considerations.</p> | <p>Light activity</p> <ul style="list-style-type: none"> Gradually increase cognitive activity by trying simple, familiar tasks (e.g., reading, watching TV, using the computer or drawing). Go for walks or try other light physical activity (e.g., swimming, stationary bike, light housework), without becoming short of breath. Take frequent rest periods; keep napping to a minimum. Begin with brief periods of activity, up to 30 minutes. Start thinking about returning to work: communicating with the workplace, a return to work plan, and your commute. | <p>Prepare to return to work—at home</p> <ul style="list-style-type: none"> Continue to increase cognitive activity. Continue to return to pre-injury physical activities (e.g., grocery shopping, gardening, jogging, light weight training). Contact workplace to discuss a tailored Return to Work plan. Attempt to commute to work to assess if it aggravates symptoms or drains energy. A regular sleeping schedule supports a successful return to work. Work your way up to 2 hours of activity, with breaks as needed. | <p>Prepare to return to work—at work</p> <ul style="list-style-type: none"> Work accommodations can include: flexible hours, reduced workload, extra time for tasks, access to a quiet, distraction-free work environment. Arrange to return to work on a graduated basis. Consider number of hours per day and appropriate accommodations. Work your way up to an additional 2 hours of activity, with breaks as needed. Have a plan to leave work and return to Stage 2 if symptoms worsen. | <p>Begin graduated return to work</p> <ul style="list-style-type: none"> Return to work according to your graduated return to work plan, with the agreed upon number of hours per day and accommodations. At work, start with less demanding activities before more difficult ones. Gradually increase working hours week-to-week, or sooner, as appropriate. | <p>Regular work hours with modifications, as needed</p> <ul style="list-style-type: none"> Decrease accommodations as energy and capacity increases. Accommodations can be phased out in "trial" periods to ensure that they are no longer needed. Monitor energy levels for completing household tasks and participating in social or recreational activities after the work day. |
| <p>Rest</p> <p>When symptoms start to improve OR after resting for 2 days max, BEGIN STAGE 2</p> | <p>Gradually increase activity</p> <p>When 30 minutes of activity is tolerated, BEGIN STAGE 3</p> | <p>Prepare to return to work</p> <p>When 4 hours of activity is tolerated, with breaks as needed, BEGIN STAGE 4</p> | <p>Return to work with accommodations and a personalized Return to Work plan</p> <p>When ready for regular work hours with accommodations, BEGIN STAGE 5</p> | <p>Adjust workplace accommodations, as needed</p> <p>When regular work hours are tolerated with min. accommodations, BEGIN STAGE 6</p> | <p>Full return to work with regular work schedule with usual expectations for productivity, without accommodations.</p> <p>NOTE: Only return to job duties that may have safety implications for you or others when cleared by a licensed medical professional (e.g., operating heavy equipment, working from heights, driving).</p> <p>Full return to work</p> <p>Once you have COMPLETED STAGE 6, Return to Work strategy completed</p> |

Recognizing that workplace environments vary by industry and occupation, returning to work may focus more on a return to cognitive activity, physical activity, or a combination of both. It is normal to experience symptoms during recovery; you do not have to wait to be symptom free before returning to work. However, after Stage 2, if new or worsening symptoms appear at any stage, go back to the previous stage for at least 24 hours. You may need to move back a stage more than once during the recovery process.

www.cattonline.com

Silverberg ND, Iverson GL (2013). doi: 10.1097/HTR.0b013e31825ad658.

CATT | CONCUSSION AWARENESS TRAINING TOOL

BC INJURY research and prevention unit
www.injuryresearch.bc.ca

Concussion Resources for Workers & Workplaces—13

WHAT ABOUT TEENS?



COMMUNITY RE-INTEGRATION AND FUTURE VOCATIONAL PLANNING

When prolonged post-concussive symptoms pose a barrier to return to pre-injury employment, introduction of other meaningful activities that facilitate recovery should be considered. Other employment (full-time or part-time), educational activities, community roles, and activities that promote community integration (e.g. volunteer work) may be considered as an alternative focus for meaningful activities.

Braininjuryguidelines.org



WRAPPING IT UP!

- Work has many benefits for the individual
- The goal of the RTW plan is for the worker to fully participate in work tasks while remaining below symptom-exacerbation levels
- Return to work plans must be specific and include restrictions, limitations and tolerances
- Complex cases may require vocational evaluation
- If symptoms preclude RTW consider an alternative focus for meaningful activities



RESOURCES

- Supporting return to work among employees with musculoskeletal or mental health conditions: An evidence-based practical resource. https://www.iwh.on.ca/sites/iwh/files/iwh/tools/iwh_supporting_rtww_among_employees_with_musculoskeletal_or_mental_health_conditions_resource_2019.pdf
- Bloom B., Thomas S., et. al. (2018). A Systematic Review and meta-Analysis of Return to Work after Mild Traumatic Brain Injury. *Brain Injury*; 32(13-14): 1623-1636
- <https://braininjuryguidelines.org/concussion/>
- Cancelliere C., Kristman V., Cassidy J., Huncapie C., Cote P., Boyle E., Stainacke B., Nygren-de Broussard C. and Borg J. (2014). Systematic review of return to work after mild traumatic brain injury: results of the International Collaboration on Mild Traumatic Brain Injury Prognosis. *Archives of Physical Medicine and Rehabilitation*, 95(3 Suppl); S201-209.
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- <https://cattonline.com/wp-content/uploads/2021/04/Concussion-Resources-for-Workers-and-Workplaces-CATT-V4-August-2021.pdf>
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- Returning to Work Following An Acquired Brain Injury; A Self-Paced Guidebook and Resources to Help Support You Along the Way. <https://braininjurycanada.ca/sites/default/files/2020-10/Brain-Injury-Canada-RTW-Guidebook.pdf>
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- Waljas, M., Iverson, G., et al (2014). Return to Work Following Mild Traumatic Brain Injury. *Journal of Head Trauma Rehabilitation*, 29(5); 443-450.
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