

# Return to Work

Avi Whiteman, MD, MPH

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## Abstract:

Returning a patient to work can sometimes be a very difficult undertaking for the busy family physician.

This presentation reviews the extent and parameters of this issue, then looks at the common medical and non-medical barriers patients may experience in going back to work after a period of illness or injury.

Solutions to these common barriers are discussed.

The role of the family physician in this process is clarified, so that roles and responsibilities are clear for the various stakeholders in this process.

(e.g. - doctor, patient, employer, insurance company, etc)

# Disclaimer

no conflicts of interest

# My role in RTW

- Family Physician
- Occupational Physician:

Roles: (1) Occupational disease, injuries  
(2) Manage short-term disability,  
Workers Compensation

[www.oemac.org](http://www.oemac.org)

Canadian Board of Occupational Medicine

Occupational & Environmental Medical Association of Canada

# Learning objectives

- Understand role of Family MD in RTW
- Appreciate RTW as a therapeutic modality
- Identify barriers and their solutions

# Outline

The Problem

Definitions

Concepts

Examples

Solutions

# Family Physician perspective

RTW is not really my problem – should I care?

Advocate for patient

Concerned about Dx, Tx

Insurance company, employer – not my  
concern

Ivory tower syndrome

One third of lives spent at work

# The Problem

Trained to diagnose, treat

Minimal training re:

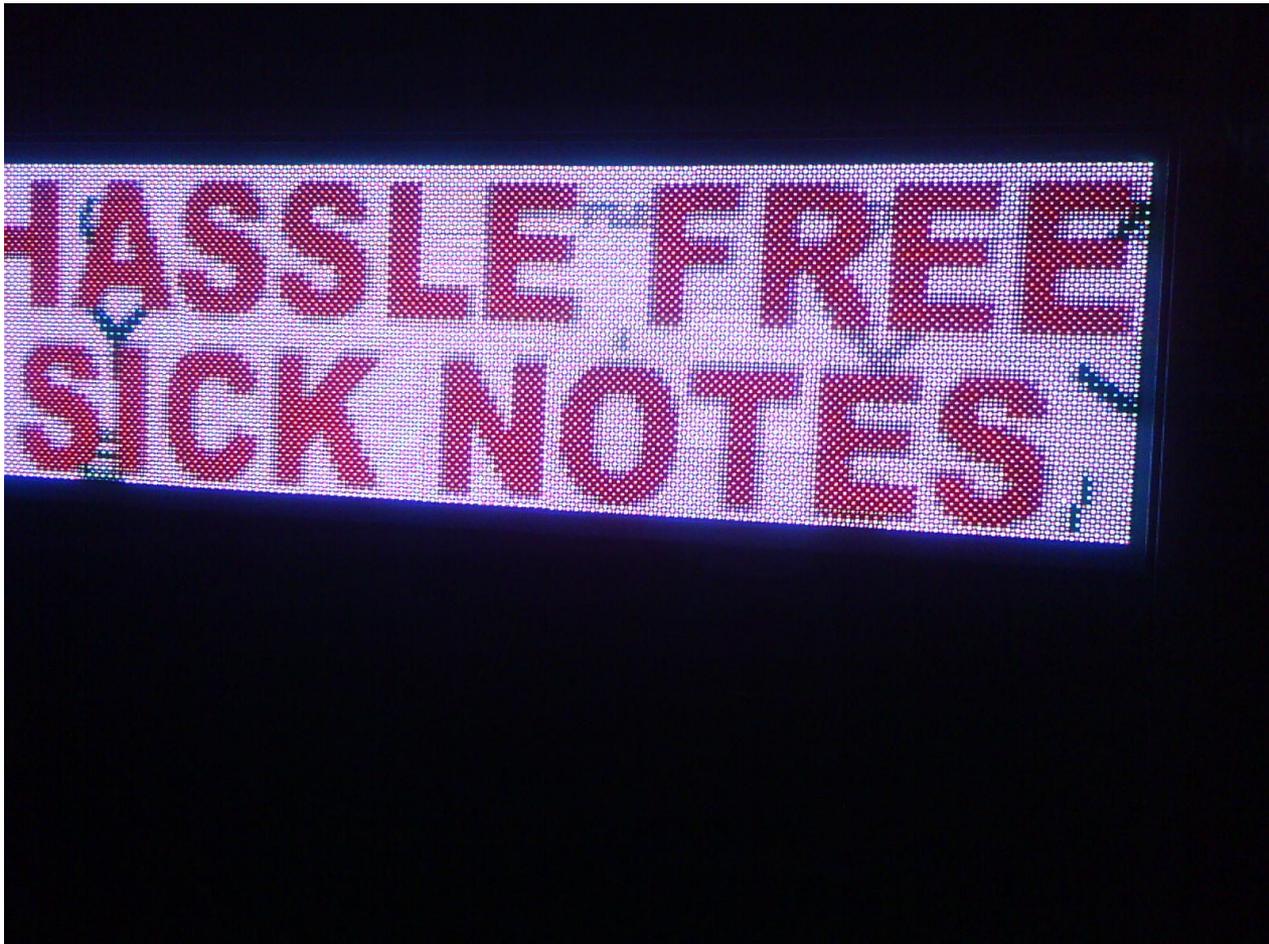
- functional interface with workplace
- dealing with insurance companies

Increasing demands for completing forms

Disease process demands for healing – rest?

Patient demands for time off work –  
pain / fatigue / entitlement?

Truth is stranger than fiction



# Assumptions

*Majority of patients:*

Well intentioned

Want to regain function

Want to RTW as soon as possible

Fraud, Malingering – the exception

80/20 “rule”

# Definitions

**Impairment:** (*an organ-based concept*)  
is any loss or abnormality of psychological, physiological, or anatomical structure or function.

**Disability:** (*a task-based concept*)  
is any restriction or lack of ability to perform an activity in the manner or within the range considered normal

**Disease → impairment**

**Job → Disability**

# Definitions

## **Limitation:**

Can do, but not at the usual force, pace,  
duration

## **Restriction:**

Cannot or should not do

Undue risk to self or others

# What is Disability Management ?

A process in the workplace designed to facilitate the employment of persons with a disability through a coordinated effort addressing:

- Individual needs

- Work environment

- Employer needs

- Legal responsibilities

# *Official Disability Guidelines*<sup>TM</sup>



- **Most up to date evidence-based medical treatment and disability duration guidelines** to improve as well as benchmark outcomes in workers' compensation and non-occupational disability.
- **Authoritative - Based on an aggregate of over 10 million disability cases and a decade of research, including a systematic medical literature review.**

# Concepts

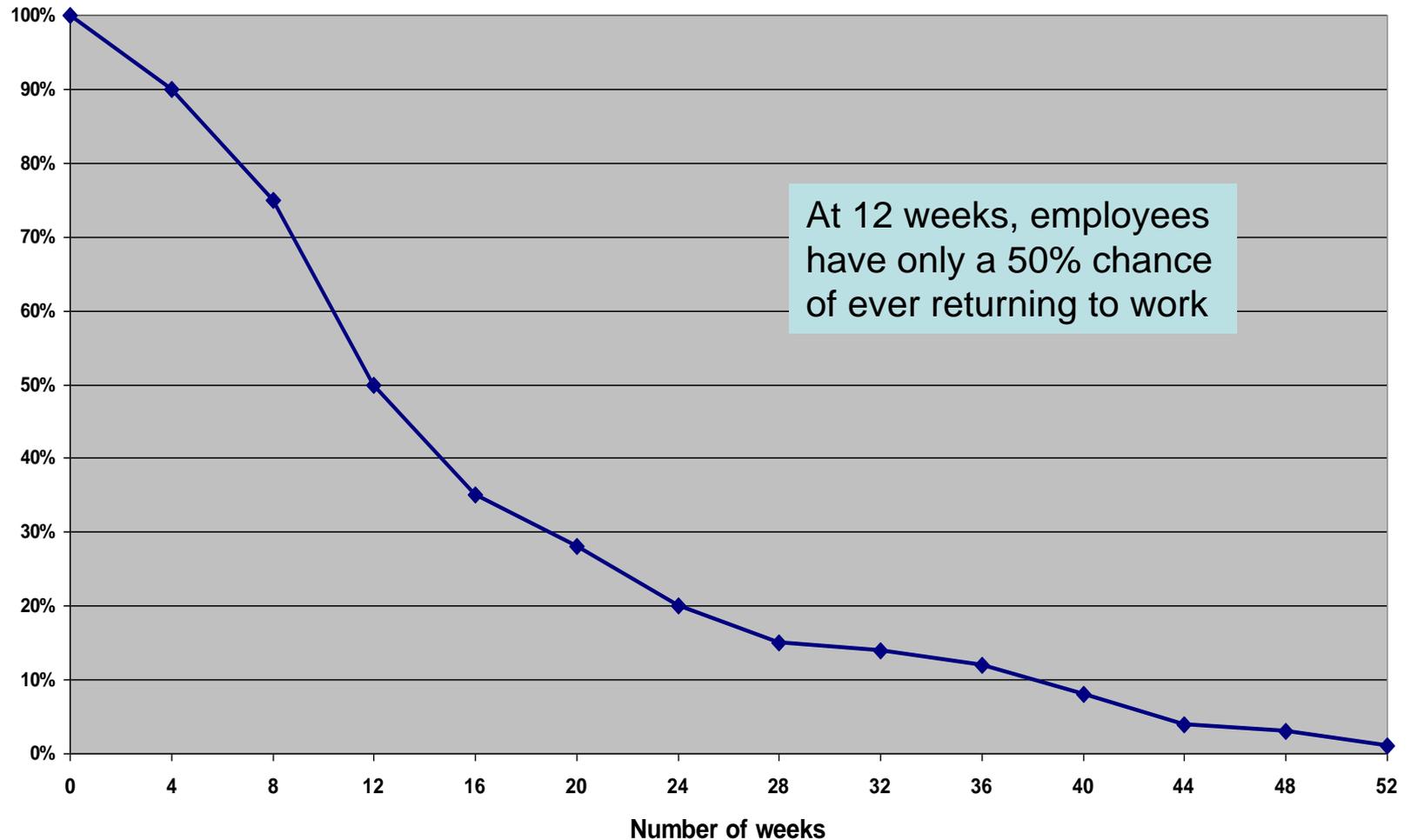
Longer time off work, the harder it is to return to work

After 6 months off work:

Only a 10% chance of return to original job

Planning for RTW begins at the first apptmt

# Time is of the Essence



# Position statement (CMA)

“The sooner a patient returns to work the more likely it is that he or she will fully regain health and productivity”

“Return to work is primarily the responsibility of the employer and employee, and that the role of the physician is to provide medical advice and support”

CMAJ, March 1, 1997 ; (156) 5  
(updated 2013)

# Types of Disability

- 1) Physical
- 2) Psychiatric\* (highest cost)
- 3) Both

Need to understand what job demands are  
in order to translate “impairment” into  
“disability”

# Physical demands analysis

Ask questions about job function

Don't be afraid to ask:

“Why can't you do this work ?”

About their insurance plan

% replacement, when does it kick in?

→ May drive patient requests

# Assessment of patient's fitness to RTW following an injury

- describe the the mechanism of the injury, the body region affected, and the tissues/structures involved
- obtain a history of how the injury interferes with usual activities of daily living, recreation & sports, and work.
- obtain a history of the patient's job demands that are relevant to the injury
- undertake a physical examination to assess function of the affected body region

# Assessment continued

- identify if the injury poses a risk to the patient or others at the workplace
- recommend limitations and restrictions that may allow for a safe and sustainable return to work
- recommend specialist, rehabilitative, psychological or vocational assessments when appropriate
- communicate medical and return to work opinions effectively, with respect for the patient's privacy and the information needs of the employer, workers' compensation board, or disability insurer.
- appreciate the boundaries and limitations of medical practice when assessing fitness to work.

# When to consider psychological services

## Medical indicators:

- Minimal functional gains by 8-12 weeks post injury
- Somatic symptoms or pain with few or no objective findings
- Poor compliance with prescribed treatment
- Excessive use of Rx or non-Rx medication

# When to consider psychological services

## Psychological Indicators:

- Depressed mood, negative outlook
- Anxiety about RTW
- Anger or passivity
- Alcohol or substance abuse
- Significant disturbance in ADL's

# When to consider psychological services

## Social Indicators:

- Conflict in the workplace
- History of poor job performance
- Recent life stresses
- Prior history of prolonged disability
- Significant family conflicts

# Main sources of Disability

Back pain <2000

Depression > 2000

By 2020, depression will be the leading source of work years lost from disability and premature death (WHO)

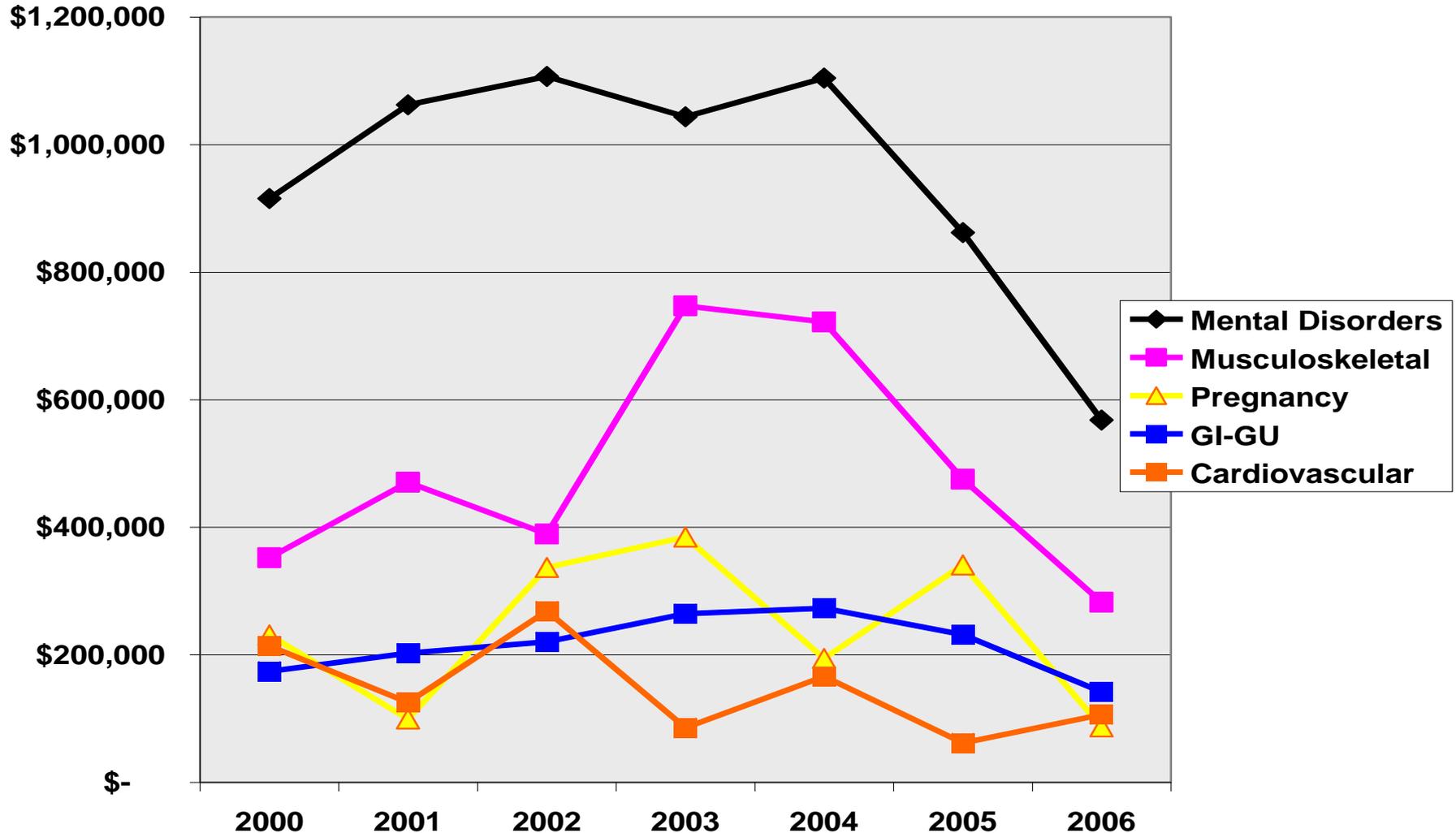
# Depression: A psychiatric emergency ?

25% never RTW from a leave of absence  
due to depression

Early and optimal intervention is critical

Experience from industry

# STD Cost\* by Diagnostic Adiuster



\*Cost estimated using \$320 salary cost per day

# Psychiatric Disability Challenges

## **Bio-Psycho-Social Model**

### Bio:

accurate diagnosis? Depression? Bipolar?

care gap

stigma: delay in seeking care

sub-optimal treatment → chronicity

### Psycho-Social:

Work issues: downsizing ? Difficult boss?

financial/marital/family

percentage of salary replacement, insurance plans – STD  
(100%), LTD (60%), Workers compensation(90%)

# Workplace stress

Psychosocial risk factors in the workplace:

Lack of fairness

Insufficient control

Few opportunities

Lack of support

# Documentation

- Subjective symptoms
- Objective findings\*

\* ...and how they impair work

# Management of a Psyc STD

Is the recommended absence period too long?

Is there a specific plan for what should happen during this absence?

Risk of further demoralization, loss of confidence

Most depression is compatible with work (modified, part time or FT)

# Absence as treatment?

## Benefits of work absence

- Removed from occupational stressors
- More time to engage in activities conducive to recovery
- Less risk of workplace safety incidents

## Costs of work absence

- Inactivity/withdrawal
- Social isolation
- Secondary anxiety re workplace
- Prolonged absence is negative prognostic factor
- Medicalisation of a non-medical problem?

# Other options

Modified work - - Part time work

Intervention of human resources

Reintegration specialist

Case management to mediate triggering  
workplace interactions

Occupational Rehab programs

.....Collaborative approach

If time off: keep it as short as is medically possible

# What does an employer need to know?

## *Why?*

For work planning purposes

For insurance

## *What?*

Limitations (task, time, work environment), aids,  
protective devices

But not the diagnosis, investigation or Tx plan  
(unless consent)

# Elements of a good Insurance note

*If consent in place:*

Diagnosis

Restrictions –

*Functional + anatomical restrictions, not job restrictions*

Treatment plan

Still subject to standards of confidentiality

(→ MD, RN; not supervisor!)

# Case Studies

1. Company perspective
2. Physician perspective

# Case # 1

- Employee changed department as result of restructure
- Same grade, title
- New supervisor with different management style
- Different job expectations



Employee avoids contact with supervisor

# Case # 1 Continued

## Contributing Factors & Outcome

- Employee perceived friction with supervisor
- Employee afraid to approach supervisor to discuss roles & responsibilities
- Different communication styles
- Cultural differences
- Applied for STD; 72 lost work days

## Lessons Learned

- Communicate: talk to your employee
- Manage expectations
- Minimize social/work withdrawal (even if off on “sick leave”)
- Proactive discussions
- Discuss differences in management style (two-way discussion)
- Be ready to listen to “employee’s perspective”

# Case # 2

- Friday afternoon year end review with new Manager: Employee did not deliver on objectives
- Previously rated as “top performer”
- Employee shocked by comments in Year End Review



Employee calls OHS Monday morning “tell my supervisor I will not be coming into work”

# Case # 2 Continued

## Contributing Factors & Outcome

- Performance expectations have changed
- Employee reaction: anger & avoidance
- Manager evaluation was based on facts
- Psychiatric expertise indicated employee was “fit for work”
- Return to work plan was established
- Employee did not return to work on the agreed upon date
- Employee terminated

## Lesson Learned

- Discuss performance expectations well in advance & several times per year
- Ongoing communication – ongoing evaluation
- Avoid delivering negative messages in Friday afternoon meetings
- Focus on positive behaviours while dealing with one negative behaviour at a time

# Case # 3

- Employee accepts non-comparable position
- Mid year review: new supervisor not satisfied with employee's performance
- Employee sent for training
-  Frequent casual absences
- PIP initiated
- During PIP feedback session:  
    “performance not improving”

# Case # 3 Continued

## Contributing Factors & Outcome

- Learning curve
- Expectations unclear to employee
- Perceived lack of control
- Employee felt pressured by Manager
- 59 lost work days

## Lessons Learned

- Consider poor fit with job instead of going down road to PIP (non-comparable accepted instead of package?)
- Employee in wrong job?

# Case # 4

- Position abolished & employee accepted comparable position with larger territory
- Employee having difficulty managing increased travel demands of new position



Avoided areas of territory that required overnight travel

# Case # 4 Continued

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## Contributing Factors & Outcome

- Difficulty balancing family and work obligations issues
- Afraid to discuss her needs with new manager
- Medical expertise indicated employee was “fit for work”
- Return to work plan was established
- Applied for new position
- Employee applied for STD: 32 lost days

## Lessons Learned

- Keep lines of communication open
- Work-Life balance considerations
- Flexible work arrangements?
- Frequent feedback -hallmark of a good manager

# Summary

## Lessons Learned

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### Communicate with employees

- Proactive discussions
- Two-way discussions
- Focus on the positive
- **Avoid social/work withdrawal**
- Be ready to listen
- Timing is everything

### Manage your employees

- Be clear about performance expectations (discuss them early and often)
- Provide frequent feedback
- Is it the right fit?
- Work-Life balance (consider flexible work arrangements)

### Be aware of perceptions

# Physician perspective



**RECEIVED**  
 FEB 04 2002  
**HEALTH SERVICES**

**CERTIFICAT MÉDICAL**

\_\_\_\_\_ dispose d'un programme actif de travail adapté. Les renseignements suivants nous permettront d'affecter si possible l'employé(e) à des tâches adaptées et d'assurer le maintien des indemnités de maladie. Veuillez noter que les renseignements fournis sur le présent certificat sont destinés à l'usage exclusif du directeur du groupe Santé au travail, ainsi qu'à \_\_\_\_\_ des dirigeants et des employés de Mark Frosst responsables de la mise en oeuvre du programme de travail adapté et de l'admissibilité aux indemnités de \_\_\_\_\_

**SECTION À REMPLIR PAR LE MÉDECIN**

- Date du début de l'état actuel : 21/11/01
- Date de votre premier examen : 23/11/01 Prochain examen : 25/02/02
- L'incapacité est-elle due à un accident ou à une blessure? Oui  Non
- Diagnostic (en détail) : TROUBLE D'ADAPTATION REC HUMEUR DEPRESSIVE  
DEPRESSION NON ECLUE
- Veuillez indiquer les médicaments prescrits : LEVAVIL 25mg/1000 HS. ATIVAN 1mg PRN
- Y a-t-il eu intervention chirurgicale? Oui  Non  Date et nature de l'intervention : \_\_\_\_\_
- L'employé(e) est-il (elle) à l'hôpital? Oui  Non  Nom de l'hôpital : \_\_\_\_\_
- Pronostic : bonne  
l'évaluation dans 4 semaines.
- Selon vous, quand l'employé(e) pourra-t-il (elle) reprendre son travail à temps plein? 8-10 semaines.  
positivement
- L'employé(e) peut-il (elle) reprendre son travail à temps partiel ou assumer des tâches allégées avant de reprendre son travail habituel à temps plein? non Si oui, quand et pour combien de temps? 6 semaine  
actuellement / suggestion: idéalement pas de travail avec patron (Wilson)  
actuel (MT)

Date : 02/01/31

[Signature]  
 signature DR. N.

[Signature]  
 licence  
 M. Barrot

adresse  
 Québec / J+V 7x4.

L'EMPLOYÉ(E) DOIT PAYER LES COÛTS ASSOCIÉS A LA DÉLIVRANCE D'UN TEL CERTIFICAT

 “Suggestion: should not work with present boss”

 Conflict with boss is factor in present illness

## CERTIFICAT MÉDICAL

Merci [ ] d'un programme actif de travail adapté. Les renseignements suivants nous permettront d'affecter si possible l'employé(e) à des tâches adaptées et d'assurer le maintien des indemnités de maladie. Veuillez noter que les renseignements fournis sur le présent certificat sont destinés à l'usage exclusif du directeur du groupe Santé au travail, ainsi qu'à celle des dirigeants et des employés de [ ] responsables de la mise en oeuvre du programme de travail adapté et de l'admissibilité aux indemnités de maladie. \* i.e. attitude de l'employeur vis-à-vis du retour

### SECTION A REMPLIR PAR LE MÉDECIN

1. Date du début de l'état actuel: Fin Février '04 Date de votre premier examen: 13 avril '04 Prochain examen: 28 juin '04
2. L'incapacité est-elle reliée au travail \*\*\* ? Non  Oui  Mais la prolongation actuelle est reliée au travail\*
3. Diagnostic (en détail): TROUBLE DE L'HUMEUR, épisode dépressif majeur récurrent
4. Veuillez indiquer les médicaments ou traitements prescrits: Celebra 60 mg 8<sup>h</sup>; Lectopam 1.5 mg PRA (max 610); Wellbutin 150 mg 2x matin; molvane 5 mg HS; psychothérapie individuelle glsmanre
5. Avez-vous adressé le patient à un spécialiste? Veuillez préciser: NON
6. L'employé(e) est-il (elle) à l'hôpital? Oui  Non  Date & nature de l'intervention: \_\_\_\_\_
7. Prognostic: bon mais nécessite processus de réadaptation pour faciliter le retour  
(Retour progressif; un changement d'affectation serait souhaitable; une réponse du  
bureau des ressources humaines au sujet des mesures proposées pourrait donner les axes
8. Veuillez indiquer si l'employé (e) peut reprendre son travail à temps partiel ou assumer des tâches allégées avant de reprendre son d'antérieur travail habituel à temps plein. Oui  Non   
Si oui, comment, quand et pour combien de temps? à réévaluer le 28 juin, à la lumière des mesures qui seront proposées par l'employeur pour faciliter le retour au travail
9. Selon vous, quand l'employé(e) pourra-t-il (elle) reprendre son travail à temps plein? idem

✘ “Prognosis: good but needs a process of reintegration; a different job would be preferable”

✓ State functional limitations;  
need for rehab → useful info  
but don't get involved in HR decisions

# CERTIFICAT MÉDICAL

in programme actif de travail adapté. Les renseignements suivants nous permettront d'annuler si possible l'employé(e) à des tâches adaptées et d'assurer le maintien des indemnités de maladie. Veuillez noter que les renseignements fournis sur le présent certificat sont destinés à l'usage exclusif du directeur du groupe Santé au travail, ainsi qu'à celle des dirigeants et des employés de [redacted] responsables de la mise en oeuvre du programme de travail adapté et de l'admissibilité aux indemnités de maladie.

## SECTION A REMPLIR PAR LE MÉDECIN

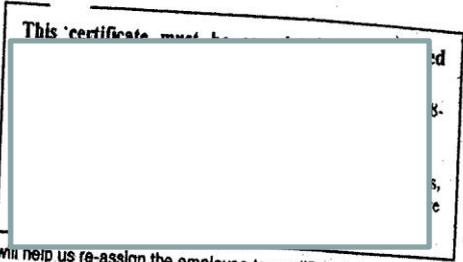
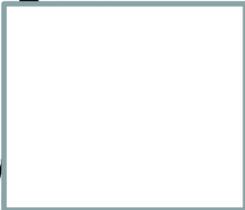
1. Date du début de l'état actuel: 4/6/2011 Date de votre premier examen: 13/4/06 Prochain examen: x 10/11/10
2. L'incapacité est-elle reliée au travail? Non  Oui  OAT B14104
3. Diagnostic (en détail): trouble d'adaptation à l'environnement à plusieurs éléments dépressifs. BTT - dépression majeure
4. Veuillez indiquer les médicaments ou traitements prescrits: Paxil CR 125 - 125 mg et 50 ex autres médicaments prescrits par le psychiatre  
Atarax 75 mg AT
5. Avez-vous adressé le patient à un spécialiste? Veuillez préciser: psychiatre
6. L'employé(e) est-il (elle) à l'hôpital? Oui  Non  Date & nature de l'intervention: \_\_\_\_\_
7. Prognostic: bon mais il va falloir que son traitement se termine plutôt à la région ostienne
8. Veuillez indiquer si l'employé (e) peut reprendre son travail à temps partiel ou assumer des tâches allégées avant de reprendre son travail habituel à temps plein. Oui  Non   
Si oui, comment, quand et pour combien de temps? NA pour l'instant
9. Selon vous, quand l'employé(e) pourra-t-il (elle) reprendre son travail à temps plein? 3 semaines  
venant

1  
Signature

2  
Nom en lettres moulées

3  
N° de la feuille

- ✗ “Prognosis good, but must limit territory to region of Estrie”
- ✓ other psychosocial issues could be mentioned (DSM)



# Medical Certificate

...ve Modified-Work Program. The following information will help us re-assign the employee to modified duties if ... continuation of sick leave benefits. Please take note that the information provided in the certificate is for the use of the Director of Occupational Health Services, ... officials and personnel overseeing the application of the Modified-Work Program and the entitlement to sick leave benefits.

## TO BE COMPLETED BY PHYSICIAN

1. Date present illness began: 09-10-07
2. Date of your first examination: 09 OCT 2008
3. Is this disability work related? No  Yes  Details: HEALTHY
4. Diagnosis (in detail): acute lumbosacral strain 2<sup>nd</sup> & 3<sup>rd</sup> L4/5
5. Please specify prescribed medication/treatment: NSAID, Physio, osteopath  
Reha
6. Have you referred patient to a specialist? Please specify NO
7. Is the employee hospitalized? No  Yes  Date & reason: \_\_\_\_\_
8. Prognosis: excellent
9. Please specify if the employee can resume his/her duties on a part-time basis or be available for modified duties prior to returning to regular full time work No  Yes   
If so, how, when and for what duration? pt requires a new car
10. When in your opinion should the employee be able to resume regular full-time work? to be resumed
11. Date of next appointment: 08-10-15

Print Name: \_\_\_\_\_

 “patient requires a new car”

 state functional limitations

# PHYSICIAN'S CERTIFICATE

Merc [redacted] Modified-Work Program. The following information will help us to re-assign the employee to modified duties if possible, and to assure the continuation of sick pay benefits. Please take note that the information provided in this certificate is for the use of the Director of Health Services [redacted] officials and personnel overseeing the application of the Modified-Work Program and the entitlement to sick leave benefits.

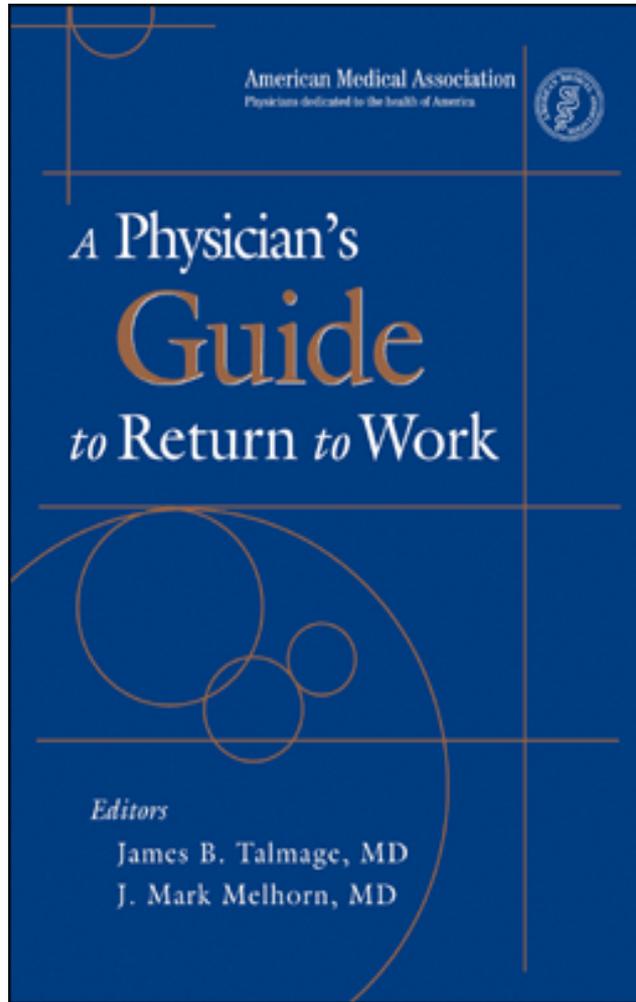
## TO BE COMPLETED BY PHYSICIAN

1. Date present illness began: 04/08/10 Date of your first examination: 04/09/28 Next examination: 1 week
2. Is disability due to an accident or injury? Yes  Details: \_\_\_\_\_ No
3. Diagnosis (in detail): reactive depression  
adjustment disorder
4. Please specify prescribed medication/treatment: \_\_\_\_\_  
offixor XL 753 po @ PM
5. Have you referred patient to a specialist? Please detail: (evaluated by DR. [redacted])
6. Is employee hospitalized? Yes  No  Date & nature /procedure: \_\_\_\_\_
7. Prognosis: FAIR (PROGNOSIS WOULD IMPROVE GREATLY WITH  
CHANGE IN SUPERVISOR OR CHANGE IN PROJECT)
8. Please specify if employee can resume his/her duties on a part-time basis or be available for special duties prior to returning to regular full-time work Yes  No   
If so, how, when and for what duration? Return to work NOV 29, 2004  
standing 3 days per week (to be reassessed 2 weeks after)
9. When, in your opinion, should employee be able to resume full-time work? N/A  
M

- ✗ “Prognosis would greatly improve with change in supervisor or change in project”
  
- ✓ Conflict in the workplace.....  
don't get involved in career planning....

# Summary

- MD opinion highly respected
- But you are one part of insurance process
- Stick to the facts and document objective evidence
- Lose credibility if depart from medical role
- Consider planning RTW from the first visit  
→ *Early RTW improves medical outcomes*



## **A Physician's Guide to Return to Work**

**ISBN: 978-1-57947-628-7**

**American Medical Association**

**List Price: \$59.95**

# Work-related Musculoskeletal Disorders - Guide and Tools for Modified Work

ISBN: 2-89494-430-6

IR SST publications  
List Price: \$20.00



**TMW**  
Tools for Modified Work

**Work-related Musculoskeletal Disorders**  
Guide and Tools for Modified Work

This guide is intended to assist workplace stakeholders in a wide range of work environments. It describes steps for setting up a modified work program for injured workers and for following individual workers. It also includes three series of body-site-specific decision aid tools to allow frontline workplace personnel to:

1. estimate the physical demands of work tasks proposed for modified work;
2. succinctly convey the physical work demands to the treating physician;
3. seek the treating physician's recommendations about the worker's temporary work restrictions.

Training is available in Montreal for:

- those wishing to set up a modified work program in their workplace
- consultants interested in assisting companies set up such programs

For additional information or order forms:

- [www.santepub-mtl.qc.ca/omrt/](http://www.santepub-mtl.qc.ca/omrt/)
- contact [jean-luc.malo@ergoplan.net](mailto:jean-luc.malo@ergoplan.net)

**Authors:** Susan Stock, Raymond Baril, Colette Dion-Hubert, Claire Lapointe, Sonia Paquette, Josée Sauvage, Serge Simoneau, and Claude Vaillancourt

**Sponsoring institutions:** produced by the Montreal Department of Public Health in collaboration with the INSPQ, IR SST and professionals from the ASP Metal Electrique and the CSST, with funding from HEALNet and the IR SST

Cost: \$20

Institut national de santé publique Québec

irst

Agence de développement de réseaux locaux de services de santé et de services sociaux Québec Montréal Santé publique

# References

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