

POST-ACCIDENT WORK ABILITY THROUGH THE LENSES OF MEDICAL RECOVERY. THE CASE OF A PUBLIC OFFICER FROM THE SANITARY INSPECTION

Dorin-Gheorghe Triff¹, Simona Pop²

¹ Occupational Diseases Department, Emergency County Hospital Baia Mare, Email triffdorin@gmail.com

² Rehabilitation Laboratory, Physical Medicine and Balneology, „Dr.Gavril Curteanu” Clinical Municipal Hospital, Oradea

Abstract

Introduction: From a medical point of view, assessment of the work capacity, i.e the worker's ability to work in the workplace in a profession or function, follows a legally-enforced procedure, reporting to and avoiding the risks and overworking that represent dangers for the employee's health.

Materials and Methods: We present the case of a senior inspector in the sanitary inspection who suffered an accident through fracture of the inferior member, and where strict application of the legal norms led to temporary restriction of the right and attributions of the workplace.

Results: As a consequence of an accident by falling with the trochanteric diaphysis fracture of the left femur, operated (07.12.2016), the employee - an inspector in the sanitary inspection- followed medical rehabilitation procedures after the surgical intervention and at 3 months after surgery he requested to be readmitted for work. Employee's walking to the workplace with the help of the walking stick caused the specialist in occupational medicine to recommend temporary adaptation to work for 3 months with avoidance of prolonged walking and whenever tasks required thematic inspections in socio-economic units, working only in a team with taking over by the team mates of those tasks that require movement to different workplaces (rough terrain, slippery surfaces, climbing). The employer's inability to apply these recommendations (organization chart and work characteristics within the sanitary inspection department) required reappraisal of work ability with the establishment of a conditional fit for work, with temporary adaptation of the job for 3 months with avoidance of walking during thematic inspections in socio-economic units and work only at the headquarters of the institution. These work ability assessments over the course of 3 weeks (04.03.2017-21.03.2017) allowed the employee who, throughout this period underwent medical recovery procedures (laser therapy, kinesiotherapy) to give up the walking stick, receive treatment from the recovery specialist (continuation of kinesiotherapy, resumption of professional activity, need for daily walking as part of the kinesiotherapy program), which allowed him to appeal the fit-for-work assessment. The Appeal Commission set up at the Public Health Directorate, acknowledging the progress of the medical recovery program throughout this period, as well as the employee's ability of walking without a stick, decided on the fit-for-work assessment without restrictions, the employee actually willing to resume work.

Conclusions Physio-kinesis-therapy performed immediately and at 3 months post-surgery for the left trochanteric-diaphysis fracture allowed acceleration of public officer's healing and recovery. Recommendations from the rehabilitation, physical medicine and balneology physician regarding the necessity of walking to and at the workplace supported the employee's objection to the initial, restrictive work ability assessment only at the institution headquarters, and determined the commission's option regarding the appeal of the fitness for work, early professional reinsertion, in spite of possible injury risks. This decision, which is final and binding for the employer represented by a public institution with inspection and control role, constitutes a novelty decision and also a precedent for subsequent cases, is an example of the importance of priority application of the principles of medical recovery and reinsertion in the workplace to the detriment of the restrictive nature of legislation on work ability.

Key-words: physical medicine, medical recovery, work ability, legislation, fracture.