

# THE NEED FOR OCCUPATIONAL REHABILITATION : A DECADE OF EXPERIENCES IN AUSTRALIA

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## INTRODUCTION :

### *SPECIALIST TRAINING IN AUSTRALIA / NEW ZEALAND*

#### Occupational Medicine -

4 years training leading to Fellowship, Faculty of  
Occupational and Environmental Medicine (AFOEM)

#### Rehabilitation Medicine -

4 years training leading to Fellowship, Faculty of  
Rehabilitation Medicine (AFRM)

Both are Fellowships in Royal Australasian College of  
Physicians

## RESULTS :

1. Referral from treating doctor (general practitioners, staff physicians, rehabilitation specialists, etc)
2. History and clinical examination
3. Visit to workplace by doctor / OT / whole team
4. Case Discussions
5. Management Plan

## OBJECTIVES :

- Little cross-disciplinary training for both categories
- Workers are seen by either kind of specialist but seldom together

## DISCUSSION :

### *EXAMPLES OF CASES SEEN*

1. Repetition Strain Syndrome
2. Shift Work
3. Chronic backache
4. Effects of chemical exposure
5. Post-traumatic stress disorders
6. Allergies

## METHODOLOGY :

### *WESTMEAD HOSPITAL, NSW*

Commencement - Late 1980's

Staff : Occupational Physician in Charge  
Rehabilitation Registrar / Trainee  
Nurses

#### Other Specialist Resources :

Psychologists  
Physiotherapists  
Occupational Therapists (OT)  
Specialists from other Disciplines

## CONCLUSIONS :

1. Treating doctor unaware of our Programme
2. Insufficient cooperation by managements / employers
3. Reluctance of workers to come often for fear of victimization
4. Reluctance of employers / managements to allow site visits & ergonomic / hygiene / safety modifications
5. Reluctance of other rehabilitation providers to refer cases