

Individual return-to-work plans

How occupational therapists can help



Workplace Health, Safety and Compensation Commission of New Brunswick

Part of the WHSCC's mandate is "to provide rehabilitation benefits, including compensation, medical, vocational and counseling services to injured workers." This means helping workers return to employment in a safe and timely manner – which is in everyone's best interest.

With your participation, we can achieve this goal. The WHSCC's occupational therapists assist injured workers and employers with each step of the process. Through close consultation with the injured worker, the employer, the union, the family and medical practitioners, occupational therapists provide the expertise and assistance necessary to successfully implement a return-to-work plan.

It's a win/win for all

With a successful return to productive employment, everyone wins. Not only does it help workers return to their pre-injury standard of living and lifestyle, it also allows the employer to reduce all accident and injury related costs.

Benefits for the employer:

- Reduce lost time and work disruption
- Enhance labour relations
- Reduce training and other costs
- Retain valued employees

Benefits for the injured worker:

- Reduce magnitude and duration of disability
- Provide on-the-job work hardening through on-going conditioning
- Improve morale
- Promote early involvement
- Decrease the psychological and social aspects of disability

Safe and early return-to-work

This voluntary program assists the employer in getting an injured worker to return to work in a timely manner, and to demonstrate safe and productive work habits and capabilities.

The primary goal is to return the injured worker to the pre-accident job. If this is not possible, modified or alternate duties with the employer are considered.

Everyone works together

A successful return-to-work plan requires the commitment and cooperation of everyone concerned. The WHSCC's occupational therapist, with the support of the treating physician, physiotherapist and other treatment providers, works closely with the injured worker *and* the employer. Others who may participate in the process include:

- supervisors
- on-site health staff
- union representatives
- managers
- disability management coordinators
- joint health and safety committee representatives

Here's how it works

- Referral from the WHSCC case manager is made to the occupational therapist, with the treating physician's consent.
- The occupational therapist contacts the injured worker and employer to schedule an initial meeting.
- Prior to the meeting, a **job-site analysis** may be done to establish a match between the injured worker's physical capabilities and the job requirements or with an alternate job, if required.



Recommendations for ergonomic modifications or the provision of assistive devices may also be made.

- During the **meeting**, the injured worker, employer, as well as other designated staff and union representatives (when available) discuss the return-to-work process with the occupational therapist and establish the lines of communication. At the time of the meeting:

– An **on-site evaluation** is completed with the injured worker performing job tasks to confirm safe working habits, capabilities and endurance.

– A gradual return-to-work plan is developed to identify the worker's level of function within the workplace. The program includes a **proposed schedule** with hours of works, number of days per week, recommendations and safety concerns. It is also suggested that the injured worker initially be scheduled as an extra staff person. This to allow the worker to pace tasks and take periodic breaks for stretching exercises.

– All parties agree with the proposed return-to-work plan.

- The return-to work plan is implemented: **the worker returns to work.**
- Following the initial meeting, a **written report** is provided to the injured worker, employer, case manager and treating physician. It includes the proposed schedule of gradually increasing tasks and number of hours of work.
- The worker's progress is carefully monitored, and factors such as the worker's on-going medical status, overall suitability for the position and productivity are considered. **On-going visits and reports** are completed by the occupational therapist and all parties are kept informed of progress.
- **Communication** between all parties is a priority for the duration of the program.
- Most return-to-work plans last an average of **four to 12 weeks**, though some may be extended depending on the case.
- The return-to-work plan is concluded when **full hours of work and full duties are achieved**. It can be stopped for medical reasons or if there is no indication of progress.

It is recommended that workplaces have a formal disability management program to complement the occupational therapist's role in the return-to-work plan. If you do not have a disability management program in your workplace, information on how to establish a program is available from the WHSCC. Please contact your regional WHSCC office for assistance.