



Helping your patients return to work

Research shows that the sooner an injured worker resumes their usual activities, including work, the sooner they'll get better and the less likely their injury will become a long-term problem. This fact sheet provides a snapshot of actions, with some generic work capabilities, which can assist health providers to manage patients with a workplace injury. For most injuries, healing is generally completed within the first six weeks. However, if symptoms persist beyond six weeks the injury management approach should be reviewed and changed.

The table below shows work capabilities that are common after musculoskeletal injuries to specific body areas. Clearly, each injury needs to be assessed and any restrictions modified for the individual circumstances.

Generic work capabilities 0-6 weeks

Note: These restrictions are also appropriate for home and leisure activities

Wrist

- Wear a splint if provided
- Lifting limit - can lift low weights of 1-2 kg
- Avoid repetitive movements, particularly twisting
- No exposure to vibration

Elbow

- Avoid precipitating actions
- No repetitive movements
- Lifting limit - can lift low weights of 1-2 kg, but requires caution with outstretched arm
- For epicondylitis wearing of a strap is often helpful

Shoulder

- Generally restricted range, most commonly can move up to 45 degrees from neutral
- Can lift up to 1-2 kg with outstretched arm, 5-10 kg with arm in neutral (by side) position
- Particularly no activity either at work or at home in which hands are above head height

Neck

- Not to maintain neck position, except neutral, for periods of greater than five minutes in one position (particularly flexed)
- Not to repeatedly twist (where possible move whole body)
- Can lift up to 10 kg with arm by side or 5 kg with arm outstretched

Low back

- Not to repeatedly twist or bend
- Can lift up to 5-10 kg
- Can sit or stand for up to 20-30 minutes at a time
- No exposure to vibration

Knee

- Can nearly always work in a seated job

Ankle

- Can nearly always work in a seated job

Actions health providers should undertake to facilitate recovery:

In the first six weeks

- Do an appropriate assessment as soon as possible after the injury.
- Provide a positive outlook to your patient.
- Ensure that all members of the treating health team understand and share the same information and the same positive outlook.
- Assess and certify capability and then establish a process to enable your patient to undertake as much of their usual activity as possible.
- Engage the employer in returning the worker to a safe suitable work activity.
- Do not ignore expected healing times.
- Address psychological or behavioural issues and organise treatment or management as required.
- Organise an appropriate review.

Between six to twelve weeks

Healing of most soft tissue injuries is generally expected to have occurred by six weeks and sustained improvement in symptoms and consequent increase in capability is also expected.

- Allocate adequate time so an appropriate review can be undertaken.
- Review the history, progress and examination in particular:
 - > assessing for a 'missed' diagnosis
 - > asking what the patient's understanding of the injury is and prognosis
 - > asking about their fears and anxieties,
 - > asking what activities they can undertake
 - > asking how they are coping with the issues caused by their injury.
- Review the patient's activities. If the injury does not explain the level of inactivity find out why this is the case.
- Give positive messages about recovery.
- Adopt a problem-solving approach.
- Ensure that any psychological or behavioural issues are identified and managed.
- Undertake further investigations, as required.
- As needed, refer to other health providers and specialist medical practitioners.

- Engage with the employer or the rehabilitation and return to work coordinator or vocational rehabilitation consultant, to ensure that suitable employment can be provided within your patient's capability.
- Review treatments, assessing if they are effective and whether they need to be modified or ceased.

At and after twelve weeks

The above strategies are also important at consultations after the six week review. Another formal review should occur three months after the date of the injury if there is no substantial improvement. The same strategies should be considered as at the six week review but referral for specialist review or pain management should be considered. For injuries that are more serious or which have a longer healing time the same strategies are appropriate but over a longer period.

Where can I get more information on return to work?

Further details and information is contained in *A proactive approach to return to work* which can be obtained from WorkCover website www.workcover.com > health provider > reference library > publications & forms.

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