

A background image of a man and a woman in business attire, smiling and talking. The man is on the right, wearing a suit and tie, and the woman is on the left, wearing a blazer and a polka-dot top. They are both looking at each other. The image is overlaid with a dark blue tint and a teal arc graphic that curves across the bottom half of the page.

RETURN-TO-WORK SERVICES

TABLE OF CONTENTS

Early intervention	2
Creating a return-to-work program	3
Keep in mind	3
Five steps for creating an effective return-to-work policy	4
Situations to avoid when implementing your return-to-work program	9
Field case management/vocational rehabilitation	11
Frequently asked questions	12
Return-to-work terms	13
Reporting injuries	14
Sample return-to-work policy	16
Sample letter to treating provider	17
Sample letter: offer of employment	18
Job function evaluation	19
Physician statement of physical capabilities	20

We hope this guide is a useful tool for your business. Please feel free to make copies and use this to develop your return-to-work program. If you have questions after reading this guide, call 866-452-7425, select policyholder and ask for a customer service representative. Be sure to have your policy number available.

At Encova Insurance, our primary business philosophy is to create a team atmosphere where you become part of our workers' compensation family. Through our unique, hands-on Encova 360° approach for workers' compensation, we create individualized solutions that revolve around your business, focusing on eliminating workplace injuries and positively impacting your bottom line. Our team, services and technology are here to help with proactive solutions that achieve results.

EARLY INTERVENTION

Giving your employees the attention they deserve

When an accident occurs, our 360° team goes to work to give your injured employees the individual attention they deserve throughout the entire life cycle of the claim. This involves authorizing medical services, approving any necessary indemnity benefits and assisting with the return-to-work process. We want to help get your injured employees what they need and get them back to work as soon as medically appropriate; that way we can keep both direct and indirect costs down for you.

The initial management of the claim involves your 360° team claims adjuster. Your adjuster determines coverage, verifies your policy and class codes, and investigates and evaluates compensability. Once the claim has been confirmed, your team develops an action plan and coordinates the necessary care. If medical care is needed, your team's nurse case manager assists with the process by collaborating with providers, in jurisdictions where permitted. This collaboration is to assure continuity of quality, cost-effective care with a primary goal of maximum recovery within the standards established by Encova and any involved regulatory agencies. Your nurse case manager can provide you with an understanding of the medical status of the claim and describe the comprehensive outcome management plan for your injured employee.

When it is time for your injured employee to return to work, we can help with that too. A return-to-work specialist may conduct an internal review of the claim. Your team's return-to-work specialist will conduct an internal review of the claim within seven to 14 days of your injured employee being off work. Based on the injury, treatment plan and projected disability duration, we may assign a field case manager to facilitate coordination of necessary services. We also may visit the worksite to conduct a job analysis or meet with you to determine what modifications can be made to expedite a safe return to work.

But even before an injury occurs, we encourage you to be proactive. Create a return-to-work program for your company to aid in returning injured employees to work, either at their regular positions or with transitional duties. We can assist you with the development of a program and provide resources you can use.

CREATING A RETURN-TO-WORK PROGRAM

Your goal for every workers' compensation claim should be the prompt return to work of the injured worker. This is good for the worker and reduces the employer's claims cost. In most cases prompt return to work should happen without any difficulty or special effort, but sometimes there is a need for a formalized return-to-work program.

To start your return-to-work program, we recommend you designate at least one person in your company to learn how these programs operate and how to set them up. The Encova representative assigned to your company will work directly with this person to provide guidance and feedback needed to create and maintain an effective program.

You need to review the procedures your company has in place for return to work. You'll want to ask these questions:

- Do we have a written policy in place for our employees to follow after an on-the-job injury occurs? Does it facilitate return to work?
- Do we routinely contact employees after an injury?
- Do we provide transitional job opportunities for all recovering employees?
- Do we arrange for our employees to return to work?

To implement an effective return-to-work program, your employees need to know what your expectations are before an injury occurs. Encova recommends you individualize this document and publicize it, showing that you care about your employees and want to help make their transition back to work as easy as possible. Emphasize a spirit of cooperation and teamwork while explaining the purpose and benefits of the program.

KEEP IN MIND

Transitional duty can be full-time or part-time, with potential supplemental benefits. The ultimate goal is to return the individual to his or her original job at the earliest possible time.

While a medical release may include work restrictions, you should focus on what the employee can do rather than what he or she can't do. Managers and supervisors should recognize that people need time to heal and transition back into their jobs.

Treating physicians should be provided a functional job description so they will have a clear understanding of the physical capacities required for the position.

It is important that you retain copies of correspondence; document telephone calls you make; and any other contact you have with the injured employee and all other parties related to the claim. This will show the effectiveness of your return-to-work program.

FIVE STEPS FOR CREATING AN EFFECTIVE RETURN-TO-WORK PROGRAM

1. Creating a return-to-work policy

Statement of purpose: A statement of purpose outlines your company's philosophy and objective in providing a return-to-work program and does not need to be more than one sentence. Examples include:

- To contribute to the medical recovery of injured workers by providing meaningful work activity that has been approved by their physician.
- To utilize injured workers in a productive capacity while they are recovering from a work-related injury.
- To demonstrate your company is concerned for the welfare of its employees through implementation of a return-to-work program.

Designated coordinator: Build the responsibilities of the designated coordinator into an existing position within your organization rather than choosing a specific individual who you think would be good for the job. The designated coordinator should be accessible to all employees and possess the authority to make management level decisions. Possibilities include:

- Human resources manager
- Safety director
- Owner
- Office manager

Claims management practices: A designated coordinator should perform certain tasks during the life of a claim:

- Contact the injured worker on a scheduled basis.
- Track recovery and restrictions placed on the worker by obtaining medical reports following each medical appointment. If physically able, require your injured worker to hand deliver the documents after each appointment.

Time frames: Modified duty is intended to be temporary and transitional.

- You should offer modified duty as long as work is available within an employee's medical restrictions.
- Modified duty may continue until maximum medical improvement (MMI) is reached or until the worker gets a full-duty release. The policyholder should contact their Encova representative for additional information.

Wages: As part of your return-to-work program, you will determine the monetary value of the modified duty tasks and pay your injured workers accordingly. If their modified duty wages are less than their pre-injury wages, Encova may pay supplemental benefits to cover the difference between the injured worker's average weekly wage and post-injury weekly wage, not to exceed the temporary total disability rate.

Communicating your policy: Your return-to-work program is effective only when your employees are aware of the program and how it affects everyone involved. Some suggestions for sharing your program with your employees include:

- Stress the importance of reporting all injuries immediately to a designated person. All injuries should be reported to Encova within 24 hours.
- Make return to work part of your employee manual. Workers should know from the time of their employment that if they are injured, they will be offered modified duty as soon they are medically cleared by a physician.
- Explain the return-to-work program at one of your routine safety meetings.
- Post procedures for seeking medical treatment after an injury in areas all workers frequent.
- The sample return-to-work policy in this booklet is an example of how to communicate your return-to-work policy to your employees.
- Note that both policyholder and employee must sign the policy. You should require signature updates upon beginning employment, after annual reviews or when policy changes occur.

2. Identifying modified or transitional duties

Return-to-work job tasks: Sometimes injured workers can perform some, but not all, of their regular job tasks. Review the job and identify which tasks are within the worker's current work restrictions. Minor injuries can be accommodated by having co-workers assist injured workers with activities outside of their physical restrictions. Include injured workers in planning modified duty, as they can often introduce creative ways in which they can continue to do their jobs.

Supervisors and co-workers also should be made aware of the injured worker's restrictions. Injured workers on modified duty are expected to follow all company policies.

Remember, modified duty can be part-time or full-time and can be at reduced wages. Modified duty should be reviewed periodically to see if, with medical approval, additional tasks can be added or work hours increased. Contact your Encova representative and ask if they have a list of modified duty tasks that could be performed within your industry.

How to identify modified duty tasks: Ideally, modified duty tasks are created before any injuries occur. Creating modified duty tasks is a collaborative effort between supervisors, lead workers and management.

- Develop a list of job tasks that might be available throughout the company for injured workers. The employer's workers' compensation coordinator should maintain a list of possible modified duty jobs and assignments.
- Consider special projects that need to be done. Do you have files that need to be set up, a work area to be cleaned, follow-up calls that need to be made or errands to be run?
- What tasks could an injured worker do that would free other employees to do their jobs more efficiently?
- Do you have tasks that are completed only on an occasional basis (i.e., inventory or assembling promotional materials)?
- Do you have staff who could benefit from temporary assistance?
- What additional tasks could be taken from other employees and converted into modified duty?
- Does your list of modified duty tasks match the type of injuries and physical restrictions you will most likely encounter?

Return-to-work programs can be augmented with a modified-duty off-site program. When an employer is unable to accommodate temporary work restrictions, the employee may be placed as a paid volunteer with a non-profit organization. The employer continues to pay wages while the employee performs appropriate work activities at the non-profit organization. By utilizing the modified-duty off-site program, employers can accommodate temporary restrictions and thereby reduce or eliminate the amount of temporary total disability days.

It is recommended you have up-to-date job descriptions, with physical demand guidelines, for all employees. Job descriptions need to provide detailed information about tasks, functions and physical demands of each employee's job. Keeping descriptions up to date can help you, your employee and your employee's physician make prompt, informed decisions about return-to-work possibilities. The job function evaluation form included in this booklet can be used as a guide for updating job descriptions.

3. Communicating with the physician

When an injured worker is not released to return to work on a timely basis, it may be because the physician does not understand how the job can be modified to accommodate the employee's temporary limitations. Clear communication is essential at all times if the employee is to return to productive work in the shortest possible time. The following documents may be used to facilitate ongoing communication with the physician.

The letter to the treating physician is the best way to begin contact with the employee's treating physician. This letter should be sent in addition to a description of the employee's actual job and the physician statement of physical capabilities.

The job function evaluation can be completed for the pre-injury position or any modified positions and should be mailed or faxed to the treating physician so they can better understand the employee's job availability.

The physician statement of physical capabilities may be used to determine what the employee is physically capable of doing so modifications can be made to the pre-injury job, or another temporary position may be developed.

The certified job offer letter may be used after modified duty or alternative duty has been coordinated with the treating physician. This is valuable documentation in outlining the job offer, date of the physician's release and start date. It is recommended this letter be sent by certified mail.

Your Encova representative is available to provide worksite evaluations and assist with pre-planning return-to-work activities.

4. Transitional return to work

Keep in touch with injured workers and maintain an open dialogue with them. Start early, before their attitude toward work and your company has a chance to change. Keep them in the habit of working. Some workers may be apprehensive to return to work due to concerns about their level of recovery or the nature of the job to which they are returning. Employers can ease the transition and limit the apprehension by meeting with their employees before they return to discuss the work assignments

5. Review your progress

Reviewing your progress is vital to your continued success. By noting what's working and what needs improvement, you may be able to make adjustments that reduce your claims costs even further. Ask yourself these questions:

- How quickly did we respond to a work accident in providing a return-to-work opportunity?
- Was a clear process followed?
- Was there fluid communication among the return-to-work coordinator, employee, medical providers and Encova?
- Did the employee understand and adhere to our written policy and procedures?
- Did we, as a company, adhere to our written policy and procedures?
- Did the injured employee successfully transition back to full, unrestricted work? If no, why?
- Was all documentation maintained?
- What has been the feedback of managers and supervisors?
- What was our average number of lost work days following an injury? How does this compare to previous averages?
- Has litigation decreased?
- How does the claim cost, especially indemnity, compare to previous claims?

SITUATIONS TO AVOID WHEN IMPLEMENTING YOUR RETURN-TO-WORK PROGRAM

Bringing an employee back to full-duty work before he or she is medically ready

By not having an early return program, you may bring a recovering employee back to their pre-injury job before he or she is ready. This often results in the total length of disability increasing substantially. For example, when medical restrictions are not followed, a worsening of the injury or a re-injury may result in more medical treatments. Physicians may be reluctant to approve a second job trial. The worker may lose motivation due to fear of additional injury and may not want to return to work.

Establishing a confrontational environment to workers' compensation claims

It is important to remember that workers' compensation is a "no-fault" program. All workers' compensation claims should be treated as legitimate unless proven otherwise. If injured workers feel they are being denied what they are entitled to, they may seek legal representation which complicates the case and likely will increase the cost of the claim. When employees know that all cases are investigated, the number of questionable claims filed is often reduced.

Keeping employees in the dark about benefits and the claims process

Most employees do not understand workers' compensation. Injured employees who do not understand the claims process are more likely to seek outside legal counsel.

Not contacting employees on a regular and frequent basis during extended disability

Take an active interest in your employee's recovery and make them feel you truly care about their recovery and rapid return to work. Do not let employees feel cut off from events at work. Keep them informed as to what is being done to modify a position for them.

SITUATIONS TO AVOID WHEN IMPLEMENTING YOUR RETURN-TO-WORK PROGRAM CONTINUED

Establishing a negative attitude toward the workers' compensation claimant

Some injuries will occur, even though you have an active safety program. Take the opportunity to involve the injured worker in looking for ways to prevent similar injuries in the future. Head off negative attitudes held by co-workers who may feel the claimant wants a few days off. Keep a positive environment in the company to ensure a successful return to work.

Unwillingness to make concessions for a permanently partially disabled employee

Employees who know their employer is making a good faith effort to modify a job to meet work capabilities tend to maintain a better attitude about returning to work. These efforts by the employer go a long way to improve morale and productivity when all employees know that if they are hurt, you are looking out for their interests.

Pushing an employee beyond work restrictions or allowing them to perform tasks which may complicate or delay recovery

The restrictions set forth by the treating physician are important. If either the supervisor or the employee ignores them, recovery could be delayed or additional complications may develop.

FIELD CASE MANAGEMENT/VOCATIONAL REHABILITATION

Reporting your employee's injury to Encova within 24 hours is the most crucial element in ensuring your employee will be provided with appropriate medical care and help with prompt return to work. When an employee has not been released to return to work full duty, your Encova team will collaborate and implement an action plan. Based on the severity of the injury, diagnosis and projected time off from work, an Encova nurse case manager, return-to-work specialist or a field case manager may be assigned to the claim.

Early intervention and the role of the field case manager

This service may be contracted to an independent professional with medical management and vocational rehabilitation experience. These professionals will discuss return-to-work options with you and the treating physician to coordinate possible return to work. This may include conducting an on-site job analysis of the injured worker's job or meeting with you to determine what modifications can be made to the pre-injury job. It is a good idea to have a few modified jobs in mind, even if they are part-time, before an injury occurs. We suggest, and some state laws require, that the field case manager and injured worker review return-to-work options in this order:

1. Return to the same position with the same employer.
2. Return to the same occupation, with modification, with the same employer.
3. Return to a different occupation with the same employer.
4. Return to a different occupation with the same employer with on-the-job training.

If these options are ruled out as possibilities because the employer is unable to accommodate restrictions due to the injury or because of the severity of the injury, the injured worker and the field case manager may meet to review other vocational alternatives.

Vocational rehabilitation process

Vocational rehabilitation services may be authorized if early intervention is not successful in returning the injured worker to work with the pre-injury employer. Depending on jurisdictional rules and statutes, the injured worker and the field case manager may review the remaining rehabilitation options. Many jurisdictions allow for continued indemnity or maintenance benefits during the vocational rehabilitation process:

- Return to work with a new employer.
- Participate in an on-the-job training program.
- Participate in a short or long-term retraining program.
- Self-employment.

FREQUENTLY ASKED QUESTIONS

What if full-time work cannot be provided within the injured workers' restrictions?

Under some state laws, an employer can offer work at reduced hours or an alternate position with reduced wages while the worker is on modified or transitional duty. Encova may make up the difference as a supplemental benefit between the modified duty wage and the average weekly wage at the time of the injury, up to the state's maximum benefit.

How long must a worker stay on modified duty?

There is no mandatory time limit for modified duty. Encova's guidelines suggest reviewing modified duty tasks every 30 days. This review should include periodic increases in job tasks as approved by the designated medical provider. The modified duty job offer should end when the injured worker receives a full-duty release.

What can the policyholder do with regard to medical appointments during scheduled work hours?

Policyholders can be flexible with the employee's work schedule if the employee is unable to schedule appointments after work. A work excuse should be requested from the employee during these absences.

How will the medical provider know what type of work we do?

We encourage you to meet the medical provider and their staff. Give the provider information about your organization, including descriptions of the various occupations you employ, the industry you are in and the modified duty tasks you have available. You may ask the provider to visit your worksite.

Why should I offer modified duty?

Keeping your injured workers active helps expedite medical recovery and decrease wage compensation benefits, which are often the most expensive part of a claim. By helping control claims costs, you help control premium costs.

We don't have any office work available. How can I provide modified work?

Modified duty does not always mean working in an "office." It is preferred that the injured worker remain in a familiar job environment. Encova's representatives are available to provide on-site assistance to assess current job tasks and suggest alternative tasks for modified duty. A modified-duty offsite placement with a non-profit organization may be initiated if appropriate.

RETURN-TO-WORK TERMS

Field case manager (FCM)

Case management professionals contracted by Encova to assist injured workers in returning to work.

Functional capacity evaluation (FCE)

A test administered by a physical or occupational therapist to determine the safe level of activity the injured worker can perform on the job.

Maximum medical improvement (MMI)

When a condition has become static or stabilized during a period of time sufficient to allow optimal recovery, and one that is unlikely to change in spite of further medical or surgical therapy.

Physical demand level (PDL)

The physical capabilities required of a worker to perform assigned job tasks as defined by the U.S. Department of Labor.

Qualified rehabilitation professional (QRP)

A designation granted in certain jurisdictions to rehabilitation professionals who are qualified to provide case management services.

Temporary partial rehabilitation/disability benefits (TPR/TPD)

Benefits which may be paid to supplement post-injury earnings when an employee does not return to work at the pre-injury wage.

Transferable skills analysis (TSA)

A tool used to identify and compare skills learned in previous vocational or non-vocational activities to those required by occupations that are within the injured worker's physical demands and mental capacities.

Work-conditioning program

An intensive, work-related, goal-oriented, conditioning program facilitated by a physical therapist which restores or maximizes the physical ability of the injured worker and assists them in returning to work.

Work-hardening program

A highly-structured, outcome-focused, individualized, progressive treatment program facilitated by a physical therapist used to assist the injured worker returning to work. Work hardening usually follows work conditioning.

REPORTING INJURIES

Readiness to respond

Eliminating risks and exposure is our primary objective; but when an injury does occur, your ability and readiness to respond can have a significant impact on the outcome of the claim. That is why we want you to be as prepared as possible to act when the unexpected happens.

When an injury occurs, your first priority is to secure proper medical care for your injured employee. In an emergency, take your injured employee to the nearest emergency facility. In a non-emergency situation, help your injured employee locate a physician from our network or provide them with a preselected panel where the jurisdiction permits. We suggest you locate the network physicians nearest to your business locations and post the locations with an Encova coverage poster. A listing can be accessed through our website.

Once your injured employee is in good care, report the injury to us immediately. It is essential you report every injury that requires immediate medical attention or could possibly result in eventual medical treatment within 24 hours following a work-related accident.

Injuries can be reported to us 24 hours a day, seven days a week, using one of these methods:

Internet

File electronically through our website at encova.com. Contact your agent or Encova customer service for more information.

Phone

Call 866-452-7425, select “policyholder” and option 1.

Email

Send an email with the completed first report of injury as an attachment to claimsintake@encova.com. Visit the specific jurisdiction’s website to obtain the first report of injury form.

Fax

Send the completed first report of injury to 877-293-5513 or 304-941-1151. Visit the specific jurisdiction’s website to obtain the first report of injury form. If you have an online account with us at encova.com, you can click the virtual claims link, choose the appropriate carrier and jurisdiction and locate the correct form.

When reporting the injury, you will be asked to provide the information listed below. However, if you are not able to provide all of this information initially, the minimum information needed to report the injury is shown in italics.

Injury information

- *Date of injury/date of last exposure*
- Time of injury
- Medical treatment needed/given
- Location and name of medical provider who gave treatment
- Description of accident
- *Nature of injury*
- Witness information (if available)

Employee information

- *Name*
- *Social Security number*
- *Address*
- Phone number
- *Date of birth*
- *Gender*
- Marital status
- Employment status
- *Primary work location*
- Work schedule
- Wage/salary rates

Employer information

- *Policy number*
- Address
- Phone number

SAMPLE RETURN-TO-WORK POLICY

To follow is an example of a return-to-work policy. Please revise and customize the policy to suit the employer's objectives, needs and capabilities.

The company return-to-work policy has the following goals:

- To prevent, to the extent possible, the loss of earnings to an employee who experiences any on-the-job injury or illness.
- To keep the employee active in the workplace, which is beneficial to his/her overall psychological and physical well-being.
- To reduce costs of workers' compensation, which will in turn reduce expenses to the facility, which will in turn increase the profit picture and, ultimately, will benefit all employees.

Overview

When an employee must be restricted from his normal work duties due to an on-the-job injury or illness, he may be assigned alternative work if the authorized treating provider's opinion is that he is able to perform other duties.

The authorized treating provider will be required to supply the personnel office with a return-to-work evaluation specifying restrictions and/or capabilities so the employee can be placed in an appropriate job.

We will attempt to return any employee to a restricted job within his own department. However, if this cannot be done or is not advisable, plant personnel will assign another job, if available.

Once the employee has been assigned a job, the employee must report to human resources so that any special preparations can be made, such as protection of wound from wetness, etc. In this way, they will be in a position to monitor the employee's progress.

Recovery and work status will be re-evaluated regularly by the authorized treating provider to determine when the employee will be ready to transfer from restricted duty status to a regular job assignment.

Should the employee need a permanent restricted assignment, the company will do everything reasonable to accomplish this assignment.

SAMPLE LETTER TO TREATING PROVIDER

Below is an example of correspondence notifying the treating provider that the employer has a return-to-work program. Please customize the correspondence to meet the objectives of the employer's return-to-work program.

(Date of letter)

(Provider's name and address)

Subject: (Employee's name and date of injury)

Our company has implemented a return-to-work program designed to return any injured employee to medically appropriate work as soon as possible.

Enclosed is a detailed job description for the regular job of the employee named above. This job description may be modified, if possible, to meet physical restrictions. If our employee is unable to return to his or her regular job, we will attempt to find an appropriate alternate work assignment. We will ensure that any assignment meets all stipulated restrictions. We will consider rearranging work schedules around medical appointments if necessary.

If you need additional information about a possible work assignment or about our return-to-work program, please call (company contact name and number). Our workers' compensation insurance carrier is Encova Insurance, 400 Quarrier St., Charleston, WV 25301, 304-941-1000 or fax 304-941-1294.

Thank you for your assistance in our efforts to return our employees to a safe and productive workplace.

Sincerely,

(Signature of company representative or owner)

(Title), (Name of Company) _____

cc: Encova Insurance (Claim #)

Encls: Provider's Statement of Physical Capabilities

Functional Job Description

SAMPLE LETTER: OFFER OF EMPLOYMENT

Below is an example of an offer of employment. All offers should be coordinated with Encova. Please customize the letter to meet the employer's objectives and capacities. It is recommended that any offer of employment be sent via certified mail return receipt.

(Date)

(Employee name and mailing address)

Re: Offer of Employment

After reviewing information provided by your treating provider, we are pleased to offer you the following temporary work assignment.

We believe this assignment is within your capabilities as described by your provider on the enclosed document. You only will be assigned tasks consistent with your physical abilities, skills and knowledge. If any training is required to do this assignment, it will be provided.

Job title:

Description of physical requirements of this position:

Location:

Duration of assignment: From: (_____) to: (_____))

Work hours: From: (_____) to: (_____))

Wages: _____(Hour, Week, Month)

Department:

Supervisor:

This job offer will remain open for five work days from your receipt of this letter. If we do not hear from you within five work days, we will assume that you have refused this offer. Please note a refusal to accept a modified work assignment may affect your temporary indemnity benefits.

We look forward to your return. If you have any questions, please do not hesitate to contact me.

Sincerely,

Title

Cc: Encova Insurance (Claim #)

Enclosure: Provider's Statement of Physical Capabilities

Employee name	Claim number	Date of injury
Job title	Check one: <input type="checkbox"/> Pre-injury job <input type="checkbox"/> Alternate job	Work location
Job duties		
Personal protective equipment required: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Work environment:	<input type="checkbox"/> Indoors	<input type="checkbox"/> Heated
	<input type="checkbox"/> Outdoors	<input type="checkbox"/> Not heated
	<input type="checkbox"/> Below ground	<input type="checkbox"/> Temp. extremes
	<input type="checkbox"/> Elevated areas	<input type="checkbox"/> No temp. extremes

Please indicate the extent to which the employee's job duties require the following:

Standing	<input type="checkbox"/> Constantly	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Sitting	<input type="checkbox"/> Constantly	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Walking	<input type="checkbox"/> Constantly	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Climbing	<input type="checkbox"/> Constantly	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Kneeling	<input type="checkbox"/> Constantly	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
	>67% of workday	34% - 66% of workday	6% - 33% of workday	<5% of workday	0% of workday

Please indicate the extent to which the employee can perform the following:
(C - Constantly = greater than 67% F - Frequently = 34% to 66% O - Occasionally = 6% to 33% R - Rarely = Less than 5% N - Never = 0%)

Lifting/carrying	C	F	O	R	N	Pushing/pulling	C	F	O	R	N
5 lbs. or less						5 lbs. or less					
5-10 lbs.						5-10 lbs.					
11-20 lbs.						11-20 lbs.					
21-40 lbs.						21-40 lbs.					
41-60 lbs.						41-60 lbs.					
61-100 lbs.						61-100 lbs.					
100+ lbs.						100+ lbs.					
Activity						Driving					
Bend						Automatic drive					
Squat						Standard drive					
Twist/turn						Upper extremities	Yes		No		
Crawl						Simple grasping	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Left	
Reach above shoulder						Pushing/pulling	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Left	
Type/keyboard						Operate foot controls	Yes		No		
Joystick/hand controls							<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Left	
Vibration						Simultaneous	<input type="checkbox"/> Yes		<input type="checkbox"/> No		

Work hours	Number/length of breaks
Comments	

Employer contact	Title	Date
Physician release to perform these duties? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of release	Physician signature

SAMPLE LETTER: PHYSICIAN STATEMENT

(Date)

Re: (claimant name)

Claim (claim number)

(Mail to name)

S.S.N. (claimant Social Security number)

(Mail to address)

D.L.E. (accident date)

(Mail to CSZ)

J.C.N. (jurisdiction claim number)

Dear (Vendor name):

(Claimant name) is employed by (policy name) as a(n) (job title). (Data Retriever for Full Company Name) provides workers' compensation coverage to (policy name). (Data Retriever for Full Company Name) provides return-to-work services for the employer. The program is designed to return an injured employee to the workplace as soon as medically possible in accordance with the treatment plan.

If (claimant name) is unable to return to work in his/her original job, we will make every effort to accommodate with modified or transitional duty. We will also ensure that this position meets the medical restrictions you prescribe.

(variable a)

Please provide us with all records that you have for the above-named patient, including any laboratory tests and results, diagnostics and operative reports.

(your own variable)

Enclosed you will find the Physician Statement of Physical Capabilities. This information will assist (Data Retriever for Full Company Name) and the employer in identifying transitional duties to facilitate a safe and prompt return to work for (claimant name).

Your earliest possible input is essential to the success of this program. Please fax the completed form to 877-898-6980. Should you have any questions or need any additional information please contact me at (employee phone number).

Thank you for your participation in our efforts to safely return (claimant name) to work.

(employee name)

(employee title)

Claimant name:	Claimant number:	Date of injury:
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Please complete this form after your examination of the patient. Indicate the patient's capabilities, including work hours, duties, environmental factors and any other information pertinent to this employee's recovery and early return to work.

Medical diagnosis:					
Please indicate the extent to which the employee can perform the following work postures and work activities during the usual workday.					
Standing	<input type="checkbox"/> Constantly	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Sitting	<input type="checkbox"/> Constantly	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Walking	<input type="checkbox"/> Constantly	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Climbing	<input type="checkbox"/> Constantly	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Kneeling	<input type="checkbox"/> Constantly	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
	>67% of workday	34% - 66% of workday	6% - 33% of workday	<5% of workday	0% of workday

Please indicate the extent to which the employee can perform the following:

(C - Constantly = greater than 67% F - Frequently = 34% to 66% O - Occasionally = 6% to 33% R - Rarely = Less than 5% N - Never = 0%)

Lifting/carrying	C	F	O	R	N	Pushing/pulling	C	F	O	R	N
5 lbs. or less						5 lbs. or less					
5-10 lbs.						5-10 lbs.					
11-20 lbs.						11-20 lbs.					
21-40 lbs.						21-40 lbs.					
41-60 lbs.						41-60 lbs.					
61-100 lbs.						61-100 lbs.					
100+ lbs.						100+ lbs.					
Activity						Driving					
Bend						Automatic drive					
Squat						Standard drive					
Twist/turn						Upper extremities	Yes		No		
Crawl						Simple grasping	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Left	
Reach above shoulder						Pushing/pulling	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Left	
Type/keyboard						Operate foot controls	Yes		No		
Joystick/hand controls							<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Left	
Vibration						Simultaneous	<input type="checkbox"/> Yes		<input type="checkbox"/> No		

Comments:

Physician name:	Physician telephone:
Date released with above restrictions:	Date released for full-duty work:
Projected date for MMI:	Date and time of next appointment:
Physician signature:	Date:

