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production leader in the oil and gas industry with regular working hours, 8 hours a day, 40 hours a week, with a full administrative job. During work, the physical capacity required is at least 4 METs, with low mobility, good gross and fine motor skills, and sound active and passive communication skills. In general, the employee's health condition was good, but there was anemia and an enlarged spleen. Mobility function is not impaired, visual acuity is normal. The employee is at risk of aggravating the disease if it is not handled properly, but he does not risk endangering co-workers or the work environment. The employee is currently still able to work. The general condition does not interfere with his work. Based on the analysis results above, it can be concluded that the fitness for duty status is fit to work as a unit production leader with a note of not doing heavy physical activity, not driving, not lifting heavy loads above 10 pounds. Workers are recommended to continue treatment with an internal medicine specialist. Myelofibrosis patients are still able to work in the production section oil and gas industry, of course, with a thorough assessment first

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Designing a new working method to support physicians' (dis) ability prognosis evaluation

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Introduction: Physicians performing disability assessments have to evaluate the prognosis of the (dis)abilities for work. This is a very complex task challenged by limited knowledge and skills of evidence-based medicine (EBM), time constraints, high quality demands and conflicting interests.

Material and Methods: A new working method was developed to support physicians' (dis)ability prognosis evaluation. The Intervention Mapping framework was used to identify content items, design features and considerations on implementation and evaluation of this working method.

Results and Conclusions: The new working method consists of a stepwise EBM-approach to support physicians to gather available evidence, to review and weigh important prognostic aspects and to integrate these aspects into a transparent, tailored assessment. This working method is supported by a software tool, containing a database with links to evidence and other resources in order to facilitate searching, appraising and applying evidence-based information. An additional training program will further support the use of this working method. Physicians attending the training program will learn to apply the stepwise EBM-approach with support of the software tool and evaluate the prognosis of (dis)abilities in case scenarios based on daily practice. In a next phase limited efficacy, acceptability and practicality testing of the new working method is planned in a pilot study.

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Workers Requesting Disability Benefits Due to Musculoskeletal Disorders: A Cross-Sectional Brazilian Data

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Introduction: Musculoskeletal disorders (MSD) are the leading clinical cause of disability benefits granted by the Brazilian Social Security Institute in the last decades. The aim of this study is to present information about workers who requested temporary disability benefit due to MSD through the public social security system in Brazil.

Material and Methods: A longitudinal study is being carried out since 2020 in the city of Sao Paulo. Baseline information was obtained between November 2020 and April 2021. Two hundred seventeen workers took part in this study. They were in sick leave over 15 days due to a disabling MSD and requesting a social security benefit when were invited. Participants answered an electronic questionnaire on sociodemographic characteristics, health risk behaviors and occupational aspects.

Results: Most participants were males (53.0%), married (50.7%), school education higher than 11 years (60.4%), mean age 39.5 years (sd +-10.6), BMI 27.9 kg/m² (sd +-4.9), did not smoke (85.2%), abstemious (52.5%), working for less than 05 years (59.4%), morning shifts (73.2%), underwent physiotherapy (53.9%). The imbalance between extrinsic efforts at work and reward (ERI) was perceived by 75.1% of participants.

Conclusions: Information about the profile from disabled workers can help to map groups susceptible to sickness absence due to musculoskeletal disorders. Companies' health service professionals should start the process of return to work at the first day of absence in order to reduce the time to reintegration and promote a sustainable return.

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The Effects of a Stigma Awareness Intervention on Finding and Retaining Paid Employment a Cluster Randomized Controlled Trial among Unemployed People with Mental Illness

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Introduction: Stigma is one of the barriers to paid employment for people with mental illness. Deliberate (non-)disclosure decisions may prevent this, but the effects of stigma awareness interventions are mostly unknown. This study aims to examine the effectiveness of a stigma awareness intervention for employment specialists and a decision aid and two infographics about disclosure of mental illness on finding and retaining employment for unemployed people with mental illness, compared to usual guidance.

Material and methods: A clustered RCT was conducted. Participants were unemployed people with mental illness who receive social benefits (N=153) and were recruited at eight locations. The control group received guidance as usual and the experimental group