

**THE ECONOMIC COSTS OF
WORKPLACE INJURIES
TO MANITOBA WORKERS AND THEIR CARERS**

**VOLUME II
APPENDICES**

October 31, 2015

Prepared for:
Workers Compensation Board Manitoba
Research Workplace Innovation Grant

Appendix A – Dyad letter and guide

November 13, 2013

«First_name» «Surname»

«Address»

«Cityarea», «Prov» «Postal_code»

Invitation to participate in the Costs of Workplace Injuries Study

Dear «First_name» «Surname»:

PRA Inc., an independent research company in Winnipeg, recently received a grant from the Workers Compensation Board (WCB) of Manitoba to conduct a study of workplace injuries. The study is meant to provide a better picture of the full costs of injuries to workers. It will look at economic costs, such as medical bills and lost wages, as well as less tangible “costs” like those caused by changes in quality of life. Overall, the study will help understand the burden that these injuries place on individuals living in Manitoba, and on the province as a whole.

As someone who has suffered from a workplace injury and is now working with the WCB, we would like to invite you, and a close friend or relative, to participate in a confidential interview as part of the study. The interview will be conducted by a staff member at PRA, and will focus on your injury and recovery process. We are interested in knowing about the types of costs that you have faced since your injury. During the discussion, it will be important to hear about both the costs covered by the WCB and those that you have incurred directly.

As mentioned above, we would like someone to participate along with you in the interview. You are free to pick someone yourself. They may be a family member or close friend. Ideally, you would both live at the same address. Regardless of whom you pick, they must know about your injury and be able to speak to your recovery process. Getting their perspective on your injury and the costs involved is very important and we cannot complete your interview without this person's involvement.


In recognition of your time, we will pay each of you \$100 when your interview is complete. Since we need a quiet place for the discussion, interviews will take place at our offices, located at room 500–363 Broadway, Winnipeg, Manitoba. If for some reason you cannot come to our offices, we can arrange another location.

We would like to stress that your participation in this study is voluntary. Even though the work is sponsored by the WCB, you do not have to participate. We will *not* report to the WCB who was and was not interviewed. If you do participate, all of the information you provide will remain confidential. Although we will prepare a story about your experiences as part of our reporting, you and your friend or family member will not be identified by name. You will also have the opportunity to review, edit, and sign off on your own story before it is included in our report.

Someone from PRA will follow up on this letter, by telephone, in the days to come to discuss your potential participation in the study. We hope that you will agree to participate. If you would like to contact PRA directly to participate in the study, please call Nicole Szajcz-Keller at 204-594-2077. Also, if you have any questions for the WCB about the study, please call Bruce M. Cielen at 204-954-4650, or email bcielen@wcb.mb.ca.

Thank you for your time.

Sincerely,



Greg Mason
Managing Partner

Economic Costs of Workplace Injuries in Manitoba Discussion Guide

Dyads

Instructions for the interviewer are in italics

Introduction (*Cover the points below – do not read*)

Hello. Thank you both for agreeing to participate in this interview.

My name is _____, and I work for PRA. We are an independent research company, and are performing this research for the Worker's Compensation Board of Manitoba (WCB).

Right now, we are studying the economic costs of workplace injuries to Manitoba workers, employers, and the economy. WCB identified you as someone who experienced a serious work-related accident. We would like you to help us understand how the accident you suffered affected you beyond just not being able to work. By listening to you and someone close to you, we hope to understand more completely how accidents affect workers and their families in all aspects of their lives.

Very important – make sure to explain this:

I do not work for WCB, and I have no detailed knowledge of your particular case. I am not in a position to assist you with any financial or legal matter with respect to your file at WCB.

Your participation is voluntary. WCB will never know whether you decide to participate or decline. Everything you say is in the strictest confidence, and, therefore, your comments will never affect your eligibility for payment from WCB. Your names will not be associated with anything you say. You will receive a story of your experience and will be able to make any changes you wish to ensure the information is accurate and that we do not reveal any details you wish to keep private.

This is an informal discussion. You will also be able to read or have read to you exactly what we have written and change anything you want.

Today, we are going to be talking about the workplace accident that [NAME OF PRIMARY RESPONDENT] was involved in, and the effect this accident had on your lives. Again, we are not interested in the experience you had in securing benefits from the WCB; rather, we want to hear about how the accident affected your physical, financial, and emotional health, and how it affected your family. The reason we have another close family member/friend present is that we often find this helps identify all the impacts the accident had on the family.

Do you have any questions before we start?

In addition to the questions I am going to ask you, please feel free to mention anything you think is important.

Background

1. Please tell me a little about yourselves, for example, where you were born, where you grew up, where you went to school, and how long you have lived in your home.
2. How long have you known each other? *(For married couples, ask about the number of children, whether they are present in the home, etc.)*
3. What kinds of jobs have you done in the past, say, 10 years before the accident?

Accident

4. I understand this may be difficult to talk about, but can you please tell me about the circumstances of your accident? How were you injured?
5. How long were you in hospital? How long were you housebound?
6. Are you still unable to work?
7. When do you expect to be able to return to work/how long was it before you could return to work?
8. Were you able to resume your former job? If not, were you able to take another job? Were you trained for this other job?
9. Does your injury affect the way in which you work in your current job?

Recovery and life changes

10. Can you please describe your recovery? How does your injury affect your daily life today? Are you still experiencing pain or discomfort?
11. Does your injury affect your daily routines, like showering, getting dressed, cooking, eating, shopping, home maintenance, etc.?
12. Does your injury affect your mobility, as in walking, running, driving, taking public transport, etc.?
13. What effect has your injury had on your leisure activities, like exercising, going out, and taking part in hobbies?
14. What changes did you need to make during the physical recovery?
15. What changes have you had to make later? Did you make any changes to your home or lifestyle as a result of the injury?
16. Does your injury affect your attitude toward money management?

17. Does your injury affect your ability to cover regular household expenditures? For example, bills and maintenance.
18. Aside from physical pain or discomfort, how did the accident and injury make you feel emotionally? Did you have any symptoms, such as anxiety, depression, and feelings of isolation, irritability, or mood swings?
19. Did you require professional help to manage the emotional/psychological impact of the accident with a doctor or other professional? If so, was there a diagnosis?
20. Did you go to occupational therapy, counselling sessions, or similar sessions? If so, are you still going?
21. How does the accident or injury affect you emotionally today?
22. Have you noticed any behavioural changes in yourself since the accident? For example, amount of patience, temper, ability to sleep, fear about becoming injured, and ability to concentrate.
23. How has your accident affected your attitude toward your supervisor, colleagues, or employer?

Impact on family and social life

24. How has your injury affected your relationships with friends and family?
25. Have you noticed any behavioural changes in your friends and family members?
26. How well has your family coped with your injury? How did they feel when you were injured, and how are they feeling today? How has your accident continued to affect your family?
27. Are there any regular family activities or events that you used to do that, because of your injury, you are now unable (or less able) to? For example, family gatherings, child-rearing, sports, and other leisure time.
28. How has your injury affected your social life? Has your injury affected your desire to do social activities?
29. Are there any social activities you are unable (or less able) to participate in?
30. In general, has your injury affected how much you are involved in the community?
31. What impact, if any, did your injury make on your family's money situation?

32. Did any family members take time off work to give care? If so, did this result in a change in employment status of the family member? For example, switching from full-time to part-time work, leaving their job, or switching to another job.
33. Did any family members take time off school to provide care?
34. What out-of-pocket expenditures were and are still required related to your accident? For example, travel expenses, medication, counselling sessions (*for family members, not the injured worker*).
35. What other impacts has the accident had on your family?

Conclusion

36. How has your injury affected your life in general? For example, self-esteem, happiness, confidence, outlook on the future, and quality of life.
37. What impact has the accident had on how you see the prospects for you and your family?
38. Do you have any other comments?

Thank you for participating in this important study.

Appendix B – Primary respondent letter and questionnaire

December 2014

6-«Dummy3_PersonalIDlink»

Dear «first_name» «surname»:

PRA Inc. is an independent research company located in Winnipeg. In 2012, we received a grant from the Workers Compensation Board (WCB) of Manitoba to conduct a study of the costs of workplace injuries. During the last few months, we invited a small number of WCB claimants to tell us about their experiences following their injuries. Now, we are expanding the study to include a short survey of many more individuals who were similarly injured and have worked with the WCB. As one such individual, we would like to invite you to participate in the survey.

Over the coming weeks, you may receive a call from our office asking you to complete the survey over the phone. It should take approximately 20 minutes. During the call, you will be asked:

- about your current and past employment situations;
- about the nature of your injury;
- how your injury has affected your income;
- how your injury has affected your daily activities;
- how your friends and family members helped you with your injury; and
- about the physical, emotional, and other effects of your injury.

At the end of the survey, we will ask if your spouse, your partner, or another adult living with you — who is familiar with your injury — could also answer some questions. This is because we are interested in their perspective on your experiences as well. It should only take them about 20 minutes to complete their part of the survey. However, if you are not married, in a relationship, or living with someone else, that is fine; we are still interested in your experiences.

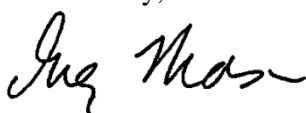
We would like to stress that your participation in this survey is voluntary. Even though the work is sponsored by the WCB, you do not have to participate. Importantly, the services that you may receive from the WCB will **not** be affected by whether you participate or not.

If you do participate, all of the information you provide will remain confidential. Although we will prepare one or more reports based on analyses of the survey findings, you and anyone else who participates will not be identified personally. In addition, if you participate, you will have the opportunity to be entered into a draw for one of five \$100.00 gift certificates.

If you would like to contact PRA directly to participate in the survey, you can do so by calling 1-888-877-6744 and asking to participate in the “WCB Injury Survey.” When you call, we will schedule a time that works for you. Also, if you have any questions for the WCB about the study, please call Bruce M. Cielen at 204-954-4650, or email him at bcielen@wcb.mb.ca.

Thank you for your time.

Sincerely,



Greg Mason
Managing Partner

The Economic Costs of Workplace Injuries to Manitoba Workers, Employers, and the Economy – Primary Respondent Questionnaire

INTRODUCTION

Hello, could I please speak to _____ (full name)?

My name is _____, and I'm calling from PRA Inc., an independent research company located in Winnipeg. Recently, you may have received a letter from the Workers Compensation Board (or WCB) about some research that we are conducting about workplace injuries.

1. Did you receive this letter?

Yes	1	[Skip to Intro 2]
No	0	[Skip to Intro 1]
Don't know	8	[Skip to Intro 1]

[Intro 1]

I am sorry that you did not have a chance to see the letter. It explains that PRA recently received a grant from the WCB to examine the costs of workplace injuries and explains that as part of the work, we are asking recent WCB claimants and a close friend or relative, to participate in a short, 20-minute survey. The survey gathers information about respondents' experiences following their injuries and during their recovery. Since you are a recent WCB claimant, we would appreciate it if you participated in the survey.

[Intro 2]

I am glad to hear that you received the letter. As the letter explains, we are asking recent WCB claimants and a close friend or relative, to participate in a short, 20-minute survey about their experiences following their injuries and during their recovery. Since you are a recent WCB claimant, we would appreciate if you participated in the survey.

[Intro continued from Intro 1 and Intro 2]

It is completely voluntary, and any information you provide will be confidential. Any reporting will not identify you personally.

Also, participating in the survey will not affect any dealings that you may have with the WCB. In fact, our study has nothing to do with case management or people's satisfaction with the WCB. We cannot influence your case in any way.

If you do decide to participate in the survey, you will be automatically entered into a draw for one of five \$100 gift cards that will be awarded once all the interviews are completed.

2. Would you be willing to participate in the survey right now?

Yes	1	[Continue]
No	0	[Terminate]
...	...	

Great, thank you. One last thing before we start: at the end of the survey, you will have a chance to share any other comments about your injury or recovery process that you may have. Please keep this in mind as we go through the questions.

[If the respondent has not seen the letter, and wants to see it before doing the survey]

Since you have not seen the letter, it is likely that the address we have on file for you is incorrect. We would be happy to send you the letter again. We can mail it to your home or send it by email, then call you in a few days to see if you are interested in doing the survey. Would you prefer regular mail or email?

Regular mail	1
Email	2

(Collect address or email for re-sending the letter; set call back for a few days later).

[If the respondent asks why they have been chosen to do the survey]

You were selected randomly from recent WCB claimants.

[If the respondent won't stop talking about their dissatisfaction with the WCB or their case manager]

I am sorry to hear that you have had some difficulty with the WCB. Unfortunately, as I mentioned before, I do not work for the WCB, and I cannot influence your case in any way.

[If the respondent has a non-serious injury and thinks the questions about life impacts are ridiculous]

We have limited information about your injury, so we have to ask everyone the same questions. Also, even if you were only off work for a short time, we need to ask whether you have any ongoing effects of the injury.

Section 1 – Background on work and injury

To help us make sure that we are talking to the right people during this survey, the WCB provided us with some very basic information about recent claimants' work situations before their claims and some basic information about their injuries. I would like to confirm some of details about your own situation.

3. Our records show that the date of your most recent workplace injury for which you received compensation was [date_of_injury from WCB records]. Is this correct?

Yes	1	[Skip to Error! Reference source not found.]
No	0	
Don't know	8	
4. When was your most recent workplace injury for which you received compensation?

_____	6
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5. [If stickman_code_description from WCB records = Other, Skip to 6] Our records indicate that you injured your [stickman_code_description from WCB records]. Is this right?
[If stickman_code from WCB records = Multiple] Our records indicate that you injured more than one part of your body. Is this right?
- | | | |
|------------|---|--|
| Yes | 1 | |
| No | 0 | |
| Don't know | 8 | |
6. What was your job at the time of your injury?
_____ 6
7. Can you briefly describe what happened and how you were injured?
_____ 6
8. [If weekly_salary from WCB records = 0, Skip to 9] Before you were injured, it looks like you were earning a weekly income of about [weekly_salary from WCB records] at the job where you were injured. Does this sound right?
- | | | |
|------------|---|--------------|
| Yes | 1 | [Skip to 10] |
| No | 0 | |
| Don't know | 8 | [Skip to 10] |
9. How much were you earning at your job before your injury?
_____ 6
Don't know/Refuse to say 8
10. At the time of your injury, were you working at any other jobs aside from the one at which you were injured?
- | | | |
|-----|---|--|
| Yes | 1 | |
| No | 0 | [Skip to Error! Reference source not found.] |
11. How much were you earning at these other jobs? (Note for interviewer: If more than one additional job, record income for each job)
_____ 6
12. Before you were injured, did you receive any additional fringe benefits through your job such as a pension or the use of a company car?
- | | | |
|------------|---|--------------|
| Yes | 1 | |
| No | 0 | [Skip to 14] |
| Don't know | 8 | |
13. Can you please describe these fringe benefits?
_____ 6

14. Before your injury, did you have any other sources of income in your household? For example, income from other household members, interest from investments, income from a rental property, or other sources.

Yes	1	
No	0	[Skip to Section 2]
Don't know	8	[Skip to Section 2]

15. How much income was there from these other sources?

_____ 6

Section 2 – Current work and incomes situation

Now I would like to ask you a few questions about your work situation to better understand how things have been for you since your injury.

16. Are you currently off work because of your injury?

Yes	1
No	0

17. From our records, it seems you were off work for about [Totaldays from WCB records] days in total. Is this correct?

Yes	1	
No	0	Skip to 19

18. How much time, *in total* were you off work because of your injury? (Note for programming: create options for days, weeks, and months)

_____ 6

19. [If 1 in 16, otherwise skip to 20]

How much more time do you think you will be off work because of your injury? (Note for programming: create options for days, weeks, and months)

_____ 6

20. [If 1 in 16]

Do you anticipate returning to the job you had at the time of your injury?

[If 0 in 16]

Did you return to the job you had at the time of your injury?

Yes	1
No	0
Don't know	8

21. [If 1 in 16]

When you eventually return to work, are there any duties that you think you will **not be able to perform** anymore because of your injury? [Prompt: Which duties?]

[If 0 in 16]

At your job, are there any duties that you are **no longer able to do** because of your injury? [Prompt: Which duties?]

_____	6
I can do all duties	0
Don't know	8

22. [If 1 in 16]

When you eventually return to work, are there any duties that you think will be **harder to do** because of your injury? [Prompt: Which duties?]

[If 0 in 16]

At your job, are there any duties that are now **harder to do** because of your injury? [Prompt: Which duties?]

_____	6
No duties are harder	0
Don't know	8

23. [If 0 in 16, otherwise skip to 25]

Earlier, you told me that you were earning about [weekly income from WCB records or response to question 9] at your job. Since your injury, has the amount that you earn at your job increased, decreased, or stayed about the same?

Increased	1	[Go to 24]
Decreased	2	[Go to 24]
About the same	3	[Go to 25]

24. So you were earning \$[weekly income from WCB records or response to question 9] at your job before you were injured. How much are you earning at your job now?

_____	6
-------	---

25. [If 1 in **Error! Reference source not found.**, otherwise skip to 28]

In what way, if at all, have your fringe benefits changed because of your injury? (Programming note: No need to record actual amounts that things have changed. Most people will not be able to put a dollar value on a company car, for example.)

Increased	1
Decreased	2
No change	3

26. [If 1 in 10, otherwise skip to 27]

Based on what you told me earlier, you were earning about [summed responses from question 11] from other job(s) aside from the one at which you were injured. Since your injury, has the amount that you earn from these other job(s) increased, decreased, or stayed about the same?

Increased	1	
Decreased	2	
About the same	3	[Go to 28]

27. So you were earning \$[summed responses from question 11] at your other job(s) before you were injured. How much are you earning at your other job(s) now?

_____ 6

28. [If 1 in 14, otherwise skip to Section 3]

Earlier, you told me that your household was earning about \$[response to question 15] from income sources other than your own. Since your injury, has the amount that your household earns from these other sources increased, decreased, or stayed about the same?

- | | | |
|----------------|---|-------------------|
| Increased | 1 | [Go to 29] |
| Decreased | 2 | [Go to 29] |
| About the same | 3 | [Go to Section 3] |

29. So your household was earning \$[response to question 15] from income sources other than your own. How much is your household earning from these sources now?

_____ 6

Section 3 – Direct costs of the injury

The next few questions I am going to ask are about the out-of-pocket costs that you or your household have faced because of your injury. It is very important that you ***not include the costs of any services paid for by the WCB*** when answering these questions. For example, if I ask you how much your physiotherapy has cost since your injury and ***the WCB paid for all of your sessions***, please answer “zero dollars,” “nothing,” or something similar.

30. Does this make sense?

- | | |
|-----|---|
| Yes | 1 |
| No | 0 |

[Re-explain that they should not include WCB costs. If they still have difficulty, suggest that you read the next question and they can see if the distinction makes sense then]

31. I am going to read a number of different types of costs that someone hurt at work may have faced as a direct result of their injury. For each type that I mention, please tell me if you or your household incurred this type of cost as a direct result of your injury, and about how much in total you have spent on it since your injury? Remember, please do not include the costs of any services paid for by the WCB.

Medical costs — for example, hospital costs, costs of medication, and therapy costs	Yes	1	[Prompt: How much have you spent on this since your injury?]	_____	6
	None	0			
Legal costs	Yes	1	[Prompt: How much have you spent on this since your injury?]	_____	6
	None	0			
Transportation costs — for example, ambulances, taxis, gas, or mileage on cars	Yes	1	[Prompt: How much have you spent on this since your injury?]	_____	6
	None	0			
Costs of alterations to your house to help you deal with your injury — for example, grab bars, new appliances, or new furniture	Yes	1	[Prompt: How much have you spent on this since your injury?]	_____	6
	None	0			
Costs of alterations to a vehicle — for example, grab bars or elevators for accessing the vehicle	Yes	1	[Prompt: How much have you spent on this since your injury?]	_____	6
	None	0			
Additional utility costs — for example, hydro, water, or heating costs	Yes	1	[Prompt: How much have you spent on this since your injury?]	_____	6
	None	0			

Costs of hiring medical caregivers — for example, a nurse	Yes	1	[Prompt: How much have you spent on this since your injury?]	_____	6
	None	0			
Costs of hiring help for regular maintenance on your home or property — for example, cleaning, wiring, plumbing, roofing, painting, lawn mowing, or gardening	Yes	1	[Prompt: How much have you spent on this since your injury?]	_____	6
	None	0			
Costs of special equipment — for example, a wheelchair, crutches, or braces	Yes	1	[Prompt: How much have you spent on this since your injury?]	_____	6
	None	0			
Any other costs directly resulting from your injury that you have not already mentioned [Prompt: what were these costs for?]	Yes	1	[Prompt: How much have you spent on this since your injury?]	_____	6
	None	0			

32. Since the injury, did you have to sell off any personal assets to pay for any of the costs directly related to your injury? These assets may include your home, a car, tools, sporting equipment, or other similar things.

Yes	1	
No	0	[Go to section 4]
Don't know	8	[Go to section 4]

33. About how much of the money made from this sale did you spend on your injury-related costs?

_____ 6

Section 4 – Impacts of friends and family

At this point, I would like to ask you a few questions to understand how your injury may have affected your friends or family members. In particular, we would like to know how much time they may have spent helping you during your recovery.

34. Since your injury, have any of your *friends or family* members taken time off work to help you during your recovery? For example, have they taken *time off work* to help you get to medical appointments, to help you do things around the house, or to help you with other things that you could not do because you were injured?

Yes	1	
No	0	[Go to Section 5]

35. How many of your friends and family members have taken time off work to help?

_____ 6

36. Who are these [response from question 35] friends or family members?

_____ 6

37. What do these [response from question 35] friends or family members do for a living?

_____ 6

38. [Display list of friends and family members from question 36]

[If # days off work greater than 5]

Over the entire course of your injury, *on average*, how many *hours per week* did each of the people we have been talking about take off from work to help you?

For example, if you had one friend help you who took 10 hours off each week during the first half of your recovery and no time off during the second half of your recovery, please indicate that he or she took off an average of five hours a week.

Let's start with [sequentially list friends and family members from question 36 and record hours below].

[If # days off work less than or equal to 5]

Over the entire course of your injury, about how many *hours* did each of the people we have been talking about take off from work to help you?

Let's start with [sequentially list friends and family members from question 36 and record hours below].

[Leave a verbatim option for interviewer adjacent to numerical response field in case respondent gives a non-numerical answer]

Person 1	_____	6	_____	6
Person 2	_____	6	_____	6
Person 3	_____	6	_____	6
Person 4	_____	6	_____	6
Person 5	_____	6	_____	6
Person 6	_____	6	_____	6
Person 7	_____	6	_____	6
...	

Section 5 – Changes in quality of life

Now I would like to ask you one more set of questions about how your injury affected your quality of life. When answering these questions, I would like you to think about all of the time between the time of your injury and now.

39. At any time, as a result of your injury, have you had any physical difficulty completing the following?

Personal care, including things like bathing and getting dressed	Yes	1
	No	0
Household care, including things like cooking and housework	Yes	1
	No	0
Leisure and recreation, including things like sports and going to restaurants	Yes	1
	No	0
Getting around, including things like walking and driving	Yes	1
	No	0
Socializing, including things like visiting friends and family	Yes	1
	No	0
Taking care of children	Yes	1
	No	0
Taking care of pets	Yes	1
	No	0
Other non-work-related tasks that we have not discussed [Note what other tasks were mentioned]	Yes	1
	No	0

40. At any time, as a result of your injury, have you experienced any of the following?

Upsetting thoughts or memories about your injury	Yes	1
	No	0
Upsetting dreams about your injury	Yes	1
	No	0
Difficulty talking about your injury with others	Yes	1
	No	0
Difficulty falling asleep or staying asleep	Yes	1
	No	0
Unusual irritability or anger	Yes	1
	No	0
Unwanted weight gain or weight loss	Yes	1
	No	0
Upsetting feelings that your role in your family has changed	Yes	1
	No	0
Strained relationships with friends or family members	Yes	1
	No	0
A loss of self-confidence	Yes	1
	No	0
Other emotional difficulties	Yes	1
[Note what other difficulties were mentioned]	No	0

41. Since the time of your injury until now, have you had to cut back on non-work-related spending in any of the following areas in order to help pay for some of your injury-related costs?

Purchasing food	Yes	1
	No	0
Purchasing clothes	Yes	1
	No	0
Purchasing items for your leisure activities and hobbies	Yes	1
	No	0
Going on vacations	Yes	1
	No	0
Going to social events	Yes	1
	No	0
Other non-work-related activities	Yes	1
[Note what other activities were mentioned]	No	0

42. Can you tell me three non-work-related things that you used to enjoy doing, but can no longer do?

_____ 6

Section 6 – Sequential bid process

I am now going to ask you some questions about how much you would be willing to pay to avoid your injury symptoms. In reality, it is likely very hard to think of these things in terms of dollars. However, it is important that we try to estimate the costs of changes in your life.

Knowing what you now know about the injury and recovery process that you had to go through, I would like you to think back to the time when you were first injured. Imagine that immediately after, someone offered you a quick and painless treatment that would let you recover immediately and avoid all of the necessary recovery time actually required for your injury.

43. [If don't know in 9]

If this person asked for 10% of your annual employment income for the next 10 years, would you have been willing to pay them?

[If they answered 8 or said yes to 8]

If this person asked for 10% of your annual employment income for the next 10 years, would you have been willing to pay them? Based on your earlier responses, 10% would have been about [10% of annual income from WCB records in question 7 or answer to question 9] per year.

Yes	1	[Go to 45]
No	0	[Go to 44]

44. [If don't know in 9]
...how about 5% of your annual income for the next 10 years?
[If they answered 8 or said yes to 8]
...how about 5% of your annual income for the next 10 years? Based on your earlier responses, 5% would have been about [5% of annual income from WCB records in question 7 or answer to question 9] per year.
Yes 1 [Go to Section 7]
No 0 [Go to 46]
45. [If don't know in 9]
...how about 15% of your annual income for the next 10 years?
[If they answered 8 or said yes to 8]
...how about 15% of your annual income for the next 10 years? Based on your earlier responses, 15% would have been about [15% of annual income from WCB records in question 7 or answer to question 9] per year.
Yes 1 [Go to 46]
No 0 [Go to Section 7]
46. [If don't know in 9, otherwise skip to 47]
What is the highest percentage of your annual employment income that you would have been willing to pay?
_____ 6 [Go to Section 7]
47. What is the most that you would have been willing to pay?
_____ 6 [Go to Section 7]
48. Do you have any other comments about your injury or recovery process that you would like to share with us?
_____ 66
No 0

Section 7 – Conclusion and request for additional person

Those are all of the questions that I have for you. Thank you so much for taking the time to speak with me. As I mentioned earlier, as a thank you, you will be automatically entered into a draw for one of five \$100 gift cards that will be awarded once all the interviews are completed. You will be contacted directly if you win.

In the letter I mentioned at the start of this survey, we noted that it would be very helpful to also speak to your spouse, partner, or another adult living with you who is familiar with your injury.

49. Is there someone like this in your household?

Yes 1

No 0 [Go to conclusion]

50. Would they be willing to answer some questions as well? If they do, they will also be entered to win a gift card.

Yes 1 [Set callback time and take second person's name]

No 0 [Go to conclusion]

Conclusion

Thank you again for your time.

Appendix C – Secondary respondent questionnaire

The Economic Costs of Workplace Injuries to Manitoba Workers, Employers, and the Economy – Secondary Respondent Questionnaire

INTRODUCTION

[Intro 1: If interviewing secondary respondent immediately after the primary respondent]

Hello, is this _____ (full name)?

My name is _____, and I'm calling from PRA Inc., an independent research company located in Winnipeg. I just interviewed [name of *primary respondent*] as part of some research that we are conducting about workplace injuries.

[Intro 2: If interviewing the secondary respondent via a callback]

Hello, could I please speak to _____ (full name)?

My name is _____, and I'm calling from PRA Inc., an independent research company located in Winnipeg. As you may remember, we recently interviewed a member of your household, [name of *primary respondent*], as part of some research that we are conducting about workplace injuries.

[Intro continued from Intro 1 and Intro 2]

During the interview, [name of *primary respondent*] identified you as someone who is familiar with their injury, and who might be able to provide us with more information. Specifically, we would like to talk about how the injury has affected *your* life. We would appreciate your participation in this short, 15-minute survey.

It is completely voluntary, and any information you provide will be confidential. The research is funded through a grant that PRA received from the WCB. If you participate, any reporting will not identify you personally.

Also, participating in the survey will not affect any dealings [name of *primary respondent*] may have with the WCB. In fact, our study has nothing to do with case management or people's satisfaction with the WCB. We cannot influence [name of *primary respondent*]'s case in any way.

If you do decide to participate in the survey, you will be entered to win one of five \$100 gift cards that will be awarded after all of the interviews are completed.

1. Would you be willing to participate in the survey right now?

Yes	1	[Continue]
No	0	[Terminate]
...	...	

Great, thank you. One last thing before we start: at the end of the survey, you will have a chance to share any other comments about how the injury has affected your life. Please keep this in mind as we go through the questions.

2. Just to confirm, what is your relationship with [name of *primary respondent*]?
 [Interviewer notes: Do not read the responses below. (So you are [name of *primary respondent*]'s...)]

Married or common-law partner	1
Significant other	2
Parent or legal guardian	3
Grandparent	4
Child	5
Grandchild	6
Brother or sister	7
Friend or roommate	8
Other (specify)	66

[If the respondent won't stop talking about their dissatisfaction with the WCB]

I am sorry to hear that you have had some difficulty with the WCB. Unfortunately, as I mentioned before, I do not work for the WCB, and I cannot influence [name of *primary respondent*]'s case in any way.

Section 1 – Background on work and injury

To start, I would like to ask a few questions to help me understand your work situation around the time of the injury.

3. Were you employed, either part-time or full-time, at the time of [name of *primary respondent*]'s workplace injury? (Prompt: According to our records, the date of the injury was [date_of_injury from WCB records OR primary respondent's answer to Q4 on that questionnaire].)

Yes	1	
No	0	[Skip to 14]

4. What was your job at this time?

_____ 6

5. How much were you earning per week at your job at this time?

_____ 6

6. At this time, were you receiving any fringe benefits through your job, such as a pension or the use of a company car?

Yes	1	
No	0	[Skip to 14]
Don't know	8	

7. Can you please describe these fringe benefits?

_____ 6

8. At the time of [name of *primary respondent*]'s injury, how much total income was there in your household, *other than* your own income? For example, income from other household members including [name of *primary respondent*], interest from investments, income from a rental property, or other sources.

_____ 6 (Note for programming: please allow for multiple entries that can be added up, in case of a response like "My partner made \$50k, my son made around \$40k, we earned \$10k in rent"...etc. Also it can be weekly, monthly, or annually)

Don't know 8

Section 2 – Current work and incomes situation

Now I would like to ask you a few questions about your current work situation to better understand how things have been for you since the injury.

9. [If 1 in **Error! Reference source not found.**, otherwise skip to 12]

Did you take any time off work because of [name of *primary respondent*]'s workplace injury? For example, time off for hospital visits, for driving to appointments, or for taking care of [name of *primary respondent*] at home.

Yes 1

No 0 [Skip to 12]

10. [If # days that the *primary respondent* had off work is greater than 5]

Over the entire course of the injury, *on average*, how many *hours per week* did you take off from work to help [name of *primary respondent*]?

For example, if you took 10 hours off each week during the first half of [name of *primary respondent*]'s recovery, and no time off during the second half of [name of *primary respondent*]'s recovery, then that is an average of five hours a week that you took off.

[If # days that the *primary respondent* had off work is less than or equal to 5]

Over the entire course of the injury, how many *hours* did you take off from work to help [name of *primary respondent*]?

_____ 6

11. How much more time, if any, do you think you will need to take off work because of the injury?

_____ 6 (Note for programming: please allow days, weeks, months)

12. [If 1 in **Error! Reference source not found.**, otherwise skip to 16]

Earlier, you told me that you were earning about \$[weekly income from response to question 5] in employment income at the time of [name of *primary respondent*]'s injury. Has the amount that you earn changed since then?

Yes 1

No 0 [Go to 15]

13. So you were earning \$[weekly income from response to question 5] at the time of the injury. How much employment income are you now earning per week?

_____ 6

14. [If 1 in **Error! Reference source not found.** and employment income = 0 in 13, otherwise skip to 15]

Did you leave your job because of [name of *primary respondent*]'s injury? For example, to provide more care to [name of *primary respondent*].

Yes 1 [Go to 16]

No 0 [Go to 16]

15. How have your fringe benefits changed, if at all? (Programming note: No need to record actual amounts, just whether things changed)

Increased 1

Decreased 2

Stayed the same 3

16. [If 0 in **Error! Reference source not found.**, otherwise skip to 20]

Earlier, you told me that you were not working at the time of [name of *primary respondent*]'s injury. Have you taken a job since then?

Yes 1

No 0 [Go to 20]

17. How much employment income are you now earning per week?

_____ 6

18. Are you receiving any fringe benefits through your job, such as a pension or the use of a company car?

Yes 1

No 0 [Skip to 20]

Don't know 8 [Skip to 20]

19. Can you please describe these fringe benefits?

_____ 6

20. Earlier, you told me that your household was earning about [summed response from question 8] from income sources other than your own employment income. Since the injury, has this amount increased, decreased, or stayed about the same?

Increased 1

Decreased 2

About the same 3 [Go to 22]

21. So your household was earning \$[summed response from question 8] from income sources other than your own at the time of the injury. How much is your household earning now?

_____ 6

22. [If # days that the *primary respondent* had off work is greater than 5]
Over the entire course of the injury, *on average*, how many *hours per week* did you take from *your own leisure time* to help [name of *primary respondent*]?

For example, if you took 10 hours from your leisure time per week during the first half of [name of *primary respondent*]'s recovery, and no hours from your leisure time during the second half of [name of *primary respondent*]'s recovery, then that is an average of five hours of leisure time.

- [If # days that the *primary respondent* had off work is less than or equal to 5]
Over the entire course of the injury, how many *hours* did you take off from *your own leisure time* to help [name of *primary respondent*]?

_____ 6

Section 3 – Changes in quality of life

Now I would like to ask you one more set of questions about how the injury affected your quality of life. When answering these questions, I would like you to think about all of the time between the time of the injury and now.

23. At any time, as a result of the injury, have you had to help [name of *primary respondent*] with any of the following personal activities?

Personal care, including things like bathing, getting dressed, and tying shoes	Yes	1
	No	0
Leisure and recreation, including things like sports and going to restaurants	Yes	1
	No	0
Getting around, including things like walking and driving	Yes	1
	No	0
Socializing, including things like visiting friends and family	Yes	1
	No	0
Other personal activities that we have not discussed [Note what other activities were mentioned]	Yes	1
	No	0

24. At any time, as a result of [name of *primary respondent*]'s injury, have you had to take over any of the following tasks that [name of *primary respondent*] would normally do?

Household care, including things like cooking, cleaning, and housework	Yes	1
	No	0
Lifting heavy objects around the house or reaching for higher objects	Yes	1
	No	0
Performing maintenance on the home, such as painting, carpentry, and general repairs	Yes	1
	No	0
Performing yard maintenance, such as mowing the lawn, gardening, and shovelling snow	Yes	1
	No	0
Driving to social events	Yes	1
	No	0
Driving to get groceries, or carrying more groceries	Yes	1
	No	0
Taking care of children	Yes	1
	No	0
Taking care of pets	Yes	1
	No	0
Other non-work-related tasks that we have not discussed [Note what other tasks were mentioned]	Yes	1
	No	0

25. At any time, as a result of [name of *primary respondent*]'s injury, have you *personally* experienced any of the following?

Upsetting thoughts about the injury	Yes	1
	No	0
Difficulty talking about the injury with others	Yes	1
	No	0
Difficulty falling asleep or staying asleep	Yes	1
	No	0
Unusual irritability or anger	Yes	1
	No	0
Unwanted weight gain or weight loss	Yes	1
	No	0
Upsetting feelings that your role in your family has changed	Yes	1
	No	0
A strained relationship with [name of <i>primary respondent</i>]	Yes	1
	No	0
Other emotional difficulties	Yes	1
[Note what other difficulties were mentioned]	No	0

26. Since the time of the injury until now, have you had to cut back on non-work-related spending in any of the following areas in order to help pay for some of the injury-related costs?

Purchasing food	Yes	1
	No	0
Purchasing clothes	Yes	1
	No	0
Purchasing items for your leisure activities and hobbies	Yes	1
	No	0
Going on vacations	Yes	1
	No	0
Going to social events	Yes	1
	No	0
Other non-work-related activities	Yes	1
[Note what other activities were mentioned]	No	0

27. Can you tell me three non-work-related things that you used to enjoy doing with [name of *primary respondent*], but can no longer do as a result of the injury?

_____ 6

Section 4 – Sequential bid process

I am now going to ask you some questions about how much you would be willing to pay to avoid [name of *primary respondent*]'s injury and all the changes that came afterward. In reality, it is likely very hard to think about these things in terms of dollars. However, it is important that we try to estimate the costs of changes in your life.

Knowing what you now know about [name of *primary respondent*]'s injury and what you had to go through afterward, I would like you to think back to the time when the injury happened. Imagine that immediately after, someone offered a quick and painless treatment that would let [name of *primary respondent*] recover immediately and avoid all of the necessary recovery time actually required for the injury. With this treatment, you would be able to avoid all the changes that occurred in your own life as a result of the injury. Please also imagine that you had to pay for this treatment from your total household income.

28. [If answer in 8 = 0 or don't know]

If the treatment cost 10% of your *annual household income* for the next 10 years, would you have been willing to pay for it?

[If answer in 8 > 0]

If the treatment cost 10% of your *annual household income* for the next 10 years, would you have been willing to pay for it? Based on your earlier responses, 10% would have been about [10 % of amount from question 5 plus amount from question 8; must have been converted to annual] per year.

Yes 1 [Go to 45]

No 0 [Go to 44]

29. [If answer in 8 = 0 or don't know]

...how about 5% of your annual household income for the next 10 years?

[If answer in 8 > 0]

...how about 5% of your annual household income for the next 10 years? Based on your earlier responses, 5% would have been about [5% of amount from question 5 plus amount from question 8; must have been converted to annual] per year.

Yes 1 [Go to Section 5]

No 0 [Go to 46]

30. [If answer in 8 = 0 or don't know]

...how about 15% of your annual income for the next 10 years?

[If answer in 8 > 0] Based on your earlier responses, 15% would have been about [15% of amount from question 5 plus amount from question 8; must have been converted to annual] per year.

Yes 1 [Go to 46]

No 0 [Go to Section 5]

31. [If answer in 8 = 0 or don't know, otherwise skip to 32]

What is the highest percentage of your annual household income that you would have been willing to pay?

_____ 6 [Go to Section 5]

32. What is the most that you would have been willing to pay from your household income?

_____ 6 [Go to Section 5]

33. Do you have any other comments about the injury or changes in your life that you would like to share with us?

_____ 66

No 0

Section 5 – Conclusion

Those are all of the questions that I have for you. Thank you so much for taking the time to speak with me. As I mentioned earlier, as a thank you, you will be automatically entered into a draw for one of five \$100 gift cards that will be awarded once all the interviews are completed. You will be contacted directly if you win.

Thank you again for your time.

Appendix D – Dyad stories

1.0 Overview

This appendix has two parts. Section 2.0 presents a synopsis of each of the 18 dyadic interviews, while Section 3.0 presents the detailed reports on each interview as approved by the primary respondent and his/her carer. Names have been changed to preserve confidentiality.

The dyads reflected workers who had experienced a substantial injury that required extended recovery and may have left some lasting aftereffects. Therefore, these stories tend to reflect injuries that are more serious than the norm.

The dyad interviews demonstrate that the effects of workplace injury are widespread and permeate all aspects of life, most significantly physical and mental health and financial stability. Interviewees come from many different industries and suffered a variety of different types of injuries, including severed fingers, torn tendons, and other muscular issues. Many have undergone surgery to repair the damage and almost all have been treated by a physiotherapist.

Whether they have returned to their previous positions, changed fields, or have not returned to work, all interviewees had their lives affected in small and large ways. In addition, they rely on a support system — friends and family members — to provide physical, emotional, and financial support during their recovery.

All but one interviewee suffered from a physical injury while at work (the additional interviewee is suffering from Post-Traumatic Stress Disorder from witnessing a fatal injury). The overwhelming theme among these interviews is that the physical effects are ongoing and prevent them from participating in activities that were commonplace before the injury. Interviewees report being physically limited at home, and they are forced to rely on their support system, as well as paid professionals, to complete household chores, maintenance, and other help. For many, there was at least a short period of time in which they required help with basic hygiene tasks, and described themselves as housebound (i.e., in too much pain or physically unable to leave the house for extended periods); during this time, many relied on a spouse to provide necessary assistance. In addition, interviewees have changed the way they spend leisure time. Many describe physically active lifestyles pre-injury, and indicate that physical fitness and participation in sport as being part of their identity. Losing the ability to participate in activities — like walking and running, going to the gym, and playing on sports teams — and transferring leisure time to sedentary activities, like watching TV and playing video games, is associated with weight gain (and the purchase of the new clothing) and depression.

In the context of the workplace, the restrictions on mobility that are associated with interviewees' injuries are described as having had a significant impact on their ability to work and complete job duties. Only a minority of interviewees report returning to work without restrictions; however even those interviewees report that they are "slower" or not as efficient, and are no longer capable of working at their pre-injury capacity. For example, an interviewee who severed four fingers reports being able to fulfill the duties of his job, but is slowed down by the use of only one hand.

Since the majority of interviewees suffered from a physical injury, the affects that their workplace injuries have on mobility and ability to complete physical tasks at home and at work are clear. However, many report that the emotional toll of their injury is equally, if not more, damaging to their overall well-being, and in some cases, their ability to return to work. Interviewees report symptoms including anxiety, irritability, and depression, most often associated with feeling isolated by reduced mobility and stress caused by carer and financial uncertainty. Almost all interviewees reported at least a moderate impact on their mental health for some period of time associated with their injury, but only some of the interviewees pursued mental health treatment options, such as counselling and medication, while many indicated that they have turned to their support system — spouse, family member, or friend — for emotional support.

The financial impact of workplace injury includes not only the loss of income, but also the money spent on treatments and home modifications not covered by WCB, as well as the loss of career progression. Many interviewees report a significant reduction in income, even while receiving benefits, caused by losing the ability to work extra shifts and earn overtime. Some have gone through periods of extended under- or unemployment without receiving benefits, either because they feel that they are unable to work, due to their physical or mental health, or they have struggled to find comparable work because of their history of injury and the gap in their resumé. This is particularly common for those who have worked in the construction industry. The responses to reduced income include measures such as using savings, borrowing money (from friends, family, or financial institutions), spending less on socializing and leisure activities, moving to a more affordable home, buying lower-quality food, and postponing vacations and other long-term goals. Interviewees often describe themselves as being set back financially from where they had planned to be and worried about being able to afford necessities for themselves and their families.

Beyond the short-term concerns related to income, interviewees describe negative impacts to their career progression, which affect their financial stability. For interviewees who describe themselves as being at the beginning or middle of their careers, workplace injuries and the subsequent removal from the workforce (even if temporary) lead to incomplete or delayed training goals, missed opportunities for promotions, and in some cases, they must leave the field of their choice and retrain in an alternate career. Several interviewees cite examples of retraining funded by WCB in fields that respondents see as less desirable and/or perceived to be less profitable, setting the interviewee on a path of career dissatisfaction and lower earning potential. For those towards the end of their career, a workplace injury can truncate their inability to work, affecting retirement plans. Additionally, it is common for older workers to report being unable to return to their jobs or pursue opportunities in alternative fields, due to mobility limitations and/or lack of retraining opportunities. Interviewees in this category describe high levels of stress and mental health struggles related to concerns about no longer being able to contribute income or physical labour to their household.

In addition to the physical, emotional, and financial impacts described by individuals who were injured at work, the dyad interviews reveal the impact of workplace injuries on the victims' support system (friends and family) and the role of the support system in the recovery process. The majority of the secondary respondents in the interviews are spouses or romantic partners, while others who participated include parents and friends/roommates. Almost all secondary respondents are described as taking on a caretaking role for at least some period of time following the interviewee's injury, and if they did not provide the care, someone else within the support system did. On a more ongoing basis, secondary respondents report becoming

responsible for additional household tasks including cooking, cleaning, child care, and maintenance, particularly when the secondary respondent is living in the same household as the injured interviewee.

The support system available to the injured interviewee, in particular the services of the secondary respondent, has an effect on finances. They use their time and resources to prepare meals, perform maintenance tasks, and provide transportation. In some cases, secondary respondents reported they have taken time off work or reduced their own workload to provide care and maintain the household. Secondary respondents who are a spouse or romantic partner are the most impacted financially by workplace injuries, since they feel the effects of reduced household income. Secondary respondents who share a household often report changing jobs to earn more money/be more stable, reducing spending on socializing and leisure activities, delaying vacations and other goals, and struggling to pay bills and for necessities. In turn, this is a cause for stress and can impact the mental health of secondary respondents.

In conclusion, the dyad interviews reveal the complexity of the impacts that a workplace injury can have on both the injured and their support system. Individuals who were interviewed about their injuries alongside a friend or family member who provided support immediately following the injury and during the recovery process describe being physically, emotionally, and financially impacted in multiple ways. In most of the cases presented below, interviewees consider their injury to be permanent and most likely something that will continue to cause them pain and alter their physical and mental health and financial situation indefinitely. Secondary respondents are often in the position of taking a carer role immediately following the injury, in addition to a long-term increase in responsibility for household chores and maintenance — particularly for those who share a household with the injured interviewee.

2.0 Summary stories

Sara/parents

Sara has been suffering from Post-Traumatic Stress Disorder since witnessing a fatal injury while working in the transportation industry. Sara's life has changed drastically both professionally and personally. She is no longer able to work in her chosen field; her physical health and fitness levels have deteriorated, she is on a lower fixed income, and she has become isolated from friends and family. WCB has paid for Sara to receive psychological care, including medications and exposure therapy, and paid for more retraining in a new field. However, even with this support, Sara's financial situation has worsened because the financial compensation she receives from WCB is lower than the wages she earned prior to the injury. She has used \$10,000 from her savings and refinanced her mortgage. In addition, activities such as cycling, hiking, travelling, volunteering, and spending time with friends have been significantly reduced or eliminated from Sara's life, because anxiety and her financial situation confine her to home most of the time. Throughout her "recovery," Sara's parents have worried about her well-being; they have spent money and time on ensuring that she and her animals were fed and cared for, although they are on a fixed income themselves.

Noah/father

Noah is a young father who is motivated to complete his Red Seal Certificate in his chosen trade. He has been suffering from the effects of Carpal Tunnel Syndrome in his wrists for the last few years. He has had surgery to try to fix the injury, but some of the damage is permanent. During post-surgery recovery, Noah was unable to care for himself, work, or maintain his house, which strained his financial situation and personal relationships. WCB covered medical costs, but Noah ended up paying for maintenance work on his house that he previously would have done himself, even though his father also provided significant free labour. His parents also had to help take care of his physical needs and lend him money when his WCB payments were delayed or an emergency cost came up. Noah's career has taken a significant hit; he is no longer as desirable a candidate for jobs because of the gap in his resumé, and he was not able to take the training course he felt would be beneficial. Noah has gone as far as contemplating working out of province to help recover from the financial setback his injury caused for his family. In addition to his physical issues, Noah's mental health has been impacted by the loss of independence and activities he enjoyed, which was difficult on his relationship with his girlfriend and daughter.

Emma/father

Emma had a successful career in a health-related field before receiving a shoulder injury, caused by using a new piece of machinery, which has prevented her from working for a full year, and ultimately forced her to take a lower paying job in an unrelated field. The treatment she underwent for her injury included a surgery, physiotherapy, massage therapy, medication, and an ice machine. None of these cost Emma anything out of pocket, but she did experience financial strain as a result of her injury. While she was not working, the payments from WCB were only enough to cover her mortgage and basic living expenses, and her new job came with a 30% pay decrease, which has affected her ability to save. Emma's injury has really affected her fitness levels and changed her lifestyle, her previous position included teaching fitness classes and her social life revolved around physical activities. Without that part of her life she has gained weight, and worry about re-injury has put her into a depression so severe that she had suicidal thoughts and abused sleeping pills. Emma's parents have used their time and money to help her out during her recovery, which included having her live with them for three months so they could help with her care and avoid the cost of a home care nurse.

Logan/fiancée

Logan has been injured and unable to work for nearly 10 years; he injured himself lifting heavy objects at work and was eventually diagnosed with a burst spinal disc that was pressing on his sciatic nerve. Since the injury occurred, Logan has had surgery, attended physiotherapy sessions, and has been on bed rest for significant periods of time. The nature of his injury means that, even now, he cannot stand or sit for long periods of time, and as a result he gained weight, cannot complete basic tasks, lost a romantic relationship and many friendships, and sees his family much less frequently. His financial situation has been dire throughout his recovery, as he went on and off WCB coverage, lost his extended medical insurance, and paid out of pocket for a new mattress and recliner to be able to sleep. He has filed for bankruptcy, lost his car, and went through a two-year period without any income. His injury and resulting financial situation has affected his mental health and prevented him from making modifications to his home that would improve his quality of life. Logan's mental health deteriorated significantly; at one point he did not leave his home for nearly 12 months and has suffered from extreme feelings of isolation, as well as major depression.

Sophie/husband

Sophie injured her leg in the parking lot of her workplace, a hospital in Winnipeg. She was diagnosed with a fractured knee, several torn knee ligaments, and nerve damage in her foot. Her recovery included wearing a cast from hip to ankle, pain medication, knee braces, and physiotherapy. Initially, she used a wheelchair, and then crutches for nearly six months, so she stayed at home more and had modifications installed to her home so she could move around with more ease. Sophie was able to start a back to work program about nine months after her injury, and after four months returned to working full time. Being away from work has affected her career progression in comparison to her peers; in addition, she moves slower than before and cannot complete tasks that involve resting on her knee. During her recovery, her husband took care of the house, and both her parents took some time off to be with her. Ultimately, she and her husband are fine financially, but she lost out on the ability to earn overtime pay while she was injured. Sophie is glad that she is able to work, but there are many activities she will never be able to do and she is much more cautious and very anxious about falling — she often avoids going out if conditions are icy or slushy.

Evan/wife

While training a new employee on carpentry machinery, Evan lost all four fingers on his left hand and hit his head after passing out from the blood loss. Unfortunately, his doctor's attempt to reattach some of the fingers was unsuccessful. Following the injury, Evan was hospitalized for two weeks and then received two months of home visits from a nurse who cleaned and redressed his wound. Losing his fingers has affected his ability to do basic tasks at home and at work; however, since he is right-handed, he has been able to relearn and adjust to do many of the things he did before, and he is back at work, albeit with some difficulties. While Evan was recovering and housebound, his roommate was paid by WCB to provide home care so he had the support he needed at home, and family members drove him to appointments and prepared meals for him. Although he bought a few things to make life easier, overall he is doing well financially, mostly because he saved money he would have spent going out with friends. However, he does miss a lot of the activities that he did before, including rock climbing, playing hockey, and playing guitar — his injury still causes him some pain and throbbing in his hand and arm, but he is optimistic that he can increase his activity levels and feel better in the long term.

Alice/husband

Alice tore her rotator cuff while working at a health care facility, an employer she has been with for 25 years. Her injury required two surgeries and physiotherapy sessions and has affected her personal and professional life in multiple ways. Alice's treatment process was prolonged because she was initially not diagnosed correctly, and a second surgery became necessary to adequately improve her strength and range of motion. While she was recovering, Alice was able to work for some of the time on light duties, but she did not work at all and rarely left her house in between her two surgeries. WCB covered the costs of her treatment; however, she paid for transportation to and from treatment appointments. Alice and her husband made ends meet with his income, but she had difficult periods with no income — they were not able to save much or go on vacation. Alice's injury also forced her to cut back on socializing and stop her exercise regimen for a period of time. She feels that her family suffered, her husband did all the cooking and cleaning and drove her places, she could not help take care of a new grandchild, and she could not cook and care for her teenage son as well as she would have liked.

Ben/girlfriend

Ben pulled a hernia near his pelvis while lifting heavy materials at his construction job. It took about two months of working through the pain for Ben to be accurately diagnosed and referred for surgery. After the surgery, he was on bedrest for two weeks, and after six weeks he was cleared to go back to work. However, he found that the pain was still too much to continue to do his regular duties, so he spent four to five months not working and without WCB benefits. His injury has changed Ben's outlook on life and affected his young family. To address his mental health needs he attended therapy and tried anti-depressants, but he still has not fully recovered emotionally. Previously, Ben enjoyed working and was known as being hardworking, but now he has had to rely on part time work to bring in income, and basic tasks at home are more difficult. This has taken a toll on his partner who had to take care of him and their daughter. Financially, things are difficult because their overall income has been reduced and they were forced to use all their savings to pay bills, as well as borrow from family; they feel that they have been set back significantly by Ben's injury. Family members have also spent time and money on bringing food and visiting Ben. One of the most difficult aspects of the aftermath of the injury was being forced to cut back on socializing, as well as not being able to buy their daughter everything she wants.

Ed/wife

Ed lost his thumb in a workplace injury that involved disassembling unfamiliar equipment. His thumb could not be reattached so he has had multiple surgeries to repair the area near the injury and he uses a prosthetic. Since the injury he has not been working and started a college program. Even though he uses pain medication, Ed continues to be in pain and has difficulty doing things that require two hands, like lifting and playing with his children. Previously, he was very active, but he has had to cut back to just a few activities, which has affected his health. Ed has also experienced significant emotional distress, which has come from being enrolled in a college program that he does not enjoy and has a stressful workload. He also believes that it will not pay as much as his previous job. He has experienced symptoms such as headaches, loss of appetite, and anxiety, which puts a strain on his wife and their relationship. Although, he does get WCB benefits, his income is reduced, so his family can no longer enjoy family vacations and activities, and they were forced to move from a house to an apartment, change vehicles, and buy lower-quality food. In addition, Ed was not able to attend funerals and see family that are out of the country.

Jen/friend

Jen injured her wrist from the repetitive motions required to use machinery during the course of her job as a nurse at a health centre. She underwent physiotherapy and wore a splint to help repair the damage, but her wrist was slow to recover and continues to be painful. She was off work for six months during recovery before returning for light duties and eventually regular duties. Jen's work life has been affected somewhat by her injury, she has to be more careful and relies on aides to do more physical tasks. Financially, being off work was difficult, she went through periods of time without income while WCB sorted out her case and being away from work delayed a raise she was due to get. During this time, she used money from savings and borrowed from family to cover expenses, but she had to eliminate shopping for new clothing and going out with friends, as well as investing her money. She has found that many small physical tasks are much more difficult than before and she can barely exercise, which has led to weight gain and feeling depressed, before her injury she played soccer, did hot yoga, and snowboarded regularly. In addition, Jen would like to travel and maybe even live outside the country, but her

injury has made her uncertain about whether she should leave; however she is optimistic that her injury will not hold her back too much in life.

Mike/girlfriend

Mike was injured by falling material that was caused by a miscommunication with a co-worker. Mike's injury was initially difficult to diagnose; he thought he might have suffered a hernia, but his back was injured and nearby nerves have caused the pain to spread to his stomach and leg. WCB sent him for MRIs and paid for physiotherapy treatments and aquacising classes. However, Mike feels that his doctor rushed to declare him fit to work again; he would have liked to retrain in a field that would be better suited for his reduced mobility. Since his injury, Mike has not worked and currently he has no WCB benefits, so his girlfriend is the sole income earner in the family. Because of this, they cannot afford treatments for Mike, they have taken on some debt, they cannot go out and socialize much, they buy lower-quality food, and have borrowed money from family. In addition, his pain makes it difficult for him to care for himself, he needs his girlfriend to help with anything that requires bending, he cannot meet up with friends for jogging or other sports, and he cannot drive or sit for long periods of time. Mike feels disheartened about his limitations and has had feelings of depression. He is worried that being injured has set him back in life, and he might never be physically well enough to care for a child.

Robert/wife

Robert was injured at work as a result of a large boulder falling on his shoulder, breaking his collar bone. His recovery process has been long, including two surgeries in over 18 months and physiotherapy sessions. Robert tried to return to full work duties shortly after his injury but was reinjured, so he worked on light duties up to his first surgery; since then, his physical limitations and mental health have prevented him from returning to work. Robert works as a contractor, which created an uncertain and stressful work environment following his injury; in addition, his pay was significantly reduced when he could not complete his contract. Robert struggles with daily tasks and home maintenance and now needs to rely heavily on his family to help him, and occasionally pay a professional for specialized work. It has been difficult for him and his wife to have him more house bound and unable to make long road trips to visit family. His wife has taken time off work to help care for him and she has also picked up extra shifts to help make ends meet. However, they have made many financial sacrifices, including using savings meant for their son's education. Robert has had a nearly 30-year career which he enjoyed and paid well, but now he is worried because he cannot return to the same field and does not know how he will support himself through retirement.

Fiona/boyfriend

Fiona was injured while at work at a hospital; she twisted her knee while lifting a patient onto a stretcher. An MRI showed that she had a large tear in her cartilage and a piece of cartilage would jam into her knee joint, causing her knee to lock. To repair this damage, Fiona underwent surgery on her knee and went to physiotherapy sessions. She was able to return to work for light duties six weeks after her surgery and was cleared for regular duties after nine months. Fiona's knee has improved significantly since her injury, but she still experiences pain and swelling that affect her more at home than at work. She can do all of her duties at work, but sometimes at home she is in too much pain to do her normal chores and she cannot drive for long periods of time, which means that her partner does more work around the house, as well as the driving. In addition, Fiona can no longer play on her volleyball team, which was a large part of her identity,

and she does not spend as much time with her family because they do many activities she can no longer do. Fiona's finances were also affected by not being able to work overtime and extra shifts; she and her partner took on some debt and delayed renovations on their cabin, and he has also switched to a more stable job to make things easier and to gain the flexibility to drive her to appointments.

Jack/girlfriend

Jack injured a tendon in his arm while working in the construction industry, after leaving a previous position in the transportation industry due to another injury that was not covered by WCB. Treatment for his latest injury included surgery and physiotherapy sessions. Being unable to work in physical positions that he previously enjoyed has been difficult for Jack. He has done some retraining, but felt pressured to pursue positions that would be a poor fit, simply because they can be done without his arm fully recovered. So far, Jack has been unable to find full-time work and has only worked in casual positions. Financially, this has been very difficult for him and his partner, who now has to work more and do most of the household chores and has very little disposable income to spend on activities with friends and family. To make things easier, he and his girlfriend have moved into a smaller apartment and dipped into their savings. Jack's mental health has also suffered, he feels constantly anxious about money, whether he will be able to find full-time work, and the loss of hobbies that included playing sports with friends and working on cars. In addition, to his girlfriend, other family members have helped out Jack during his recovery; occasionally his brother and nephew took time off work and school to drive him to appointments, and his brother lent him small amounts of money to help pay bills.

Chelsea/boyfriend

Chelsea, who is in her early twenties, had her hand sliced open while in class to earn a Red Seal Certification. Chelsea's injury required three surgeries and physiotherapy; however, she has permanent numbness in her hand that affects her ability to grip things. Because of the permanent nature of her injury, Chelsea can no longer pursue the trade of her choice and has been working in a job without many opportunities for progression. This has been difficult for her, because it has slowed her life progression and delayed moving out of her parents' house, as she had previously planned. During her recovery, she also lost a romantic relationship because her partner was not very supportive; she also did not spend time with friends, because she was on pain medication and was nervous about going to crowded places where her hand might be bumped into. Since her parents are able to help support her and WCB paid for costs associated with her treatment, she has been fine financially. However, Chelsea's mental health has suffered from the effects of losing her career of choice at such a young age. She has been seeing a therapist who helps her work through her feelings of frustration.

Harold/wife

Harold has had a long career working in maintenance departments for various businesses around Winnipeg. Harold's most recent position required him to climb ladders, crouch in small spaces, and work in a kneeling position, which was hard on his joints and eventually led to his injury. While working to repair some doors with a co-worker, Harold stood quickly from a kneeling position and heard a large popping sound come from his knee. His injury was diagnosed as a torn meniscus on both sides of his knee, which required surgery to fix. He was able to get in for surgery three months after his injury, went to physiotherapy, and occasionally wears a knee brace. After his surgery, Harold returned to work part time for light duties, and eventually for

full duties, but retired shortly after — something he had planned before his injury. Harold's wife works and he received WCB benefits, so they are fine financially, but they did need to cut back on their RRSP contributions. Family members have helped him out a lot with house maintenance and driving to appointments, and his wife and others have flexible schedules so they did not take time off work to help him. In addition, Harold had to cut back on physical fitness significantly, as he previously ran five times per week and played golf regularly, but now he cannot run and only plays golf occasionally.

Erin/husband

Erin injured her shoulder while working in the transportation industry, an industry she has been working in for over two decades. Her doctor suspected that she tore her rotator cuff, but because she was pregnant at the time, she was unable to have an MRI to confirm the diagnosis. She used ice and Tylenol to manage the pain after her injury, and eventually had surgery. Erin's injury has kept her house bound for periods of time and made it difficult for her to do child care duties and other household duties, which has meant that her husband has had to take on more of those responsibilities. She is also more limited with what she can do with her children: she cannot coach her daughter's hockey team or host elaborate birthday celebrations. Erin and her husband also cancelled a family vacation because they felt that it would be too difficult to carry luggage and care for their children with an injured shoulder. The change in Erin's income (not having the ability to work overtime or extra shifts) created an additional stress on their family. All frivolous spending had to be eliminated and they used their savings and borrowed from family. Additionally, Erin feels that her career is uncertain now that she is not fully able to do the duties of her current position, and being away from work led her to miss out on promotion opportunities.

Olivia/husband

Olivia is a young mother who injured her shoulder while using a piece of equipment in the course of her job in the engineering field. After seeing her family doctor, Olivia was referred to a surgeon who diagnosed her with a labral tear and performed surgery to keep her shoulder in the socket. In addition to surgery, Olivia saw a physiotherapist and then an athletic therapist, paid for by WCB, as well as a massage therapist paid for out of pocket. Although her range of motion is greatly improved, Erin's injury has affected both her professional and personal life. Professionally, she has had to limit what she can do at work, which can mean that her coworkers need to do more. Previously, Olivia was very active in her leisure time, but the injury has forced her to become more sedentary and has experienced weight gain as a result. At home, her husband does more of the home maintenance and cleaning, and while her parents come over often to help out, none of them had to take time off work. Being off work and then on light duties reduced her income and that has limited her savings; however, she and her husband report they were still able to pay all their bills. The biggest impact of Erin's injury was on her mental health, as the pain and feelings of isolation led to a depression that lasted several months.

Carl/friend

Carl suffered from a concussion and broken wrist as a result of slipping on the frost-covered ground while he was working at a construction job. Immediately following his injury, Carl was hospitalized, his arm was put into a cast, and he was on morphine for a few weeks to manage the pain. Carl's injury has had long-term effects on his physical and mental health, his wrist is still painful, and he cannot lift heavy objects; he also suffers from frequent headaches that he believes are a residual symptom from the concussion. Because of his injuries, Carl has not been able to

return to work, he has, however, started post-secondary studies but can find it difficult to write for long periods because of his wrist injury. Carl's mental health has been very poor since his injury; he was diagnosed with depression and has been taking medication to help with the symptoms. Financially, things have been difficult as well, since he is now on a much more limited budget, which has meant that he has had to make many sacrifices and cannot afford acupuncture sessions that he believes would be helpful. Throughout his recovery, Carl has received support from friends and family, and he stayed with both a friend and a cousin while he was on morphine and not able to care for himself. Friends have also helped him with grocery shopping and other chores, as well as providing emotional support.

Anne/husband

Anne injured her back while at work in the health care field and has suffered from chronic pain as a result. She has attended physiotherapy sessions and had shots to relieve the pain, but she now suffers from numbness in her leg and takes medication to manage the pain. The only activity she finds helpful is swimming pool exercises. Anne's mobility is significantly reduced, which has required modifications to her home, and she has not been able return to work. It is now much more difficult for Anne to do activities like cooking, cleaning, and gardening, and she has started to use a cane to walk. Her husband has switched to working part time to take care of her and the house, and her daughters and granddaughters also come over to help often. Since their household income has been significantly reduced, Anne and her husband struggle to pay their mortgage and bills and are constantly worried about money. Anne's injury has taken the largest toll on her emotionally, as she has been suffering from depression and has attempted suicide. She did try counselling sessions, but she found that they were not useful or culturally relevant for her. Anne's social life is much more limited now, she cannot drive or go on walks with friends, and she only attends church occasionally.

3.0 Detailed stories

Each of these stories have been approved by the primary respondent and his/her carer

Sara's Story

Background

Sara, who is in her 30s, was born and raised in Winnipeg. She is the youngest child of a large family. Throughout her life, she has always worked in the service industry; for the last 13 years, she was worked specifically in the transportation industry. From a young age, Sara has loved travelling. Her father worked for many years in the transportation industry, which allowed their family to travel to a lot. She even attended one year of high school in the USA while staying with a sibling.

One day at work, an accident occurred in which a man and two young children lost their lives. Although shaken, Sara continued to work that day. In fact, she worked another three shifts, which, due to the nature of her employment, equated to a period of about four to six weeks. With each subsequent shift, Sara felt more apprehensive about going back to work. The night before one shift, she had extreme anxiety and was very nervous about going into work. In the morning, during her drive to work, she had to pull her car over and call her supervisor to say she was unable to work.

Treatment

After making the phone call, Sara immediately visited her family doctor, who diagnosed her with Post-Traumatic Stress Disorder. At this point, Sara contacted WCB to report her injury.

Sara started treatment with a psychologist who WCB recommended. This therapy focussed on Eye Movement and Desensitization Reprocessing (EMDR). After several appointments, she decided to ask WCB for a new doctor because she found this type of treatment traumatic due to having to recall the accident. She has been with her new psychologist for about three years.

As part of her treatment with her current psychologist, Sara participated in exposure therapy (exposure to objects and situations that cause her anxiety). Early on in her treatment, her psychologist asked her to create a daily list of three things to complete in a day. The list would include activities related to grooming, cleaning, or exercising. For some activities, she would set a timer for 10 minutes and force herself to do the activity for that length of time. This set very minimal timelines at the beginning. She continues to attend therapy sessions, but goes less often than at the beginning of her recovery.

Sara was also prescribed various medications (including antipsychotic medications and sleeping pills) over the two-year period immediately following the injury. However, she was not content with the side effects of some of the medications. Therefore, Sara researched brain health online and decided to avoid taking all medication, instead focusing on changing her diet and lifestyle. She switched to eating organic foods and taking vitamin supplements. She feels this change has had a very positive effect on her mental health and her health in general.

Over the three years, Sara has tried many different approaches to her recovery, in addition to seeing a mental health specialist. She has received acupuncture, reflexology, and massage therapy to assist in relieving stress. These additional treatments were not prescribed by WCB; therefore, Sara was responsible for covering the costs.

Although the accident was three and a half years ago, Sara continues to have anxiety when coming in contact with anything related to the accident. She continues to work on her recovery but believes it will take time to heal.

Life changes for Sara

Sara experienced many changes in her life because of her injury. She suffered from depression that led to her not leaving her home for nearly six months. As a result, she neglected everyday household activities such as cleaning or caring for her animals. She hardly ate, and when she did, she would order takeout. In her words, she “just didn’t care about anything.” Sara’s isolation from people has made her feel like it is difficult to speak with people. There have been times that she has felt stupid, as though she has not been able to come up with words to express what she would like to say. This has severely affected her confidence and made her anxious about others’ opinion of her.

Sara, who was normally very physically active, no longer participates in any type of physical activity such as hiking, yoga, and biking (activities she enjoyed prior to her injury). This was partly due to her depression and partly due to changes in her financial situation. Consequently, she gained about 30 pounds, which led to new challenges such as changes in her self-confidences

and self-esteem. She also needed to purchase a completely new wardrobe. Prior to her injury, she would use her bike as her main mode of transportation; now, she drives instead.

Sara's love of travelling has also taking a huge hit. Before, she would travel to visit family or for pleasure without a second thought. She had taken trips to various places around the world and Canada, even planning to attend the Olympics in Sochi. However, due to the restrictions and regulations around her benefits and the change in her financial situation, she has not been able to take many trips in the last three years. She now feels confined and isolated, being stuck in Winnipeg.

Financially, Sara's life has completely changed. She went from making a very good wage, with the option of picking up extra shifts, to being on a fixed lower income. The income she receives from WCB does not cover overtime and extra shifts she would have normally worked. Prior to her injury, she never had a balance on her credit card. If she had wanted to purchase something, she would just purchase it and then work extra to pay for it. She has had to become much more stringent with her money. Over the past three years, she needed to refinance her condo in order to make her mortgage payments more manageable. The change in her income has caused her additional stress in that there have been times when she worried about whether she could make a mortgage or car payment. She also has had to reduce the amount of money that she saves and invests. In fact, over the past three years, she has used about \$10,000 from her savings to cover her expenses. For the first time, she has found herself having to tell herself, family, and friends on occasion that she can't afford to do something such as going out for dinner or to a movie. The vitamins and organic food she has been eating over the last year were a huge hit to her finances, as the vitamins are not covered by WCB and organic food costs more to buy than regular food. However, she was at the point where she was willing to try anything to feel better. Her new wardrobe has also set her back, especially because she needed to buy a new winter coat. Although she had planned to attend the Olympics, she was unable to save the \$10,000 she needed for the trip and therefore could not go. In addition, Sara now spends a lot more money on gas for her car, as she no longer rides her bike.

Although Sara has been off work for over three years, she has participated in several Return to Work programs. Unfortunately, due to the anxiety that she still experiences, she has not been able to continue working for her employer. On WCB's recommendation, Sara is currently participating in a Vocational Rehabilitation program. She now attends college full time, taking a program that was chosen by WCB based on various criteria. Sara is disappointed that she was not given the option of selecting her new vocation. She worries about being stuck in a career that she won't like, when she was working in one that she loved. In fact, she stated that she would have been willing to take a salary cut if it would have meant she chose her area of study.

On top of the stress of not knowing if she will like her new career, she has the added stress of school and exams. She constantly worries about what will happen if she does not do well in college, and worries about losing her benefits. At this point, she feels like she is no longer in control of her life.

Prior to Sara's injury, she would use some of her free time to volunteer for a few organizations. After the injury, she stopped volunteering for about two years while she recovered. About a year ago, she decided to start volunteering again but with a different organization. She decided it was

important to start fresh with an organization that did not know her prior to her injury and where she would not have to explain what happened.

Emotionally, Sara has noticed changes in herself and her behaviour. She now describes herself as being short-tempered and irritable. She often feels she is not in control of her emotions. Since the injury, she has become moody and cranky all the time.

Although Sara's immediate supervisor has been understanding of the injury, many of her colleagues were not. Generally speaking, most do not understand her injury because it is not a visible injury. There has been a lot of judgment among her colleagues, to the point where she now no longer associates with most of them. In fact, she now has anxiety about accidentally meeting up with one of them when she goes out.

Life changes for Sara's friends and family

Sara's injury has had an effect on her family, especially her mom and dad. Her parents are constantly worried about her; they find they have difficulty being able to relax or focus on other aspects of life sometimes. Many times, especially immediately after the injury, her parents could not sleep because they were worried about her.

Sara feels like she has been a burden to her family, as she knows this injury has been really hard on them. It was difficult for her to be in the spotlight and have people plan things around her. Her family members would call to ask how she was doing, but she didn't want to talk to them about it due to her slow recovery. Some of her family members still do not understand what happened to her. Her parents tend to be more understanding than her siblings. Some of her siblings live outside of Manitoba; she has not been able to visit with them since her injury.

Sara's family visited her a lot during this period, especially during the six months when she would not leave her home. After work, her parents would regularly check in on her; neither had to take time off of work to help her. They would bring her groceries and ready-cooked meals, and make sure her animals had food and water. There was no second thought on their part for spending the extra money on the gas or groceries. As Sara had been good at saving money before her injury, it was not necessary for her to borrow money from family while she recovered. She felt this was especially important because her family was on a smaller fixed income than she had been.

There have been many family events that Sara has missed as a result of her injury, including Christmas. In some cases, she did attend events physically, but did not feel like she was mentally present. Three and a half years later, she still has anxiety about attending some events, in certain cases calling to say she will not attend.

The relationships Sara has with her friends have also suffered. Prior to her injury, she considered herself a social butterfly. Now, she does not go out with friends as much; in fact, there was a time in her recovery when she did not see her friends for several months. Some friends have made comments that really hurt Sara, such as telling her "she used to be so fun." She has lost many friends over the past three years because they do not understand her situation. After she said no to many invitations, people just stopped inviting her to things.

Sara believes that anxiety and moods swings have put a strain on her personal relationships with both family and friends.

Sara's views on her life and her future

Sara describes her injury as having completely changed her life. She now has to consider a completely different career in an area in which she is not interested. She has difficulty imagining herself in a Monday to Friday, 9 to 5 job. She also has the added stress of worrying about doing well in college, which is something that she never imagined she would be going through at this point in her life.

By now, Sara had expected she would be married and have children. Now, she will not graduate from college for at least one more year; it is a concern that she has had to put her life on hold as a result of this injury. She believes it was fortunate that she was not in a romantic relationship at the time of her injury because it probably would have been an additional stress that she would have had to deal with.

Despite all of Sara's difficulties, she is optimistic about her future, as her recovery seems to be moving forward over the last year. However, she is not as optimistic about life as she was before her injury. The time she has spent volunteering over the last year has given her great satisfaction. She looks forward to continuing to volunteer for this organization. Also, she has become an advocate for mental health and is involved with the Canadian Mental Health Association.

Noah's Story

Background

Noah, who is in his late 20s, was born and raised in Winnipeg. Although he completed the majority of his schooling in Winnipeg, he did spend one year at boarding school in rural Manitoba. He lives just outside of Winnipeg with his girlfriend, who was in school at the time of his injury, and young daughter. Noah has always had an interest in working with his hands and is mechanically inclined. Over the years, he has had several different jobs working in maintenance and various trades but decided that he wanted to find a career with the possibility of advancement. He is currently partway through completing his certifications and is working towards getting his Red Seal Certification in one particular trade.

Noah's injury occurred about three years ago. He was determined to progress in his trade quickly. At the time of his injury, he worked hard for his employer, being one of the fastest producers in the company. His specific task involved repetitive movements, including lifting and manipulating heavy objects. Noah worked at this pace because he wanted to accumulate more hours to put towards getting his certification and increase his hourly wage.

Over time, as his daily production increased and he continued to push himself, he began noticing pain and stiffness in both wrists. At first, he decided to ignore the pain, but as time went on, his wrists began to lock. He found he would wake in the morning and his fingers were locked in position. He had to spend time each morning stretching his wrists, hands, and fingers before going into work. He did not go immediately to see a doctor, as he didn't realize that he was suffering from a serious injury. He assumed that his muscles were cramping from working so

hard. Noah continued working for about three months, until the pain became so severe that he decided he needed to go see his family doctor. After Noah's doctor assessed his wrists and hands, he was diagnosed with Carpal Tunnel Syndrome in both wrists.

Treatment

After Noah's diagnosis, the doctor told him that he could not go back to work until further testing was completed. It was at this point he contacted the Workers Compensation Board, meeting with them several times over the next few weeks. He waited about one month to see a specialist for the additional tests. In the meantime, the doctor prescribed Noah with pain medication that he was to use when necessary.

Once Noah saw the specialist, this doctor decided that Noah would need surgery to shave down the tendons in both of his wrists. He would need to undergo two surgeries: one for each wrist. The specialist was also concerned about the possibility of an underlying neurological condition, so Noah underwent testing for this condition while waiting for his surgery. It was eventually determined that he did not have this condition. His first surgery occurred about four to five months after his meeting with the specialist.

Noah said the surgery was fairly uncomfortable as, although he was medicated, he watched the entire procedure. After his surgery, the specialist prescribed him stronger pain medication and provided Noah with some stretches to do until his surgery on his other wrist. He was told to try to do normal activities with his hand and wrist. He was not allowed to start physiotherapy at this time, as he needed both hands to be working at the same level. Noah's second surgery occurred several months later. He was more apprehensive about this surgery, as he knew exactly what to expect. Noah began physiotherapy several weeks after this surgery. He attended physiotherapy daily, working on his range of motion and strength. In total, it took about a year and a half for Noah to get permission to return to work. Due to the delay in seeing his doctor, Noah incurred permanent nerve damage in both hands.

Over that year and a half, Noah followed the course of treatment that his specialist recommended. He did not use any other approaches to his treatment, although he did mention that massage therapy would have been helpful for relieving stress. WCB covered the cost of all of his medications and physiotherapy, as well as for a pair of gloves that he needed once he returned to work.

Although his injury occurred three years ago, Noah still has one wrist that locks occasionally. His doctor has told him to continue with regular activities and to bend his wrist back into place when it locks. Due to the nerve damage, he has permanent numbness in parts of his hands.

Life changes for Noah

Noah experienced many changes in his life because of his injury. Before his injury, he wanted to take a trade-specific training program to enhance his knowledge and understanding. However, he was unable to do this mostly due to the costs of school and his time needed to recover from his injury. Instead, after he was cleared to return to work, he chose to challenge some of the certifications exams for his trade, as he had logged enough hours to do so.

Another huge change was that while he was off work, his employer terminated his position; therefore, when he was ready to go back to work, he did not have a job. It was at this point he began applying for a new job. Noah says that many companies are not interested in hiring someone who was previously injured because of the potential for re-injury or other repercussions. It was difficult for him, as he had to explain the missing year and half on his resumé to potential employers. He suspects that companies look at him as less of an asset. Also, because he did not have his certifications at this time, employers appear to be less interested in him.

Despite the difficulties Noah had in finding a job, he has had two jobs since his return to the workforce. He left the first job because he found another position that was located closer to his home, which allowed him to bicycle to work instead of relying on his dad to drive him. However, his employer had a slowdown in work and Noah was laid off. He has not had a job since his layoff, and is currently contemplating going out of the province for work.

Noah is a very self-sufficient individual; he was able to do most household maintenance himself without having to call professionals to help. After his injury, he had to rely on family and friends to help him. In some cases, he had to hire a professional; for example, during his recovery, he had some issues with his septic tank. Instead of fixing it himself, as he would have normally done, he hired a plumber to fix the problem. He also had to depend on his family to assist him with nearly everything immediately after each surgery. He could not dress himself, clean the house, take his two dogs for walks, or do yard maintenance such as mowing the lawn or shovelling snow. The neighbourhood kids came over to help him with many tasks. This was difficult for Noah because he values his independence.

Many of Noah's hobbies were put on hold because of the accident, although he was still able to watch TV, read, fish, and play Cribbage. He enjoys activities such as paint balling, dirt biking, and building/repairing things. Not being able to participate in these activities during his recovery was very difficult; he said he felt very lazy. Three years later, Noah has been able to resume his hobbies; however, he must limit the amount of time he spends doing them. Before his injury, he could spend the whole night in the garage working on something, and now he must limit it to a three- or four-hour period on the weekend. He also needs to be very careful due to the loss of sensation in his hands.

Noah's mobility was also affected by his injury, as he does not have a drivers' licence. Prior to the injury, he would often use his bicycle as his main mode of transportation. However, due to living outside of Winnipeg, his only option during his recovery was to walk or get a ride from someone. He found he did not leave the house as much as he did before his surgeries.

The injury has also affected Noah emotionally. During his recovery, he was often frustrated because there were many activities he would have liked to do but he couldn't. He says that it was generally a very stressful time in his life. Instead of seeing a professional, he relied on his family's support to get through this time. He also noticed changes in his behaviour during his recovery, describing himself as being lazy and quick-tempered. He said that he would get irritated about little things.

Life changes for Noah's friends and family

Noah's injury has had an effect on his family as well. Although his relationship with his dad and mom has not changed, he has had to rely on them a lot. It has been a difficult time for his family as his mom has been sick for a while. His father now has to do all of the cooking and cleaning in his own home. Before his injury, Noah would often help his dad with yard work, shovelling snow, and the maintenance of their cabin and boats. After the injury, his dad had to take care of everything at his own home and then go help Noah. Because Noah does not have a driver's licence, he had to rely on his dad to drive him to doctors and physiotherapy appointments. As his dad is retired, he did not need to take time off of work to do this. Often, his dad brought over groceries such as milk and bread. Several times, his parents lent Noah money to help with bills and cover some emergency work that was needed at their home. If Noah's parents hadn't helped out, they would have lost their home. At one point, Noah had a backup of sewage in his basement. Without his dad's assistance, he would have had to pay for a professional to clean the basement.

Noah's girlfriend was in school full time during this period of time. It was not necessary for her to take time off because his dad was available to help out. She helped Noah a lot, especially the week after each of Noah's surgeries, when he was unable to care for himself. The injury did cause some strain on their relationship, particularly because of the financial stress and frustration Noah felt due to being stuck at home.

Although it was difficult and often painful, Noah managed to still help take care of his daughter. He would always make sure she had what she needed, such as a bottle or a clean diaper. In fact, while Noah was off work, he babysat his daughter while his girlfriend was at school. They were fortunate to receive many baby items and clothes from a friend to help ease the burden financially that a new baby can cause.

Financially, the injury severely affected Noah's family. At the time of the injury, his girlfriend was in school (using student loans to pay for her education) and his daughter was very young. They were just scrapping by with his salary being the sole source of income. When Noah wasn't working, there were times that they were unable to pay for bills and household expenses. For example, due to administrative delays in his compensation, they were unable to pay their mortgage for several months at the beginning, needing to borrow money from his parents to cover costs. On top of everything, a family vehicle was written off during this time, adding to the family's financial stress. Once Noah was back at work, and they needed daycare for their daughter, his family did not qualify for a daycare subsidy due to his compensation. Although he was working, it was even more difficult, as they now had to fully pay for daycare. Three years later, he says they are still financially set back about a year and half from where they should have been.

Throughout this year and a half, Noah realized who his real friends were. For the most part, most would stop in to help; however, there were a few who never came once. Noah did not go out with his friends much during this period, as he was in pain and he could not drink because of his medication. He said that he did not necessarily lose contact with friends; he just didn't see them as much. Now, he is able to go out again with them and sees no change in their friendships.

Noah's views on his life and future

Noah's describes his injury as having completely slowed down the progression of his life. He is happy that several employers took a chance on him, giving him the opportunity to prove that he was still a good worker. This has helped his confidence tremendously. When he returned to work after the injury, he was working for less money than he was making at the time of his injury. However, by working hard and earning the trust of his employers, he increased his income beyond where it was before the injury. Although he was laid off, he is now in good standing to get work in another province. In fact, he is hopeful that working outside of the province for one season will allow their family to "catch up" financially.

He is also happy that he has been able to resume all activities, both work and leisure, he did prior to his injury. Though he must be very careful and limit the time he spends on them, this is a choice he made because he wants to make sure he does not reinjure himself for the sake of his daughter.

Despite all of Noah's difficulties, he is optimistic about his future. He looks forward to being more financially stable and at some point starting his own business. He has a very positive outlook on life, saying "every day is a new day."

Emma's story

Background

Emma, who is in her early 30s, was born and raised in Winnipeg. After she completed high school, she went on to complete two Bachelor degrees and part of a Master's degree. She also has a professional designation in a health-related field. In the past, she has worked in research and at health facilities, for both non-profit and government organizations.

Emma's injury occurred about a year and a half ago, when she was employed at a health facility. While at work, she attended a staff training session that was focusing on new piece of equipment. As part of this training, each staff member used the new machine. During Emma's turn, she felt a sudden pull and sharp pain in her right shoulder. She continued working that day in some discomfort, not realizing the seriousness of her injury. She notified her employer, in writing, about her injury. She assumed that her shoulder just needed some time to heal.

She continued to work for about a month with her injured shoulder, trying to take it easy when it was possible. Then, one day, while teaching a class, she moved her arm and felt severe pain in her right shoulder. It was at this point that she knew she had a serious injury. She went immediately to a sport medicine walk-in clinic to see a doctor. The doctor at the clinic examined and x-rayed her shoulder. He believed she had something aggravated in her shoulder. She contacted WCB to report her injury after seeing the doctor.

Treatment

The doctor initially prescribed Emma pain medication and told her to come back for a follow-up appointment. She returned to work two days later, with her arm in a sling. She continued to experience pain in her shoulder. In the meantime, at work, Emma began using her left arm more to compensate for her injury. This resulted in her left shoulder becoming aggravated and inflamed from overuse. It was at this point that the doctor told her she could no longer work. He also ordered an MRI to investigate why her injury was not healing; but he did not see anything abnormal during the scan. Her pain continued to persist, and she was not able to do much with her arm. During a follow-up visit to the doctor, she received cortisone shots in her shoulder to attempt to relieve the pain and inflammation. She saw a different doctor through WCB, and this doctor referred her to a surgeon for a scope on her shoulder. She had the scope about five months after her injury occurred. During the scope, the surgeon saw a tear in her shoulder capsule; the repair was done immediately.

Immediately after the surgery, Emma took anti-inflammatory and pain medication. She was told to use a special ice machine for several hours a day, as part of her therapy (WCB covered the rental fee). A few weeks after her surgery, she began attending physiotherapy one time a week. Initially, in therapy, she worked on decreasing her swelling and increasing her range of motion. Over time, her physiotherapy sessions have decreased in frequency; she currently goes once every four to six weeks.

Once she began working again, she added massage therapy to her treatment plan. Her extended medical coverage through work covered the cost of these appointments.

Life changes for Emma

In total, Emma was off work for approximately one year; she received permission to return about five months after her surgery. Emma and her employer discussed a return to work plan; however, due to a change at the facility and her restriction on performing certain tasks, she was only guaranteed one shift per week. This made Emma feel as though her employer was not trying to accommodate her return. Worried about the reduction in her hours and potential of reinjuring her shoulder at her physically-demanding job, she began searching for another job. At one point, she met with a career counsellor to discuss her future, as she was really concerned. She eventually resigned from her position because she secured a full-time office job with another organization. Although she was thankful for finding her new job, the change in her career made her unhappy, as she truly enjoyed her former line of work. She had spent many years studying and working on obtaining her professional designation. She expressed that her new job is not as rewarding and that her salary has decreased.

There were also changes in Emma's mobility after her accident. During her recovery, Emma did not leave the house much due to the winter weather and concerns about falling. She often relied on other people to drive her to appointments because she was nervous about driving using only one arm. As her recovery progressed, she eventually started to drive, but still didn't go out as much as before the accident because she found it difficult. Although Emma did not need to modify her home due to her injury, she did move commonly-used items to lower locations so she would have access to them.

Emma had an extremely active life prior to her injury which included teaching two to five exercise classes per day. In fact, she spent much of her leisure time with friends participating in different activities such as dodge ball or throwing a disc around at the park. After her accident, she stopped all physical activity due to pain and the limited movement in her shoulder. On top of this, she also feared reinjuring her shoulder, for example, she wouldn't take the dog for a walk because she worried that the dog would pull too hard on the leash. Generally speaking, after her accident, it was really difficult for her to participate in sports as she had injured her dominant arm. Emma has gained about 20lbs since her injury, which she mostly attributes to inactivity.

Financially, the injury has been a burden on Emma. At the time of the injury, she had just moved into a condo; she had a new mortgage and condo fees to pay. She had been working full time and would do personal training in addition to that. Being off work caused her great financial stress. Her payments from WCB went directly to covering her mortgage and condo fees. Besides paying for her monthly bills, she chose to not spend money on anything else because she was not sure how long she would be off work. Prior to her accident, she had been able to save money for the future; she no longer has any savings, having used the money while she was off work. Adding to this, she is currently making a lower wage at her new job; 70% of her income now goes to her mortgage, condo fees, property taxes, cable, etc. On top of everything, Emma also had to purchase a new wardrobe because of her weight gain.

Emotionally, Emma says the injury has been overwhelming. She found the unknown the hardest part, being unsure if she would regain movement in her arm or what she would do for work. She was very sad and overwhelmed that the injury happened to her. Her weight gain negatively affected her self-confidence. Additionally, she was constantly stressed about feeling as though she had to prove she was injured all the time. The once-emotionally-stable Emma suffered a major depression during this time.

While staying with her parents after her surgery for three or four months, she cried every day. Her parents provided her with as much emotional support as possible, but Emma decided that a counsellor was necessary. She was not comfortable using a WCB-provided counsellor, so she attempted to find one on her own. Emma spoke with her family doctor about counselling, but he could only provide her with a crisis hotline number. Finding a private counsellor ended up being very difficult, as most were not accepting new patients. When she was at an extremely low point, she visited a counsellor at a free clinic and spoke once with her parish priest. There was a time during this period where she began abusing sleeping pills to help cope. Emma was so depressed that there were points where she considered taking her own life.

Life changes for Emma's friends and family

Immediately after Emma's injury, her parents helped her a lot with tasks such as grocery shopping and personal grooming. Her dad, who is retired, would take her shopping and then carry her groceries up the three flights of stairs to her condo.

Emma needed even more help after her surgery; therefore, she moved into her parents' home for about three months. In order to stay there, she had to purchase a new bed, as they did not have an extra one. Her mom and dad took care of everything while she was staying with them, including cooking and laundry. They helped her put on the ice machine for her therapy, as she could not do this by herself. She needed help with everything: dressing, getting in and out of the bathtub, and

washing her hair. Emma strongly believes that if her parents weren't available to assist her, she would have needed a homecare nurse for assistance.

Once she returned home, her parents continued to help her, as she was still unable to get groceries or clean her home. Her brother would come over when she needed help lifting things. Emma knows that the past year has been really tiring on her parents, especially because they were constantly worrying about her. Throughout this time, she still managed to attend all family events and holidays.

While Emma was injured, she didn't see her friends much. When she did see them, the activities they did completely changed; it was mostly sitting around and visiting over coffee. Emma needed to hire friends to help with maintenance and some physical work she needed done in her condo. For the three months after her surgery, she wasn't comfortable having friends visit because she was staying with her parents. As well, at that time, she did not want her friends to see her so depressed. When Emma did go out, she was constantly afraid that someone from work (a staff member or client) might see her and wonder why she was not at home resting. She felt it was easier just to stay at home.

Since the accident, she stopped speaking with most of her coworkers. She felt it was easier to do this than have to answer questions about her injury. The ones she did stay in touch with would only give her updates on what was happening at work. She got the feeling that her employer thought of her as damaged goods.

At the time of Emma's injury, she was not involved in a romantic relationship. During her recovery, she didn't entertain the thought of trying to meet someone. She was not confident in how she looked due to her weight gain and was not emotionally in the right place to socialize with new people. Also, Emma mentioned that she didn't bother trying to date because she was afraid of having an affectionate relationship. She did not want anyone to touch her injured arm because of the pain so she felt there was no point in dating if she couldn't even hold hands with someone.

Emma's views on her life and her future

At this point in her recovery, Emma does not feel confident in applying for a more physically-demanding job in her area of study. She continues to participate in continuing education and conferences to keep her professional designation up to date. She hopes that one day, once her shoulder has healed completely, that she may be able to return to previous career. She had one of the highest designations in her field, and now works in an unrelated position for lower pay. Mentally, this is very hard on her.

Emma still experiences pain when she lifts anything heavy. She is unable to put her clothing on properly as a result of a decrease in range of motion in her shoulder. She relies on her left arm more, which has begun to cause overuse injuries in that shoulder. Although she knows that, over time, she should experience less pain, her arm will never be the same. The surgery has reduced the range of motion in her shoulder, so there will definitely be some activities that she won't be able to do. With how her shoulder is right now, she knows that she could not meet the physical standards that are expected in her profession.

Emma still worries about her finances; things are much tighter as a result of taking the new job at a salary under what her former job paid. Her parents still help her out with groceries and food,

and allow her to wash clothes at their place so she doesn't need to pay for laundry. She currently does not have much in terms of savings anymore. She has become a very frugal person, in her words.

Once Emma went back to work, she began to spend time with her friends again. However, she is still unable to participate in social activities that require physical exercise, something she truly enjoyed and was a huge part of her life prior to her accident. That said, she has begun getting more active again (i.e., walking, stationary biking); however, she still experiences some pain (activity-induced) and a decrease in strength in her shoulder and arm. She continues to worry about reinjuring herself.

Emotionally, Emma says that she feels like a shell of her former self. Being fit and in shape was a huge part of who she was, and now she doesn't identify with that. She said it's like she is starting all over again, at the bottom of a new career. Slowly, she is working on getting her confidence back. Emma says that the hardest part through her experience was the mental battle.

Logan's story

Background

Logan, who is in his mid-30s, was born and raised in Winnipeg. He completed high school, continuing on to university for a couple of years. From there he moved to Alberta where he stayed for a few years before returning home to Winnipeg to be closer to his family. He is currently engaged to his fiancée, Tammy; they have been together for about two years.

In the past, Logan had worked for a moving company and in the hotel industry. About 10 years ago, he began working in a warehouse, a position that was very labour intensive. He was on his feet eight to 12 hours a day lifting heavy loads about 500-800 times per day. He believed the supervisors at his company pushed the employees to hit their daily quota. At the time of his injury, he was one of the highest producers at his company and had been working towards a unionized position.

Logan's injury occurred within the first year he worked for the company. One day during a shift, Logan lifted his leg to get onto a piece of equipment and he suddenly felt severe pain in his back and down his leg. He fell to the floor. Not realizing the extent of his injury, he took his lunch break and then continued working for the rest of the day in severe pain. Logan assumed it was just a muscular injury and did not report it immediately to his supervisors. About two days later, he went to his supervisor to report the injury because he was unable to work as the pain was extremely intense. That day, he went to a walk-in clinic to get his back assessed by a doctor.

Treatment

At the clinic, the doctor also assumed that Logan had a muscular injury and recommended that he take two weeks off work. The doctor prescribed him with anti-inflammatory medication and bed rest. After his time off, Logan returned to the doctor for a follow-up appointment where the doctor assessed him and said that he was ready to return to work. As Logan was still experiencing severe pain in his back and leg, he contacted his caseworker at WCB to inform him that he was concerned about returning to work.

Logan's WCB caseworker suggested that he see another doctor for a second opinion. Logan immediately made an appointment with a doctor at the Pan Am Clinic. During his appointment, the new doctor assessed his back; he suspected that Logan had a nerve injury. As a result, the doctor ordered Logan to stay on bed rest, telling him could not go back to work.

Around five months after Logan's injury, his doctor recommended that he attend physiotherapy. Logan participated in an eight-week session of physiotherapy, working on strengthen and range of motion. During his sessions, he told his physiotherapist that particular movements that involved twisting caused him severe pain. The physiotherapist told him to stop doing those particular exercises.

With Logan still in severe pain seven months after his injury, his doctor ordered a CT scan. It took about two months for the CT scan to occur. The results of the scan showed that Logan had a burst spinal disc that was pressing on his sciatic nerve. According to Logan's doctor, the physiotherapy sessions he had participated in actually caused additional damage to his nerve.

At first the WCB doctors diagnosed Logan with degenerative disc disease; however, overtime, it was discovered that due to the repetitive heavy lifting at his job, his disc had worn out. Logan continued on bed rest for about two years, as his doctors hoped that his bulging disc would recede. The doctor told him that he was not a candidate for surgery as there were great risks involved, such as paralysis.

After two years, Logan's pain level had reduced so the doctor recommended that he take another session of physiotherapy. Logan attended physiotherapy appointments for about three weeks. The physiotherapy resulted in his back feeling good with his pain level continuing to be manageable. The doctor decided that Logan could return to work on light duties, with restrictions to the weight that he would be lifting. He returned to work, working four-hour shifts. However, on his third shift, he lifted a box and his spinal disk burst again. His leg went numb and he was unable to walk.

Logan returned to the doctor who told him that surgery was his only option at this point. The doctor worried that without the surgery, more permanent nerve damage would occur and Logan would end up paralysed. Logan waited nine months for his surgery. While Logan waited, he was on complete bed rest. During his surgery, all disc matter was removed from his back. The doctor told Logan that his sciatic nerve was badly damaged and he would experience pain for the rest of his life. Logan went home the same day as his surgery.

Unfortunately, a week after his surgery, Logan was diagnosed with a staph infection in the incision site. The infection caused damage to the vertebra above and below his injured disk. He experienced crippling spasms and ended up staying in the hospital for a period of time. It took about five months for his infection to clear. As a result of the surgery and infection, Logan could not walk for nine months after his surgery. At this point, it had been five years since his injury.

Since Logan's surgery, he attended two more rounds of physiotherapy. At these sessions, his physiotherapist did acupuncture, traction, and massage. Logan also worked on his abdominal strength. Due to the condition of his spine and his level of pain, Logan has been unable to return to work.

Life changes for Logan

Now, nearly 10 years after his injury, Logan is still unable to work, something he enjoyed and excelled at. He had really worked hard to be one of the top producers at his company. As a result of the severe pain in his back and leg and the delicate condition of his spine, he does not know if he will ever be able to work again. A career in the warehouse where he worked is now out of the question. He has had discussions with WCB about working, but with so many obstacles to overcome, it seems it will be very difficult to find a career that will work for him.

Logan worked long hours at his job before his injury, working 12 hours a day, six days a week. He would often pick up overtime shifts as well. As such, in his off time, he enjoyed relaxing and playing video games or watching TV. As his job was very physical in nature, he didn't spend a lot of time outside of work doing physical activities. After his injury, he no longer had that very active component in his life; in fact, he was unable to move without extreme pain. He ended up gaining weight, going from a 32 inch waist to a 42 inch waist. Logan said that he spent most of his time sitting in front of the TV and eating.

After his injury, Logan experienced extreme pain when lying down to sleep. The springs in his mattress pushed on his hip no matter what position he tried to sleep in. At first he thought that his mattress needed to be replaced, but when he purchased a new mattress, there was no change. He also had difficulty getting out of his bed due his injury. He decided to start sleeping on the couch as it was easier for him to get up from. He eventually bought a recliner, which cost him nearly \$800. He slept on it for nearly two years. Since his injury, Logan has had terrible insomnia and often uses medication to help him sleep.

The injury has had significant effect on Logan's mobility. Immediately after his injury, Logan had difficulty walking because of the intense pain in his back and leg. At that time, he did not use anything to assist him with walking, instead choosing to remain on bed rest whenever possible. The only time Logan would leave his home was to go to appointments. He eventually worked up to moving around a little more. After he reinjured his back when he returned to work, he was on bed rest again until his surgery. After his surgery and infection, the doctor prescribed Logan a wheelchair, which used on and off for a couple of months. He progressed to a walker and then a cane. However, he began having issues with his wrist using the cane and decided to stop using it. Logan now walks without using any type of assistive device, but he can only stand or sit for short periods of times. This has made it very difficult for him to get around. Due to pain, he has difficulty driving longer than 20 minutes.

His issues with mobility have also affected seemingly simple things such as using the toilet or having a shower. While recovering, he would only shower once a week because he couldn't stand in the shower. Eventually, he decided to purchase a tub chair to use for showering. He also had extreme difficulty with using the toilet. He believes that a support bar would have been very helpful; however, he could not afford to purchase and install the bar.

For much of Logan's recovery, he considered himself house bound. In fact, at one point, he didn't leave his home for nearly 12 months. At that time, he had severe feelings of isolation and went through major depression. When he finally felt well enough to go back out in public, he started to have anxiety. He said that even the sunlight bothered his eyes. His doctor prescribed him medication for his anxiety, which he continues to take. During his recovery, Logan's WCB caseworker recommended that he see a psychiatrist. He attended appointments for about six months before he decided to stop. Logan said that the office was too far from his home and he did not like having to pay for parking. Logan also constantly worries about reinjuring himself, as knows that there is always the possibility that his disc could burst again.

Logan's injury was tough on him financially. Prior to his injury, he was very good at saving money, and lived comfortably. However, in the 10 years following his injury, Logan periodically went on and off WCB coverage, and his finances suffered as a result. There was even a two-year period of time where he did not receive any type of income at all. Consequently, Logan used all of his savings and had to file for bankruptcy. At the same time, he also lost his car as he could not cover the payments; he had already paid \$18,000 on the car. Over the 10-year period, Logan paid for a new mattress, a recliner, a bathtub chair, and transportation and parking costs for appointments, all of which was not covered by WCB. He has also had to hire professionals to service his car and do home maintenance, which was something he would have done himself prior to his injury.

On top of the financial hardship, Logan lost the extended care health benefits from his employer when he stopped working. He began having problems with a wisdom tooth, but he could not afford to go to the dentist. This resulted in a serious tooth infection that took a hospital stay and nearly five months of antibiotics to clear up.

Logan mentioned that he has become very paranoid about money since his accident, which Tammy reiterated.

Life changes for Logan's friends and family

Logan's injury has affected his family as well. As his parents lived nearby, they constantly offered him help throughout his recovery. However, Logan felt like a burden to them, and refused their help. That said, his dad did take time off work to stay with Logan at the hospital when he had the infection. As time went on and Logan's physical and mental health continued to deteriorate, he began to completely shut his family and friends out of his life. There was a period in which he did not see his family. He said he had trouble leaving his home, and he didn't want any visitors. During this time, he missed many celebrations such as weddings and birthday parties. The times he would show up for an event, he would leave after an hour because it was too much for him.

Before his injury, Logan played an active role in lives of his sister's children and considered himself to be their father figure. Since his injury, he hasn't spent much time with them and he believes that has caused them start misbehaving. About five years ago, his other sister had a baby but he only sees his niece a few times a year even though they live in Winnipeg.

At the time of his injury, Logan had been in a romantic relationship with a woman for three years. Logan did not believe he would be with this person in the long run; however, when his injury happened, she suddenly became his caretaker. He relied on her for everything including the cooking and cleaning of his home. She even missed classes at school to take care of him. This was a significant responsibility for her, and she ended up suffering a mental breakdown as a result. Logan said that he became so reliant on her, he stayed with her another seven years, which he would not have done if he hadn't been injured. Eventually this relationship ended but he believes that staying in that relationship for so long affected his mental health.

Logan met Tammy online about a year after his previous relationship had ended. He says she has been amazingly compassionate, understanding, and supportive over the past two years. He believes this positive relationship has greatly helped him emotionally.

Although Logan did not socialize much prior to his injury, he would occasionally go out with friends. He had a lot of friends, many of whom were also his coworkers. In fact, one of his closest friends actually got him his job at the warehouse. Since his injury, he has lost contact with all of them. Logan says that he does not have many friends anymore, and that weighs heavy on his heart.

Logan says his employer was very supportive shortly after his injury, when it appeared his injury was short-term. However, Logan believes that their tone changed once it became obvious that he was not coming back. When he returned to work for that short period of time, he was told to work in a very undesirable position. Although Logan mentioned to his supervisor that the new position was aggravating his injury, the supervisor did not make any changes. Recently, his employer and WCB have been discussing Logan's return to work on modified duties, and Logan believes employer has not been accommodating.

Logan's views on his life and his future

Logan says his injury significantly changed his life. It has taken nearly 10 years to recover to a point where he considers his life "just liveable." He still has difficulty doing many household tasks and can only sit or stand for 30 minutes at a time due to permanent nerve damage. He has no idea if he will ever be able to work again, but he does know that it will not be in the same career he was in before.

Recently, he has been more active, riding an exercise bike for 10 minutes a day. This has started him on the road to weight loss. He has lost about 60lbs since he started biking. He adds that this weight loss has helped his self-confidence and overall mental health, as it has put something positive back into his life.

Logan says that this whole experience has been very difficult. He knows that it is very hard to make it through a day, when you feel as though you have no future. However, he says meeting Tammy was a turning point in his life. He is amazed how having someone great in your life

changes everything. Logan truly looks forward to his future with Tammy, although he does experience moments of guilt because she is so selfless. He worries about being “dead weight” for her. He would like to have children with Tammy, but worries it would be a burden on her as he would not be able to help out as much. He is concerned about how they would support a family if he cannot work in the future. They have also discussed moving into a house from the condo they currently live in. However, Logan is concerned about having to spend extra money on hiring someone to cut the grass and shovel snow.

Sophie’s story

Background

Sophie, who is in her late 20s, was born in Edmonton and raised in Winnipeg. After completing high school, she went on to complete two Bachelor degrees at university. She now works in the health care field at a hospital in Winnipeg. She has worked in the same position since graduating from university and had only been working for nine months at the time of her accident. She was engaged at the time of her accident and is now married.

Sophie’s accident occurred about three and a half years ago. On her way into work, she slipped on mud in the parking lot and fell, hyperextending her left knee and hitting the back of it against the ground. She was taken immediately to emergency. There, a doctor examined and x-rayed her knee. After an MRI scan, the doctor diagnosed her with a fractured knee and several torn knee ligaments. She also had damage to a nerve in her foot; she could not flex her ankle or move her foot to the side.

While she was in emergency, her manager told her she would be covered by WCB because she was on work property when the accident happened. Two days later, an administrator brought her the WCB forms to complete.

Treatment

The doctor admitted Sophie to the hospital, where she stayed for 10 days. Due to an error in paperwork, she waited five days for an MRI on her leg. While there, an Occupational Therapist spoke to her about the services and assistive devices that she would need at home once she was released. Her doctor attempted to use a brace to immobilize her leg; but the brace kept slipping off due to the shape of her leg. Consequently, Sophie had to wear a cast from her hip to her ankle for an eight-week period. Once she was discharged from the hospital, the hospital provided her with a wheel chair, crutches, and pain medication. However, several hours later, she had to go back to emergency to get stronger medication.

Sophie’s first appointment with her orthopedic surgeon was three weeks after her initial injury. By the time she saw the surgeon, he said it was too late for the surgery. That said, they did discuss surgery during her appointment. The doctor decided that due to Sophie’s weight and body structure, there was a high risk the surgery would fail. Also, he told her that since she did not participate in activities in which knee stability was necessary, the ligaments did not need to be repaired.

Once Sophie's cast was removed, she began physiotherapy. The goal of her therapy was to get as much function and movement back in her knee as possible. She attended physiotherapy appointments for two years, initially starting with appointments three times a week. Slowly, as she recovered, she decreased the number of appointments. During this time, she also wore a few different restrictive knee braces; WCB covered the costs of the braces. Her surgeon eventually prescribed her a custom brace so her knee movement could be controlled. She waited about a week for this brace, while WCB approved the cost.

Immediately after the accident and throughout her recovery, Sophie never considered herself housebound; however, it was difficult and painful for her to get around. In the initial stages of her recovery, she used a wheelchair. She also had crutches, which she used for nearly six months after her injury.

Sophie began to have some issues with her back during her recovery, so she occasionally saw a chiropractor. She was not sure if this problem was related to her injury; therefore, she covered these costs herself.

Life changes for Sophie

At the time of her accident, Sophie had no idea if she would ever be able to return to work. Fortunately, her knee improved enough to resume her job. She started a back to work program about nine months after her injury. It took her four months to get back to work full time. During this time, she developed plantar fasciitis in her left foot; perhaps related to changes in the way she walks.

Although fully back to work, Sophie's injury has affected her job. She now requires a brace on her foot that gives her support when she is physically tired. Also, she moves slower than before the injury, and there are some tasks (ones involving resting on her knee) she is unable to do. Her knee does occasionally give out on her if she is not careful. Throughout her shift, she must massage and stretch her leg to avoid tightness and cramping. Despite these issues, Sophie says that her injury does not prevent her from doing her job.

The accident also delayed Sophie's career advancement, as she missed nearly a year of work. Other staff who were hired at the same time completed their training goals ahead of her. While she understands why this happened, she found it very frustrating. Sophie's role at work has also changed. Before the accident, she was very hands on and physical in her role. She has taken on more of a teaching role since her return. It disappoints her that a year into her new career she had to take on this new role.

There was also a huge impact on Sophie's mental health. It was very difficult for her to not know if she would be able to go back to the job she loved. She was completely frightened that the career she had studied so hard for was over. To Sophie, her career was a lifestyle, not just a job. During her recovery, she did not seek professional help for her emotional or mental health. She found she had enough support from her family and friends. Sophie also had difficulty sleeping at times because of sudden muscle spasms in her heel. These spasms caused her extreme pain.

Sophie found it very difficult to get around. While she was in her cast, she was unable to drive. She relied on her husband or family members to drive her to appointments. The pain and fear of falling or getting bumped prevented her from going out of the house for leisure. After her cast was removed and she had enough flexibility in her knee, she began to drive again. During the winter, she didn't leave her home much, as she had anxiety about slipping on ice while using her crutches. Sophie used a Manitoba Parking Permit Program pass so she could use the designated parking spaces and did not have to walk long distances outside.

At the suggestion of the Occupational Therapist, WCB made several modifications to Sophie's home. A contractor put up bars in her bathroom and a special chair in her bathtub. She also had a ramp and railings put on the steps at her back door so that she could get out of the house easier. She believes without the ramp, she would have been stuck in her home more. Sophie mentioned that it has only been in the last while that she could go up and down the stairs inside her home.

Prior to Sophie's accident, she loved to paint, sculpt, and build things. She went through a period after her injury where she was not inspired, generally not feeling particularly creative or positive. On top of this, she found it difficult to move around to do these activities. It took nearly seven months for her to pick up a brush and start creating again.

The cast made it difficult for Sophie to wear her usual clothing. She had to switch from jeans to pants that she could easily fit over her cast. During her recovery, a close friend got married. Sophie was embarrassed that she had to wear runners and pants to the wedding. It made her feel very uncomfortable. She also gained weight from her inactivity.

Life changes for Sophie's friends and family

The accident has also had many impacts on Sophie's family. Ten days before Sophie's accident, she and her husband had moved into a new house. They hadn't even unpacked; they had just finished repainting the house. They had planned on renovating several rooms in the home; however, those plans were put on hold because of the accident. Sophie said it was terrifying financially. She had been working full time, picking up a lot of overtime prior to her injury. The payments she received from WCB were just an average of the amount she made over the previous nine months. That said, while she was off work, they didn't have difficulty paying bills. Sophie said that they were fortunate to have been financially stable at the time of her accident.

Sophie needed a lot of help after her injury; she had difficulty showering and getting dressed. Her husband helped her with nearly everything. As her husband had just resigned from his job (unrelated to Sophie's injury), he was at home to help her. He had to unpack and set up their entire house himself. He took care of all of the cleaning, cooking, laundry, and yard maintenance. Her husband rearranged their kitchen so that she could easily reach everything she needed. Items she would use often would stay out on the counter. It made Sophie feel bad having to rely on him for everything.

It was a very stressful time for her and her husband, but, ultimately, Sophie believes that it brought them closer together. For three months, they were together all the time. In fact, once her husband found a new job, he was worried about leaving her home alone. Thinking back, her husband believes that he may have delayed his job search because of Sophie's injury.

Sophie's family was also very supportive. Her dad came to visit her in the hospital twice a day. Both of her parents took time off of work; her mom took four or five days immediately after the accident, and her dad took off time to drive her to appointments. She also became closer with her brother; he would stop in to check on her often. Before her injury, she hadn't seen him in nearly five months.

The accident also impacted Sophie's relationships with her friends. Although she saw a few friends during her recovery, she really tried to keep to herself. She did not want anyone feeling sorry for her or to have to explain her story over and over again. This caused strain in some of her friendships; her friends did not understand why she didn't want to see them. Sophie said that she really did not feel social and was not the happiest person at the time.

While recovering, Sophie limited the social activities she participated in. She and her husband stopped going to movies and out with groups of friends. She had constant anxiety about people bumping into her and causing her pain or causing her to lose her balance. She also only attended a few of her youth group activities because the group held most of the meetings in a room that was located upstairs.

While Sophie was completing her back to work program, she had difficulty with a few colleagues. As part of the program, she was able to sit to take a break when necessary. Some of her colleagues saw this as a sign of weakness. It has affected the friendships she had at work because they were not supportive of her. Although her supervisor at the time was very supportive, he was also friends with some of her colleagues. This made things difficult at times.

Sophie's views on her life and her future

Sophie says that, physically and mentally, her injury is never gone. Her knee is still weak, and there are activities that she will never be able to do, such as tobogganing or skating. Her confidence is not what it used to be; she suffers extreme anxiety about falling. Anytime she slips, it turns into a big deal and takes her a while to calm down afterwards. When she goes out, she makes a point of trying to park as close as possible to a door and will not take the risk of going out when it is icy or slushy out. She walks slower and keeps her hand on something as she is walking, if possible — all things she never did prior to her accident.

Thinking about her future, Sophie knows that the biggest things in her life aren't going to change. However, there are things she may miss out on, and this makes her sad. She knows that her injury will affect things when they have kids. She had been looking forward to teaching her kids how to skate, which is something that she will no longer be able to do.

Despite these hard times, Sophie recently purchased a tread climber in hopes of starting to work out. This machine is good for her type of injury because it is low impact. This gives her hope that she will improve her strength and be able to move around a little faster. Since she returned to work, she started spending time with her friends again, so those relationships are back to normal. In terms of work, she has now met all of her training goals. She feels a lot better about things, even though there has been some strain in some of the relationships with her colleagues.

Evan's story

Background

Evan, who is in his early 30s, grew up in Ontario. He moved to Manitoba in 2006 and began working for a custom woodworking and carpentry company. Prior to this, he had worked for several years at a lumber yard.

One morning, two and a half years ago, Evan was training a new employee to use a table saw. He had ensured that all safety protocols were followed and all safety guards were used. Despite this, the piece of wood he was cutting jammed, causing the wood and his hand to be pulled back through the saw blade. As a result, all four fingers on his left hand were severed.

Evan's co-worker immediately wrapped Evan's hand with a towel and called for an ambulance. While his co-worker was on the phone with 911, Evan became dizzy and passed out, hitting his head on the floor. It took about half an hour for Evan to be transported to the hospital. When he arrived, he told emergency staff the accident happened while he was working. They assessed his injury and sent him immediately for surgery to reattach two of his fingers. His surgery took about 10 hours.

The following day, a WCB caseworker visited Evan in the hospital, explaining the next steps of his claim and the services available to him.

Treatment

Evan stayed in the hospital for two weeks; his wound was cleaned and fresh dressings were applied several times a day. He also received pain medication, when necessary. The medical staff used leeches to assist with blood drainage while the new veins were forming in his two reattached fingers. The surgeon provided several follow-up visits while Evan was in the hospital to ensure that his hand was healing. Unfortunately, Evan ended up with an infection in his index finger, which meant it took longer for his wound to heal.

Throughout the two weeks, Evan's reattached fingers looked pink and healthy; however, they suddenly became grey, meaning the reattachment did not take. Knowing that his fingers were dying, the medical staff removed them. Evan says that watching his fingers come off for the second time was very difficult emotionally.

After he left the hospital, a nurse came to his home two times a day to clean and redress his wound. The nurse would wash the area, cover it with a wet bandage, and then wrap it. This process was extremely painful because newly formed scabs would be ripped off. The nurse visited for about two months. At this point, his wound was no longer infected and only one finger needed a dressing.

Evan started physiotherapy once he was discharged from the hospital. He attended appointments about two times a month. During his sessions, his physiotherapist would assess his hand and arm movements and give him exercises to work on at home. In the beginning, the therapy sessions were extremely painful, as the wound on his hand would reopen. At Evan's request, WCB and his physiotherapist agreed that, once his wound had fully healed, Evan could see a personal trainer to assist him with muscle strength and relearning how to do certain things. He has not yet pursued this.

For the most part, Evan says he was not in extreme pain; his hand was numb and it ached. He would only take pain medication when the nurse or physiotherapist worked on his hand.

Evan also visited a chiropractor several times to assess and adjust his neck and back. He believes that there was some damage done when he hit his head as a result of passing out immediately after his accident. Only his first appointment was covered by WCB.

Life changes for Evan

Evan began a return to work program about a year after his accident. As there was a lot of nerve damage in his arm, it took him a long time to be able to work full time. He said he was really tired after working three days a week. Evan eventually returned to his job full time, doing the same work he was doing at the time of the accident. His position does not involve a lot of heavy lifting or hard labour. That said, he still has some difficulties with his job. The skin on Evan's hand dries out because he works with a lot of raw materials such as wood. His hand still aches a lot as he works; he doesn't know if it will ever get better. As part of his job, Evan is responsible for putting the finishes on cabinets and other wooden objects. Since many companies have stopped putting handles on paint cans, he can now only carry one paint can at a time. It takes him longer to do his job and this frustrates him. Also, he wears rubber gloves to protect his hands from the paints and finishes. As a result of not having fingers on his hand, the glove flops around and sometimes gets in the way of his work. He also has difficulty with picking up small items such as screws, bolts, and nuts. Evan is still trying to figure out if he will be able to continue with his job.

Prior to Evan's accident, he had always been good at saving money, which helped him over the past two and a half years. In fact, he says that he spent less money after the accident because he stayed home a lot. He also received a lump sum as part of his settlement, but he has not yet used this money. He was able to pay off his credit cards and student loans sooner than he would have been able to if he had been working. He was also able to travel to Europe during his recovery, with permission from WCB and his doctors. He believes that his attitude towards money and finances did not change because of his accident.

That said, Evan did feel as though he was forced back to work full time sooner than he should have been due to his wages. During his return to work program, he received less income than he received while he was on full WCB benefits. This pushed him to return to work full time. After returning to work full time, there were nights when he didn't want to use his hand at all because it was sore from using it all day.

There were many things that Evan had to relearn after his accident. For example, activities such as doing up buttons and zippers or cutting bread were very tricky. He found it a bit challenging, but he says that he managed. He still has difficulty with some activities such as washing dishes, cutting food, and opening jars. WCB did pay for a dishwasher and an electric jar opener, as well as other kitchen gadgets to assist him.

During his recovery, Evan considered himself housebound for nearly two months. He was not able to drive while he was on pain medication; he relied on his sister-in-law, Jane, to drive him to his various appointments. He almost never left his home during the winter. He said that once he started driving again, he felt better because he could do things on his own. Evan's injury has also affected his ability to exercise. Because of the healing process involving very small capillaries, his doctor told him to not increase his heart rate for a while. Once he started being active, he needed to go slowly, otherwise his hand would throb. Because of this, he has not been as active as he was prior to his accident. Some of his favourite hobbies before his injury were running and biking.

A huge part of Evan's life was playing the guitar, which he really enjoyed. He would often play at church or for friends and family. He was very skilled at it, being able to play anything he heard on the radio. Not being able to play has been hard on him, depressing him when he thinks about it. It has now been more than two years since he has played. He knows that he will need to relearn it using his other hand. Today, he has difficulty playing even a basic chord.

In Evan's opinion, his injury has spoiled many of his leisure activities. He misses hobbies such as rock climbing and running. Before his accident, he never had a TV in his home; now, all he does is watch TV. He is also more hesitant to play hockey with his friends, as he worries about becoming injured and gets tired faster than he did before. He has gone rock climbing since the accident, but not at the same level of difficulty as before the accident. One positive is that because he is right-handed, he has been able to continue playing Ultimate Frisbee.

Although Evan admits that he had a few rough moments emotionally during his hospital stay, he believes overall the accident has not really affected him negatively. He never felt isolated during his time off because he enjoys being by himself. WCB suggested that he go to see a counsellor, which he did a few times, but ultimately, he decided that it was not necessary.

Evan believes overall his attitude has improved since the accident. He says the accident has given him a different perspective on things, and that nothing gets him down now. However, he has noticed that he gets frustrated quicker than before, but he seldom voices this frustration as he might have before the accident. He has also found that because of his lack of activity, he does not sleep well.

Life changes for Evan's friends and family

During Evan's recovery, his roommate, Steve, was extremely supportive and helpful. Instead of using homecare services, WCB compensated Steve to take on this role. Evan felt that this arrangement was very beneficial because he was not comfortable having a stranger help him. Steve did a lot to help Evan, including assisting him with showering, grocery shopping, washing the dishes, cooking, and cleaning their home. Evan also felt more at ease talking with his roommate, which was one of the reasons he decided that he did not need to continue seeing a counsellor.

His family was also really supportive during this time; he saw his family much more while he was off work. His brother and sister-in-law would cook for him or invite him over for dinner frequently. They would also drive him to doctor and physiotherapy appointments. In general, Evan indicated that his accident has had a positive effect on his family, believing it has brought them closer together. He now knows how loved he is. Jane mentioned that Evan's mom tends to worry about him more now. She said that the family was really shaken up about the accident. His brother had even considered donating one or two of his fingers to Evan. Financially, Evan didn't need to rely on his family during this time, although his parents did lend him money for rent while he waited for the onset of his WCB benefits.

The accident has not had any negative effects on Evan's friendships. Aside from the two months when he was housebound, he sees his friends as much as he did before his injury. That said, as mentioned earlier, there have been changes in the amount of activity he participates in when he is with his friends. For example, he will go rock climbing with them, but now has more of a supportive role in the activity. Sometimes, Evan will use his injury as an excuse to not go out.

At the time of the accident, Evan was not involved in a romantic relationship. He believes that the accident has not affected his ability to meet someone. If anything, the fact that he is missing fingers is an ice breaker when he is meeting new people.

At work, Evan says his accident has affected his employer and coworkers. At first, they had a hard time coping with his accident, with many suggesting that it could have easily happened to one of them. His coworkers are now more cautious with equipment. When Evan went back to work, his boss would not let him do certain things, which made him feel incompetent. Since then, everything has returned to normal.

Evan's views on his life and his future

Evan describes his injury as having some effect on his life. Career-wise, he is still in the process of deciding whether his current job is going to work in the long term. He knows that there is a possibility that he could be retrained for a new career. He gets frustrated sometimes when he is at his job but manages to work through it. After travelling to other countries and seeing people who do not have safe guards such as WCB, he feels blessed that he has been taken care of so well. Financially, he is ahead of where he thought he would be at this time in his life, with all of his debt now paid off.

Although he still experiences pain and throbbing in his hand and arm when he is active, he is now interested in returning to the gym. He said he feels better and gets more sleep when he is active. He is looking forward to returning to the active life he had before the accident, although realizes that there may always be pain involved.

Despite Evan's difficulties, he is optimistic about his future. He has returned to volunteering with a youth group, and recently picked up his guitar again. Although he realizes that it will take a long time to get back to where he was with playing the guitar, he actually made it through a song the other day, which gave him hope.

Alice's story

Background

Alice, who is in her mid-50s, was born in Mexico. She came to Canada in 1970 and has been married to Bruce for about 40 years. Alice and Bruce have three children, one of whom still lives with them, and several grandchildren. Over the years, she has had a few different jobs, including working for a clothing manufacturer and in a restaurant. She is now certified in the health care field and has been working in the same facility for about 25 years.

Alice was injured about two and a half years ago, while she was assisting a client who had limited mobility. As she was rolling the client (who was lying on a bed) towards her, she felt a click inside her right shoulder. About an hour later, her shoulder was red and swollen. She continued working that day in some discomfort, not realizing the seriousness of her injury. She reported the incident to her supervisors immediately, as required; however, there was a delay on their end in filling out a report. The report was completed two days later, once Alice spoke with the human resources personnel at her workplace.

A few days later, Alice's shoulder still hurt and was now warm to touch. Alice decided to call her family doctor to book an appointment. In the meantime, Alice continued to work, even though she was experiencing severe pain. About two weeks after the incident, her shoulder completely gave out; she was unable to use it. A couple of coworkers examined her shoulder and told her she needed a doctor to assess it. She went to her appointment with her family doctor who diagnosed her with a sprained shoulder.

Treatment

Alice's doctor sent her to physiotherapy, hoping that it would help her shoulder. She attended appointments two or three days a week for about eight weeks; however, her pain continued to get worse. Suspecting that there was a more serious problem, her physiotherapist sent her back to her doctor with a request for an MRI. Alice's MRI took place at the Pan Am Clinic. Several days after the scan, the clinic called to let Alice know that she had torn her rotator cuff; she was referred to a specialist. She met with the specialist for the first time about four months after her injury had occurred. It was clear to the specialist that Alice would need surgery to repair her shoulder. Alice continued working on light duties until she went for her surgery.

Alice had surgery on her shoulder six months after it was injured. The surgery was supposed to be a fairly simple laparoscopic procedure; however, the injury was more extensive than the specialist initially thought. As a result, her shoulder was immobilized for an extended period of time, causing some adhesions. After the surgery, Alice used a special ice pump to help reduce the swelling. She suffered from severe pain and numbness at times in her arm and shoulder during her recovery. Alice did use medication for pain management but weaned herself off the medication as quickly as possible after surgery because she didn't want to create a dependency on it. Alice started physiotherapy again about four months after her surgery. Around the same time, she started working again, but on light duties.

Alice's shoulder did not respond well to the physiotherapy; the assessments in strength and range of motion did not show much improvement. Due to the adhesions, Alice was required to go for a second surgery about a year after her first surgery. After this surgery, she suffered some discomfort from the incision, but her shoulder felt much better; the pain felt more like surgery pain instead of shoulder pain. As soon as she had some movement in her shoulder, she restarted her physiotherapy. She went back to work on light duties about five months after her second surgery.

Much of Alice's treatment costs were covered by WCB. However, things such as over-the-counter medication and transportation to appointments (bus, taxi, or gas costs) were not covered. There were also a few times throughout her recovery when her physiotherapy was stopped by WCB until she could be assessed by one of their personnel. At these times, Alice stopped going to appointments instead of paying for them out of pocket.

Life changes for Alice

Although Alice is now back to full duties at work, there were periods of time when Alice was on light duties. Light duties consisted of mostly non-physical activities such as delivering paperwork. However, there were times, even on light duties where Alice had issues with her shoulder. She had to cut back on the amount of walking she was doing because her shoulder would ache endlessly. She did not often ask for help because she was determined to recover fully and believed that doing tasks herself would speed up her recovery. Even now, she still has some discomfort in her shoulder at times but is able to perform all of her required tasks. She is now more aware and careful of what she does with her arm and shoulder while at work. There was some discussion with WCB and her employer about job retraining, but she was told that she could end up in a completely unrelated job making less money. This made her feel degraded and helped her focus even more on her rehabilitation.

Because Alice does not drive, when her husband was not available to take her to doctor or physiotherapy appointments, she had to take the bus (which was her usual mode of transportation). At first, she found she was very nervous about riding the bus, as often it starts and stops quickly or is very crowded. She would protect her arm in a sling to make sure she didn't reinjure it and then take the sling off when she got to her appointment. In fact, Alice found that except for her appointments, she would not leave the house. Once her shoulder was improving, she no longer needed the sling for protection, and she could leave the house more often.

Since the injury, Alice has had difficulty sleeping, primarily due to pain and emotional stress. Also, she has difficulty lying on her bed as she normally did, especially immediately after her injury and her two surgeries. As a result, Alice has had to change her sleeping position because she can no longer comfortably sleep on her right side. Sometimes, she must use an extra pillow to prop her shoulder and arm into a comfortable position.

A favourite pastime of Alice's is cooking. She would often cook for her family and friends. After the injury, she had a very hard time performing many of the tasks required for cooking such as chopping vegetables and opening jars. Therefore, she didn't do much cooking for a long period of time after her injury.

Before Alice's injury, she would go several times a week to walk around a track for exercise. She enjoyed her time at the track and found it was a great way to stay fit. After her injury, she was unable to continue this, as she was in too much pain. She has started back again this past summer. However, she hasn't been able to walk as intensely as she had before.

Life changes for Alice's friends and family

Immediately after Alice's surgeries, she needed a lot of assistance from Bruce. He took some time off of work to help her. She was unable to cook, shower, or clean their home or laundry. Alice did try to use her other arm and shoulder to do things so she wasn't just sitting around the house doing nothing. However, if she couldn't reach something in a cupboard, she would get a chair or wait for Bruce to get home to help her. Bruce also would leave work to drive her to doctor appointments, when necessary. He was a huge support during this time. That said, the injury did cause some strain in their relationship, with Alice being in constant pain and Bruce having to pick up a lot of the house duties on top of working full time.

Alice felt like she was working so hard on healing that her family suffered. She didn't make time for her husband, children, or grandchildren. Her daughter did come over to help out, but Alice felt bad because her daughter had her own family to take care of. In fact, during Alice's recovery, her daughter had a baby. Alice feels guilty that she was not able to help her daughter during this busy time. Even holding and cuddling her new grandchild was difficult.

Things were also hard on Alice and Bruce's teenaged son. They tried really hard not to disrupt his schedule and to keep things consistent. Bruce tried to do as much around the house as he could so their son could focus on his studies. Alice felt like she let her son down, as she could no longer cook for him or do his laundry. She also wasn't able to spend as much time with him as she would have liked because she was in so much pain and focussed on her rehabilitation.

During her recovery, Alice's brother, who lived in Mexico, became ill. She was unable to visit him because WCB would cut off her benefits while she was out of the country. This is something that weighs heavily on her heart. He passed away shortly after she returned to work full-time last year. Alice really would have liked to spend more time with him during his illness and to have been there to support her family.

Both Alice and Bruce agreed that they were fortunate to be a two-income family. While Alice was off work, they relied heavily on Bruce's income, still managing to pay for bills and expenses without any issues. There were points throughout Alice's recovery when her WCB benefits were stopped while her file was reviewed. It was particularly difficult during these times because they had to rely solely on Bruce's income. Contributing to savings and going on holidays had to be put on hold.

She did not feel that she needed to see a counsellor; Bruce and Alice have a close relationship where they talk to each other a lot. They often discussed their situation and tried to stay positive about it. They have very good communication, so professional help wasn't needed. Bruce was a huge emotional support for Alice.

There was no time for socializing while Alice recovered. They did not spend time with their close friends and really didn't have anyone over to their home. The only time Alice left the house after her surgeries was for appointments. Then, once she started back to work on light duties, it was work, home, and family. There wasn't time for anything else. Even family celebrations were put on hold.

Many of Alice's coworkers didn't think she would be able to return to work. They were very pleased when she came back. While easing back into work, she did not rely on her coworkers for much because she wanted to gain her strength and do things on her own. Her coworkers were very supportive, always offering to help. Things were a little different with her employers. They pushed her to come back to work. At one point, one supervisor told her that if she could walk, she could come back to work. She said that this experience has shaken her confidence in the system and her employer. She really feels as though they were trying to intimidate her. She sensed that they didn't want her there anymore and that she had to prove herself all over again. That said, she is now confident again at work; she knows can do her full workload without needing assistance.

Alice's views on her life and her future

Although it was a very hard time in Alice's life, she has moved on. She believes it was a victory. She is very pleased with how her shoulder has healed; it is better than she expected. It still causes her some discomfort at work and at home, but it's manageable. She has been able to go back to work and complete all tasks that are required of her job.

While things at work are back to normal, Alice still has some hard feelings for her employers. After being there for 25 years, she said her employers didn't need to treat her as they did. She has regained her confidence but doesn't know if she will ever feel the same about her employers again.

She strongly believes it is important to have good self-esteem. She stayed very positive through the hard times, trying to focus on getting better. Although it was difficult at times, she believes that being positive is what helped her get through. Both Alice and Bruce have moved past her injury and are now focussed on the future. Alice said that there is no point in dwelling on the past. This injury tested their relationship and proved that they are a strong couple and can get through the tough times.

Ben's story

Background

Ben, a man in his early 30s, grew up and went to high school in Winnipeg. For work, he helped his father in fishing, and then worked in the construction industry (flooring and tiling) for several years. Ben has been in a relationship with Linda for over 12 years, and they have one daughter.

One day at work, Ben and his coworkers were unloading cement and other heavy materials into a wheelbarrow. While lifting the wheelbarrow above his shoulders, Ben pulled a hernia near his pelvis, although he did not know it at the time. He had never had a hernia before, and did not know how it would feel. He went to his family doctor, who suspected the injury was a muscle strain. Ben continued to work with the pain, and the true nature of the injury would not be known for several weeks.

Treatment

Under the assumption of a muscle strain, Ben's family doctor wanted to send him to physiotherapy, but the pain got to be so severe that he had to go to the hospital. The medical staff at the hospital suspected Ben had an infection, so he had to undergo different tests at various hospitals, including a few ultrasounds. Finally, one ultrasound revealed that Ben had a hernia. By this time, he had experienced a great deal of pain, and had been working with the pain for about two months.

After the hernia was discovered, Ben underwent surgery to repair it. The surgery left him housebound and in bed for two weeks, after which he slowly regained his mobility, but still had significant pain. The surgeon said that Ben would be ready to go back to work about six weeks after the surgery. After these six weeks, he was still in a lot of pain, so he underwent an MRI scan to see if there was still anything wrong. The doctors said that the pain he was feeling was probably from a muscle spasm, and he would have to be sent back to work.

Ben went back to his job, and since his employer would not train him for different kinds of work, he had to resume the work he was doing before his accident. Although he tried to keep working, he found that the pain was still too severe for him to continue. Despite still being in pain, Ben's WCB benefits ended at this point. In contrast to the predicted six week recovery period, Ben was not able to work for a total of four or five months after his surgery.

The injury and the pain made Ben experience feelings of sadness, depression, and anger. He discussed these feelings with his family doctor, who provided some information on counselling and therapy. Ben attended therapy for a while, and was prescribed some anti-depressants; however, the medication made him feel sick and even more depressed, so he stopped taking it. Ben has not been prescribed any medication since then.

Today, the pain is not as bad as it used to be, but Ben still feels something is wrong in the general area of his injury. Although he has been able to find occasional and part-time work, he is currently laid off from his job.

Life changes for Ben

The pain of the injury, and the surgery to fix the hernia, placed many limitations on Ben. He could not do much when he was housebound and in bed for two weeks, so he relied on his partner, Linda, to help him with everyday activities. She would have to help Ben every time he wanted to get out of bed. She also did all the cooking and helped him go to the bathroom. Gradually, he began to walk and move around again, but this was very difficult because of the pain. Ben could not even pick up his young daughter. He also experienced permanent numbness on a part of his body, as the surgery required cutting one of his major nerves. To this day, Ben must be careful when lifting things, because he feels he may reinjure himself. Everyday activities, such as getting dressed and putting on shoes, are challenging for him.

Ben has also found it very difficult to get around. During his recovery period, he could not walk up or down stairs, so it was not possible to leave his apartment. The pain also prevented him from exercising at home, so he began to fall out of shape. Today, he finds he is slower than he used to be, and it is very hard to run. In fact, all he can manage is a “fast limp” when he tries to run. This means that he has to leave earlier when going to work or other places, since he is slower and cannot run to catch a bus. These days, when Ben goes out, he has to be very careful to not bump into things or fall down, as he worries he will worsen the injury and need to spend time recovering again.

Going back to his old job after his recovery was a challenge for Ben. Since his job is very physical, he had to be much more careful when carrying or lifting things, or bending over. Ben and Linda also say that, before his injury, he would get calls to do lots of different jobs, both big and small. He was seen as one of the best workers available. However, since the accident, he is only called for certain jobs, and is frequently laid off. Linda believes that Ben’s employer does not think he can do as much work as he used to do. Ben says that, the first time he went back to work, his boss knew about the hernia, but did not ask about it, and did not give him any lighter duty work. Ben did not get the sense that his employer cared about his injury; instead, he saw Ben as replaceable. He then had to make it seem as though he could still do all the jobs he used to do, to avoid getting laid off.

Aside from physical impacts, the injury has taken an emotional toll on Ben. He had a hard time sleeping after the accident, due to the stress and the pain. Linda also says that Ben is self-conscious of the scar from his surgery. At work, Ben is teased by his coworkers, with some of them saying he used to be strong, but is now weak. This had led Ben to feel anger and jealousy towards some of his coworkers. He does not trust his coworkers as much because of this. While he used to be a happy worker, he now feels miserable at work, because of the limitations of his injury. In terms of Ben’s social life, the accident has reduced his self-confidence, and he also feels stressed out because he cannot go out with his friends as much.

Life changes for Ben's friends and family

The accident has also had many impacts on Ben's family. When he was confined to bed after the surgery, Linda had to take care of him all the time, which was stressful for her, especially since she also had to take care of their daughter. Simple family tasks, such as getting groceries, became challenging for them, especially since they did not have a car. Linda had to go get groceries alone, and carry them home by herself. She was also experiencing her own health issues after her pregnancy, so with Ben's health challenges on top of that, she began to feel overwhelmed.

Ben's family was financially challenged after the accident, especially since he was the only income earner in the household at the time. This was a large source of stress for the family. They had to take out small loans to keep up with the bills while Ben was recovering. They also had other expenses because of the injury, such as cab fare getting to and from the hospital, and other travel expenses. The family also made some sacrifices to save money for the bills: for example, Ben and Linda cut down on smoking, and did not go out to dinner or movies as much. They used to be able to live comfortably, but since Ben can only find occasional work, they have to budget very carefully. Also, while Linda wanted to work during Ben's recovery to help pay the bills, she was unable to because she had to take care of their daughter. This made her feel helpless and stressed out. The family has used up most of their savings, and has had a hard time earning them back while living paycheque to paycheque. Even after more than two years, the family has not been able to get back to where they were, financially speaking.

Since Ben and his family were having tough financial times, they had to borrow money from both sides of their extended family in order to pay their bills on time. This made Ben and Linda feel very guilty, especially because their extended families were also going through tough times. Linda's mother was able to help Ben by making him soup and driving him to and from his surgery. Both Ben's parents and Linda's parents became very worried about him, and spent a lot of gas money travelling around to see him. While Ben and Linda appreciated the help and the visits, this made them feel even more guilty.

The injury and the stress of the family's financial situation has taken a toll on Ben and Linda's relationship. They began arguing and were short-tempered with each other. Part of the problem was that they were both at home all day while Ben was laid off, and both felt helpless, which caused them to clash more. Ben's injury has also reduced their sex life, since the injury is still painful. Although she didn't mean to, Linda had feelings of blame towards Ben, and put a lot of pressure on him to fix things.

Ben and Linda's social and family lives have changed since the accident. Ben can no longer wrestle and horseplay with friends and family, including children, and he says they now think of him as a weak man. He says his friends and family treat him differently because of this. Since they have had to start saving money to pay bills, they have stopped going out as much. Ben and Linda no longer attend big parties as they used to, but they are still able to have supper with their families. When he was housebound, they could not take their daughter to cultural festivals and other events they wanted to attend. During Christmas time, Ben and Linda tend to get stressed out and feel badly, because they want to provide their daughter with everything she wants, but find it hard because of their financial situation.

Ben's views on his life and his future

Ben wishes that his injury would have never happened, and he feels as though he is a different person now. The injury has changed his routines and lifestyle, and made everyday tasks much more difficult. He used to enjoy going to work, but now dreads it, because he cannot do the same things he used to do. He worries he will have to change jobs, which he does not want to do, since he still likes his old job.

Based on everything that has happened, Ben does not see his family having a good future. For example, he believes that, if the injury had never happened, he would be moving up in his company. However, he is now an unhappy worker, and is only able to find occasional jobs. He worries that he will not get hired at other companies, because he will have to inform them of his accident, which may cause companies to pass on him.

Ben and Linda worry a great deal about paying their bills. They used to be able to cover them all with a single paycheck, but now have to make sacrifices to pay them. They spent most of their savings during Ben's recovery, and have not been able to earn it all back. Although Linda is now working, she is not making as much as Ben would have made at his old job. The fact that they have a daughter also adds to the stress of their financial situation.

Despite these hard times and worries about the future, Ben has made progress in his recovery. The pain is not as bad as it used to be, and he can now pick up his daughter, which means a lot to him. Linda also believes that Ben's self-confidence is improving. The couple also says that their relationship has improved, and they are not fighting as much. They describe their roles as being reversed, with Ben staying home and taking care of their daughter, and Linda working during the day. Overall, while the future is still not certain for Ben and Linda, they have clearly both made progress in making better lives for themselves and their family.

Edward's story

Background

Edward (Ed for short), a man in his mid-30s, was born in Central America and came to Manitoba with his family when he was a boy. He graduated from high school in Winnipeg and then went straight into employment. He worked in a number of different industries, such as lumber, metal, water testing, and finally oil and gas. Ed met Shannon a few years after high school, and eventually they married and had children. They currently have two children, and Shannon is pregnant with their third. They have been together for over 10 years.

One day on a work site, Ed and his coworkers were disassembling a large piece of equipment. It was supposed to be Ed's week off, but because of a staff shortage during that time, his supervisor asked him to stay and help with various tasks. Disassembling this particular piece of equipment was not Ed's job, but because the office could not send an appropriate worker to the site, the task fell to him. When he was removing a part of the machine, a heavy piece suddenly fell from the top. Ed pushed one of his coworkers out of the way, since he had been standing beside him and could have been hit by the falling material. The piece fell and tore off Ed's thumb, and sucked out a long tendon with it. Ed says his adrenaline kicked in, and he was able to maintain self control and find his severed thumb.

One factor that led to the accident was that Ed was used to having the equipment assembled a certain way; however, the worker who assembled it had done so in a different way, which meant that the machine needed to be disassembled differently. Ed had no way of knowing that the machine had been assembled in a way that he was not accustomed to, and was therefore was not expecting the piece to fall while he was working. Despite the severity of the injury, Ed says it could have been a lot worse. Ed has been off work since the accident.

Treatment

Ed was hospitalized after the accident and received medication for the pain. Unfortunately, his thumb could not be reattached. He required many different surgeries to repair the area near the injury, fuse a bone, and be able to grab things. Ed was fitted for a prosthetic, which he now wears on his hand most of the time. The rehabilitation process was long and stressful for Ed and his family.

To cope with the pain, Ed was put on medication. However, he still experiences constant pain and irritation, and even headaches. He finds himself emotionally unstable due to the stress of his situation, having once had a nervous breakdown. While Ed briefly talked to a counsellor about his problems, it did not work for him, as he is not the kind of person who talks much with others about his troubles.

Life changes for Ed

The loss of Ed's thumb has led to many physical challenges for him. Even though he is on pain medication, the nerve damage in his hand still causes him pain and discomfort. This makes grabbing things even harder for him. Anything that would require the use of both hands — from doing up buttons to shovelling snow — is now much more difficult for Ed. When he picks up his children, he is unable to sense how much grip he needs, so he has accidentally hurt them on occasion while trying to lift them.

Ed finds it harder to be as active as he was before his injury. For example, he used to snorkel and play basketball, but can no longer do those things. He can occasionally still swim, but he must wear his prosthetic in the water, and even then it is more difficult for him to paddle. He can still play soccer, but finds that his balanced has changed, and is worried about falling and reinjuring his hand. Ed and Shannon believe his lack of activity has reduced his overall health.

One of the most challenging experiences for Ed has been his school situation. Since he can no longer do the work he used to do, WCB covered his tuition for a program at Red River College. Ed felt he was rushed into the program, as he had not yet undergone all of the surgeries he needed. Even so, Ed was having success early on in his program, and was enjoying it. However, some time later, WCB placed him in a different program, which he is dissatisfied with. He does not feel that he is suited for the jobs that this program would lead him into, and he is not as interested in the courses. He believes his original program was much more suited to his skills and past experiences. On top of that, Ed was diagnosed with a learning disability, but has not been allowed to spread out his course load to make things less intense for him. Ed feels an extreme loss of control over his life, as he was not able to choose his Red River program, which may determine the direction of his career. He also believes that the program crams too much

information into a short time frame, which will make it hard for him to retain the knowledge he has gained.

Ed's school situation has caused him a significant amount of stress, which in turn, has had other impacts on his life. He finds himself emotionally unstable, and he frequently experiences frustration and headaches. His stress levels were especially high during his final exams. Ed says that he has almost no appetite because of the stress, and often only eats once per day. He also says he is less sociable these days, and is less able to deal with people. He does not go out at much, even to go shopping, since he is more comfortable at home. Shannon says that Ed is not as composed at home anymore, and that the stress is even giving him cold sores and affecting him in other ways. Overall, Ed says this difficult experience with school and dealing with WCB has left him emotionally broken. Ed and Shannon say that, before his accident, he never had emotional problems like this.

Life changes for Ed's friends and family

Since the accident, Ed and his family have not been able to do as many family activities together. Part of the issue is that Ed needs a lot of time to attend classes and study for school, which is time he spends alone. He finds he no longer has the time to cook for his family. Another big challenge is that, since Ed has been on WCB benefits, he makes less than 60% of what he had been making at work. With such a dramatic loss in wages, Ed and Shannon have had to cut back on many different things. For example, they do not get to go out for dinner nearly as much as they used to. The family also used to go to Kenora almost every weekend in the summer, and would go on a big trip at least one per year, but they no longer have the money for these trips. They went to Kenora once last summer, but Ed had to return to Winnipeg twice for school, and the trip set the family back two months, financially speaking. When family members back home passed away, Ed and Shannon were not able to go visit and comfort their relatives. They could not afford to travel: not only would the trip cost money, but Ed said he would not receive WCB benefits for the time that he spends out of the country. Due to their tough financial situation, Ed and Shannon said they had to change their entire lifestyle: they had to move from a house to an apartment, change vehicles, and start buying cheaper, lower-quality food, which they are afraid will make the family unhealthy.

Ed has a tough time receiving support from his family, partially because he is not close with his parents. His sister has opened her arms to him, and encourages him to talk to her about the issues he is dealing with. However, he feels badly about this, because he knows his sister is going through issues of her own. Ed says he is not comfortable burdening others with his own issues, so he does not want to talk to his sister much about his troubles.

The stress has been hard on Ed's family. Shannon has difficulty sleeping at night, and has trouble dealing with all the instability in their lives. She has also had to take on a lot more responsibility around the house (tasks such as cooking and cleaning), which is an added stress. Shannon also says that Ed needs a lot of time to concentrate on school, which leaves him little time to play with their children or talk to her. She says the situation has been very frustrating for her, and she occasionally breaks down, often hiding what is truly going on. However, she says she needs to stay strong for their children.

Ed and Shannon's social lives have also suffered as a result of the injury and the experiences afterward. In general, they are not as involved in the community as they used to be. They can no longer go to Folklorama, because it is too expensive. Previously they missed out on some Easter activities with their church, but this year they are going to try to participate. Ed in particular used to be a lot more social, attending birthdays and other parties, but now does not do those things as often.

Ed's views on his life and his future

Ed says he has experienced a total loss of control in his life, especially because he is in school for something he does not want to do. He describes himself as being emotionally crippled and isolated by this entire process, as though he feels trapped and is unable to rely on himself. Ed and Shannon believe that, even when Ed is finished school, he will not be able to make nearly as much money in his new job, compared to his old one. Their family has suffered from the instability that followed the accident, especially since their income fell substantially. Ed and Shannon desperately want to provide stability for their children, but are concerned that they will not be able to for a long time. They are also worried that Ed's WCB benefits will be reduced or eliminated in the future, which would further worsen their financial situation.

Although they have faced many challenges, Ed and Shannon are resolved to stay strong for each other and their children. They have both come from families they say were broken, so they know what it is like for children to grow up in that kind of environment. Ed and Shannon love each other very much, and will continue supporting each other, even through these tough times.

Jennifer's story

Background

Jennifer, who goes by Jen for short, grew up and went to school in Winnipeg. She went directly from high school to university, where she obtained a nursing degree. Now in her late twenties, she has been a nurse at a health centre for about five years. She met her friend Susan a few years ago, while they were working in the same department.

A large part of Jen's job has always been to work with medical machinery to perform services on patients. Gradually, she wore out one of her wrists due to the repetitive and straining motions she was required to do. Although she felt some minor discomfort over time, one day she woke up and found that she could barely move her wrist. The pain was much worse than it usually was, and she was not able to go to work. Concerned that she may have become seriously injured, Jen decided to seek treatment immediately.

Treatment

Jen went to a walk-in clinic to have her wrist examined, because she could not see her regular doctor on the same day. The doctor at the clinic wrote her a note saying to rest it for two weeks. Despite being off work and resting her wrist for two weeks, her wrist was not improving, so she decided to go to the Pan Am Clinic. The doctors there said her wrist would need more time to heal, and scheduled her for an MRI. The MRI revealed that she had a strain and a tear in her wrist.

Jen began attending physiotherapy two to three times per week, where she would receive some heat and ice treatments, and would undertake some exercises. Jen also had to wear a splint so that she could not move her wrist, because moving it could have further damaged it. Eventually, she transferred to another physiotherapist who was closer to her workplace, and the new physiotherapist said that the wrist guard she had been wearing the whole time was wrong, so they gave her a new one. Jen had to wear a wrist guard for several months, which was physically very painful for her and would often cause her wrist to swell up. She was off work for about six months during this time, and even though she has since gone back to work, her wrist constantly bothers her.

Life changes for Jen

When her wrist was injured, and especially when she had to wear the splint, Jen found that previously trivial physical tasks had become challenging. She had not thought of how big of an impact little things would have on her life, such as having difficulty pushing grocery carts and carrying heavy things. She could still cook, although she had to do so with only one arm. In fact, she had to learn how to do many different physical tasks using only one hand. Jen could barely exercise, because the motions of running and other kinds of activities would cause her great pain in her wrist. She could not go to the gym for a long time, and even today, lifting weights is out of the question. Constrained from most physical activities, and forced to stay sedentary for most of the day, Jen found herself gaining weight and getting depressed. She recently got back into running, but has not yet been able to play soccer, do hot yoga, or go snowboarding, which were some of her favourite activities. Jen wants to get back to doing these things, but worries that she may reinjure her wrist if she tries them.

Jen is currently working at her previous job, but finds that she needs to be more careful, and must avoid performing certain tasks. She also tries to stay in one area of the health centre that has more aides, so she does not have to do all of the physical work herself. During her back to work program, she mostly carried around charts and did paperwork, and did not work much with machines. However, Jen thinks that this prolonged her injury, because the charts were very heavy to carry around all day. She found the light duties to be a little demeaning and boring. She was also frustrated when her coworkers and patients would ask her to do things, but she was not able to help them. Some patients even started asking her why she could not do those physical tasks, which Jen felt was none of the patients' business. While most of Jen's coworkers have been understanding about her injury, she says some of them make comments implying she is faking her injury. However, she does not let them bother her very much.

One of the most stressful experiences for Jen was dealing with various financial challenges. After she was injured, the meeting with WCB did not occur for almost two months, so she had to wait a long time to receive her first benefits cheque. When it arrived, the amount was less than it should have been, and it took even more time for the mistake to be corrected. Furthermore, when she went back to work, she had lost her health care spending account, and it took several months for it to be reinstated. Some vacation pay was also incorrectly deducted from her paycheque. Jen was able to sort out these financial challenges and receive most of the money she was entitled to, but the process was long and stressful each time, and also prevented her from having the money when she needed it the most. In addition, since Jen was off work for six months, she received her regular raise six months later than she would have normally received it, which was yet another financial cost.

With all these financial challenges, Jen had to dip into her savings account to make ends meet, which prevented her from making any investments. She had to cut back on things such as clothes shopping, movies, going out for dinner, and other things she used to do for fun. She also tried to buy more groceries on sale, and would often end up buying lower-quality (but less expensive) food, which she believes was unhealthy and not good for her healing process. Jen could not travel during her recovery, mostly because it would cost money and she would also not receive her WCB benefits for any time spent out of the country. Susan wanted Jen to go to with her to Minneapolis last summer, but she was unable to go because of her financial constraints.

Life changes for Jen's friends and family

Jen's friends and family members were not extensively affected by her injury, but there were a few impacts. As previously mentioned, Jen could not go out and see her friends as much, although they seemed to understand her reasons. When Jen did go out, she would often wear long sleeves over her wrist guard (even in the summer) because she did not want people to know about it. They would sometimes make fun of her for wearing her wrist guard, but she also thought it was funny. Since Jen is back at work, she is a little more able to go out and have fun, but still has some physical limitations.

Jen's family also helped her out financially, for which she was very grateful; however, she felt badly about this, because she would have never asked them for this kind of help. To return the favour, she helped out at her dad's work by doing some paperwork for him. She was, however, a little frustrated when her relatives were constantly calling her to ask for updates on her injury. Overall, Jen's relationships with her friends and family members did not change much as a result of her injury. In fact, Jen says she is lucky to have so many friends, as they helped her cope with some of the limitations of her injury.

Jen's views on her life and her future

Describing her wrist as 80 to 90 percent healed, Jen says she has more or less gotten back to her normal life. She does not let her injury hold back her life, and she believes it will continue to get better. She knows that she is still young and was able to cope fairly well during her time off work. That said, she still experiences regular pain and discomfort in her wrist.

Jen worries a little about the future, because she is unsure what would happen if she were to reinjure her wrist. She does not try many new things anymore, because she is nervous about getting injured and having to miss more work. She is currently switching from 8 hour work shifts to 12 hour shifts, but wonders what this might do to her wrist; previously, she would have never given this a second thought. Jen and Susan also considered going to the United States for work, but were held back because they were not sure what would happen if Jen were to get injured again in another country. Overall, even though she has made a great deal of progress in her recovery, Jen feels she must be very careful to protect her wrist, because never wants to go through the same experience again.

Mike's story

Background

Mike, a man in his mid-30s, grew up and went to school in Winnipeg. He worked in a few different restaurants, but since then he has done various kinds of construction jobs, such as stuccoing and masonry. He has been in a relationship with his girlfriend, Courtney, for over eight years.

One day at work, Mike was holding a container that was meant to be filled with construction material by another worker. A miscommunication occurred where Mike's co-worker believed he heard Mike say he was ready to receive the material, when in fact, Mike had only asked him a question. Mike's co-worker then dumped the heavy material into the container, which hit with great force. Mike did not have time to brace himself, since he did not expect the transfer to occur. In fact, he had not even been looking in the direction of his co-worker. As he was still holding the container, the force was great enough to injure him.

The source of the injury was not immediately clear. Mike experienced severe pain in his stomach and side, and was not sure what happened; he believes he may have been in slight shock due to the accident. At the time, he suspected it was a hernia. His coworkers helped him off the work site and he went home, where he called his doctor and got an appointment for the next day.

Treatment

Mike's doctor believed the injury was located somewhere in the front of his body. The doctor sent him to a physiotherapist, who began various treatments, including acupuncture and stretches. However, Mike did not find the treatments helpful. He went to see another physiotherapist, who suspected the problem was actually in his back. An MRI confirmed that the injury had occurred in Mike's back, and nearby nerves caused the pain to spread to his stomach and leg. He then went to see a back specialist, who recommended different physiotherapy treatments, including aquacising (exercising in water). Mike's spirits improved a bit, as the specialist was convinced that, over time, the injury would heal. Later on, Mike had a second MRI which showed slight improvement, although the injury was still impacting the nerve, and he was still in a lot of pain.

At various times over the last few years, Mike felt he was making progress and his injury was healing. However, he believed he was not given enough time to focus on his recovery. For example, the WCB put him in a work hardening program and tried to send him back to work, but he was not ready for it. Mike also felt rushed by some of his physiotherapy treatments, as though they were trying to "force" him to get better. Eventually, his WCB benefits ended, and he could no longer afford to aquacise or attend physiotherapy. Mike believes he would be further along than he is now, had he been able to continue doing these things. While the injury has healed somewhat since the accident, he still experiences regular pain and discomfort and has not been able to return to work.

Life changes for Mike

Since the injury, Mike has had to train himself to avoid certain activities that might otherwise be natural for him. For example, if he drops something, his natural reaction is to bend over and pick it up; however, this would cause him extreme pain. Also, shaking snow off his boots nearly caused him to collapse from the pain. He has learned to avoid these actions and has trained himself to think before he moves, which he finds frustrating and limiting. Everyday tasks have become a challenge for Mike. He is still able to put on clothing and shoes, but with much difficulty.

Mike has a hard time getting comfortable because his back is always bothering him. He cannot sit in a car or a movie theatre for very long, because being at a 90 degree angle is the most painful position for him. Even sitting on a couch for too long will cause him pain and discomfort. If he is forced to hold a position for too long (as he would be in a moving car), the pain is always worse the next day. Mike also has difficulty moving around with the pain, so jogging and most sports are out of the question for him. Since being in the same position for too long hurts him, he sleeps very poorly at night, and has to get up frequently and adjust his position.

Aside from the physical impacts, the injury has had some emotional consequences for Mike. He has suffered some depression due to the limitations that have been placed on him. He has also lost some of his pride as a result of the accident. Although Courtney helps him a lot, he will not ask her to help with bathroom activities such as showering. Mike says that he would not feel like a man if he needed help in the bathroom, and would rather struggle through it than have Courtney help him. Mike also mentioned that his parents came to put in a new door and build a deck for the house, and he was unable to offer any help at all, which made him feel depressed and useless. In addition, when Mike and Courtney go grocery shopping, Courtney has to carry all the bags, and Mike notices people giving him judgmental looks, because it appears as though he is being lazy and not helping his partner.

At one point, it appeared that WCB would pay for Mike to go back to school and learn a new profession, which he was very excited about. He even bought a car in preparation for going to school, which he needed to go to and from the campus. Courtney said that, when Mike was about to go to school, he was happier than she had seen him for a long time; previously, he had been very depressed about his injury. However, during a medical appointment shortly before he was to begin school, the WCB doctor said that Mike was ready to go back to work, and his WCB benefits ended shortly after. Mike was no longer able to go to school, and has still not been able to resume his former job. He describes the situation as having a possible future “ripped away” from him, because he could no longer go to school. In addition, buying the new car and then having the WCB benefits end worsened Mike and Courtney’s financial situation.

The injury had other financial impacts on Mike and Courtney. Since Mike’s WCB benefits ended, Courtney has been the only income earner in the household, and this has significantly reduced their income. They cannot afford to send Mike to physiotherapy or aquacising classes, although he would very much like to continue these sessions, as he found them helpful in his recovery. Mike would like a grab bar to help him in the shower, and a more comfortable couch to support his back, but again, he and Courtney do not have the money for these things. The couple also used to eat much better food before the accident, but now mostly eat lower-quality, less expensive food. Mike and Courtney also used to enjoy being spontaneous, going to movies, and

going out to dinner, but need to save their money for paying essential bills. They also used to have plans for renovations to their house, but have been forced to put those plans on hold. Mike has had to pay for several other things out of his own pocket, such as icy hot patches, a holster for the bed, some pain medication, and back pillows.

Life changes for Mike's friends and family

With Mike facing physical limitations, Courtney has had to take over many everyday tasks in their household, such as feeding their dogs and filling up their water dishes, tying Mike's shoes, and anything else that would require bending down or lifting heavy objects. She also takes out the garbage and recycling, shovels the snow, and does more cooking. She has learned to pick things up when Mike drops them, so that he does not hurt himself while trying to retrieve them. Mike feels very badly that Courtney has to do all of these things, but he is unable to do the tasks himself.

Mike and Courtney have found that the accident has been a strain on their relationship. There were many different factors that were tough on them. For example, they can no longer sleep in the same bed because Mike must frequently get up and adjust his position, which would wake up Courtney. They also used to go out for bike rides and meals, but are now mostly confined to their home and do not have much to do for fun. The stress of their financial situation has also caused them to fight more, especially around Christmas time, when they want to buy nice gifts for their families, but do not have the money. Mike and Courtney have also had to put their plans for having a child on hold, as it would not work with their financial situation and with Courtney having to do most of the work around the house. Mike is worried that his back will not heal in time for them to have children, which is very stressful for the couple.

Mike's social life has also been affected by the injury. He no longer sees some of his friends who he used to join for biking, jujitsu, and a pool league. Mike and Courtney still have some of his friends over at their place, but not as frequently as before, and for shorter amounts of time. Mike puts away all of his pillows when he has friends over because he finds it embarrassing to have them all around the house. However, this means he gets uncomfortable quickly, and after a couple of hours, looks forward to his friends leaving so that he can get into a better position. He also finds that he cannot go out for drinks or go to a friend's cabin because he knows he will be miserable the entire time.

Christmas time is especially difficult for Mike and his family. If Mike and Courtney go out on Christmas Eve to spend time with one side of the family, they know Mike will not be able to go out much on Christmas Day, because he will be in too much pain. They also used to love giving meaningful gifts, but find it difficult to buy gifts on their reduced budget. Mike used to love Christmas and the happy feelings that came with it, but he now says those feelings are mostly gone.

Mike and Courtney have been receiving some financial help from their families to help them get along. For example, Mike's father has given him some money, helped build a new deck, provided food, and paid for car insurance. The couple is now in debt, but they say they would be in far greater debt if they had not had financial help from their families. Mike feels very guilty about the money, because he never would have considered asking for money before his injury.

Mike's views on his life and his future

Mike says he sometimes feels like a different person since the injury. He is not as healthy or active as he was before the accident, and has also not been able to return to work and do what he enjoys. He must also be very cautious while doing daily activities so that he does not reinjure himself. He had a much more positive outlook on life when it appeared as though he would be going back to school, but was very disheartened and disappointed when that did not happen. He is now constantly frustrated and stressed because of his physical and financial limitations, and also tends to get depressed. It has been hard on Courtney as well, who is now the sole income earner in the household, and has had to pick up many tasks around the house. Both Mike and Courtney find they often cannot enjoy doing the same things they used to, and their relationship has suffered from it. They are also worried that they will not be able to have children if things do not improve soon.

Despite these difficulties, Mike knows he is still young and that his injury will most likely continue to heal. He has already made positive steps in his recovery and is a little more able to do some of the physical things that were taken away from him. Mike and Courtney say that they know things will get better, so they do not let the injury get them down as much as it could.

Robert's storyBackground

Robert, who is in his mid-50s, grew up in rural Manitoba. Once he completed high school, he attended university for a few years before choosing to work in the trades. He began working for different contractors at a young age, working in several provinces and territories across Canada. He has lived and worked in Manitoba for the last 10 years. Robert has been married to Bridget for about 25 years and they have three children: two who are in university and one in high school.

About two years ago, Robert's accident occurred in the later part of a shift he was working for his current employer. Although he was following all safety protocols at the time of his injury, a piece of rock fell and hit him on his shoulder. The rock was large enough that it tore open the skin on his shoulder. A supervisor came over to Robert immediately and assessed the situation. One of Robert's coworkers was brought in to finish the work he had been doing. Robert waited for his shift to end, and then told his supervisor that he would be going to the hospital. He walked to the hospital where he disclosed to hospital staff that he had been injured while at work. His shoulder was x-rayed and his wound was cleaned and wrapped. The doctor told Robert that he had fractured his collar bone and had some soft tissue damage to his shoulder.

Robert completed a report about the incident at the hospital, which was then forwarded to WCB.

Treatment

After his injury and initial visit to the hospital, Robert was off work for two weeks. When he returned to work, he was put on light duties for the remaining two weeks of the contract. At this point he was using medication and ice to manage pain and inflammation. About a month after his accident, his doctor ordered another set of x-rays to reassess his shoulder and collar bone. The results showed that he had not healed enough to go back to his full work duties. So Robert completed the remainder of the contract on light duties.

Robert returned home as he had a two week break before the next contract began. At home, he rested to ensure his shoulder would be ready for when he returned to work. After the break, Robert went back to work where he felt his supervisor pressured him into working at full duties due to various reasons. Not wanting to upset his employer, Robert agreed to this even though he was still in severe pain and had limited movement in his shoulder. Unfortunately, one day while drilling some rock, he reinjured his shoulder. He did not tell anyone at his company that this happened. Robert managed to complete his 28 day contract, relying heavily on Tylenol 3s for pain management.

During his next two week break, Robert decided to visit his family doctor because he was still in so much pain. His doctor assessed his shoulder and ordered additional x-rays. After looking the results, it was clear to the doctor that Robert needed to see a specialist because his shoulder was not healing. He was referred to a specialist at the Pan Am Clinic. The doctor also told him that he should not go back to full duties at work.

Robert saw the specialist for the first time about five months after his injury occurred. It was clear to the specialist that Robert required surgery to fix his shoulder. The surgery was scheduled for the late summer; about eight months after his accident. In the meantime, Robert continued to use medications, rest, and ice to manage his pain.

During Robert's surgery, the specialist realized that his injury was more significant than was first anticipated. His shoulder and collar bone were repaired using a more complicated procedure. The procedure was a day surgery, so Robert returned home the day of the surgery. Before leaving the hospital, the specialist wrote him a referral for physiotherapy and a prescription for additional pain medication. After taking some time to heal, Robert began attending physiotherapy appointments a few times a week. He continued with his physiotherapy appointments until his follow-up appointment with his specialist, which happened about five months after his surgery. During this appointment, the specialist set two restrictions: no overhead lifting and no lifting more than 20 lbs.

At this point, Robert was also required to visit a WCB doctor and physiotherapist for an assessment. They both agreed that an MRI was required to see exactly what was going on in his shoulder. The results showed that Robert needed an additional surgery to repair his shoulder. This surgery was scheduled nearly a year and a half after his initial injury. While he waited for the surgery, Robert continued to attend physiotherapy appointments. Robert's doctor wrote a note to his employer saying that Robert was unable to work at this time.

After his second surgery, he once again rested for a few weeks. He then started back again with his physiotherapist, attending appointments a couple of times a week. After a recent assessment, his physiotherapist sent a letter to WCB informing them that Robert is still unable to do any overhead work or lifting. Robert is continuing to work on the rehabilitation of his shoulder and collar bone.

Life changes for Robert

Robert has experienced huge changes in terms of his work life. To start with, his employer had a negative reaction to Robert reporting his injury as a workplace injury at the hospital. This has caused additional stress for Robert as he feels he was expected to be dishonest about the incident. When Robert returned to work after his injury, he was placed on light duties which involved doing very little work. He was also forced to work the night shifts, so others would not see that he was not working. With the light duties came a cut in his pay: he went from about \$20-\$30 an hour to \$16. Then, about three months before his surgery, Robert's employer told him to not come back to work until after his surgery. This meant Robert did not receive any income during this time. He did not receive any income until his first WCB payment came when he had his first surgery. Due to mental health issues and restrictions on the type of work he can do, Robert has not been able to work since his first surgery. Thinking about his future in his job, he knows that he is unable to perform many of the required duties. He worries that he will not be able to return to work in his trade and is unsure about what he will do for employment.

There were many things that Robert had to relearn after his accident as he injured his dominant side. He has had difficulty doing daily tasks such as showering, washing his hair, and cooking. He has had to rely on family members or hiring someone to help with household maintenance activities such as mowing the lawn, shovelling snow, or opening/closing the pool. In addition to this, Robert now must take the family vehicles to a garage for maintenance, when previously he would have done most of it himself. Robert also suffers from unpleasant side effects from the anti-inflammatory medication he has been taking.

Although Robert's injury has had no effect on his mobility, he is not able to be as active as he was before his injury. Activities such as jogging and sports cause pain in his shoulder. Robert can still drive; however, he now uses only one arm to steer. This makes it difficult for him and Bridget to go on long road trips; something they really enjoyed to do. In fact, there are times when his arm is so sore that he will take a taxi to an appointment instead of driving. He also needs to be very cautious when walking outside, especially during the winter, to avoid slipping and falling on his shoulder.

Even though Robert did not make any modifications to his home after his injury, he has moved more regularly used items to lower shelves. Also, initially after his surgery, he slept on the couch as he found his bed more difficult to get in and out of. Once he returned to sleeping in his bed, he began sleeping on his opposite side, using a body pillow to help cushion his shoulder. This change was difficult for him to adjust to and has affected his quality of sleep.

Robert's injury has had a significant impact on his emotional well-being. Since the accident, he has struggled with stress, anxiety, and depression. To start with, he believes that his employer needs to be more accountable regarding work place injuries. He sensed that his company preferred to deal with his injury in house instead of reporting. This is something that has caused anxiety for him for many months.

Since his accident, Robert said he feels like he has been in a dark place; the pain, stress, and anxiety have been too much for him. Recognizing that he was having mental health problems, Robert spoke to his doctor to assist with managing things. His doctor provided him with a prescription for sleeping pills and anti-depressants. In the future, he also plans to see a counsellor. Robert reported that since his accident, he has been more moody and irritable, especially with his wife and children. He spends a lot of time on the couch not doing anything, which is a huge change.

Life changes for Robert's friends and family

Being injured and not working has not only affected Robert, but also his wife and three children. His wife has had to pick up extra shifts at work to help out financially. She doesn't get to sleep a lot and sometimes works back to back shifts. It has been hard on her to maintain this schedule, but it was necessary for the family to make ends meet. In addition this, Bridget took off several days of work immediately after Robert's two surgeries to provide him with assistance. She has also been able to switch some of her shifts around if Robert needed someone to take him to appointments.

While Robert and Bridget feel they have a strong loving relationship; his moodiness and pessimistic view on life has led to some tension in their marriage. Robert says that Bridget has been an important support for him; he couldn't have made it without her. Both agreed that this change in their lifestyle has been very difficult for both of them.

In addition to marital difficulties, Robert's attitude since his injury has had a negative impact on his relationship with his children. Their son, who is currently in medical school, plans to move out of their home in the near future; Robert believes that this is partially motivated by Robert's mental health issues. As well, Robert says that he has been short-tempered with his daughters. He often feels guilty about things he has said, later offering them an apology. Although the girls have had difficulty coping with his change in attitude, they are careful to not say anything to him about it. Prior to his injury, Robert used to participate in many activities with his kids, but now really doesn't do anything with them.

As Robert's family lives in Northern Manitoba, they have not been able to visit them since his accident. Robert has not been well enough to drive the seven hours to his home town. It has been over two years since he has been back to visit everyone and Robert feels guilty for not being able to spend time with them.

The injury has had a large financial impact on Robert and his family. When he went on light duties, he ended up losing about \$3,000 per contract as a result of the decrease in his pay. There was also a three month period where when he received no income. In addition, although WCB reimbursed Robert for expenses such as his medication and physiotherapy, he was not reimbursed for his transportation costs to and from appointments. To help meet his financial obligations, Robert has had to take money out of his son's education savings plan. He was not

happy about having to do this, but there were bills that needed to be paid. They have also used savings to pay for expenses associated with the injury, and they have cut back on contributions to their RRSPs.

Between using their savings and Bridget picking up extra shifts at work, Robert and his family have survived financially. That said, the loss of income has forced Robert and his family to make many financial sacrifices and change their lifestyle. The family cannot afford to do a lot of things that they used to do. For example, Robert describes his family as being world travellers, but they had to cut back on travel a lot.

Before his injury, Robert and Bridget would enjoy spending time with friends. They would often have friends over or go for an evening out on the town. Now, Robert only leaves their home for appointments or on holidays. He describes himself as being a hermit, saying that his injury has completely changed his personality. Bridget has resorted to going out without Robert now when friends ask, because she does not want to sit at home doing nothing.

Robert's views on his life and his future

For nearly 30 years, Robert enjoyed his job and the money he earned, and took pride in his work. He feels that he was a good employee who worked hard to gain respect from his supervisors and coworkers. Now that he is injured and he believes his company has not been supportive, he feels that his career is effectively over. Robert believes that if the doctor lifts his work restrictions, his company will find a reason to let him go. Finding another job in the same industry will be difficult, as it is a small community.

Robert says that his unknown future consumes him; in fact, he has frightening dreams about being back at work. Since he is too young to retire but can no longer work in the same field, he worries about becoming a liability for his family. He doesn't want to end up working a minimum wage job at a big box store. At the moment, Robert's career continues to be in limbo.

For Robert, the financial stress combined with not being able to do many of the activities he enjoys makes it difficult for him to get off the couch most days. He says that he no longer gets the same enjoyment out of life and spending time with his family as he once did. That said, more recently, Robert has made efforts to be more active. He has started going for walks again and playing shuffle board. He hopes that this is the beginning of a more positive stage in his life.

In the future, Robert hopes that he can meet with other injured workers in similar situations. He feels that a support network such as this would be good for all involved. He has also made strides in dealing with his emotional health and plans to see a counsellor to continue the process.

Fiona's story

Background

Fiona, who is in her early 40s, was born and raised in Winnipeg. After she completed high school, she continued on to complete a degree in the health care field. She has been dating her common-law partner, Cliff, for three years and has three children from a previous relationship; all three lived with her at the time of her injury. Fiona has worked in health care for over 20 years; it is a career that she enjoys and gets a lot of personal fulfillment from.

Fiona's accident occurred about two and a half years ago. She had been working a shift when a patient she was speaking to suddenly became unresponsive. She requested a stretcher, and three security guards assisted her with lifting the patient onto the stretcher. While lifting, she twisted her knee, immediately feeling a pulling sensation and then pain. Because of the critical situation, it wasn't until things slowed down that Fiona realized that her knee was seriously injured. She sat down, and her knee became locked in a bent position. As she was at a health care facility, she asked a doctor from the emergency department to examine her knee. After the examination, the doctor provided her with crutches and told her to rest for a few days. The doctor suspected that she had torn the cartilage in her knee. He recommended that if her knee wasn't better in a couple of days that she visit her family doctor.

She reported the injury to her supervisor and completed an incident report on the day the injury occurred.

Treatment

At home over the next few days, Fiona used ice and medication to control the pain and swelling. As her knee was still painful and locking, she decided to see a doctor at the Pan Am Clinic. While the doctor was assessing her knee, he noticed that her knee would lock in certain positions when he was performing range of motion tests. Her doctor told her to continue to rest her knee to give it a chance to heal.

She remained off work for three months, as her employer was worried that her knee would lock and it would be unsafe for her to work in a fast-paced environment. About four months after the injury, her knee was feeling well enough that she started physiotherapy and went back to work on light duties. She attended physiotherapy appointments two times a week for about three weeks. As her physiotherapist noticed that her knee was getting worse with time, she sent Fiona back to her doctor. The doctor ordered an MRI of her knee, which revealed a large tear in her cartilage. In fact, there was a piece of cartilage that would jam into her knee joint, causing her knee to lock. It was clear to the doctor that Fiona needed surgery to repair her knee. The surgery occurred about six months after her injury.

Fiona's surgery was a day surgery, meaning that she went home a few hours after the surgery. Although she had brought her crutches with her to the hospital to use after the surgery, she was able to walk out of the hospital without using them. She said at that point her knee felt better than it had in a long time. She continued to use ice and medication for swelling and pain. She would occasionally use her crutches throughout her recovery, depending on how her knee felt.

A couple of weeks later, Fiona restarted physiotherapy. She went a couple of times a week for about a month, working on her range of motion and strength. Six weeks after her surgery, she began a return to work program. She started with working six hour shifts and slowly worked her way back to her usual 12-hour shift. Her doctor cleared her for regular duties at work about nine months after her injury occurred.

Life changes for Fiona

Fiona has been able to return to work and is able to do everything she did before her injury. That said, because she works in a fast-paced environment dealing with critically ill or injured patients, she is on her feet a lot and is required to lift things. As such, she still experiences some pain and swelling in her knee. However, in the heat of the moment, she has no thought about her knee, and she is able to do all the required tasks. It is during her down time at home that the swelling and pain becomes an issue.

When Fiona went back to work on light duties, she worked in an assessment/administrative role due to the specific restrictions her doctor put on her. She had hoped that once she went back to regular duties that she would be back to doing all of the duties her job required. However, because of issues unrelated to her injury, Fiona is often still scheduled to work the assessment/administrative position. This bothers her because she feels that this role is the least desirable position to work in her department.

As well, there have been some changes in Fiona's mobility since her injury. While waiting for her surgery, she used crutches on and off depending on how her knee felt. Immediately after her surgery, she used her crutches for about a week and then only when she felt it was necessary. Once she returned to work, she still would occasionally use her crutches at home after a long day at work. Fiona also continues to have difficulty using stairs — something that she feels may be a residual effect of her injury. Fiona has also had a difficult time getting around by car. As her car has a standard transmission, she has found it difficult to operate with her knee, especially in the city when she uses the clutch more. This has decreased the amount of driving Fiona does and has shifted some of the driving commitments — like driving her children to activities — to Cliff. Even as a passenger, her knee gets sore, and she needs to take more breaks during road trips.

Losing the ability to participate in physical activity has been one of Fiona's biggest changes since her injury. She had to quit playing volleyball, which is something she has been doing for most of her life. In the summer, Fiona would also go for walks as exercise; since her injury, she can only go for leisurely strolls. When Fiona and Cliff were at their cabin, they would often take their SeaDoo out on the lake, but this is something she is no longer confident doing. Playing sports and staying in shape was a significant part of Fiona's life, and being forced to be more sedentary has had a negative impact on her quality of life and self-confidence. Also, as a result of her inactivity, she has gained about 30lbs, which has caused additional stress on her knees and back. Since the weight gain, she had to spend money on new clothing.

There was also a huge impact on Fiona's mental health. It was very difficult for her to be away from work; she sees her career as a lifestyle, not just a job. She was happy when she was allowed to return to work on light duties. Her self-confidence has also suffered as a result of her weight gain. She is no longer comfortable with how she looks, often choosing to buy baggier clothing compared to what she bought before her injury. She is very self-conscious about her physique.

During her recovery, she did not seek professional help for her emotional or mental health. She found she had enough support from her family and friends.

Fiona also had difficulty sleeping at times because of pain. In fact, there was a time during her recovery that she began using over-the-counter medications that cause drowsiness to help her sleep. She stopped doing this after Cliff voiced some concern about this developing into a habit.

Life changes for Fiona's friends and family

The accident has also had many impacts on Fiona's family. While Fiona was recovering, Cliff had to take on more household responsibilities such as the laundry and cooking. Although he doesn't mind helping out for the time being, he says that this is not something that he can keep doing long term. Cliff also switched jobs after Fiona's injury, moving to a position with a more stable company. He said that this was important because they became more dependent on his income while Fiona was not working. He also had more flexibility in his schedule with the new company, so if Fiona had an appointment, he was able to drive her.

Fiona's injury has caused some strain in their relationship. Both admit that they have been disagreeing more often about financial decisions. As well, there have been changes in their physical relationship. Fiona's decreased mobility and self-confidence has had an effect on the intimacy in their relationship. This frustrates Cliff because he did enjoy the intimacy that they shared at the beginning of their relationship before she was injured. Generally speaking, Cliff is disappointed that Fiona can no longer participate in many of the activities they have enjoyed together such as dancing and going for walks at the cabin. Despite these strains, they both agree that their relationship continues to be strong.

As Fiona's children are older, for the most part, they are fairly independent. Since her injury, they have had to help her out a little more, for example with mowing the lawn and grocery shopping. While Fiona was not working, she has had to cut back on the amount of money she spent on them for things such as clothes and activities. Although her children understood, there were still times when they were disappointed. Cliff also noticed that while Fiona was recovering at home, there was more tension between her and the children. He believes this was probably a result of the kids used to being on their own while Fiona was working; it took some time for everyone to get accustomed to the change.

Prior to Fiona's injury, she would often get together with her family to do activities such as bowling, skating, playing baseball, or camping. She really enjoyed this time with her family. Since the injury, she has had to sit on the sidelines and watch. This is something that upsets her because she felt this bonding time was very special. As such, she now often chooses to go to her cabin instead of participating in family events, which means that she is spending less time with her family.

There have been some changes in Fiona's social life as well. Since her injury, she said that she does not socialize as much as she used to. While Fiona and Cliff still go out with friends, it is not as much as she once did. When she does go out, she may leave early at times because her knee swells and becomes sore. One thing that upsets her is that she rarely gets together with her friends from volleyball since her injury, although she does keep in contact with them online. These are people she has been close with for over 15 years.

Financially speaking, the injury has had some affects on Fiona's family. Her income significantly decreased while she was not working because her compensation did not account for the overtime and extra shifts Fiona would often work. As a result, they have more credit card debt and less money going into savings. Fiona feels that, since her injury, they have been living paycheque to paycheque and do not have much income left over for things that go beyond the basics. For example, Cliff and Fiona don't go out to restaurants as often as they once did, and when they do, they are more selective in choosing establishments that are more affordable. Fiona did indicate that WCB reimbursed her for all of her costs related to her injury, which really helped financially.

Although Fiona and Cliff did not have to make any modification to their home as a result of Fiona's injury, when they were looking for a new home after her injury, they made sure that the laundry room was on the main floor. As Fiona and Cliff are in the process of renovating their cabin (a place that will eventually be their year-round home), they now realize that due to Fiona's injury and its long-term effects, they need to ensure the cabin will be accessible for her.

The renovation to the cabin has been delayed because the planning and budgeting were completed prior to Fiona's injury. Since Fiona's income decreased, they can only purchase a small amount of the materials at a time and have had to do many of the renovations themselves instead of hiring a professional. Initially, they did not plan on borrowing money to pay for the renovation; however, they have now had to take out a small loan. Both Fiona and Cliff are disappointed at this setback, as they had planned to be living in the cabin full time by now.

Fiona has always enjoyed a positive relationship with her coworkers and supervisors, even spending time outside of work with her coworkers on a regular basis. They have been very supportive throughout her recovery and return to work. She is happy there has been no effect on these relationships.

Fiona's views on her life and her future

Fiona is nervous about the long-term effects of her knee injury and what will happen if she is injured again. She now has issues with both knees and is afraid that she could easily injure herself again, so she makes a point of being more careful. She worries that if she injures her knee again, it will take longer to recover. This has changed the way she does activities at home and at work.

Going forward, Fiona would like to find new ways to be active. She also will work on losing the weight, as she feels that there will be positive effects on her life such as having less stress on her joints and back, increasing her self-esteem and mental health, and strengthening in her relationship with Cliff.

Fiona considers dealing with her injury as a situation that requires "give and take" and feels that it hasn't had a significant impact on her life. Overall, she is happy with her life, although since her injury, she has had some struggles, both physical and psychological, and has had to manage their finances more closely. Spending time at the cabin kept her occupied and her spirits relatively high, and she had a strong support system with Cliff and her friends.

Additionally, Fiona's employer has been very understanding, which helped to make the experience generally positive. Fiona feels fortunate that she can continue her fulfilling career in

health care and looks forward to putting the financial setbacks that resulted from her injury behind her.

Jack's story

Background

Jack, who is in his late 40s, is originally from Ontario but has moved around Canada a fair bit. For the last 10 years, he has lived and worked in Winnipeg. After he finished high school, he went on to complete a business diploma at college. Jack and Lisa have been in a relationship for about eight years. Jack has two adult children from a previous relationship.

Since college, Jack has spent most of his career in the transportation industry. About five years ago, while working, he was moving a heavy item and ended up with an abdominal hernia. He required surgery to repair his injury, which meant that he was not able to work at this particular job while he was recovering. As Jack did not qualify for WCB compensation, he found a temporary job to ensure he had income during this period he was off work.

Jack's new job was in the construction industry. His main duty was cleaning up sites. Throughout a shift, he would bag materials, tie the bags closed, and reinforce the tops of the bags with tape. It involved very repetitive movements, including the twisting of his lower arm. One day, about four years ago, while working a shift, he twisted a bag and felt a snap in his wrist. He experienced instant pain and knew he was severely injured. When he inspected his arm, he noticed that a large bulge appeared in his wrist. After reporting the injury to his supervisor, he went home. His employer reported his injury immediately to WCB. The next day, Jack went to his family doctor to have his wrist examined.

Treatment

Jack's family doctor assessed his arm but was unable to determine if his tendon had snapped or if he had an avulsion fracture. The doctor immediately referred Jack to a specialist and told Jack to apply ice to his forearm and use over-the-counter pain medication if necessary. Jack was able to get an appointment with the specialist on the same day.

The specialist ordered an MRI in hopes of getting a better understanding of what was happening in Jack's arm. However, based on the results, the specialist was still unable to determine the extent of Jack's injury. This next step was to surgically repair his tendon. Jack's surgery occurred about two months after his injury. While waiting for the surgery, Jack began physiotherapy. This initial physiotherapy focussed on maintaining his arm and wrist strength. At this time, he was also fitted for a splint brace in order to restrict the movement in his wrist.

The specialist performed the surgery with Jack under a local anaesthesia, and Jack went home after the procedure. Jack rested his arm for a few weeks, as he was in extreme pain after the surgery. At his follow-up appointment, the specialist recommended that Jack restart physiotherapy. He continued with physiotherapy for about two years, working on his range of motion and strength of his arm and wrist.

Life changes for Jack

There have been many changes for Jack in terms of work. Since his injury, his previous employer in the transportation industry is no longer in business. He had been hoping to return to this position once he had recovered. At this point, Jack does not think it will be possible to find a comparable position in a similar company with his current physical limitations.

To improve his chances of finding work, Jack attended classes through WCB to enhance his education and make him more attractive to potential employers in new fields. Based on his background and physical limitations, his course instructor told him he should look for an administrative position, which was not ideal for Jack, as he enjoys working with his hands. During this period, Jack felt pressured to applying for positions that he felt would not be a good fit, regardless of his strengths and limitations.

To date, Jack has not been successful in finding full-time employment. However, through acquaintances, he has picked up a few casual labour positions in the construction industry. He believes that his search for full-time employment has been unsuccessful, in part, due to the two-year gap in his resumé when he was recovering from his injury.

Since his injury, Jack has found it hard to get around. Immediately after his injury, he was uncomfortable driving because he was in extreme pain and could only use one hand to steer. In addition, he would often drive vehicles with manual transmissions, which made it hard for him to shift gears. During his recovery, he would regularly take a bus or taxi to his appointments. At times, he would also rely on family or friends to drive him places. Although he is now more comfortable driving using one hand, he still has a hard time with shifting gears.

Jack was almost entirely housebound for at least four months during his recovery. He had such intense pain in his arm that he would only leave his home for appointments. His injury also made it difficult for him to complete routine activities such as showering and dressing. For nearly a year, Jack was restricted to doing household chores that only require one arm: for example, he could vacuum but not wash the dishes. Prior to his injury, Jack took care of all of the home maintenance. Now, for many things, he hires a professional because of his physical limitations and the amount of time it would take him to finish the task. For example, even simple tasks, such as painting the living room walls, must be performed over several days, as Jack's arm cannot handle painting more than one wall a day.

The pain has also prevented Jack from being as active as he once was. Jack previously enjoyed running and participating in sports such as hockey, boxing, and lacrosse. Since his injury, he has not been able to resume these activities because he experiences increased pain in his arm when his heart rate rises. As a result, he says that his level of fitness has decreased drastically. He also misses the social aspects and camaraderie that sports brought into his life.

Another hobby that Jack enjoyed prior to his injury was working on cars and engines. Jack said that he has always been very mechanically inclined. Before his injury, he had rebuilt several cars, of which he was very proud. But now, as he can no longer twist his forearm, it is very difficult for him to use the tools necessary to do this type of work. He has not been able to work on any cars since his injury.

There was also a significant impact on Jack's mental health. It has been very difficult for him not knowing what he will do for work in the future. He feels anxious when he thinks that he may never find a position he enjoys as much as his former career. Jack often reflects on the circumstances that led to his injury, regretting his decision to take the temporary job in construction. He only took the job because he needed the money and employee benefits. Jack no longer sleeps well at night, as the pain from his injury and the stress from his situation keep him up. He says that he has become more irritable and not pleasant to be around. He is constantly frustrated with his situation. Although Jack has not sought out external resources, such as counselling, to discuss his injury and inability to find work, he often talks about this with Lisa.

Life changes for Jack's family and friends

The injury has had many impacts on Jack's family. Lisa has had to take on more household responsibilities such as cooking and cleaning. She has had to assist Jack with showering and getting dressed. She has also had to work more often to ensure that they have money to pay their bills. Lisa was unable to take time off of work to help Jack because she would not have been paid for time off. That said, she took Jack to appointments when it worked with her schedule.

Financially, the injury has severely affected Jack and Lisa. They have moved from a two-bedroom house to a smaller one-bedroom apartment. Jack and Lisa had to dip into their savings to ensure bills were paid. They had to cut back significantly on eating out and groceries, as well as entertainment and shopping. Jack said that now their cupboards are often bare when before they always had extra food in the house. Jack and Lisa have even had to sell some of their possessions for extra money. At one point, Jack's brother was able to lend them some money, which Jack plans to pay back. Jack and Lisa both agree that they try to manage with what they have and cut expenses wherever possible.

The stress and pain that accompanied Jack's injury has put a strain on his relationship with Lisa. Lisa is frustrated that they have been forced to make drastic lifestyle changes as a result of their financial situation. This has led to tension in their relationship; they both agree that they argue more often now. However, Lisa is also an important support person for Jack, and he feels that he can discuss anything with her. Lisa says that it has been very stressful for her to be responsible for nearly all of the household chores, as well as working more often. Also, Lisa is upset that she does not see her friends and family as often. This is mostly because she can't afford to spend money on things other than the necessities.

As Lisa was not able to drive Jack to many of his appointments, Jack's brother and nephew often helped out. Sometimes, they would have to take time off of work or school to do this. Prior to his injury, Jack's two children, as well as nieces and nephews, often stayed at their place or received financial support. When Jack and Lisa began struggling financially, he would avoid speaking with his relatives because he was embarrassed that he could no longer help them out. Similarly, he and Lisa avoided spending time with family members because they could no longer afford to participate in the activities they enjoyed.

Jack's views on his life and his future

Jack says his injury significantly changed his life. Although he has been frustrated that he still has pain in his arm and has been struggling financially, he maintains a positive outlook on life. He believes that he has been through the worst of it and is looking forward to the future. He says that while he is having difficulty finding full-time employment, he is grateful for the casual work he has gotten recently. He believes that adding this recent work to his resumé will let prospective employers know he is employable. He continues to search for a full-time job, submitting resumé for all positions for which he is qualified.

After several years of inactivity, Jack has decided that he would like to improve his fitness and strength. He has recently purchased a set of free weights so he can work out at home. Jack has also adjusted to driving using only his left hand. He is now more comfortable driving to places on his own and says that this gives him more freedom.

Chelsea's story

Background

Chelsea, who is in her early 20s, was born and raised in England. About seven years ago, she moved with her family to Winnipeg and has continued to live with her parents. Chelsea has been with her partner, Alex, for about eight months. After completing high school in England, Chelsea worked on an assembly line for a company. Around the same time, she started taking college courses, working towards getting her papers in one particular trade. Once in Winnipeg, she decided to work on getting her Canadian papers for this trade by taking a training program that would lead to a Red Seal Certification.

About three and a half years ago, while Chelsea was in a class, she was asked to help a teaching assistant move a large sheet of metal. When she picked up the metal sheet, she had thought it was attached to another piece. As it was not, she needed to adjust her hands before they moved the sheet. She asked the teaching assistant to wait for a moment; however, he did not hear her request. He turned the metal sheet upright, and it sliced Chelsea's left hand. The injury happened so quickly that Chelsea only noticed the injury when her hand suddenly let go of the metal sheet.

Chelsea had a cut from the side of her thumb knuckle to across the front of her hand. It was gushing blood, as an artery had been severed. Her instructor quickly grabbed a towel and put it over her wound. Chelsea was immediately taken to a walk-in clinic to consult a doctor. Her instructor reported the injury to the college, and the college submitted a report of the accident to WCB.

Treatment

The doctor assessed Chelsea's injury and had her wound covered with a sterile dressing. At this point, the doctor informed Chelsea that there may have been damage to her tendon and nerve because she could not move her thumb. She was referred to a specialist at the Health Sciences Centre.

Chelsea's first appointment with the specialist occurred a few weeks after her injury. Her thumb was x-rayed to ensure it was not broken. After the assessment, the specialist told her that she required surgery to repair her thumb. Her surgery was booked at the Pan Am Clinic for about three months later. While she waited for surgery, the specialist told Chelsea to take over-the-counter medication for pain when necessary and to keep her hand immobilized.

The specialist performed the surgery with Chelsea under general anaesthesia; she went home after the procedure. Chelsea rested her hand for a few weeks, taking Tylenol 3s for pain and antibiotics to reduce the chance of infection. At her follow-up appointment, the specialist recommended that Chelsea start physiotherapy. Her physiotherapy consisted of both range of motion and strength exercises, starting with more passive exercises and working towards active ones. She attended physiotherapy nearly every day at the beginning and slowly decreased the number of appointments per week as her hand improved. Several weeks into her rehabilitation, her thumb started to stiffen. At an appointment with her specialist, he told her that there was a build-up of scar tissue in the incision site. She was told that a second surgery would be necessary to clean out the scar tissue. This surgery occurred about seven months after her injury. Again, after a few weeks of rest, she restarted physiotherapy. During another assessment by the specialist, it was noted that Chelsea was having some issues with particular movements. The specialist scheduled another surgery to correct this problem. Similar to her other surgeries, Chelsea rested her arm for a few weeks and then began physiotherapy. This last session of physiotherapy lasted about six months.

Life changes for Chelsea

The largest impact of Chelsea's injury has been on her career. As a result of the nerve damage in her thumb, Chelsea can no longer pursue a career in her chosen trade. The college decided that Chelsea could not continue in the program because of her increased risk of injuring herself due to numbness in her hand and thumb. At one point, Chelsea and her WCB caseworker discussed the opportunity for her to train in another field; however, due to Chelsea's learning disability, her caseworker decided that the new field was not a good fit for her. Instead, WCB assisted Chelsea in finding a job in the security field. Although Chelsea is currently working in her new field, she is unhappy in her new position. She was much happier working in a field where she could use her hands and be somewhat creative. At this point, she does not know what she is going to do. She does not want to maintain her current position in the long term.

Mobility was also an issue for Chelsea after her injury. She considered herself housebound for several weeks; she was on strong pain medication that made her feel uncomfortable about leaving her home. In addition to this, Chelsea was also concerned about slipping on ice and reinjuring her hand. As her recovery continued, she started going for short walks in her neighbourhood. Prior to her injury, Chelsea relied heavily on public transportation, as she does not have a drivers' license. While her arm was in a cast, immediately after her surgeries, she avoided using the bus because she was afraid of people bumping in to her. Once her arm was out of the cast, she once again began taking the bus.

Since her injury, Chelsea has struggled with completing everyday tasks because of the lack of feeling in her thumb. She has had to relearn new ways to do tasks such as getting dressed, opening doors, holding objects, and opening containers and packages. At times, she does have to ask others for assistance. Chelsea has had to slow down or quit many of the leisure activities she

previously enjoyed — things like gardening, lifting weights, playing the drums, and playing video games.

Chelsea led a very active life before her injury, participating in activities such as martial arts, soccer, and strength training. All of these activities were put on hold during her recovery. Just recently, Chelsea started going to the gym again, working on the strength in her arm. She still avoids martial arts and soccer because she worries that she could reinjure her hand.

Being stuck inside while recovering and being in constant pain had a significant emotional impact on Chelsea. During her recovery, she felt isolated and depressed about her situation and her future. She is frustrated by the thought that she has no control over her future. She also gets emotional when thinking about other people her age being free to do what they choose when she is so restricted. At a particularly low time, she decided to speak with her WCB caseworker about her concerns regarding her mental health. After their discussion, Chelsea's WCB caseworker referred her to a therapist. Three and a half years later, she is still seeing her therapist.

Financially, Chelsea believes that she was fortunate that at the time of the injury, she was living with her parents. At that time, her financial situation was not greatly impacted by her injury. She had always been good at saving money, putting most of her paycheque in her savings account. She does pay rent to her parents, as well as pay for some of her living expenses. However, in the long term, Chelsea is uncertain about her financial future. Her current job does not pay enough for her to live on her own, which she has been really looking forward to. She does not believe this career has any potential for advancement that would allow her to live comfortably and save for the future.

Many of the costs associated with Chelsea's injury were covered by WCB, such as the cast, pain medication, and physiotherapy sessions. She did, however, decide to see a chiropractor for more pain management options, which was not covered by WCB.

Changes for Chelsea's family and friends

The injury has significantly affected Chelsea's relationship with her parents. Her parents also feel frustrated about Chelsea's injury and her inability to return to college. This often causes strain in their relationship. There are times that Chelsea believes her parents are too intrusive in her life. Also, Chelsea had planned to move out on her own when she finished college, but these plans are now on hold. That said, during Chelsea's recovery, her parents often helped her by driving her to appointments, and occasionally her mother would come to appointments with her for moral support.

While living with her parents, Chelsea has always contributed to household chores and maintenance, but her injury has made many of those tasks more difficult. As such, her parents have had to take on some of her chores. Chelsea still has difficulty with cooking, cleaning, and lawn maintenance because she cannot grip things properly.

At the time of her injury, Chelsea was in a romantic relationship, but she believed this relationship did not continue because her partner was not understanding about her injury, and she was in too much pain to put energy into maintaining the relationship. Although her relationship with Alex is relatively new, Alex has been an important source of support for Chelsea. Alex does

not hesitate to provide assistance whenever necessary and is a key factor in the improvements in Chelsea's mental health over the past several months.

There has also been some impact on Chelsea's relationships with her friends. Immediately following her injury and while she recovery from her three surgeries, she hardly spent anytime with her friends. Prior to her injury, she would go out with friends often for a night out or a few drinks. After her injury, she was not comfortable going to crowded places or drinking, as she was afraid that someone might bump her arm. She was also on pain medications so she was not able to drink. She often chose to stay at home and watch movies rather than spend time with friends.

Chelsea's views on her life and her future

As Chelsea is unable to return to her chosen profession, she is left with an uncertain future. The job she has at the moment is low-paying and doesn't have opportunities for advancement. Chelsea says if she had been able to complete her training program, she would be working in her trade and living on her own; instead, she struggles with feeling stuck in one place, unable to move forward with life.

She would like to have a career in something that she enjoys and something that is challenging. This has had a significant effect on her mental health, which is something she is still dealing with.

Chelsea describes herself as stubborn and not wanting to change her life very much to accommodate her injury; she still does many of the same activities she did before she was injured. Her injury has been difficult for her both physically and emotionally. However, three and a half years later, she is beginning to feel more optimistic about her life and her future. Seeing a therapist regularly has been very helpful for Chelsea, and she has been able to spend more time with her friends doing fun activities.

Harold's story

Background

Harold is in his early sixties and has lived in Winnipeg for his entire life and spent his career working in the maintenance departments of various businesses. He was with his most recent employer for 15 years, working as a carpenter at an educational institute. He has been married to his wife, Julia, for over 30 years. They both recently retired and bought property in the United States to spend winters in a warmer climate.

Treatment

Harold's position required him to climb ladders, crouch in small spaces, and work in a kneeling position, which was hard on his joints and eventually led to his injury. While working to repair some doors with a co-worker, Harold stood quickly from a kneeling position and heard a large popping sound come from his knee. At first, he thought his injury wasn't very serious and continued working. However, he found that he was not able to walk down the stairs and could only hobble around on level ground. The next day, he found he was in even more pain and could

not walk without assistance. He ended up using a golf club as a cane to make it to his family doctor appointment to get his knee checked out. The family doctor suspected that it was a tear and referred him to a surgeon at Pan Am Clinic and recommended the use of ice for pain management. At that point, Harold realized that his injury was much more serious than he initially thought and contacted his employer to officially report his injury.

A month after his injury Harold saw the surgeon and was sent for a MRI — which he had done at a clinic — and was diagnosed with a torn meniscus on both sides of his knee. Harold was told that the only way to fix his knee was surgery, which had a six- to eight-month waiting list; however, he was fortunate enough to get on the cancellation waiting list and had the surgery at Seven Oaks Hospital three months after his injury.

In addition to surgery, Harold saw a physiotherapist twice a week for nearly a year to improve mobility in his knee. After his first few post-surgery sessions, Harold's physiotherapist realized that his knee had not improved very much and sent him back to the surgeon. A few weeks later, Harold had another surgery, which was much more successful. His physiotherapist also recommended an expensive knee brace to help with his recovery, which Harold finds restrictive so he only wears it occasionally.

Life changes for Harold

Harold's surgeries were day procedures so he was able to leave the hospital the same day and recover at home. During the recovery process, Harold was mostly housebound because he was unable to work or walk longer distances. On one occasion, he tried to take a long walk in the neighbourhood but ended up being in a lot of pain far from home, which was discouraging. Also, after the surgeries, he was unable to drive, so Julia or another family member would drive him to and from appointments.

About nine months after his injury, Harold was able to return to work for half days. However, his doctor put him on restricted duties, meaning that he could not kneel or climb ladders. After two months, he increased his hours to six per day and eventually returned to working full time. After a year, the restricted duties were lifted, but Harold found that he would still restrict himself in his movements. His job still required a lot of climbing up ladders and kneeling, so he tried to limit those activities when his knee started to bother him. Fortunately, his coworkers were understanding about his limitations, and the work environment was one in which everyone would help each other as needed to get the job done.

Harold's injury has also affected him at home and during daily activities. He finds it painful to stand and move around for long periods of time without taking break. Shortly after his injury, Harold was not able to complete many of the chores around the house he normally did, such as clearing the driveway. Now, he has been able to resume his work around the house, but he is more cautious, especially in the winter, and wears knee pads for kneeling.

Harold and Julia often take long road trips to their second property in the United States. Those long drives are difficult for Harold to complete and leave him in pain. As a result, he takes more frequent breaks than he did before he was injured. Harold has also cut back on golfing, one of his favourite leisure activities; in the year following his injury, he did not golf at all, and now only plays occasionally. Before his injury, Harold made an effort to be physically active on a regular basis and spent 30 minutes running on the treadmill five days a week. Now, he has completely stopped running because he doesn't have the necessary mobility.

WCB covered most of the costs related to Harold's injury, including physiotherapist sessions, knee pads, and prescription medication. He did, however, pay out of a pocket for a small portion of his brace (WCB covered the majority, while Manitoba Health covered another portion). He also purchased a heavier work boot that provides more grip and better traction on snow and ice. WCB paid him for the time he was off work because of his injury, so, combined with Julia's income, Harold did not need to worry very much about money while recovering. The largest impact was not being able to contribute to his RRSP as much for that year. Harold feels fortunate that his retirement plans were not delayed by his injury, and he and Julia were able to move forward with purchasing a property in the United States. Although he is retired, Harold does wonder if he would have returned to working casually if he wasn't injured, which might have supplemented his retirement income and kept him busy during the months he is in Winnipeg.

Staying at home while injured left Harold feeling isolated, and he missed the daily interactions he normally got at work. Also, since his mobility was limited, he was not able to go out very often to see friends. Harold also felt frustrated because his injury slowed him down at work and prevented him from moving as quickly as he would like; he feels that being injured has prematurely aged him. His sleep was also affected by his injury, since he has to sleep in an awkward position, which leaves him feeling less rested and more irritable during the day.

Life changes for Harold's friends and family

Harold's friends and family have been affected by his injury as well, particularly Julia. Since Harold's mobility was significantly limited following his injury, Julia took on more maintenance responsibilities around the house and helped Harold with basic tasks he could not do without bending his knee, such as putting on his socks and shoes. During the winter, Julia used the snow blower and cleared the snow and ice off the roof, which are things Harold normally did. Her schedule was flexible enough to allow her to drive Harold to appointments and help him, as needed, without taking time off. However, the way she spends her leisure time has been affected significantly since most of it is spent with Harold. She finds that she doesn't golf or go for walks as much since she normally does those activities with Harold, and he has had to cut back because of his injury.

Other family members with flexible schedules were able to help Harold during his recovery when Julia wasn't available. For example, Harold's brother-in-law is semi-retired and was able to help quite a bit. Harold still participated in family events, including hosting a Christmas gathering, but since his mobility is limited, he cannot do all of the activities he would like to do.

Harold's views on his life and his future

Harold says his mobility in his knee has improved to 75–80% of what it was before. While he is mostly satisfied with the progress of his recovery, the injury has slowed him down and makes everyday tasks a little more difficult. His knee injury was not the only workplace injury he experienced during his career, but he feels fortunate that he has been able to have a long and prosperous career in a field that he enjoys. Thinking about coworkers who have suffered from much more serious injuries with long-term effects like losing fingers helps to keep his situation in perspective. Harold is optimistic that as long as he is careful and avoids reinjuring his knee or injuring his other knee, he will have a good quality of life.

Harold submitted his retirement notice nearly a year after his injury; he had been making retirement plans before he was injured and doesn't feel that the injury impacted the timeline in any way. So far, he has been able to enjoy his retirement and looks forward to being as active as possible in the future.

Erin's story

Background

Erin, who is in her mid-30s, was born and raised in Winnipeg. She has been with her partner Alex for nearly 14 years and has been married to him for three years. They have four children: one adult child and three young children. She completed her schooling at a French immersion school and went on to complete some programs at Red River College. She has worked in the transportation industry for over two decades.

Erin's injury occurred about three and a half years ago. While preparing for a long shift, she was carrying a large bag of supplies. This bag caught on a piece of equipment as she was walking through a narrow space. Not noticing that the bag was caught, she continued to move forward, causing her right arm to be pulled backwards. She felt a snap in her shoulder and immediate pain. She continued to work, not thinking she had a serious injury. On her way to a different area of her workplace, she noticed that a customer needed some assistance with a bag. Erin attempted to lift the small bag but underestimated how heavy it was. Yanking it up, she felt severe pain in her shoulder and arm. The pain and inflammation increased over the next few hours until Erin was no longer able to work and requested that a co-worker complete her duties. She informed her manager of the injury, and they reworked the schedule so Erin could rest and ice her shoulder.

At the end of Erin's shift, Alex met her at work and drove her to the Pan Am Clinic so she could have a doctor assess her injury. Because Erin had recently found out she was pregnant, she was unable to have an MRI on her shoulder. The doctor told her that he suspected that she had torn her rotator cuff. Erin reported her injury to WCB about a week after her injury occurred.

Treatment

As recommended by the doctor, Erin used ice and Tylenol to manage her pain. The doctor also referred her to a physiotherapist, who she saw twice a week. Her shoulder was extremely inflamed for a long period of time. During physiotherapy, they mostly worked on pain management, with not much focus on strength, as she was pregnant and they worried about the possibility of injury. About two and a half months after her injury, she returned to work on light duties. She continued to work until she went on maternity leave. She followed the same treatment regimen until she had her baby.

After the birth of her daughter, Erin had an MRI done on her shoulder. From the MRI, the doctor determined that Erin required surgery to repair her rotator cuff. The surgery was scheduled for nine months after she had her baby; however, a month before her surgery, she discovered she was pregnant again. She continued with physiotherapy throughout her pregnancy. She eventually had surgery on her shoulder about three years after her injury. Since the surgery, she has made a

lot of progress in physiotherapy. Erin can participate in some types of physical activity. She has also been able to incorporate acupuncture and massage therapy into her treatment.

Life changes for Erin

Prior to Erin's injury, she had already planned on taking on more of an administrative role in her job due to her pregnancy. She was planning on going back to her regular position after her maternity leave. However, as a result of the injury, when she returned to work, she continued to work light duties. Since her surgery, she has been off work. She believes that after her next doctor's appointment, they will discuss a back to work plan, which would take anywhere from four to eight weeks. She is hoping to be back to work at full duties by late spring. Before her injury, she was getting ready to be promoted into a new position. Since she has been away, the organization has undergone change. This means that she will likely stay in her current position for now. Erin believes that there will be some challenges for her at her job once she returns because she will always have difficulty lifting heavy objects, which is a common occurrence in her position.

There were a couple of times during Erin's recovery that she considered herself housebound. Initially, after her injury, there was about a month where she rarely left her home because she was in so much pain. After this period, she slowly began to leave the house and resume some of her activities. Once she returned to work on light duties, she coped as well as she could until her baby was born. Again, immediately after her surgery, there were three or four days that she was housebound. At this time, she was also unable to drive because her arm was immobilized. That said, Erin had to quickly resume many of her daily activities because she had to take care of her family.

Erin was very active prior to her injury. She would participate in exercise classes such as Zumba or go skating. However, since the injury, she has had to limit the types of activities she participates in. She would like to attend fitness classes or train on an elliptical machine, but she cannot move her arm enough to do those. She misses the freedom to choose what types of activities she does. She also had to give up crocheting, something she really enjoyed, because it was too painful and would cause numbness in her fingers.

Emotionally, the physical limitations of Erin's injury have caused a huge impact on her. She did not like to ask for a lot of help so it was frustrating that she could not do things on her own as quickly as she would like. She would occasionally argue with Alex about household duties or become frustrated with her children when they messed up something she had just spent a long time cleaning. After the injury, she had to sleep in the living room on a recliner, which she hated because it was uncomfortable. On top of Erin's injury, there was a lot going on in her life, so she decided to see a counsellor.

Erin was also very conscious about falling or having someone bump her injured arm, especially after her surgery. She would always cradle her arm and be hyper aware of her surroundings to avoid a potentially dangerous situation. Even now, when she is doing everyday tasks such as shopping, she has a very tense posture to protect her arm. That said, she was able to get out of the house and return to a modified routine soon after her injury.

Life changes for Erin's friends and family

Erin's entire family has been affected by her injury. Her husband has to do the majority of the household chores and cooking, as well as the more physically demanding childcare duties. As Erin injured her dominant shoulder, she has had to relearn how to do many things with her other arm. Even something as simple as breastfeeding was difficult because she had trouble finding comfortable positions to hold her baby. In fact, some breastfeeding positions were impossible for her to do. Fortunately, Alex has a flexible work schedule, so he was able to help without taking much time off work. There has been some strain on their marriage, but it has been manageable to this point.

As well, Erin can't be as physically active with her children as she would like to be. For example, she had wanted to coach her daughter's hockey team, but she is not comfortable going onto the ice yet. She still needs to be careful while playing with her children because if she is too rough, she risks being in pain and setting back her recovery. When her kids ask to do things like tobogganing, she has had to tell them no. They have also scaled back on birthday celebrations because she has difficulty baking, and Alex would have to do all the cooking.

During the day, their children attend daycare. Erin gets very lonely at home by herself because she is a very social person. As most of her friends work during the day, she only sees her friends on the weekends. Alex is her main support system: she often calls him at work during the day to have conversations.

Throughout her recovery, Erin's parents have also been supportive in many ways, including lending her the recliner she slept in after the surgery and providing childcare. Fortunately, her parents are retired, so they are often available to help. Despite their help, Erin has had a lot of questions from them about when she will return to work. Her brother had a similar surgery a few years ago so they keep comparing her recovery time to her brother's without considering the other factors involved. This gets to be a little frustrating for Erin at times.

Erin and Alex had planned to go on a winter family vacation with three of their children. They decided to cancel the holiday because it would be difficult to manage young children and luggage while Erin was recovering from her surgery. Erin felt that the stress of travelling with her injured arm and the kids would have outweighed the benefits of the actual vacation.

The injury has had a financial impact on Erin and her family. Around the time of her injury, several life events were occurring, including their wedding, a close family member's funeral, and a new baby. The change in Erin's income (not having the ability to work overtime or extra shifts) created an additional stress on their family. All frivolous spending had to be eliminated. In fact, there was a point when they considered cancelling their wedding, but ultimately they were able to follow through with it. Erin and Alex had to use their savings and borrow from family members; they have since repaid the loans from family but have not been able to recoup their savings as of yet. The financial stress also compounded the emotional impact of mourning a death in Erin's family.

At work, Erin's supervisors have been very understanding about her injury and limitations. However, some of her coworkers were not as understanding and have voiced some negative opinions about the length of time Erin has been off work. These coworkers are not taking into

account the fact that Erin was also on two maternity leaves during this time as well. This is something that frustrates her.

Erin's views on her life and her future

Erin is uncertain about her future; she has worked in the transportation industry for her entire career, but the physicality required in her position makes it likely that she will need to find a new job. Not having job security is scary, but the pain from reinjuring her shoulder would be excruciating, so she needs a position that does not require lifting. She worries about finding another position that is secure, but, for now, her current employer will allow her to gradually return to work to avoid aggravating her injury and support her recovery.

The financial strain was particularly unpleasant, but Erin and Alex managed to get through it. Receiving benefits from WCB made it easier to get through the difficult periods, but what Erin misses most is the freedom she had before the injury. Now there are so many limitations on what she can do, and that is very frustrating. However, even though it has been a long road to recovery, it has been nice for Erin to be home more with her family; her position requires a lot of travel, so being at home is a welcome change for both her and her children. She feels that being home more for her young children has been a blessing in a difficult situation.

Olivia's story

Background

Olivia, who is in her late 20s, was born and raised in Winnipeg. After completing high school, she attended college, where she completed a degree. She has been with her husband, Brad, for five years; they have been married for about two and half years. They have an infant daughter who was born in the fall of 2013.

For the past 10 years Olivia has worked for the same company; about four years ago she moved into a position in the engineering department. This position has an administrative/design component, as well as a field component. One afternoon about four years ago, while she was saturating instruments, Olivia's right shoulder dislocated posteriorly as she was pumping air out of a particular piece. She was in severe pain and shock after the injury and had her sister pick her up from work.

The next day, Olivia went to her family doctor to have her shoulder examined; however, she decided to get a second opinion. She went to the Pan Am Clinic, where a doctor ordered an MRI of her shoulder. She had to wait several weeks for this imaging to occur. In the meantime, Olivia had her arm in a sling for about a week. Once the MRI was completed, the results came back inconclusive. Still unsure of what was wrong with her shoulder, Olivia's doctor referred her to an orthopedic surgeon. The surgeon examined her shoulder and diagnosed her with a labral tear. He told Olivia that she required surgery to repair her injury, as her arm would no longer stay in its socket. In total, it was about three months from her initial injury when she was told she needed surgery.

Olivia's supervisor required her to complete an incident report immediately after her injury happened. She contacted WCB the next day, as it was a requirement of her company that if she missed any time from work due to an injury, she must report it to WCB.

Treatment

Olivia's surgery was scheduled for six months after her injury occurred. While waiting for her surgery, she was able to cautiously move her arm and shoulder around. During this time, she used over-the-counter medication, when necessary, for pain. She also continued working, but on modified duties with no physical component. Olivia's surgery was a day surgery, so she did not have to stay overnight in the clinic. After the surgery, her arm was immobilized for a couple of weeks; she used pain medication and ice to deal with pain and swelling. Olivia was off work for six months after her surgery.

About two weeks after Olivia's surgery, she began physiotherapy, as recommended by her surgeon. She attended physiotherapy appointments, two times a week, with the same therapist, for nearly two years. In this time, there was little progress in the recovery of her shoulder; she only had 50% of her range of motion back. After speaking with her doctor, she decided to see a trigger point massage therapist; however, WCB would not cover this type of therapy so Olivia paid for it herself. She spent about one year with this massage therapist (three times a week) and her shoulder now had 90% range of motion. She was reassessed by WCB, and they approved another round of therapy, but this time with an athletic therapist. Since then, she has been seeing the athletic therapist and now has 95% of her range of motion in her shoulder.

Life changes for Olivia

Since Olivia's injury, she has not been able to return to her regular duties at work. Six months after her surgery, she participated in a return to work program. For the first four weeks, she worked half days before returning to a more vigorous schedule in the field. That said, she has been on modified duties (set by her surgeon), meaning that she is not allowed to lift more than 20 pounds. This means she is unable to do the majority of the work in the field that is required in her position. Instead, she must bring in another person while she supervises them. This is particularly frustrating for Olivia, as she feels ready to do more of the physical parts of her job but her doctor will not lift the requirement for modified duties. Recently, she has taken on a larger role in the design area, which she finds unsatisfying because she really enjoys the field work aspect of her position. She has no interest in switching to a position in another area of the company that might be better suited to her current physical capability.

Although Olivia was able to drive after her injury, once she had her surgery, she could not drive for nearly four months. This made her hesitant to leave the house, especially in the winter, as she worried about slipping on ice. Just after she returned to work, her office moved to a downtown location. This meant that Olivia had to take the bus to work. As she was still at the beginning of her recovery, this caused her some anxiety, as buses do not necessarily provide the smoothest ride for passengers.

Olivia's injury has had a huge impact on her ability to participate in many of favourite leisure activities. She believes her injury forced her into a sedentary lifestyle. Previously, she was very active in sports such as hockey, volleyball, rollerblading, snowboarding, and baseball. After her

surgery, she couldn't even go for walks because a half an hour of walking at the mall caused pain in her shoulder. Since her injury, she started playing more video games and doing other sedentary activities more often to fill in her free time. She has gained about 20lbs because of the decrease in her activity level.

Olivia has also not been able to go camping since her injury. This weighs heavily on her mind as she is passionate about camping. Before her injury, she would go camping with friends and family a lot. Now, with limited use of her shoulder, things such as carrying the gear, setting up a camping site, and sleeping on the ground make it a difficult activity for her to jump back into.

While off work, Olivia continued to receive full compensation for her salary; however, as her position normally includes a significant amount of overtime, she was not compensated for this additional money. Once she went back to work, her modified duties did not include much field work, so the overtime she normally would work was picked up by her coworkers. She estimates that over a one year period, her total income was reduced by about \$20,000. In addition to the lost wages, she had some expenses from her injury that were not covered by WCB, including the purchase of a recliner that she needed to use to sleep in after her surgery and a year of massage therapy appointments. These expenses, combined with her lower income, meant that Olivia has had to reduce the amount of money she puts into savings.

The injury and resulting loss of independence had a huge psychological impact on Olivia. She struggled with depression for two years following her surgery. She didn't seek out counselling because she hadn't realized how bad her depression was until she started feeling better. Also, losing sleep from the pain and discomfort made it difficult for her to function. She had to take a lot of sick days from work because she wasn't able to get enough sleep to do her job properly. She also has a fear of becoming reinjured, as she does not want to go through this experience again, especially with a young child.

Life changes for Olivia's friends and family

Although an injury such as Olivia's can be difficult for a partner, her relationship with Brad has been strong during her recovery. They were able to rely on each other and saw that their relationship was worth pursuing. At the time of Olivia's injury, they had been dating for four months; four years later, they are married and have a young daughter. Part of what made their relationship stronger was Brad moving in with Olivia around the time of her surgery. Brad picked up the majority of the housework, as well as help Olivia with showering and using the bathroom. As time has passed, Olivia has taken over some of the duties; however, Brad continues to do a lot of the household tasks that Olivia cannot.

Even though Olivia's range of motion has increased significantly, she believes that being physically limited for so long has made her lazy. There are tasks she would have done herself before but now defers to Brad or hires someone to do them. Not being able to complete the household duties she previously did on a regular basis makes her feel frustrated and bored.

Brad and Olivia had a daughter about three and a half years after Olivia's injury. She found that her injury did not have a significant effect on her pregnancy and labour; in fact, she found that the pregnancy helped her shoulder loosen due to her ligaments becoming more lax. However,

after giving birth, Olivia has had some difficulty with breastfeeding and holding her daughter in certain positions at times. Her shoulder can become uncomfortable and painful.

Olivia's parents have been very supportive during her recovery. Since her injury, Olivia believes that she now has a closer relationship with her parents and is more willing to ask for help. As her mom only works part time and her father works nearby, they were able to help Olivia without taking time off work. Normally, her family is very active together — going on ski vacations and family camping trips. Since her injury, Olivia has had to sit out from the more physical activities. This has given Olivia the opportunity to visit with and bond with her mom.

There have also been changes to Olivia's social life; that said, she realizes that her injury is not the only contributing factor. Between her injury, getting married, and now having a young child, Olivia does not go out with friends as much as she used to. There have been times when friends invited her out, but she turned down the invitation because she was tired or her shoulder hurt. She also noticed that her friends don't invite her out as much as before. She has found that she and Brad tend to spend more time at home, often ordering food in rather than going out.

Olivia's injury has also had a direct impact on her coworkers. As there are only two other people in her company who have the same position as Olivia, it is difficult to have one person on modified duties. Since she is unable to do most fieldwork, many of those duties fall on her two coworkers. This means that her coworkers are away from home more often and have more responsibility. However, her coworkers are supportive because it means that they have the opportunity to earn more money. Everyone at Olivia's company has been very understanding and accommodating. They truly do not want her to get reinjured. Olivia described her supervisor as being a "father figure" in her life. He made a significant effort to ensure that Olivia received proper treatment and avoided future injury.

Olivia's views on her life and future

Although Olivia's injury has been a four-year ordeal, it was something she was able to get through with support from her husband and family. Her support system was invaluable during the recovery process and it brought them closer together. While her husband and family made recovering from her injury easier, she doesn't like that she has lost some of her independence. She is hoping to start sharing more of the household responsibilities again.

It has been very frustrating for Olivia to give up many of the activities that she once enjoyed. However, she plans to participate in her family's ski trip this spring, which is something she is very excited about. She is also thinking about going to the gym to find activities that will work with her current abilities to improve her fitness level. There was also some discussion about trying camping again; however, with a young child, this might be something that will wait until next year.

Olivia finds that she is a lot more cautious since her injury: the thoughts of reinjuring her shoulder weigh heavily on her mind especially with a young child. Reinjuring her shoulder would mean that she couldn't lift her daughter or do other activities that are part of parenthood.

Olivia is still on modified duties at work and wants her restrictions lifted. She finds it frustrating that her surgeon will not allow her to return to her full duties.

Regardless, she feels fortunate that the financial burden of the injury was not too much for her and Brad to take on, and she is looking forward to continuing in her job and will hopefully move into a supervisory role in the future.

Carl's story

Background

Carl is a man in his early 30s who was born outside of Manitoba but grew up in Winnipeg. For work, he was an educational assistant in the past, but for the most part, he did construction, which helped him pay for his post-secondary studies. Although he describes himself as an academic, he also loves construction for the physical exercise, the feeling of freedom, and working outside. Carl's friend Peter works at a university, and they met while they were both doing post-secondary studies. They have been friends for over 10 years now.

One day at work, Carl and his coworkers were doing a job at some apartment buildings. While moving some heavy materials, he slipped and fell on a surface that was covered with slippery frost. He suffered a concussion and also serious damage to one of his wrists. He hit his head so hard that he barely remembers the events immediately following the accident. While Carl was still in a semi-conscious state, his employer drove him to the hospital for treatment.

Treatment

Over the next two or three days, Carl was in the hospital receiving treatment. He received a metal bar and some pins for his arm, and later a cast. After that, Peter and his wife took Carl into their home, as they did not want him to be alone in his own apartment. Carl spent more than a week at Peter's place, mostly confined to the couch, and receiving morphine for the pain he was in. He then stayed in his cousin's home and continued to recover. Carl was not able to be by himself in his own apartment for over a month. Peter said that Carl may have been able to *physically* manage to return to his home after one or two weeks; however, he would have been alone and unable to drive anywhere. Therefore, Peter was glad that Carl was able to stay with others until he was ready to go home.

Carl went to see his family doctor at the beginning of his recovery process. He eventually started going to physiotherapy to rehabilitate his wrist, and an acupuncturist to help relieve his headaches. He was also going to the gym to improve his health. While both his wrist and headaches were improving, the WCB funding for these treatments was cut off, and Carl has since not been able to go to physiotherapy or acupuncture. To this day, Carl feels his wrist is not at the level it could have been, had he been able to continue with physiotherapy. He also continues to experience regular headaches, and general pain on one side of his head. He has not been able to work since the injury.

After his accident, Carl began to struggle with depression, which he believes resulted mainly from his concussion. He has been prescribed medication both for the pain in his head and his depression, although he still experiences both symptoms. Carl's wrist pain, headaches, and challenges with depression have led to numerous changes in his life.

Life changes for Carl

In the time immediately following his accident, there were many physical limitations for Carl. However, the long-term challenges for him have had more to do with his mental health than his physical injury. Physically, Carl was limited by the cast on his arm and the pain he was experiencing in his wrist and in his head. For the first two weeks or so, he was confined to Peter's couch, and could not do much on his own, especially while experiencing the effects of morphine. Peter's wife had to bathe Carl, as he could not do it himself. Even when he could move around on his own, simple tasks became very difficult for him. He could not lift anything heavy (that required both arms) and even had trouble playing video games. It took about five months for Carl to be able to turn a doorknob with his injured hand. Carl has not been able to work construction since the accident, which was very hard on him because it was something he enjoyed doing, and it kept him active.

Aside from not being able to work construction, Carl still faces many other physical limitations. He still has trouble lifting things, especially if they are heavy. He has also been less able to participate in sports, which he loved to do before the accident. One of his favourite sports to play before his injury was basketball, but his wrist makes it very difficult to dribble and shoot the ball. While he has been able to do some biking, he is not at the level he used to be, and has not been able to do any off-road cycling. Carl is currently attending university, and has found that even writing is a challenge: he was barely able to complete a 3 hour exam, and had to take several breaks to relieve himself of the pain. He has frequent headaches which usually occur in the afternoon, and these impact his ability to focus and do well in his classes. Carl wishes to continue with physiotherapy and acupuncture, but has not been able to get the funding he needs to do these things. He also finds it impossible to work out in his small apartment with no equipment. Overall, Carl compares his physical limitations to being locked in a cage, unable to enjoy the physical activities he used to do.

For Carl, the most significant limitations resulted from the mental impacts of his accident. During his recovery, he began noticing changes in himself, aside from physical changes. At first, these changes were difficult for him to recognize. He found that he was not having fun doing things he used to enjoy: even when he made a list of things he liked to do, such as biking, hanging out with Peter, listening to music, and watching movies, he started believing that those things were no longer fun. The next day, he would look back and realize that those things were in fact still fun. These mood swings, as well as anxiety, frustration, memory loss, and other symptoms, led Carl to be diagnosed with depression. He was prescribed a few different medications until they found one which helped him. It was only after they found the right medication that he began to feel better, both physically and mentally. Before the medication, he did not believe that the acupuncture treatments were effective, but this changed after the medication.

Despite finding the right medication, Carl still struggles with the symptoms of his mood disorder. On some days, the medication feels less effective, and it can be difficult for Carl to find the will to get out of bed. He still has dreams of falling and smashing his face on concrete. His feelings of anxiety and depression reach highs and lows, and sometimes he feels as though he will never overcome his injuries. He still gets frequent headaches, which can be embarrassing for him in public. For example, he could be talking with someone, only to suddenly experience a massive headache, be visibly uncomfortable, and then have to explain himself. He also felt judged and

stigmatized by those around him, which resulted in a loss of confidence and caused Carl to beat himself up a lot, figuratively speaking. He also wondered about whether his former coworkers thought he was lazy and making the whole story up. These feelings and occurrences made Carl isolate himself and avoid interactions with friends and family members. He often found it easier to avoid social interaction, rather than having to explain himself to people, as they would notice he was physically and mentally different compared to before the accident. When he did see his friends, they usually came to visit him at his place, since he did not want to travel much. He lost interest in school, dating, and his sex life. He describes the depression as placing his entire life on hold for a long time.

In addition to these burdens, the injury has been financially hard on Carl. Having lost the ability to make two hundred dollars per day doing construction activities, he has had to make sacrifices to pay his regular bills. Even when he was still receiving WCB benefits, he was making significantly less money than before the accident. Carl has had to make a budget for himself and pay much closer attention to the prices of everyday items, such as food and clothing. Even maintaining a gym membership is tough on Carl's budget.

Life changes for Carl's friends and family

In the time following his injury, Carl found that many of his relationships were strained. Peter said that it was stressful having Carl on his couch and on a morphine high for a week, as he was physically incapable of doing things and could quickly become grumpy. Peter knew that it was not Carl's fault, and it did not affect their friendship. However, Carl found that he lost some friends while he was not socially active. He believes some friendships suffered because he was often grumpy at social events, due to his mood disorder. He used to be known as a fun person who enjoyed going out, but because of his anxiety and headaches, and a lack of desire to go out, he believes others now seem him differently. This made Carl feel like an outsider, and he wondered whether his old sports team mates would even want him back after he recovered. When Carl was ready, he had to do a lot of relationship re-building, reconnecting with people, and explaining why he was acting differently.

Aside from Peter and his wife, who looked after Carl and gave him a lot of help, Carl had some other friends who assisted him in everyday tasks. For example, he had friends who would accompany him while grocery shopping and would push the cart and lift the heavy items. When he went to Folk Fest, the people there put up his tent for him, which he thought was very kind. Carl also has one friend with whom he would frequently discuss the challenges in his life, and he appreciates the time she has spent with him.

Carl's injury also prevented him from attending some family events. For example, he had to miss Christmas entirely, because he would have been around family members who would be asking a lot of questions about him, and this would have made him feel judged. Carl felt embarrassed, and did not want many people to know that he was in such a troubled state. He found himself turning his phone off, avoiding social contact, and experiencing some very serious feelings of anxiety and depression.

Carl's views on his life and his future

Carl's accident has changed almost every aspect of his life. A combination of the physical injury, and the mental challenges that followed, placed many limitations on him. The loss of his ability to do construction, and the difficulty he now has playing sports, has reduced his confidence and his enjoyment of life, as these were big parts of his identity. He felt a great loss of independence, especially when relying on others to help him. His depression affected almost everything in his life, and, for a while, he struggled to find the will to do anything at all. Carl wishes that someone would have talked to him about depression and other mental disorders in the early stages of his recovery, as he thinks it would have made it significantly easier to deal with. He learned a lot about concussions and depression after the fact, but this did not help him in the initial stages of his recovery. It is clear that, while he has had many challenges with his wrist, the most significant impacts on his life have resulted from depression.

Although it has been a long journey, Carl is taking positive steps in his recovery. He recently began attending university and also does volunteer work, which has given him a greater sense of purpose and goals to work toward. While he may never regain his full dexterity and is unsure if the pain in his head will go away, he is optimistic about it. He has learned to tolerate his injury and he knows that, despite the adversity he faces, he needs to get up every day and do things. Carl has decided that his injury will not stop him from living his life anymore. He knows there will be challenges, but believes he is in the middle of his journey, and that he will continue getting better.

Anne's story

Background

Anne immigrated to Canada from Eastern Europe with her family over 10 years ago. She describes her family as being very active and never sitting in one place. Although the move was stressful for her family, they are all in Canada now.

As soon as Anne came to the country, she started working. She eventually became a health care worker and made a good salary for several years. One day at work, while helping a client with mobility restrictions, Anne suffered an injury to her back. She described the injury as a very painful crunch in her back, which caused her to lose her balance. She was unable to work the rest of her shift. She went home and tried to be still long enough for the pain to go away, but instead of getting better, the pain kept getting worse. The pain was so bad that she was not able to work at all.

Treatment

With the pain getting worse, Anne called her doctor, but they were unable to see her that day. She then went to a walk-in clinic, where a different doctor examined her. This doctor said Anne needed to see her family doctor, and also that she needed to call the WCB to report her workplace injury. The next day, Anne saw her family doctor, who informed her that she would not be able to work for at least two weeks. Anne received some pain medication, but this only helped a little.

Anne's family doctor prescribed physiotherapy sessions, which she attended for nearly a year. Despite all the work done at the sessions, the pain could not be improved very much. One day, when she was walking to her physiotherapy session, her leg went numb, and she could not walk properly. The physiotherapist could not help her and said she needed to go back to her family doctor. Anne's doctor then referred her to a specialist, who prescribed shots for her back. Anne said the shots were dangerous, but she took them anyway to try to relieve the pain. The shots helped for a while, but a few days later, Anne's leg went numb again. She could not walk properly on stairs or even on flat surfaces. When she went up stairs, she would need to pull her numb leg using her arms.

Although the accident was over three years ago, Anne continues to take pain medication to this day and has not been able to work at all. She also occasionally takes sleeping medication, as the physical and emotional toll of her injury can make it difficult to sleep.

In addition to taking medication, Anne has tried some activities to help her feel better, with mixed results. For example, she attended a few counselling sessions to deal with the emotional impacts of the injury. However, she eventually stopped going to the sessions because counselling was not a part of the culture in which she grew up. Anne appreciated having someone to talk to, but it was not her way to share her problems with a stranger. On the other hand, she had more success when she started attending a swimming pool exercise session once a week, along with a friend. The program is designed specifically for people with disabilities. Participating in the program made her feel a bit better, so she has been regularly going to the sessions ever since.

Life changes for Anne

Anne experienced many changes in her life because of her pain and numb leg. Everyday household activities became difficult to do. Anne needs help from her husband or granddaughter to shower, and also needs help in the kitchen. She finds it very difficult to cook because it is hard for her to stand for long periods of time. One of her favourite activities used to be gardening; however, it is now much more difficult for her, as she needs to sit on a pillow on the ground, and can only move a little bit. It is hard for her to watch other people garden, because it reminds her of the trouble she has.

With all the physical challenges of her injury, Anne had to start using a cane to walk. She also had to get a new seat for her toilet because she cannot sit at a certain height. As well, she had to get a higher bed and is currently looking at having grab bars installed in the shower. Despite having a new bed, she finds she cannot sleep at night, since the pain makes it difficult for her to get into a comfortable position.

Overall, Anne moves slowly and finds it difficult to get around. She can no longer drive and now must wait for someone to drive her around. Anne enjoyed driving very much before her injury, and losing the ability to drive was very hard on her. She can take the bus sometimes but not always, as the pain and numbness make it difficult. Although she never fell before her injury, she now frequently loses her balance and feels in danger of falling.

Social activities and family gatherings were a big part of Anne's life before her accident, but now she finds it very difficult to do those things. For example, she and her friend enjoyed picking cherries and mushrooms, but now she can only watch other people do it. She and her family also no longer celebrate birthdays, even though they used to every year. She can still occasionally attend church sermons and events (like picnics), but only if someone is available to drive her. Often, she plans to attend events but has to cancel.

The accident has also been emotionally hard on Anne. Her pain constantly varies, and her mood changes depending on the pain. Her temper is now short compared to how it was before the accident. She also says her medication causes her to feel sick, as though she is going to throw up. It also makes her lose her memory and her ability to talk. She describes it as losing her mind. She said her husband remarked that she talks "like a crazy person" when she is on her pain medication. She finds it difficult to sleep and, as mentioned before, has to take sleeping pills in addition to her other medication. She once tried to commit suicide when her life became very difficult.

Life changes for Anne's friends and family

Anne said that her family has also had some hard times after her injury. She says her husband is not happy with having to pick up more household chores, such as cooking, cleaning, laundry, and shovelling. Anne is also now more worried about her daughters because they are constantly worrying about her. One of her daughters lives in another city and must pay long distance fees to call her mother. Anne says her daughters call her all the time to check on her because they are worried. She also said that, while her friends still call her, some of them are younger, and they aren't always understanding when Anne is having difficulty with her injury.

The accident has led to some tough financial times for Anne's family. Overall, her family has less money at their disposal, and she spends a lot of time thinking about how to cover all of her expenses. Since she can no longer work, she worries about paying her mortgage and utility bills. The family has made sacrifices to pay these bills, such as buying cheaper foods rather than the foods they enjoyed the most and buying fewer clothes and shoes. Anne's husband used to work full time but has been working part time since her injury so that he can help her around the house. Anne mentioned that her daughters and granddaughters are very generous and give her things to help her out.

Anne's views on her life and her future

Anne describes her injury as having completely changed her life. Being on pain medication has helped a little, but, as mentioned before, it has many side effects. She thinks about how her grandmother was still very active in her old age, and wonders why she has to suffer.

Mobility issues are a constant concern for Anne. She uses a cane now but thinks she will have to use a walker in the future, which she does not want to do. She has to be very careful when she walks and is now scared that she will fall down. In addition to making everyday tasks more difficult, this has caused her to lose a lot of confidence. However, she says that when she attends her swimming pool sessions, being in the water can make her "feel like a person" again. It is much easier to move around in the water, so it provides a sense of relief for Anne. However, she does worry about what will happen if this exercise program stops one day.

Anne had made many plans for the future but is now not sure she will be able to fulfill them. For example, she worries about being able to pay her mortgage and pension. Her family used to have much more financial security when she and her husband were working full time. Now, with Anne unable to work and her husband working part time, it is much more difficult to pay these bills, which is a constant worry for the family. She is always thinking about the future, which is now unpredictable for her.

Appendix E – The methodology in detail

Methodology

This research used the following methods:

- ▶ a literature review
- ▶ dyadic interviews
- ▶ surveys of primary and secondary respondents
- ▶ analysis of survey and administrative data

Literature review

The literature review presents the conceptual foundation for measuring the financial and economic costs of workplace injuries and disease. Briefly, financial costs are the monetary losses — such as net wage loss and health-related expenditures — associated with the injury, and the economic costs are the financial plus non-financial losses as a consequence of the injury. It reviews methodological options from a qualitative and quantitative perspective, especially the application of conjoint and discrete choice methods to the estimation of indirect and non-economic costs. Of particular importance is that the literature review creates the theoretical and empirical foundation for the questionnaire, especially the questions around indirect and non-economic cost and translating the experiences around injury into a compensating financial equivalent.

We accessed literature using Google Scholar, and we created a working library within the Zotero bibliographic system. Key words used in the search process included “workplace accidents,” “workplace injuries,” “costs of workplace accidents/injuries,” “impacts of workplace accidents/injuries,” and “economic valuation of injuries.” As we identified pertinent material (reports, articles, and books), we used the references cited within these works to further refine our search.

In general, the literature falls into three groups that also follow a chronological logic. The early literature tended to view the costs of workplace accidents from the employer’s perspective, with the costs of wage replacement representing the mutual losses to both the firm and its employees. A second subsequent phase continued the measurement focus of the first, but added discussions about the extent to which workers compensation programs created a “moral hazard” by reducing the incentive to safety programs and safe working practices. Most recently, the literature has shifted to developing more robust methods to value the full cost of workplace accidents and injuries for both employers and workers, thereby presenting a more complete measure of impact on the economy as a whole.

Dyadic interviews

We selected the dyads from information on time loss injuries based on four different characteristics, with two groups within each characteristic, as follows:

- ▶ gender (M/F)
- ▶ age (18–34/35+)
- ▶ date the WCB Board was notified of the injury (earlier than July 1, 2011/July 1, 2011 or later)
- ▶ total costs of the injury (\$10,000 to < \$50,000/\$50,000 or greater)

This made for $2*2*2*2=16$ groups. We tried to ensure that we spoke to one dyad from each group, with four remaining as doubles. This resulted in a balanced distribution of gender, age,

time since injury, and total costs. It also excluded less serious injuries where the total cost (medical, wage replacement, rehabilitation, and retraining) was less than \$10,000.

WCB supervised the selection of potential candidates, as well as the initial contact by letter. Great care was exercised to ensure that all injured workers contacted to participate in this research had full information and could decline without prejudice.

In this study, we invited/elected primary respondents from the Winnipeg region by a letter of invitation. This was intended to minimize costs and logistical complexity. PRA followed up with a telephone call to explain the purpose of the research, to offer an assurance of confidentiality, to arrange a meeting for the dyad, and to coordinate the attendance of both the injured worker and their carer. We offered \$100 to both the injured worker and their carer, to compensate them for their time and costs (parking).

The first three dyadic interviews served as a pretest that resulted in very minor adjustments to the interview guide. The final guides for the interviews appear in Appendix A. The stories that resulted from the dyads appear in Appendix D.

Surveys of primary and secondary respondents

Survey research has the following steps:

- ▶ sample frame development
- ▶ communication and ethics approvals
- ▶ questionnaire design and pretesting
- ▶ respondent recruitment and data collection
- ▶ data development
- ▶ analysis (reported in Section 5.0 of this appendix)

Sample frame development

Figure 1 shows the two steps needed to create the sample frame for the study; the sample frame is the list used to contact potential respondents to invite them to participate in the study. The first step involves the development of communications protocols to ensure informed consent, and the second step is the process of selection to create a pool of potential respondents.

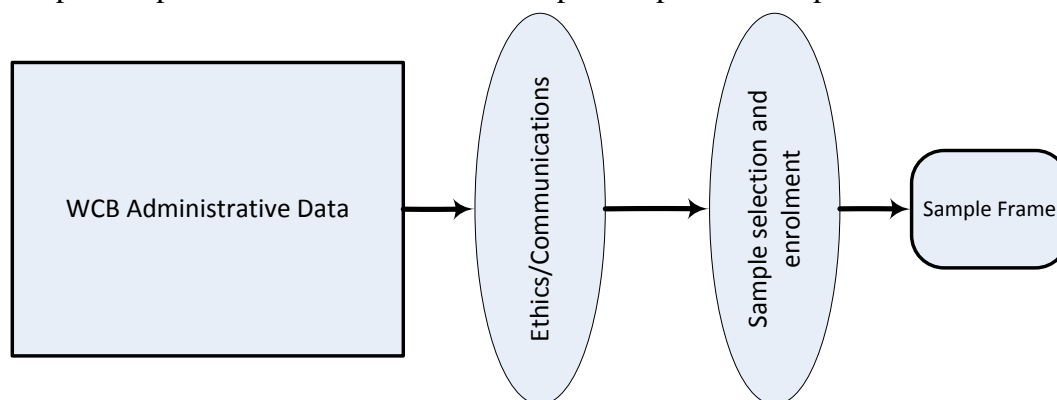


Figure 1: Sample frame development

WCB prepared a sample frame comprised of all the reported time loss injuries between April 1, 2012 and June 30, 2014. It excluded injuries resulting in fatalities, claims arising from occupational disease, and claimants that have experienced mental/emotional illnesses and with whom WCB has experienced serious disputes/conflicts over their claim. This last group was excluded to ensure that the research focussed on collecting information on the costs of the injury and would not serve as a platform to resolve disputed claims.

Communication and ethics protocols

This research marks the first time that WCB has undertaken such extensive and intensive research into workplace injuries and their consequences injuries. To be sure, WCB has undertaken a client satisfaction survey to understand the experience clients have had in reporting and adjudicating claims. However, this research probes into the nature and consequences of injuries, and therefore represents a potential for significant intrusion into the lives of claimants. Aside from the potential of the process of the research and the findings to subject the WCB to criticism and negative publicity, it is essential that research involving injured workers recounting their experiences not harm them in any way.

This research offered injured workers the opportunity to discuss their experiences, which may result in changed policies that will benefit subsequent claimants. Based on reactions after the interviews and other interactions with the research team, the vast majority expressed satisfaction with the research process and found benefit in the interactions with the study team.

All WCB staff who come into contact with the public and with claimants were fully briefed on the research, to ensure that any inquiries were managed transparently, seamlessly, and consistently. WCB and PRA worked closely to develop the letters to respondents to invite their participation (see Appendix F). Contact numbers included in the letters invited potential respondents to seek clarification, either from their caseworker or PRA staff directly involved in the study.

A limited number of injured workers have developed antagonistic relationships with WCB or experienced mental health issues that have marked their interactions with the organization. These very few cases were flagged in the administrative database, and these records were not shared with PRA.

Several principles in particular marked the communication/ethical protocols:

- ▶ Workers could decline to participate in any aspect of the research *at any point* in the research process without prejudice. PRA maintained complete confidentiality on the identity of all cases selected for the research; therefore, WCB does not and will never know whether any specific claimant participated in the research or not.
- ▶ The communications sent to potential research participants were all designed to ensure fully informed consent. Aside from careful explanation in letters, WCB and PRA staff responded to all inquiries on the nature and intent of the research.
- ▶ All communication stressed that this research could never be used to address the details of individual claims. PRA referred any enquiries from potential respondents about details of their individual case to the relevant WCB staff.

Questionnaire design and pretesting

This study recruited primary and secondary respondents (named by the primary respondent) to participant in two separate and sequential telephone interviews. At the end of their interviews, primary respondents referred the interviewer to carers who lived in the home. Not all primary respondents required substantive assistance beyond that offered by WCB or the provincial health care system.

The questionnaire reflected current trends in the literature, in terms of asking individuals to assess complex, hypothetical, and abstract concepts. These ideas are always difficult for respondents to manage. To mitigate this issue, content development of the questionnaire was supported by recent literature on workplace injuries, in addition to the information gained through the dyadic interviews with primary and secondary respondents.

A **primary respondent** is the injured worker selected from the WCB administrative data on time loss claimants and who agrees to be interviewed. A **secondary respondent** is a carer, named by the primary respondent, who also cohabiting with the injured worker.

Accordingly, the design of the survey questionnaire blended the science-based literature, the qualitative information, and — most importantly — the actual field testing. It is important to underscore that the field testing was comprised of more than just assessing whether respondents provided answers; it also included a follow-up analysis of the responses and re-interviews to ensure that respondents (primary and secondary) understood the questions as intended.

To reiterate, two discrete, but linked, surveys collected a range of information:

- ▶ Primary respondents (the injured workers with a time loss claim who agreed to be interviewed), invited by letter, referred interviewers to secondary respondents who were living in the home at the conclusion of the interview.
- ▶ Secondary respondents responded to a similar set of questions, but reflecting on their role in the recovery process.

The primary respondent survey (see Appendix B) had the following eight phases:

1. The introduction established respondent qualification and responded to typical questions.¹
2. Questions on the injury and occupation at the time provided the context for the remaining questions.
3. Questions probed for employment and income before and after the injury, using WCB information to frame the responses. Note that WCB has little income or asset information after the injury; respondents are the only source of this information.

¹ A computer-aided telephone interviewing (CATI) system supported interviewing. This system transparently transfers respondents to other parts of the questionnaire, based on responses, which manages interviewer and respondent burden. Interviewers can also toggle to standard answers when respondents raise questions such as “Where did you get my name,” “I need help with my claim,” or “My injury was not serious, why are you talking about life impacts?” Interviewers directed all respondents who wished for information on their claims to WCB. Those who persisted in asking about claims issues were not included in the survey.

4. Direct cost questions collected information on the expenses funded by the respondent (and family) not supported by WCB. This included tracking any asset disposal needed to pay for medical, rehabilitation, and retraining expenses.
5. Questions on the perceived impact the injury has had on friends and family included an enumeration of all those whom the respondent recalled helping and the number of hours per week that help was (is) needed.
6. Standard questions collected information on the ability of the respondent to complete common activities of daily living (e.g., personal care, household care, mobility).
7. The most challenging part of the questionnaire asked respondents to indicate their willingness-to-pay for “a quick and painless treatment that would let you recover immediately and avoid all the necessary recovery time required for your injury.”
8. Finally, the questionnaire asked the respondent to identify a “spouse, partner, or another adult living with you who is familiar with your injury.” Note that, unlike the dyads where adults not living in the same household were accepted as secondary respondents, we elected to tighten the bond between primary and secondary respondent, since cohabitation contributed to a better understanding of the full impacts of the injury.
9. The pretesting of the questionnaire, involving 100 primary respondents, produced only minor changes in wording. We tested the two questionnaires (primary and secondary respondents) to ensure comprehension at the grade 10 level using the Fleischer-Kincaid score. The primary respondent questionnaire tested at a grade 7.7 level, while the secondary respondent questionnaire tested at a grade 8.9 level.

Respondent enrolment and data collection

Sampling occurred in waves, with successive simple random samples being drawn, letters sent to potential primary respondents (the injured worker), enrolment in the survey process, and completion of the interviews.

The goal for this task was to create a sample frame that would support a final recovered sample of 1,500 primary respondents. Since we expected that some primary respondents would decline to name a secondary respondent, we targeted the final sample to include completed interviews with 1,000 secondary respondents.

We issued the invitations to participate in six waves, as shown below in Table 1.

Table 1: Synopsis of survey field operations		
	Date	Number of invitations
Wave 1	August 12, 2014	Pretest (100)
Wave 2	August 30, 2014	1,957 claims
Wave 3	September 23, 2014	1,761 claims
Wave 4	October 3, 2014	1,762 claims
Wave 5	October 22, 2014	1,778 claims
Wave 6	November 13, 2014	1,751 claims
Note each wave “pulled” from across the non-contacted sample.		

- ▶ As each successive wave was added, though the focus was on new sample, we continued to call numbers from all waves during the calling period, with a particular focus on completing interviews with a spouse, partner, or other adult (secondary respondent).
- ▶ All surveys that had been coded to indicate “waiting for the second person to complete the survey” became completions of the primary respondent only at the conclusion of field operations. In other words, we simply stopped trying to re-contact the secondary respondents after January 5.

Data Development Data linking, cleaning, reconciliation, and coding

Survey data are complex and subject to important biases stemming from the following three basic sources:

- ▶ respondent misunderstanding of the question’s intent, induced by questionnaire limits, limited respondent capacity (e.g., language, illness at the time of interview), and interviewer misstatements
- ▶ respondent recall of salient details of the injury and/or their own experience
- ▶ internal validity (respondents offering contradictory information)

To maintain confidentiality, WCB joined survey and administrative data. Once the de-identified information had been returned, PRA verified that the data had been correctly joined and prepared a data dictionary to guide the remainder of the research. Developing the cost categories to support the full-cost estimates formed an important element of this task. This task reconciled any errors remaining in the survey data and coded verbatim responses into numeric codes. The verbatim responses were retained as recorded to support qualitative analysis.

Survey questions may be classified as *closed* (a response to fixed categories of options) or *open* (where interviewers record the respondent’s words verbatim). Much of the information collected during the survey reflects the open or unstructured comments/observations of respondents.

We reviewed the responses for each open-ended question in the survey of injured workers, including the verbatim responses of the secondary respondents (close friends or families living with the injured worker). We looked for common themes within each survey question, and used these to develop the codebook. We assigned various numbers of codes to each question, including codes for non-responses and *other* responses (responses that did not fit a particular code, but also did not occur frequently enough to merit having their own code).

Coding in questionnaire analysis comprises the process to classifying and categorizing respondent’s verbatim responses into fixed numerical categories. Recommended practice uses at least two independent coders, where senior researchers review discrepancies and determine the nature of the correct code.

In a few cases, we combined the responses of two similar or identical questions, for coding purposes. For example, in the survey, both the primary respondent and secondary respondent were asked to state their job at the time of the injury. Since these questions were identical, and there were no obvious differences in the types of responses given, they were assigned the same set of codes.

After completing the first draft of the codebook, we trained two PRA coders in the use of the codebook. The coders received specific instructions and became familiar with the questionnaires, the intent of each question, and how the types of codes should be assigned.

To increase the accuracy of data coding inter-rater reliability statistics are used as a measure of reliability, or more accurately, reproducibility. The term “reproducibility” refers to the extent to which independent coders — given the same data, coding instrument (codebook), and training — assign the same codes to the data ((Hayes & Krippendorff, 2007). The greater the agreement between the coders, the more likely it is that their outputs (assigned codes) are reproducible and trustworthy. Without inter-rater reliability analysis, the researcher is less certain about the consistency of the applied codes, and the coded responses may lead to inaccurate conclusions.

The inter-rater reliability test requires that each coder assign codes to the same set of verbatim responses, so that the codes they assigned can be compared (Hayes & Krippendorff, 2007). To do this, we drew a random sample of 50 verbatim responses for each open-ended question included in the test. We gave each coder the same set of randomly drawn responses for each question. The coders then began coding the responses to each question, independently of each other. The coders were not allowed to collaborate in any way, or to seek help from anyone not directly involved in the research. We imposed these conditions to mimic a real-life scenario where two or more coders would be coding questions independently, and possibly at different times.

When the coders completed their work, we collected and prepared the results so they could be compared side by side, as demonstrated in Table 2.

Table 2: Example of side-by-side comparison of two coders			
Question: What was your job at the time of the injury?			
Verbatim responses	Coder 1	Coder 2	Result
Verbatim 1	1	1	Agree
Verbatim 2	3	1	Disagree
Verbatim 3	5	5	Agree
...
Verbatim 50	2	3	Disagree

Each verbatim response is accompanied by codes independently assigned by two coders (coder 1 and coder 2). In this example, the coders provided the same codes for verbatim responses 1 and 3 (agreement), and different codes for verbatim responses 2 and 50 (disagreement).

There are many possible statistics to use in inter-rater reliability analysis. In this study, we used Krippendorff’s Alpha (α), one of the most versatile and widely-accepted statistics in content analysis. It is a versatile statistic, and it may be used for any number of multiple coders; numerous kinds of variables (e.g., nominal, ordinal, ratio); and even cases with missing or incomplete data (although there were no missing data in our case). It provides an estimate of the disagreement between the coders, from which reliability may be inferred. Krippendorff (2011) provides the general form and simple description of α as the following:

$$\alpha = 1 - \frac{D_o}{D_e}$$

In this formula, D_o is the observed (actual) disagreement between the coders, and D_e is the disagreement that would be expected if the coding were attributable to chance instead of the properties of the units. The α ranges from 0 to 1: if there is no disagreement ($D_o = 0$), then $\alpha = 1$, and there is perfect reliability. When the coders agree to the same extent as if the results were produced by chance (in other words, when $D_o = D_e$), then $\alpha = 0$, and reliability is absent.

Krippendorff and various others suggest that an α of 0.8 or greater is a good indicator of reliability, with 0.67 as the bare minimum (De Swert, 2012, p. 5; Joyce, 2013). If the inter-rater reliability analysis fails to generate a result of $\alpha > 0.8$, some possible next steps include revising the codebook to make it simpler for coders to use, and retraining the coders on how to use the codebook. After performing the next steps, the analysis can be repeated to check for changes in α .

Krippendorff's Alpha also allows the user to use a bootstrapping technique (random sampling with replacement), which is useful with a low sample size of responses, and when the distribution of α is unknown (which it is, in this case). With bootstrapping, it is possible to calculate the likelihood of α failing to reach some minimum level, if the random sampling technique were repeated.

To calculate α , we used an SPSS macro developed by Hayes (2013). In each calculation, we used 5,000 bootstrap samples. For this research, we calculated an Alpha for each open-ended question, using a random sample of 50 verbatim responses as described above. We set up the data as in Hayes (2013) with one column for each of the coders, and then set the macro to compare the codes between these columns for all verbatim responses in the sample. The resulting α gave an indication of reliability for each question (or group of questions) in the survey.

As per the literature, we used $\alpha > 0.8$ as our “reliability standard” (a good standard of reliability). After calculating α for each question in the first round, we considered the reliability between the coders sufficient for any question with a result of $\alpha > 0.8$. The second round included all questions from the first round that had a result of $\alpha < 0.8$, except a select few for which we believed α could not significantly be improved by revising the codebook, due to the complex nature of the responses. In the second round, as before, we considered there to be sufficient reliability for any question with a result of $\alpha > 0.8$. In the third and final round, we calculated α for every question for which a result of $\alpha > 0.8$ had not been achieved in the first two rounds. However, we used a revised approach to calculating α in the third round, which we discuss below. Table 3 presents the results of all three rounds of inter-rater reliability testing using Krippendorff's Alpha.

Table 3: Inter-rater reliability testing: Krippendorff's Alpha (α) results			
Question	α - Round 1	α - Round 2	α - Revised
P6. What was your job at the time of your injury? S4. What was your job at that time?	0.8138	n/a	n/a
P12. Can you please describe these fringe benefits? S7. Can you describe these fringe benefits? S18. Can you please describe these fringe benefits?	0.8993	n/a	n/a
P16-1 (Source of injury). Can you briefly describe what happened and how you were injured?	0.5625	n/a	0.5592
P16-2 (Cause of injury). Can you briefly describe what happened and how you were injured?	0.6081	n/a	0.5984
P16-3 (Body part injured). Can you briefly describe what happened and how you were injured?	0.8388	n/a	n/a
P21A. When you eventually return to work, are there any duties that you think you will not be able to perform anymore because of your injury? P21B. At your job, are there any duties that you are no longer able to perform because of your injury? P22A. When you eventually return to work, are there any duties that you think will be harder to do because of your injury? P22B. At your job, are there any duties that are now harder to do because of your injury?	0.7614	0.6940	0.7626
P29J_O. Are there any other costs directly resulting from your injury that you have not already mentioned?	0.7960	0.8437	n/a
P37H. Other non-work related tasks that we have not discussed S22F. At any time, as a result of the injury, have you had to help <primary respondent> with any of the following personal activities? S24J. At any time, as a result of <primary respondent>'s injury, have you had to take over any of the following non-work-related tasks?	0.7055	0.8308	n/a
P39I. At any time, as a result of your injury, have you experienced any of the following emotional difficulties? S25H. At any time, as a result of <primary respondent>'s injury, have you personally experienced any of the following emotional difficulties?	0.6857	0.8871	n/a
P40F. Since the time of your injury until now, have you had to cut back on non-work-related spending in any of the following areas in order to help pay for some of your injury-related costs? S26F. Since the time of the injury until now, have you had to cut back on non-work-related spending in any of the following areas in order to help pay for some of the injury-related costs?	0.6701	0.5880	0.6430
S23. Can you tell me three non-work-related things that you used to enjoy doing with <primary respondent>, but can no longer do as a result of the injury?	0.6386	0.5995	0.7097

Round 1

After the first round of testing, we found that six questions (P6, S4, P12, S7, S18, and P16-3) yielded a result of $\alpha > 0.8$, which indicated sufficient reliability. We did not test these questions in any additional rounds of testing. The remaining questions had a result of $\alpha < 0.8$, although some questions (P29J_O, P21A–B, and P22A–B) were close to achieving the reliability standard. We included the questions with $\alpha < 0.8$ in a second round of testing, after revising the codebook and retraining the coders.

The only exceptions were P16-1 and P16-2. We believe that the reliability statistics of these questions were too low to improve within the time we had to conduct the tests (this likely would have required several rounds of coding, testing, and codebook revision). The low level of α achieved from these questions is likely due to the length and complexity of the open-ended responses. In these questions, respondents were asked to describe the circumstances of their injury. The responses often included multiple factors, such as the source of the injury (e.g., bricks, glass, metal); the cause of the injury (e.g., falling, twisting, impaling); and the injured body part(s). Given the complexity, length, and diversity of the stories, the chances of the coders disagreeing were relatively high.

For all remaining questions with a result of $\alpha < 0.8$, we revised the codebooks, usually by reducing the number of codes. Typically, this involves “collapsing” multiple specific codes into more general codes, which would be easier for the coders to identify and use. We also retrained the coders on these questions, and provided some clarification on concepts that were proving difficult to consistently interpret. After undertaking these steps, we proceeded using the same method as in the first round: we drew another random sample of 50² responses per question, and assigned them to the coders for independent coding.

Round 2

In Round 2, we found that several questions which had a result of $\alpha < 0.8$ in Round 1 had now achieved the reliability standard of $\alpha > 0.8$ (P29J_O, P37H, S22F, S24J, P39I, and S25H). As before, we considered these questions to have sufficient reliability between the coders, and we did not include them in the next round of testing.

For the questions which did not achieve a result of $\alpha > 0.8$, we found that α had actually decreased in the second round, despite the simplification of the codebook and the retraining of the coders. We decided to use a different approach in the next round, which we describe below.

²

By the second round, some questions did not have enough responses to provide another random sample of 50. In these cases, we included all the remaining responses in the test, and still generated 5,000 bootstrap samples.

Round 3 (revised approach)

After reviewing the results of Round 2, we suspected that a significant portion of the disagreement between the coders resulted from the way in which the k-alpha SPSS macro interprets the output of the coders: in particular, the way it interprets the use of multiple codes for the same verbatim response. Consider the examples provided in Table 1:

Table 1: Example of side-by-side comparison of two coders with multiple codes per response			
Question: At any time, as a result of your injury, have you experienced any of the following emotional difficulties...?			
Verbatim responses	Coder 1	Coder 2	Result
Verbatim 1	1,3,5	1,3,5	Agree
Verbatim 2	3,6,8	3,4,8	Disagree
Verbatim 3	1,2,5	1,2	Disagree

In these examples, the respondents are providing multiple bits of information that are relevant to the question, so the coders are assigning multiple codes to the verbatim responses. For verbatim 1, the coders have entered identical sets of codes, so the k-alpha macro interprets this as agreement. For verbatim 2 and 3, the sets of codes are different, which the macro interprets as disagreement. However, in both verbatim 2 and 3, the coders actually entered in two of the same codes, and only differed on one code. In other words, they agreed on two of the three concepts in the verbatim response, and disagreed on one concept. Therefore, when the k-alpha macro interprets these cases as total disagreement, it seems the macro is over-stating the actual incidence of disagreement between the coders.

To adjust for this, we used a revised approach to calculating α . We modified the structure of the data so that the k-alpha macro would compare multiple codes on a 1-by-1 basis. Table 2 contains the same examples of verbatim responses and coding as in Table 1, but we modified the examples to show how we structured the data differently.

Table 2: Example of the revised k-alpha approach			
Question: At any time, as a result of your injury, have you experienced any of the following emotional difficulties...?			
Verbatim responses	Coder 1	Coder 2	Result
Verbatim 1	1	1	Agree
	3	3	Agree
	5	5	Agree
Verbatim 2	3	3	Agree
	6	4	Disagree
	8	8	Agree
Verbatim 3	1	1	Agree
	2	2	Agree
	5		Disagree

As before, the k-alpha macro considers there to be full agreement for verbatim 1, because the coders entered in the same sets of codes. However, for verbatim 2 and 3, the macro identified agreement for two of the three codes, and disagreement for one code.

Previously, the macro would have considered all of the codes for verbatim 2 and 3 to be in total disagreement. Using the same set of codes as a previous round of testing, we expected this revised approach would reduce the disagreement between the coders, thereby increasing α , and making the question more likely to achieve the reliability standard of $\alpha > 0.8$.

We used the revised approach to conduct another round of testing for all questions that had not achieved the reliability standard. For each question, we used the codes from the last time they underwent testing. For some questions, there was a significant increase in α compared to the previous round (P21A–B, P22A–B, P40F, P26F, and S23). The results remained virtually unchanged for P16-1 and P16-2. That said, despite the increase in α for some of these questions, none of them achieved the reliability standard of $\alpha > 0.8$.

Analysis

The analysis used Excel and SPSS to process the survey data. We paid special attention to the estimation of non-economic and indirect costs and the calculation of pre- and post-injury incomes, which drive the estimates of the workers' perceive economic impact arising from the injury.

Some of the analysis used the administrative data prepared by WCB that also served as the sample frame. A key challenge in using these data is it that, as administrative data, it is far from ready for "prime time" analysis to support policy and economic analysis. This issue is not unique to WCB. Administrative files support program delivery and, as discrepancies appear, staff may fix the error in the source administrative information, or simply make the adjustment in working files. As a result, administrative data usually contain errors.

For the most part, these administrative data errors do not have substantial impact on analysis, especially when large files support summary analysis.

The estimates for the economic costs of injuries on workers and carers resulted from econometric analysis using STATA. These initial results will be refined in future studies emerging from this research.

Summary on methodology

This study used a large sample survey, linked to WCB administrative data, to estimate the economic cost of an injury. However, we also wanted to capture the non-economic impacts of an injury — a data capture that is often difficult to accomplish using traditional research analysis methods. Using a survey-based willingness-to-pay method to value intangibles in health outcomes, we used the concept of paying to avoid an injury to measure the intangible cost of that injury. Dyadic interviews added further qualitative perspective to the costs of workplace injuries, as well as supported the development of sample survey questionnaires.

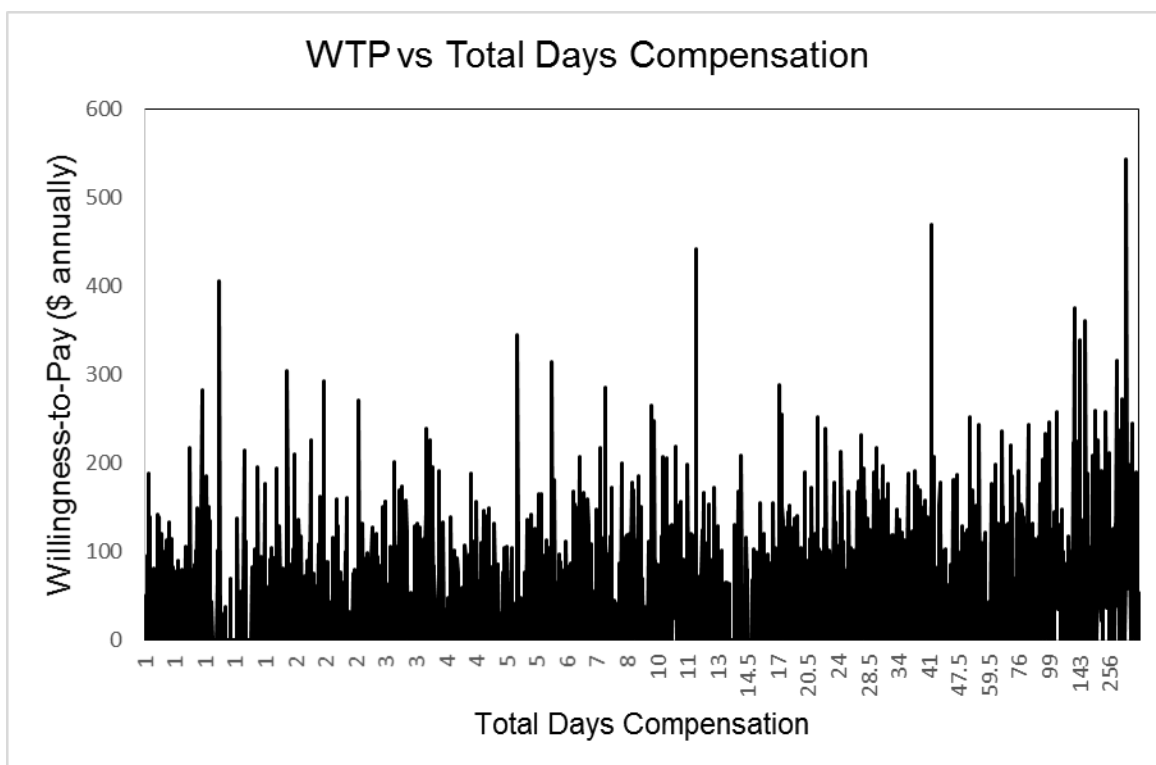
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Appendix G – Factors in WTP to avoid the accident

Factors in the Willingness to Pay to Avoid the Workplace Injury

It might be hypothesized that the WTP to avoid the injury in the first place would be related to injury severity, which we measure by the variable “total days compensation.” The figure below shows the potential for a slightly positive relationship, which is verified by a simple regression as seen in the following table.



WTP vs Days of compensation

Clearly the significance of the days of compensation and the low R^2 demand a multivariate analysis, which will appear in a separate technical note. Many other factors shape the willingness-to-pay to avoid the injury. Here we hypo

WTP and days of compensation (ordinary least squares estimates)			
Dependent Variable = Willingness-to-pay (to avoid the injury)			
N=2309			
Variable	Estimate	t	P
Constant	39.82	28.97	<.001
Total days of compensation	.10	8.86	<.001
R^2	.033		
F	78.6		

A more complete regression produces the following result.

Willingness to Pay (Primary Respondent) (\$)			
Variable	Coeff	T value	Confidence Limit
Constant	158.93	.86	[-204.00 521.86]
Pre-Injury weekly wage	.08	4.45	[.05 .11]
Age (at time of injury)	.17	.68	[-.32 .67]
Number of days of compensation (Injury severity)	.11	3.81	[.05 .16]
Marital Status	-.00	-.01	[-2.47 2.42]
Number of Dependents	2.60	.72	[-4.47 9.69]
Annual average earnings	.0005	-1.81	[-.001 .0000]
Gender	.42	-.06	[-13.33 12.50]
R^2	.146		
F	10.84		

The results indicate that the pre-injury wage and injury severity are statistically significant. Noise in the data and omitted variables underlie the results. Next steps will be to explore the existence of carers in the home and in general, the date of the injury (time lapsed between the injury and interview), and to stratify the estimates by region.

In general, it may be difficult to isolate a few drivers for the WTOP to avoid the accident, since as was revealed by the dyads and survey, reaction to the injury is very individualistic and complex.