# Physician or other Health Care Specialist’s Assessment of Worker’s Return to Work

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Worker’s Name:** | | |  | | | | | | | | **Date of Injury/Illness:** | | | | | | | | | |  | | | | | |
|  | | |  | | | | | | | |  | | | | | | | | | |  | | | | | |
|  | It is recommended for the worker to access additional treatment | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Physiotherapy | | |  | | Chiropractic |  | | Massage Therapy | | | | | | |  | Athletic Therapy | | | | | |  | Other |  | | | |
|  | The worker can return to work with consideration that symptoms may limit certain work tasks. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | The worker can return to work with the following restrictions: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Walking** | | | |  | | Restricted to less than 1 hour | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | Restricted, other – please specify: | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | **As Tolerated** | | | | | | | | | | | | | | | | | | | | | | |
| **Standing** | | | |  | | Restricted to less than 1 hour | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | Restricted, other – please specify: | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | **As Tolerated** | | | | | | | | | | | | | | | | | | | | | | |
| **Sitting** | | | |  | | Restricted to less than 1 hour | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | Restricted, other – please specify: | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | **As Tolerated** | | | | | | | | | | | | | | | | | | | | | | |
| **Bending and Twisting** | | | |  | | No bending or twisting | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | Restricted, other – please specify: | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | **As Tolerated** | | | | | | | | | | | | | | | | | | | | | | |
| **Lifting floor to waist** | | | |  | | No lifting | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | No lifting over 20 lbs. | | |  | | | | No lifting over 40 lbs. | | | | | |  | | | No lifting over 60 lbs. | | | | | | |
|  | | | |  | | **As Tolerated** | | | | | | | | | | | | | | | | | | | | | | |
| **Lifting waist to head** | | | |  | | No lifting | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | No lifting over 20 lbs. | | |  | | | | | No lifting over 40 lbs. | | | | | |  | | | No lifting over 60 lbs. | | | | | |
|  | | | |  | | **As Tolerated** | | | | | | | | | | | | | | | | | | | | | | |
| **Carrying** | | | |  | | No carrying | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | No carrying over 20 lbs. | | | | | |  | | | No carrying over 40 lbs. | | | | | | | | | | | | |
|  | | | |  | | **As Tolerated** | | | | | | | | | | | | | | | | | | | | | | |
| **Gripping / Pulling** | | | |  | | No gripping/pulling | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | No gripping/pulling > 2 hrs/day | | | | | |  | | | | No gripping/pulling > 4 hrs/day | | | | | | | | | | | | |
|  | | | |  | | **As Tolerated** | | | | | | | | | | | | | | | | | | | | | | |
| **Climbing Stairs / Equipment** | | | |  | | Restricted, please specify: | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | **As Tolerated** | | | | | | | | | | | | | | | | | | | | | | |
| **Equipment Operation** | | | |  | | Prescription medication prohibits driving | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | No night time driving / equipment operation | | | | | | | | | | | | | | | | | | | | | | |
| **Other Comments / Recommendations** (Please specify, i.e. medication side effects.) | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | |

The following is a list of jobs that may be included in a person’s Return to Work program, understanding that these can be modified further based on medical opinion on the needs of the injured worker to accomplish a successful Return to Work accommodation:



Depending on the worker’s qualifications, other tasks may be incorporated into the program. The program could consist of short periods of time on a variety of tasks that will aim at getting the worker back to their regular job.

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Name of Employee’s Attending Physician or other Health Care Specialist

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date