

jured worker for a new occupation or for ways of continuing in his old one. Usually, vocational rehabilitation is assigned when medical treatment fails to restore the worker to the job he held when injured. The worker's injury may be so severe or his work requirements such that residual impairment prohibits effective performance. Workers with such impairment must be trained to surmount or by-pass the residual limitations. Many will enter new occupations. In practice, the more effective the medical rehabilitation, the less the need for vocational rehabilitation.

This definition of vocational rehabilitation distinguishes it from medical rehabilitation more than it should. While the difference in kind of treatment seems clear enough—retraining as opposed to medical care—the categories overlap. In the public vocational rehabilitation programs in each state, services include medical diagnosis and evaluation, surgery, psychological support, the fitting of prostheses, and other health services along with education, vocational training, on-the-job training, and job placement.

The two programs blend also on the record. Recordkeeping by workmen's compensation insurers does not separate claimants who receive medical rehabilitation from those who receive vocational rehabilitation, although some distinguish between medical rehabilitation and acute medical care. In contrast, records kept by workmen's compensation agencies usually separate vocational rehabilitation from other benefits.

The delivery system. The relatively few injured workers who need vocational rehabilitation are served by several means. An employer or insurer may channel the worker to whatever sources he thinks will provide satisfactory service. Some workers are referred to the public vocational rehabilitation program where services may be financed by taxes, although insurers may reimburse the public agency. Other insurers direct workers into private facilities where vocational training is conducted by technical schools or on the job. For such services, insurers always pay the costs.

As with medical rehabilitation, some workmen's compensation agencies support vocational rehabilitation so that, if the insurer does

not direct the worker into a program, the agency often will. Several jurisdictions select candidates either in conjunction with screening for medical rehabilitation or separately. Workers with serious injuries, permanent disabilities, or those who receive extended compensation payments are reviewed by the agency for referral to the state's public vocational rehabilitation agency or to the insurer.

Some workers obtain vocational rehabilitation through their own efforts. If no one refers them, they may go directly to the public vocational rehabilitation office. Since 1920, the federal government and the states have cooperated financially in supporting a vocational rehabilitation program, 80 percent federal and 20 percent state, which can be utilized by anyone with a vocational handicap. Rehabilitation counselors, who usually determine a referral's acceptability, simply look for a vocational handicap without regard to the source and consider the possibilities of overcoming the handicap. If the candidate shows relatively good prospects, a plan is designed for his restoration. For those who cannot return to a paying job, the objective of vocational restoration may be to enable clients to care for themselves and to free other members of the family to earn wages.

The worker may be referred also by his physician, a friend, or a member of his family.

Once a worker is established in a vocational rehabilitation program, he is aided by whatever sources the counselors think best fit his needs. Generally, the sources are not owned and operated by the vocational rehabilitation agency but are private vendors or other public agencies. A worker may be sent to a private rehabilitation center or school or a sheltered workshop such as those run by Goodwill Industries of America, or he may be enrolled in a public institution.

Degree of Disability

Determination of the extent of disability is perhaps responsible for more litigation than any other single issue in workmen's compensation. It requires not only correct application of legal principles but also evaluation of facts, subjective complaints and opinions, and attempts to predict the future.

As a general proposition (some jurisdictions