Return to Work : *A case study - Ruptured Achilles tendon*

This case study comes from our England rep, Sarah Holt. Sarah works in an NHS outpatient setting primarily treating musculoskeletal patients. The OTs in this department provide a vocational rehabilitation service.

This case study will outline what happened to the patient and how the OTs worked to facilitate a safe and timely return to work. Further details, associated reports and fit notes can be found on the [Work Specialist section webpages](https://www.rcot.co.uk/about-us/specialist-sections/work-rcot-ss).

**History**

The patient is a 50 year old male. He ruptured his Achilles tendon in June 2022 and required surgical repair. He was assessed by OT when he came out of his post-operative boot at 3 months. At this point he had been assessed by a physiotherapist and had been given some home exercises. His surgeon had provided him with a fit note that signed him off work until October 2022.

**OT assessment**

The initial OT assessment indicated that the patient was mobilising unaided and was independent in all PADLs. He was able to go up and down the stairs using a handrail and taking the steps one at a time. He was not advised to drive.

The OT gathered some initial information about the patient’s job. He worked as an aero engine tester. He worked 39 hours per week. His shifts were 12 hours long and he had an hour for lunch. His job involved frequent use of multiple flights of stairs, ladders and moving platforms to enable him to access the highest parts of the engine. He was required to kneel and to crawl in order to access confined spaces. He lifted parts that weighed up to 25kgs and was required to push/pull trolleys loaded with parts. He did spend a proportion of his shift in the control room/office space that was situated up a single flight of stairs. The patient would usually cycle the 4 miles to work but did have access to a car.

Reviews were completed at regular intervals and in advance of fit notes expiring. This enables fit notes to include the most up to date information and to ensure that the patient could return to work as soon as possible. A workplace assessment was carried out prior to the patient returning to work on the shop floor.

**Rehab**

Initial rehab commenced in September 2022 and took place in a rehab gym/workshop setting led by both occupational therapy and physiotherapy. Initial focus was on regaining range of movement and strength.

As progress was made, simulation of specific work related tasks was added to the programme. This included establishing safe lifting and push/pull capacity, use of steps and ladders and ability to crouch/kneel work at low levels and in confined spaces. Following the workplace assessment rehab reflected any outstanding areas of concern but also included high level balance activities to ensure that the patient was best placed to be able to work on the moving platform and to stand on the engines rounded surface.

**Return to Work**

The OT was able to provide a return to work AHP work and health report in October 2022. This recommended that he return to work for 4 hours per shift, following his normal 3 shifts per week pattern. At this time he was advised to work in the control room/office area only.

Following his workplace assessment, in December 2022, it was advised that he could return to some duties on the shop floor. His hours were increased to 6 per shift but he spent a maximum of 3 hours on the shop floor. At this time he was advised to work at ground level only, to avoid kneeling and to lift a maximum of 15kgs. His hours and duties were gradually increased as indicated by his tolerance to work, his recovery after a shift and his progress in rehabilitation.

**Discharge**

The patient was discharged when he had returned to all of his duties and just before he was due to increase his hours to full. An 8 week post discharge review was completed on the telephone to ensure that he had tolerated his return to full hours and duties.