Traditional/Non-integrated Clinical Management

- Pre-condition Functioning
- Illness Onset
- ADL/Essential Job Tasks Criterion (Physical, Cognitive, Socioemotional)
- Sporadic Active Treatment
- Rare Vocational Rehabilitation

Measuring Progress Towards Max ADL & Essential Job Task Criterion
RIHM Integrated Clinical-Vocational Intervention

*Illness Onset*

Pre-condition Functioning

“Essential Job Tasks” (EJT) Criterion (Physical, Cognitive, Social-emotional)

Integrated Active Treatment

Vocational Rehabilitation

Terminal “EJT” Shortfall

Measured by:
- FAE
- CP-FAE
- NPA

ROMS Measures Progress Towards Essential Job Task Criterion
Outcome Guided Rehabilitation Intervention Stages

1. Rehab Baseline: Barriers & Disability Profile → ROMS Baseline

2. Respective Primary Barriers Assessment
   - Neurological assessment
   - Orthopedic assessment
   - Psychological assessment
   - Social work/family assessment
   - Sleep assessment
   - Headache assessment
   - Dizziness, substance abuse vs. anxiety/panic attacks
   - Vision/hearing assessment
   → Indicated Intervention(s)
   → ROMS Re-Assessment I
   (If intervention occurred for initial Primary Barriers)

3. Physical Intervention(s)
   - Physiotherapy
   - Work conditioning
   - Vestibular rehabilitation
   - In home OT
   - Work hardening
   → ROMS (Physical) Re-Assessment II

4. Psychological I Intervention
   - Pharmacological
   - Psychological intervention
     - Cognitive behavioural
     - Stress/symptom management counselling
   → ROMS Demonstrated Progress
   → ROMS Re-Assessment III
   Determine status after Level I Intervention and/or at interim

5. Psychological II Intervention
   - Home/community behavioural programming (12-16 weeks)
   - Psychological support
   → ROMS Demonstrated Minimal/No Progress
   → ROMS Re-Assessment IV+
   Determine status after Level II intervention and/or interim phases

6. Occupational Disability Determination (See “Own occ.” & “Any occ.” diagrams)

7. Vocational Rehabilitation/Intervention
   - Counselling support should generally accompany vocational rehabilitation to manage symptom relapse

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