- Bonita R, Beaglehole R, Kjellstrom T. Basic Epidemiology, 2nd edn. Geneva, Switzerland: World Health Organization, 2006.
- 22. Scher DL, Belmont PJ, Jr, Bear R, Mountcastle SB, Orr JD, Owens BD. The incidence of plantar fasciitis in the United States military. J Bone Joint Surg Am 2009;91:2867–2872.
- 23. Noon M, Hoch AZ, McNamara L, Schimke J. Injury patterns in female Irish dancers. *PM R* 2010;**2:**1030–1034.
- 24. von Elm E, Altman DG, Egger M, Pocock SJ, Gøtzsche PC, Vandenbroucke JP. The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) statement: guidelines for reporting observational studies. *J Clin Epidemiol* 2008;**61**:344–349.

doi:10.1093/occmed/kqu149

A multidisciplinary clinic for occupational disease

The diagnosis and management of occupational diseases is complex and ideally requires expertise from several disciplines. There is little in the literature regarding clinical models for occupational disease practice aside from the German model for occupational skin disease. The Occupational Disease Specialty Program (ODSP) at St Michael's Hospital in Toronto, Canada, is a clinic dedicated to occupational disease.

The Ontario Workplace Safety and Insurance Board (WSIB) originally operated specialized clinics for workers with complex occupational injuries. In the 1990s, a review suggested the assessment and management of complex cases would be better served at academic hospitals where the worker would receive expert care and clinical education and research activities could be facilitated. This led to the development of the WSIB Specialty Clinic programme with the first speciality clinics focused on injuries starting in 1999. There is a contractual agreement between the WSIB and the hospital and referral to the clinics is by the WSIB. In the early 2000s, it was decided to establish a clinic focused on occupational diseases.

The ODSP was established in 2002. The goals of the ODSP are to provide services related to diagnosis, recommendations for treatment, determination of level of impairment and work restrictions. These are accomplished with a multidisciplinary team and integrated into teaching and research programmes. There are four clinical streams: skin, respiratory, hand–arm vibration syndrome and toxicology. Physician staffing is by occupational medicine specialists and subspecialists relevant to the stream (e.g. respirologist (respiratory physician), allergist, dermatologists). The programme includes support for specialized testing such as patch testing with workplace materials and specific inhalation challenge testing.

The ODSP has an occupational hygienist who assists both with the initial assessment by taking a detailed exposure history and gathering further exposure information as needed. In 2006, a formal return to work (RTW) component was added. This is led by a RTW coordinator, an occupational therapist, experienced in RTW for workers with workrelated injuries. The RTW process is a collaborative one involving the RTW coordinator, the occupational hygienist and the physician. Communication amongst team members is facilitated as all are in the clinic together. In working together, the clinicians develop a better understanding of the others' particular skills and all acknowledge the benefit of the multidisciplinary team. The RTW coordinator serves as the main contact with the WSIB, the worker and the employer in the RTW process, thus streamlining and simplifying communication, a critical element in the RTW process.

The ODSP not only provides clinical service to the worker and assists the WSIB in dealing with complex claims but also provides excellent teaching and research opportunities. In addition to occupational medicine trainees, trainees in dermatology, respirology, allergy and clinical immunology and physiatry (rehabilitation medicine) rotate through the clinic, learning about occupational disease in their particular specialty and also the specialized testing. In addition, occupational hygiene and rehabilitation science students have work and research placements in the clinic. The ODSP also provides an excellent opportunity for clinical research.

Dorothy Linn Holness

e-mail: holnessl@smh.ca