Tree Care Industry Association, Inc.

Early Return-to-Work &
Alternative Return-to-Work Guide
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I. Return-to-Work Program Overview

Objective
Taking employees off workers' comp and bringing them back to the work environment has served as a leading ingredient to employers' strategies in lowering workers' comp costs. Statistics have repeatedly demonstrated that the more quickly the employee comes back to full-time duties, the more quickly a workers' comp case can be closed. Employers should make every effort to provide modified/transitional work opportunities for those employees absent from work as the result of a workplace injury. In order to support your efforts to implement a Return-to-Work program, TCIA has developed a model Return-to-Work program format. This format provides you with the basic tools necessary for creating a Return-to-Work program that will provide for transitional work, modified duty or job accommodations to return injured employees to the workplace as soon as possible. You must be sure to have your Return-to-Work program and policies reviewed by local legal counsel familiar with state and local regulations governing employment law before implementation.

Need for Return-to-Work Program:
- Industry statistics clearly indicate a relationship between the amount of time an injured employee is absent from the workplace and the cost of the injury to the employer. In addition to the direct costs associated with workers' compensation, the employer incurs additional costs associated with the loss of an employee including lost productivity, cost of overtime or temporary employee to cover the injured worker's job assignments, and the cost to hire and train a replacement.
- Employers with aggressive return-to-work programs can reduce average disability duration by almost 20%.
- The National Business Group on Health reports that $3 to $10 is saved for every dollar spent on a Return-to-Work strategy.
- A Northwestern Life Insurance Company study reported that job modifications can save a company $35 in disability payments and other costs for every $1 spent on a return-to-work program. Savings triple when employees are returned to the same job.
- Statistics demonstrate that workers not back within 90 days of injury have less than 50% likelihood of ever returning. Those out 120 days or more have less than a 10% chance of ever returning to work at any job even though less than 5% of all workplace injuries are catastrophic and result in permanent total disability.
II. Return-to-Work Program Components

Employer Commitment
The key to a successful Return-to-Work program rests squarely on the shoulders of the employer. The employer must endorse and drive the Return-to-Work program. The commitment to the program must be communicated to everyone within your organization to set the expectation that in the event of a work related injury, the employee will be expected to return to work as soon as is absolutely possible.

Working with the Medical Community
The key to having an employee released to return to work is through communication with the medical providers. Using the tools developed in association with this program and through partnerships with case managers and claims examiners, the employer needs to make sure the medical provider has as much information as possible regarding the employee’s job or potential modified/transitional duty options. This information allows the medical provider to make a more informed decision regarding disability.

If possible, medical providers that are likely to be used by injured employee’s should be contacted in advance regarding the employer’s Return-to-Work philosophy. This increases the medical providers awareness regarding the opportunity for transitional work or job accommodations that will allow the employee to return to work as soon as possible.

There are many strategies for communicating this information. If the employer is in a smaller community, the medical providers can be invited to visit the employer’s facility so they can hear first-hand about the Return-to-Work program and actually have the opportunity to view certain key work assignments. If this isn’t possible, a letter can be sent to the key medical providers outlining the Return-to-Work program. A sample of a letter notifying a medical provider of an employer’s Return-to-Work program is attached to this program.

Involving Organized Labor
In the event that the employer has employees that are union, the union needs to be included in the process. There are a number of things an employer should consider regarding their collective bargaining agreement that could impact the Return-to-Work program.
Return-to-Work Policy
To reinforce this commitment to a Return-to-Work program, the employer should develop a written Return-to-Work Policy that defines their philosophy regarding return to work and outlines the scope of the program.

The written policy should reflect management’s active and aggressive commitment to a Return-to-Work program. This commitment drives the actions of the organizations managers, supervisors and employees. It is important to communicate this policy to all those affected and define their roles and responsibilities. Make sure managers and supervisors understand they are accountable for the success of this program. Be sure to include the policy in any employee handbook, orientation material and performance reviews.

The written policy should include a policy statement, the purpose for the program, and the responsibilities of the various participants in the program. A sample Return-to-Work policy and policy statement is included with this program to serve as a model for developing a written Return-to-Work policy.

Key components of a Return-to-Work policy

1. Return-to-Work Coordinator
A key component of any Return-to-Work program is the assignment of a Return-to-Work coordinator who has defined responsibilities to make sure the Return-to-Work tasks are completed and to act as a liaison with physicians, injured employee, supervisors and or workers’ compensation claims examiners for issues relating to the Return-to-Work initiatives.

Depending on the size of your organization and or the number of locations you have, it might be advisable to appoint multiple Return-to-Work coordinators to make sure you have the function adequately covered.

The coordinator will be accountable for the overall administration of the modified/transitional work program and will be responsible for the following:

- Serving as liaison with the physician, injured employee, supervisor, claims examiner and all other persons directly or indirectly involved in the Return-to-Work program’s administration.
- Work with supervisors to identify work task for the job analysis.
Participate in the identification of transitional or modified duty work opportunities.
Participate in implementing work assignments.
Monitor the employee’s performance performing the modified or transitional duty work assignment.

2. Job Analysis
A job analysis is a description of the tasks and associated physical, mental and/or environmental demands of a job. This could be an employee’s regular job or a modified/transitional duty job assignment. This document is key to assisting the medical provider in evaluating disability as it applies to the injured workers’ existing job. This document also assists in the process of determining if an employee can return to their existing job with any realistic job accommodations or modifications or if they can return to work in a modified/transitional work duty assignment. There may be funds available through state workers’ compensation agencies to help purchase tools and equipment that allow employee to work. If you are using a Preferred Provider Organization (PPO) arrangement, the PPO needs to be made aware.

Ideally, the job analysis form should arrive at the treating physician’s office when the injured employee first sees the physician for an occupational injury. In order for this to occur, a job analysis should be created in advance of the injury so it is immediately available. It might not be practical for an employer to create a job analysis for all possible jobs within an organization. As a result, the employer should identify jobs with a higher risk of a workers’ compensation claim and complete a job analysis for those identified positions.

The job analysis is perhaps one of the most vital tools in a Return-to-Work program. Without this tool, a treating physician has very little information with which to make an informed decision regarding an employees’ degree of disability as it relates to their job assignment. Without this tool, the physician has very little choice other than to base disability on the feedback from the employee regarding the demands/requirements of their job.

A job analysis form is included with this program for your use.

3. Functional Capacity Evaluation
A functional capacity evaluation is a form provided to the treating physician that requires the doctor to evaluate and document what types of physical activity the injured employee can do in addition to any temporary physical restrictions. The evaluation process forces the doctor to
evaluate the injured employee’s ability to perform a variety of simple tasks such as sitting, walking, standing, and twisting. Never accept a blanket statement from the doctor that states simply that the injured employee "can't return to work."

This form will help the employer decide if the employee is capable of performing their current job, can perform their existing job with modifications or can perform a modified/transitional duty job assignment. In the event an employer does not have a transitional duty job bank, the functional capacity evaluation will provide the parameters for locating or developing such an assignment.

A functional capacity evaluation form is included with this program for your use.

4. Transitional Duty Job Banks
This is an important one. Employers need to develop a modified/transitional duty job bank so they can react to an employee’s disability and have available alternatives to provide to the medical provider for a release to work.

Once a modified/transitional duty job is identified, a job analysis for the job needs to be completed.

5. Guidelines for Transitional Work
An offer for modified/transitional duty assignments should be coordinated with your workers’ compensation claims examiner to make sure employer activities conform to appropriate workers’ compensation statutes.

As long as an injured employee is offered modified duty within the doctor's restrictions, the employee usually has no legal basis to refuse the assignment and elect TTD instead. It is best to either speak to the employee personally about the modified duty job offer or send the employee the offer in a certified letter with a return receipt. In many jurisdictions, refusal of modified duty is the equivalent of refusing to work. The employee is effectively abandoning his/her job by refusing to accept the modified duty assignment. Again, depending on the specific state statutes, this could mean that TTD would not be payable. Workers' comp medical treatment expenses, and any permanent disability rating or vocational rehabilitation would continue and not normally be affected by such action.
Assignments may have a combination of physical exertion limitations as well as work schedule limitations. The physician's restrictions may limit an employee to an abbreviated work schedule that should gradually revert back to an eight-hour daily assignment. In certain states the employer must make accommodations for the employee's scheduled medical treatments or physical therapy, as required by the treating physician. Such visits should be tightly monitored.

When developing modified/transitional duty assignments, here are some options for the employer to consider:

- A modified/transitional duty assignment is not intended to be permanent.
- The program should be finite, usually no more than 90 days. At the end of that period, the situation will need to be reevaluated.
- Can the worker return to his/her job with no restrictions?
- Can the worker return to his/her regular job with restrictions as specified by the treating physician?
- Can you modify the worksite in a manner that reduces the impairment impact?
- Can you modify the work schedule?
- It is preferable to return the employee to their crew or original job responsibility if at all possible? This might involve having the worker perform their duties in a gradual Return-to-Work program which limits the number of hours and then gradually increases them.
- The worker may be transferred to another job, which he/she may be able to perform without restrictions or limitations. Do you have needs or projects that are in keeping with the worker’s abilities.
- Consider this as an opportunity to provide the worker with training to develop new skills, enhance or update old skills or prepare the employee for the next step on their ladder of skill development.
- Assign the worker to mentor or assist other employees.
- Send the injured worker to a non-profit agency for a temporary work assignment that is within the workers’ capabilities. This is considered an Alternative Return-to-Work Programs.

Examples of modified/transitional duties:
- Basic office work/answering phones, etc.
- Assisting sales staff with administrative work such as client proposals and other sales/admin. duties
- Scheduler (confirm, schedule, and route sales appointments and/or jobs)
- Quality control (follow up with clients after job completion)
- Marketing assistant (various duties such as social media, managing yard signs, mailing/handling out flyers)
- Janitorial, light or modified duty
- Shop assistant, light or modified duty
- Equipment inspection/cleaning/repair, light or modified duty
• Equipment/Crew prep, light or modified duty (arrive early morning to prepare and load trucks for the day, arrive in afternoon to unload trucks)
• Safety, training, and compliance manual updating
• Safety trainer/inspector (conduct safety training and inspections)
• Compliance officer (check to see that all paperwork is done, keep OSHA/HAZCOM/vehicle logs up-to-date, collect missing paperwork)
• Translator (translate company policies, manuals, training materials, training events, and phone calls)
• Driver
• Worksite supervision, Spotter/work zone control
• Flagger/traffic control
• IPM/Plant Health Care technician, light or modified duty

**Note:** Determination of light or modified duty is based on the sample job analysis and the employee’s functional capacity.

**Examples of alternative Return-to-Work programs, such as assigned “volunteer” for local non-profits:**

• Food pantry
• Homeless shelter
• Half-way house
• Animal rescue center
• Animal rehabilitation center
• Library

**Note:** Match Alternative Return-to-Work jobs with employee skills as well as the job analysis and functional capacity so that the company maximizes the benefits.

**Monitoring and Follow-up**

Once your employee returns to work, you must check to see that your employee is performing adequately and any work restrictions are being met. Your employee should not self-declare that he or she is ready to return to full, unrestricted duty without first gaining permission from you, the doctor, and your claims representative.

**After your Employee returns to work:**
• Regularly check with the employee to see how his/her work and recovery are progressing
• Make sure any restrictions on work tasks are being met
• Continue contact with the health care provider; obtain approval for any changes in duties
• Notify claims representative if you are not going to be able to accommodate ongoing or permanent restrictions.
III. SAMPLE RETURN-TO-WORK POLICY

**Policy**
COMPANY NAME is committed to returning employees to modified or transitional work as soon as possible after an on the job injury. Temporarily modifying the employee’s job or providing the employee with an alternative or transitional work duty will accomplish this.

**Purpose**
This program is intended to provide our employees with an opportunity to continue as valuable members of our team while recovering from a work related injury. We want to minimize any adverse effects of ongoing disability on our employees. This program is intended to promote speedy recoveries, while keeping the employee’s work patterns and income consistent. At the same time, we benefit from having our employees providing a service and contributing to the overall productivity of our business.

**Scope**
This program applies to ALL employees of the COMPANY NAME.

**Responsibilities**

*Return-to-Work Coordinator*
(Name or names of Return-to-Work coordinator) will have the responsibility to overseeing our Return-to-Work program. In this capacity (he/she/they) will act as a liaison between supervisor, the injured worker, the attending physician and the claims administrator. The Return-to-Work Coordinator will be responsible for making sure the appropriate paperwork and forms have been properly handled and submitted to the appropriate parties. The Return-to-Work Coordinator will monitor the modified/transitional work and gather any additional information that may be needed to properly handle the Return-to-Work efforts.

*All Supervisors/Managers*
In the event of an injury, the supervisor/manager will make sure that the employee receives first aid or proper medical treatment at COMPANY NAME’s selected medical clinic. If possible, the supervisor/manager will accompany the employee to the medical clinic. The attending physician shall be notified on the first visit that COMPANY NAME has a Return-to-Work program and that modified/transitional work will be provided. The supervisor/manager will work closely with the Return-to-Work Coordinator to coordinate the Return-to-Work efforts and will be responsible for introducing the employee back into the work place in the modified/transitional position. The supervisor/manager will make sure that the injured
employee receives, necessary assistance from co-workers and that the employee does NOT work outside of his/her restrictions.

**Employees**

If an injury occurs on the job, the employee is required to report it to their supervisor/manager immediately. If the injury requires more attention than first aid, the employee will proceed to the appropriate medical provider. If available, an employer representative will accompany the employee to the medical provider. Together with the physician, the employee’s physical restrictions and limitations shall be discussed. All employees are expected to return to the worksite as soon as practical to report the physician’s findings and to discuss modified or transitional work duties. This will enable all parties to be kept abreast of the employee’s condition.

Once an employee has returned to work, it is his/her responsibility to work within the physical limitations that the physician has given. The employee shall perform only those duties that are assigned to him/her. An employee shall immediately notify his/her supervisor in advance of any medical appointments. Time off will be allowed for appointments related to the on the job injury. The employee shall keep his/her supervisor/manager informed of the recovery process and the ability to perform modified/transitional work.

**Everyone**

If anyone involved in this process has a question, they should take the time to get an answer. Questions should be directed to the Return-to-Work Coordinator. COMPANY NAME is committed to promoting in the best possible way a full recovery for any of our industrially injured employees.

Signature: ______________________________

Title: ______________________________

Date: ______________________________
IV. SAMPLE RETURN-TO-WORK POLICY STATEMENT

It is the policy of COMPANY NAME to provide our employees who become ill or injured on the job with the best possible recovery program so that they can return to work with minimal emotional and financial disruption in their lives. We endorse a Return-to-work policy that endeavors to return injured employees to their regular job assignments as soon as possible.

In order to return injured employees to their job as soon as possible, COMPANY NAME attempts to provide temporary work assignments tailored to the physical capabilities of employees who become ill or injured on the job. We strive to bring our employees back to work as soon as possible following an injury. We will ask employees to perform only those job functions that the medical providers have determined can be safely performed during the recovery process. All transitional and modified job assignments will be structured to meet the physical capabilities and therapy of the injured employee.

Returning employees to work as soon as practical after an injury is one of the most effective forms of rehabilitation. Our Return-to-work program enables our injured employees to return to productivity much earlier to enhance the healing process. The program also may reduce our company’s workers’ compensation costs.

Success of our Return-to-work program depends upon the assurance that all employees understand and adhere to the roles and responsibilities outlined in this policy:

1. Report all work-related illnesses or injuries immediately to your supervisor.
2. When necessary, seek immediate medical attention.
3. Report your medical status as soon as possible after receiving medical attention.
4. Notify the treating physician of our Return-to-work program.
5. Stay in contact with your immediate supervisor.
6. Return to temporary modified work assignment if unable to perform normal work duties.
7. Follow prescribed treatment and therapy plans.
8. Immediately notify supervisor if job tasks in any way exacerbate the illness/injury symptoms.
V. SAMPLE JOB ANALYSIS

Fax a completed job description to the clinic before the employee is first examined so the doctor will have a clear understanding of the nature of the employee’s job duties to determine appropriate Return-to-work status.

Employee Name: ____________________________  Company: ____________________________

Office Contact: ____________________________  Office Phone #: ________________________

Job Title: ________________________________  Hrs. Worked/Day: _______  Week: __________

Check the frequency of the activity required of the employee to perform the job:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Never</th>
<th>Occasionally, up to 3 hrs.</th>
<th>Frequently, 3-6 hrs.</th>
<th>Constantly, 6-8 hrs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sitting</td>
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<tr>
<td>Walking</td>
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<tr>
<td>Standing</td>
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<td></td>
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</tr>
<tr>
<td>Bending at neck</td>
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<tr>
<td>Bending at waist</td>
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<tr>
<td>Squatting</td>
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<td></td>
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</tr>
<tr>
<td>Twisting at neck</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Twisting at waist</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Repetitive hand use*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Simple grasping*</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Power grasping*</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Fine Manipulation*</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Pushing &amp; Pulling</td>
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<td></td>
</tr>
<tr>
<td>Reaching above shoulder level</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Reaching below shoulder level</td>
<td></td>
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</tr>
</tbody>
</table>
*Describe any hand use in detail:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Description of Job Responsibilities (describe all duties):

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

**Company policy does not allow our employees to lift > 50 lbs. on the job.**

Please indicate the daily lifting and carrying requirements of the job. Indicate the height the object is lifted from the floor, table or overhead location. Also, indicate the distance that the object is carried:

<table>
<thead>
<tr>
<th>LIFTING:</th>
<th>CARRYING:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>Never</td>
</tr>
<tr>
<td>Occasion-ally, up to 3 hrs.</td>
<td>Occasionally, up to 3 hrs.</td>
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<tr>
<td>Frequently, 3-6 hrs.</td>
<td>Frequently, 3-6 hrs.</td>
</tr>
<tr>
<td>Constantly, 6-8+ hrs.</td>
<td>Constantly, 6-8+ hrs.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Height</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
</tr>
<tr>
<td>Occasion-ally, up to 3 hrs.</td>
</tr>
<tr>
<td>Frequently, 3-6 hrs.</td>
</tr>
<tr>
<td>Constantly, 6-8+ hrs.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Distance</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-10 lbs.</td>
</tr>
<tr>
<td>11-25 lbs.</td>
</tr>
<tr>
<td>26-35 lbs.</td>
</tr>
<tr>
<td>36-50 lbs.</td>
</tr>
</tbody>
</table>

Describe any additional physical requirements of the employee's job:
VI. SAMPLE FUNCTIONAL CAPACITY EVALUATION

Please complete the following items based on your clinical evaluation of:

Patient Name: __________________________ SS#: __________________
Date of Injury: ________________________

In an 8-hour workday, person can: (Circle total hours at full capacity for each activity):

<table>
<thead>
<tr>
<th>Activity</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sit</td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Stand</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Walk</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Lift and carry:**

<table>
<thead>
<tr>
<th>Weight</th>
<th>Never</th>
<th>Occasionally (1% - 33%)</th>
<th>Frequently (34% - 66%)</th>
<th>Constantly (67% - 100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 10 lbs.</td>
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<tr>
<td>11 to 20 lbs.</td>
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<tr>
<td>21 to 50 lbs.</td>
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<tr>
<td>Over 50 lbs.</td>
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</tbody>
</table>

**Push/pull:**

<table>
<thead>
<tr>
<th>Weight</th>
<th>Never</th>
<th>Occasionally (1% - 33%)</th>
<th>Frequently (34% - 66%)</th>
<th>Constantly (67% - 100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 10 lbs.</td>
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</tr>
<tr>
<td>11 to 20 lbs.</td>
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</tr>
<tr>
<td>21 to 50 lbs.</td>
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</tr>
<tr>
<td>Over 50 lbs.</td>
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<td></td>
</tr>
<tr>
<td>Person can:</td>
<td>Never</td>
<td>Occasionally (1% - 33%)</td>
<td>Frequently (34% - 66%)</td>
<td>Constantly (67% - 100%)</td>
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<tr>
<td>-----------------------</td>
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</tr>
<tr>
<td>Climb (stairs)</td>
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<td></td>
</tr>
<tr>
<td>Climb (ladder)</td>
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<tr>
<td>Balance</td>
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<tr>
<td>Stoop</td>
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<tr>
<td>Kneel</td>
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</tr>
<tr>
<td>Crawl</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bend at neck</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Bend at waist</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Reach (above shoulder level)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reach (below shoulder level)</td>
<td></td>
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</tr>
</tbody>
</table>

**Repetitive movement ability** (as in keyboard operation/using a hand saw):

<table>
<thead>
<tr>
<th>Right Hand/Arm</th>
<th>Right Foot/Leg</th>
<th>Left hand/Arm</th>
<th>Left Foot/Leg</th>
</tr>
</thead>
<tbody>
<tr>
<td>__ Yes __ No</td>
<td>__ Yes __ No</td>
<td>__ Yes __ No</td>
<td>__ Yes __ No</td>
</tr>
</tbody>
</table>

**Difficulties:**

<table>
<thead>
<tr>
<th>Talking</th>
<th>Hearing</th>
<th>Vision</th>
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<tr>
<td>Restrictions:</td>
<td>None</td>
<td>Mild</td>
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<td>Exposure to cold</td>
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<td>Exposure to heat</td>
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<td>Driving</td>
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<tr>
<td>Noise</td>
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</table>

Does this person have treatments and/or medications that might affect his/her ability to work:  ___ No  ___ Yes. If “Yes,” please describe:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Additional comments regarding restrictions or limitations affecting this person’s ability to return-to-work: _________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Physician Name: _________________________  Signature: _________________________

Specialty: ______________________________  Date: __________

Telephone: _____________________________  E-mail address: ______________________
VII. LETTER INFORMING MEDICAL PROVIDER OF RTW PROGRAM

RE: COMPANY NAME Return-to-work Program

Dear __________:

Our company, COMPANY NAME, has a formal Return-to-work program in place for our injured employees which provides temporary job tasks for employees who have work-related illness or injury. The purpose of our Return-to-work program is to provide temporary or modified work for injured employees to assist their recovery and maintain productivity.

You have been identified as a medical provider who may be treating our employees. We will cooperate fully with you in developing job tasks or functions that allow our employees to return to work without compromising their physical capabilities during the recovery period.

COMPANY NAME encourages release to temporary work assignments as soon as possible after an injury. We are eager to bring employees back to the job, working within the limitations you may specify. Our intent is to ensure adherence to specific restrictions, limitations and therapies. Our goal is to return injured workers to full unrestricted work as quickly as possible, using Return-to-Work strategies as one means of hastening the recovery process.

We look forward to working with you in the future. If you have any questions regarding our Return-to-work program, please contact (Return-to-Work Coordinator) at (phone number).

Sincerely,

Return-to-Work Coordinator.
VIII. LETTER TO TREATING PHYSICIAN

(Company Letterhead)

(Date of letter)

(Doctor's name and address)

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

Dear Dr.____________:

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 analysis for the regular job of the employee named above, which may be modified, if possible, to meet medical restrictions that may be assigned. 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 medical requirements as defined by you. We will consider re-arranging 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.)

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

Sincerely,

(Signature of company representative or owner)
(Title), (Name of Company)

Encls.