**Digital Health Augmented Orthopedic Recovery in Worker’s Compensation Patients Demonstrates Good Engagement**

**Abstract**

Research on orthopedic recovery for injured workers covered by the United States Worker’s Compensation System is limited, revealing challenges with poorer outcomes and low engagement. Current literature shows non-compliance to home exercise plans as high as 70%. One possible solution to address these challenges is through digital health solutions. For example, Recupe from Plethy uses a mobile app paired with a sensor and a designed, live coach to enhance engagement and has been shown to improve home exercise adherence and outcomes in Group Health.

This study followed 1018 injured workers over two years who used Recupe in conjunction with medical and physical therapy or occupational therapy care for their work injury recovery. Analysis shows that 72% of injured workers engaged in the Recupe app at least 3 times per week, with 52 percent engaging over 75 percent of days. Additionally, average pain scores improved 3.9 points out of 10.

Digital health appears to improve an injured worker’s engagement and adherence to their home exercise plans. Moreover, the observed pain improvement suggests progress in recovery. Though injured workers were onboarded a day after referral, this averaged to be 44 days after the date of injury. Such a delay likely slows recovery. Despite this, digital health shows good promise and warrants further study in the Worker’s Compensation space.

To summarize, digital health, tested with the Recupe solution, greatly improved engagement compared to previous research. Thus, injured workers are more likely to follow a home exercise plan that healthcare practitioner have prescribed for their recovery.

KEYWORDS: exercise, orthopedic, Recupe, therapy care,

**Introduction**

Orthopedic conditions are frequently treated in healthcare settings, both surgically and through physical or occupational therapy, and this is well published. [1][2][3] Post-surgical recovery has been studied heavily, and non-surgical rehabilitation for conditions in the knee and spine have also been researched. [4][5]

﻿However, there is much less data on orthopedics in the United States Worker’s Compensation arena, most of which show challenges in the Workers' Compensation space. For example, one study showed that negative outcomes increased by two-fold compared to similar patients not in worker’s compensation.[6] Another study found significantly poorer outcomes with upper extremity surgeries, [7] and similar poor recovery after lumbar disc surgery. [8]

There is little data on home exercises for Worker’s Compensation, but in Group Health, home exercise effectiveness and pain improvements are documented. [9] [10] One new addition to the worker’s compensation arena is digital health, through Remote Patient Monitoring (RPM). RPM has been used for tracking outcomes in patients with co-morbidities such as smoking tobacco, diabetes, and obesity. [11][12][13][14][15] For orthopedics, digital health can guide patients through a care journey, including a home exercise plan. Healthcare providers prescribe home exercise plans to ensure full recovery for their patients, documented with improvements in Range of Motion (ROM, WOMAC, and Berg Balance Scale). [16][17] The challenge is that patients often have very poor non-compliance with these plans, 70% non-compliance from one study, and overestimated on exercise diaries. [18][19]

Fortunately, studies using digital health to augment rehabilitation have been promising. One such digital health platform is Recupe from Plethy, which features home exercises enhanced by a wearable sensor to accurately measure movement and a designated coach to support the patient during their recovery journey. [20] Patients using Recupe digital health report good engagement, such as from one study where they exercised around 5 out of 7 days per week.  [21] Some of this is due to tools such as the live coach and an in-app mood check, where poor mood correlated well with poor engagement.   [22]

With the good engagement from Recupe use, patients who underwent total knee arthroplasty experienced faster ROM gain, reaching 120 degrees 25 days sooner per expected trajectory, significantly fewer manipulation under anesthesia procedures, and this was done with movements specific to patients. [23] The goal of this study is to examine injured workers covered by Worker’s Compensation undergoing treatment for orthopedic diagnoses using digital health and gather normative data. With this, comparisons can be made with other studies investigating similar populations. [24][25]

**Methods and procedures**

Data was gathered from all injured workers covered by Worker’s Compensation using Recupe as part of their recovery from orthopedic injuries. Diagnoses ranged throughout the body. Recupe was used to follow their home exercise plan and provide monitoring and check-ins by a coach.

This data was gathered and analyzed on Amazon Web Services Quicksight software. Graphical visualizations were created.

**Results**

This data covers 8/1/22 to 2/28/25. All injured workers were prescribed Recupe in addition to their normal medical and therapy visits as a result of a work injury.

Total patients – 1018

Table 1: **Patients By Age Group**

|  |  |
| --- | --- |
| Not reported  | 13 |
| 10-19 | 6 |
| 20-29 | 115 |
| 30-39 | 204 |
| 40-49 | 214 |
| 50-59 | 285 |
| 60-69 | 161 |
| 70-79 | 18 |
| 80-89 | 1 |
| 90-100 | 1 |

Table 2: **Gender by Age Group**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Age** | **Male** | **Female** | **Transgender** | **Non-binary** | **Declined to Answer** | **None Stated** | **Other** |
| **10-19** | **3** | **3** |  |  |  |  |  |
| **20-29** | **55** | **56** | **2** |  | **2** |  |  |
| **30-39** | **105** | **96** | **1** |  | **2** |  |  |
| **40-49** | **97** | **113** |  | **1** | **2** | **1** |  |
| **50-59** | **100** | **180** |  |  | **1** | **4** |  |
| **60-69** | **71** | **84** |  |  | **4** | **1** | **1** |
| **70-79** | **9** | **9** |  |  |  |  |  |
| **80-89** |  | **1** |  |  |  |  |  |
| **90-100** | **1** |  |  |  |  |  |  |
| **None Stated** | **5** | **8** |  |  |  |  |  |

There is an option for “Decline to Answer.” None stated indicates that the injured worker did not mark anything.

Figure 1: Bar graph showing Gender by Age Group



**Joint Involved**

Shoulder, Lumbar Spine, and Knees were the most affected areas.

Figure 2: Pie chart showing patient by major Joints



* Shoulder 192 – 29%
* Lumbar Spine 160 – 25%
* Knee 136 – 21%
* Hip – 60 – 9%
* Cervical Spine – 31 – 5%
* Other Lower Extremity – 29 – 4%
* Elbow 24 – 4%
* Thoracic Spine 15 – 2%

**Language**

Though most preferred English, a sizeable number preferred Spanish.

Figure 3: Pie chart showing preferred Language



**Mood Reported**

Neutral moods were the most reported. Patients could report multiple moods throughout their recovery.

Figure 4: Bar graph showing Mood Records



**Time to Onboarding:**

Referral date to onboarding Recupe - 1 day.

Days to onboarding after date of injury (average) – 44 days

**Engagement**

Engagement was defined as performance of the assigned HEP at least partially in a day.

Figure 5: Pie chart showing Engagement ratio



Engagement scale :

engagement < 25%, 'Low',

engagement 25 – 49%, 'Moderate',

engagement 50 – 74%, 'Good',

engagement 75 – 100%, 'Excellent'

**Pain**

Pain was compared from the start to the end of a patient’s recovery.

Average Pain decreased – 3.9/10

Figure 6: Average patient’s Pain report



So, for this population of United States Worker’s Compensation patients, with 72% performing Home Exercises at least half of the days, pain decreased by 3.9 points out of 10 over their course of treatment.

**Discussion:**

From the data, several clear benefits for digital health are evident. First, injured workers using Recupe engaged well, with 72% engaging at least 50% of the days and 60% engaging over 75% of the days. This is far superior to previous research. Second, pain decreased substantially for all injured workers both surgical and non-surgical, suggesting recovery occurred. Third, mood records were most commonly neutral, with a lesser but still sizeable number of low reports. This small number suggests that low reported mood can be used as an indicator in Worker’s Compensation, much like in orthopedics. [26]

However, there were challenges noted. Though injured workers onboarded quickly after referral, generally the following day, 44 days had already passed from the date of injury. Since prompt treatment tends to lead to improved recovery, this could prolong treatment times.

Demographically, the population appears evenly split between Male and Female, with an age of 30-60. This is expected given that this is a working population. With pain, a average drop of 3.9 points is good due to a few factors. First, some patients will not be completely recovered, discharging with a low level of pain. Also, with the 44 day delay before starting, other patient will begin with a low level of pain and use the exercise program as a strengthening too, as opposed to pain recovery.

To better understand the benefits of digital health, further research should be performed. Ideally, return-to-work times and healthcare utilization metrics should be investigated. Also, these can be compared to industry guidelines, such as from ODG or other agencies.

Some weaknesses include the lack of a control group not using digital health, as well as standardization of the population. However, the sample size appears large enough to identify clear trends in engagement and recovery. Also, since there is so little normative data concerning the United States Worker’s Compensation system, it is good to see that good engagement can result in recovery.

**Conclusion**

From a set of over 1000 Workers Compensation patients using digital health through Plethy’s Recupe platform, there appears to be both good engagement and reduction of pain. This is despite a large delay before start of care. From this, it appears that digital health may provide benefits in the Worker’s Compensation arena.

**Ethics**

Study IRB approval and Conflict of Interest review have been completed through BRANY. The Principal Investigator/lead author is an employee of Plethy.

COMPETING INTERESTS DISCLAIMER:

Authors have declared that they have no known competing financial interests OR non-financial interests OR personal relationships that could have appeared to influence the work reported in this paper.

ARTIFICIAL INTELLIGENCE DISCLAIMER

Author(s) hereby declare that NO generative AI technologies such as Large Language Models (ChatGPT, COPILOT, etc.) and text-to-image generators have been used during the writing or editing of this manuscript.

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