

## Guest Editorial

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# From Concepts to Practice

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I was first involved in occupational rehabilitation in the late 1980s. As a volunteer doctor and the Honorary Medical Director of the Hong Kong Workers' Health Centre (HKWHC), I saw workers attending the HKWHC clinic with a variety of work injuries and occupational diseases. Together with other volunteer doctors, we noted that quite a number of workers were on prolonged sick leave and had difficulties in returning to work, despite 'proper' and 'state-of-the-art' medical treatment and rehabilitation. Actually, the injuries/impairments of some of these workers were medically quite trivial. At around the same time, an enlightened young lecturer in rehabilitation at the Hong Kong Polytechnic (now Hong Kong Polytechnic University) returning from Australia was eager to practice what he had learned about occupational rehabilitation. Having been associated with the Australasian College of Occupational Medicine (now Australasian Faculty of Occupational and Environmental Medicine of the Royal Australasian College of Physicians) for a number of years, I was quite conversant with the concepts of occupational rehabilitation that this young lecturer wanted to introduce to Hong Kong, though neither of us had much hands-on experience. The HKWHC then began to collaborate with him in piloting the first program on occupational rehabilitation for injured workers in Hong Kong.

The long search for a good practice model was tainted with a mixture of frustrations and successes. The road of bringing concepts into practice was not smooth. Most injured workers attending the HKWHC clinic in those early years were seen months or even years after their initial injuries and most of them had been away

from work for long periods of time. Many of them placed much emphasis on obtaining better compensation and almost all of them did not have support from their employers for on-site rehabilitation and accommodation for returning to work. The annual number of occupational injuries was at its peak in history (at around 100,000 per year) around that period and shortly after we started the occupational rehabilitation program, the HKWHC was able to obtain funding from a large charity in Hong Kong to set up an occupational rehabilitation center dedicated to injured workers. In the initial years, the service focused more on the biomedical aspects of rehabilitation, with functional capacity evaluation, work condition, work hardening being the major types of activities. Going to the workplace for job analysis and environmental/ergonomics assessment was rarely feasible without the full collaboration of the employers of those workers seeking help after a prolonged period of absence. The rehabilitation program could be considered as successful, but very few workers could actually return to their original work.

In my other capacity as a university clinical teacher in occupational medicine, I was able to introduce the concepts of occupational rehabilitation to industry. In the mid 1990s, a large public utility company in Hong Kong agreed to set up an occupational rehabilitation program for their injured workers with prolonged sick leave. An in-house occupational health nurse from the company coordinated the program and also acted as the case manager, with inputs from an occupational physician from the Chinese University of Hong Kong, and an occupational therapist and a social worker from the HKWHC. With the concerted efforts of all stake-holders,

including the injured workers and the company management, the program was very successful in returning quite a number of injured workers on prolonged sick leave to their jobs. The program was later extended to cover all injured workers who were away from work for more than 2 weeks, but was much scaled down after a couple of years, as there were very few injured workers with unreasonable duration of sickness absence. Key elements observed in the success of this endeavor included multidisciplinary team work with a coordinating case manager, early intervention, shared responsibilities, worksite-based rehabilitation, provision of accommodation and alternative duties, as well as commitment on the part of the company management.

The concepts introduced at the HKWHC were rapidly shared among rehabilitation professionals (occupational therapists and physiotherapists) in the public hospitals and many of them actually volunteered to work in the occupational rehabilitation program of the HKWHC. Their professional inputs and involvement brought the development of occupational rehabilitation to another era. Many public hospitals began their own programs which benefited a much larger number of injured workers.

Through the links of the volunteer rehabilitation professionals, the HKWHC was able to set up a formal collaboration with the Guangzhou Work Injury Rehabilitation Center (now Guangdong Provincial Work Injury Rehabilitation Center) and introduced occupational rehabilitation into mainland China. This collaboration opened up a new dimension in the rehabilitation of injured workers; the social reintegration of injured migrant workers back to their home villages/communities.

In November 2005, a symposium was organized in Conghua, China (where the Guangdong Provincial Work Injury Rehabilitation Center is situated) for exchanging and sharing of experiences in the development of work injuries rehabilitation in China. More than 100 rehabilitation professionals participated. The Chief Editor of this journal (Karen Jacobs) was one of the keynote speakers at the symposium and invited participants to submit manuscripts about their work for a special issue of *WORK*. This special issue is a collection of 14 papers on the rehabilitation of injured workers in China (including Hong Kong). The nature of the papers included policy discussions, case reports, case studies, case series, randomized controlled trials and systematic review. The contributors are mainly from Guangzhou and Hong Kong and include academics, front line health care workers and social workers, as well as injured workers. We hope readers will have a better idea about work injury rehabilitation in China after reading these papers. This collection is admittedly only a snapshot of the current state of affairs in China, but we hope to spark off some discussions and attract more contributions from professionals working in this field.

Any work injury is a reflection of failure in prevention. No matter how good and successful we are in rehabilitating injured workers, certain harms will have already been done, with some being permanent and incapacitating. We dream that one day occupational rehabilitation will be phased out, and workers and their relatives will no longer have to suffer from the pain and sorrows resulting from work injuries!