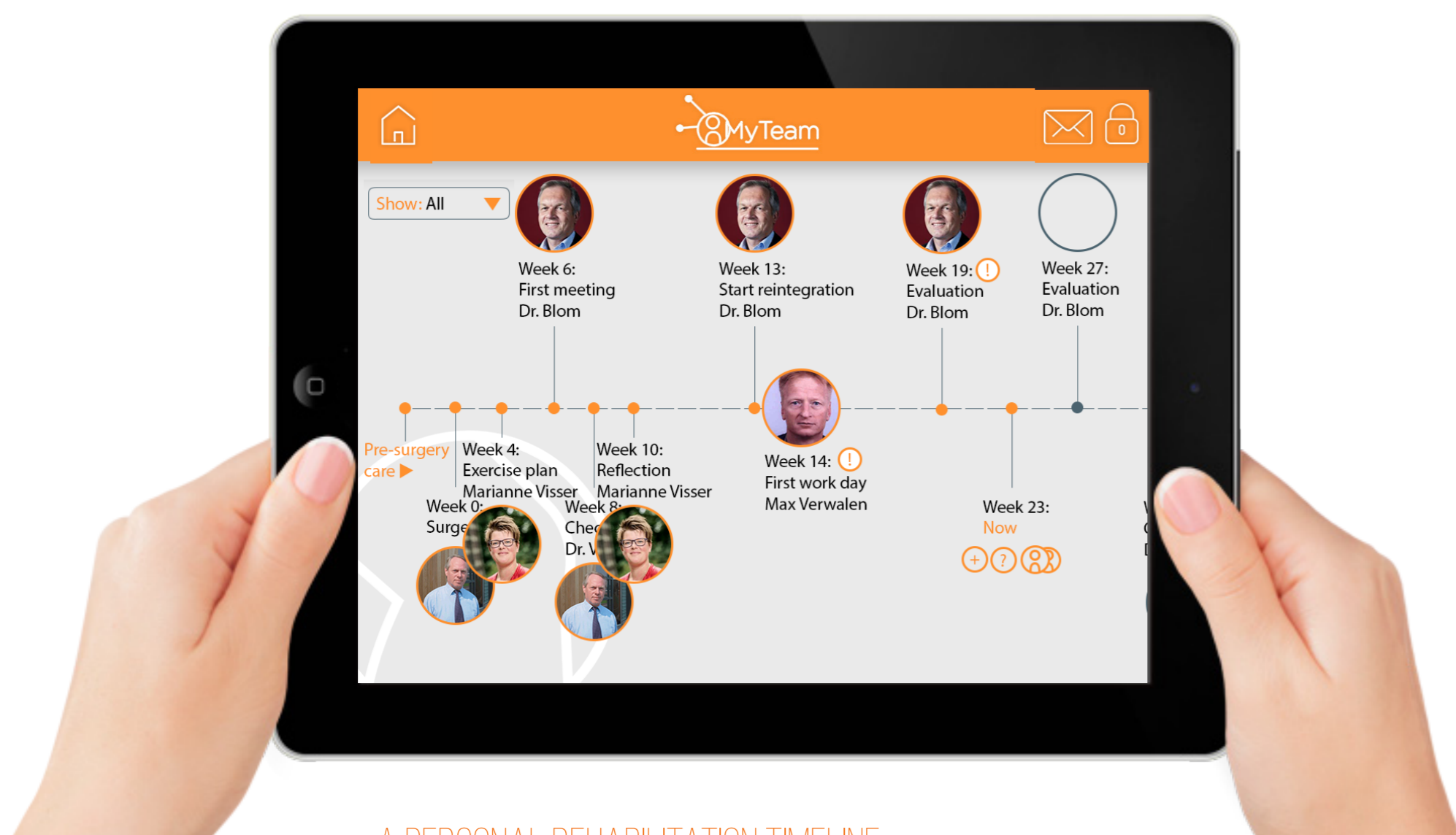


IMPROVING COLLABORATION IN WORK-DIRECTED CARE FOR KNEE PROSTHESIS PATIENTS

CURRENT PROCESS

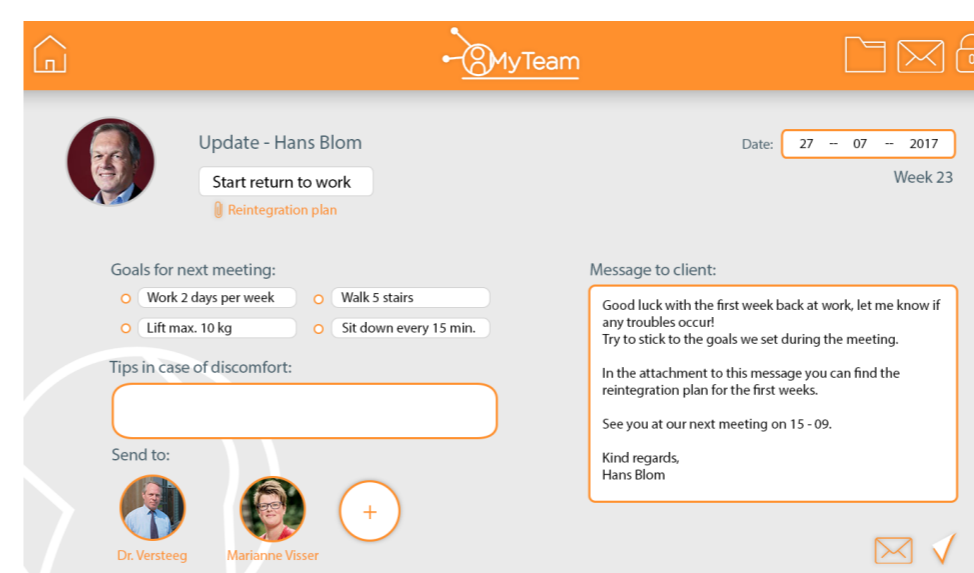


- Inefficient
- Time-consuming
- Uninvolved
- No paid time for work
- No sense of involvement in work-directed care
- Sees the patient rarely
- Impersonal
- Trust in expertise
- Lack of knowledge of patient's context
- Little experience with specific injury and work combination
- Insufficient medical information
- Distrust & uncertainty
- Lack of specialised knowledge
- Employer as priority
- Gets lost in process
- Hard to form fitting expectations
- Uncertain

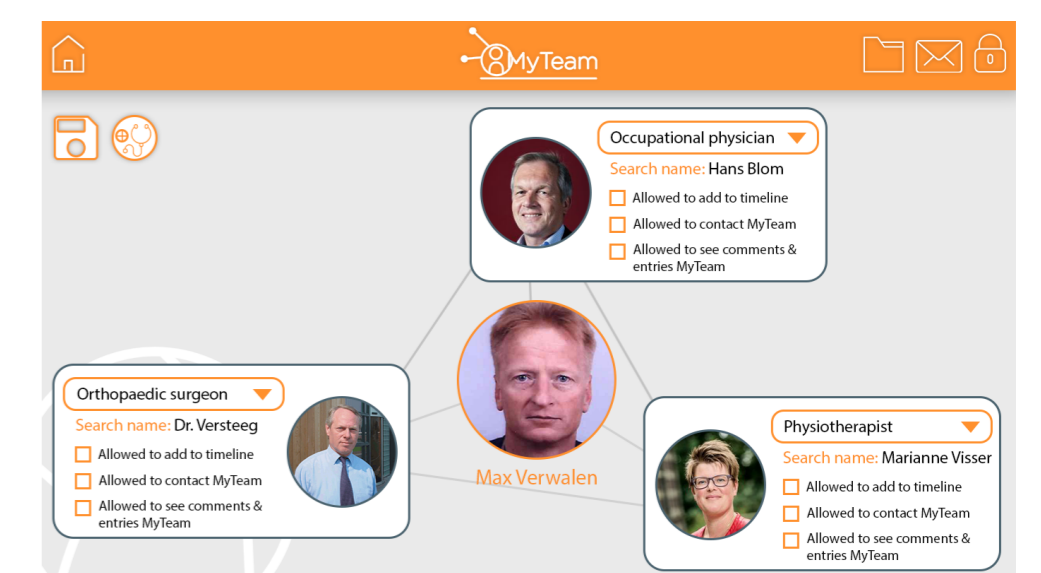


A PERSONAL REHABILITATION TIMELINE:
Combine all information on the patient's care relevant to his work reintegration and functional recovery in one overview.

GOAL
AN INVOLVED, TIME-EFFICIENT COMMUNICATION between the occupational physician and orthopaedic surgeon to improve THE WORK-DIRECTED GUIDANCE of knee-prosthesis patients, BASED ON THEIR SEPARATE AREAS OF EXPERTISE WHILE FOCUSING ON COMMON GOALS that fits in their current work flow.



SHARED PHYSICIAN UPDATES:
Provide feedback on each other's plans and expectations, based on different areas of expertise.



INDIVIDUAL TEAM FORMATION:
The patient assembles his personal patient-centric team to ensure fitting, individual care without blindspots.