

VETERINARY PRACTICES



Return-to-Work

ABILITY MANAGEMENT PROGRAM GUIDELINES



EXECUTIVE SUMMARY

This brochure outlines the implementation of an effective Return-to-Work (RTW) program, which is an integral part of managing employee injuries and illnesses. Such a program can lead to better results in workers' compensation and short- and long-term disability claims, and can enhance human resource benefit programs.

Studies show that employees who stay out of work with a job-related injury for more than 12 weeks have less than a 50 percent chance of ever returning. In companies that have well-managed return-to-work programs, including transitional work, lost-time days and medical care, costs are reduced, with associated reductions in duration of disability (STD) and fewer long-term disability status cases. An inability to return to work after sustaining an injury or illness can have a significant impact on the employee's life (career plans, finances, attitude, etc.) and on your business (productivity, quality, finances, etc.). Return-to-work programs treat work as therapy to help the employee recover up to 3 times faster, restoring productivity of both the employee and your business.

Traditionally, RTW programs emphasize disability management, but The Hartford's program is based on the belief that every injured worker is able to return to meaningful employment. This approach focuses on ability management and what an injured worker can do, rather than on limitations. Ability management is about possibilities, and that is the key to helping an injured employee recover.

ADMINISTRATION

Management Attitudes and Actions3

Funding4

RTW Team4

RTW and the Americans with Disabilities Act (ADA)4

Authority and Responsibility4

A Word About Loss Prevention6

COMMUNICATION

Reporting & Following Up on Claims7

Physician Communication7

Insurance Carrier Communication ..9

Employee Communication9

POLICIES & PROCEDURES

Introduction10

Forming an RTW Team10

Provider Selection11

Task Assessment11

Identifying Transitional Duty Opportunities13

Team•WorkSM and the Coordination of Medical Care13

Strategies for RTW17

A Sequential Approach to Developing an RTW Plan17

Training18

SAMPLE LETTERS & FORMS19



Administration

Management Attitudes and Actions

This guide will help senior management in your practice establish an RTW program. The following sections identify steps to help implement a successful program and discuss the benefits to your practice.

Of course, the decision to implement an RTW program rests solely with you and your management team. Only with your continued support will the program succeed.

A strong RTW program is most effective when integrated with other risk management tools. For a discussion on this topic, please refer to page 6, "A Word About Loss Prevention."

RTW functions as an integral part of your total risk management program. The program intervenes when an employee is injured and helps the employee get back to productive work in the shortest possible time. A well-integrated RTW program can shorten lost work time and improve claim outcomes.

These programs typically vary according to state law, the degree to which the program is implemented, and appropriate assignment of alternate work duties.

Through a successful RTW program, employers can enjoy:

- Employees who are productive as they recover.
- Accelerated reintegration of employees into the workplace.
- Recovering employees undergoing continuous medical rehabilitation who feel positive about their contributions to the practice.
- Better business results.

Implementing an RTW program requires specific initial actions, which are outlined on the following pages.

Funding

The intent of RTW is to help your injured workers return to appropriate productive work. You will need to consider short-term expenditures necessary to accomplish your goals. Perhaps the most significant is payroll allocations for alternate duty assignments (described in the “Policies & Procedures” section). In some instances, other full- or part-time positions can be created for this purpose.

Another funding consideration of larger operations is the cost of existing personnel participating in the RTW team. These costs will be lower for smaller operations with smaller RTW teams.

RTW Team

The RTW concept described in this manual uses a team approach involving in-house personnel and outside consultants. The injured worker, you as the employer, medical providers and Hartford staff – all share the common goal of helping the employee recover and return to work as soon as medically appropriate. From an employer perspective, team members should include the returning employee, the supervisor, the manager, the human resources manager, and your claim or insurance coordinator. Consultants include insurance carrier representatives (nurse case management, vocational rehabilitation, loss control and claims) and the medical provider (physician) based on your organization’s needs. All team members must be fully aware of the elements of your program. A full complement of staff is not necessary to implement a successful return-to-work team. An effective team can consist of one or two designated employees.

RTW and the Americans with Disabilities Act (ADA)

RTW programs also can help employers address compliance issues raised by the Americans with Disabilities Act (ADA), which went into effect in 1992.

ADA prohibits discrimination by employers against job applicants and workers who are, or become, disabled. Under ADA, employers are required to make reasonable accommodations to enable disabled employees to perform the essential functions of a job if these accommodations do not impose undue hardship on the employer. The definition of disability under ADA sometimes, but not always, coincides with the concept of disability under workers’ compensation, short-term disability and long-term disability.

Accommodations that may help disabled and injured employees return to work and perform their essential job functions include, but are not limited to: modifying work stations; restructuring job tasks; providing short-term retraining; special adaptive equipment and scheduling flexibility; and offering temporary, alternative productive work.

Authority and Responsibility

Commitment to the RTW program must extend throughout all management levels. Supervisors/ Practice Managers play a critical role and need to make decisions that accomplish program goals. Thus, an appropriate level of authority must be delegated to the RTW team and the supervisor.

To facilitate the delegation of authority, management should issue a statement of policy. However, policy statements can motivate only so far.

Therefore, management’s demonstration of continual support for the program is the single most important element of a successful RTW program!



**... MANAGEMENT'S
DEMONSTRATION OF
CONTINUAL SUPPORT FOR
THE PROGRAM IS THE
SINGLE MOST IMPORTANT
ELEMENT OF A SUCCESSFUL
RTW PROGRAM**

A Word About Loss Prevention

An ability management program is a proactive measure designed to minimize workers' compensation losses and disability benefit expenses. When successful, it can contribute to better results for your practice.

However, the most effective strategy for reducing workers' compensation losses is preventing accidents before they happen. This can be accomplished through aggressive loss prevention and wellness promotion programs that:

- Protect employees from avoidable harm.
- Limit occurrences of injuries and illnesses.
- Assure your compliance with federal and state safety regulations.

Some measures you can take:

- Review all operations and equipment to determine potential accident-producing conditions and health hazards. After identifying hazardous conditions, develop a strategy for their removal or effective control. Standards from the Occupational Safety and Health Administration (OSHA), the American National Standards Institute (ANSI), the National Fire Protection Association (NFPA) and others can provide guidance.

- Establish a functioning Safety Committee at your practice. The committee should include individuals at all levels: technicians, veterinarians, practice managers, ownership, etc. The committee should be authorized to conduct any activities necessary to reduce employee injuries. In essence, you use your people to solve your operational problems. Be sure to include staff from all levels of the organization to provide perspective and opportunities for direct involvement.
- Investigate all work-related accidents and "near-misses." Refine your investigative methods to determine the true responsible conditions and promptly eliminate them.
- Implement wellness activities or a wellness program to assist employees in taking appropriate steps toward maintaining a healthy lifestyle.

While the responsibility for minimizing accidents is yours, The Hartford's Loss Control department can assist you with loss prevention measures. Please feel free to contact your agent, broker or Loss Control representative in the nearest Hartford office for further information or assistance.



Communication

**COORDINATION
AND
COMMUNICATION
WITH THE
EMPLOYEE'S
TREATING
PHYSICIAN
IS A KEY
ELEMENT IN THE
EFFECTIVENESS
OF AN RTW
PROGRAM**

Reporting & Following Up on Claims

Immediate reporting of employee claims to the insurer and to your RTW team is essential for an effective program. The insurer must be informed of the employer's plans for alternative work, and the insurer can assist you in defining opportunities for transitional employment. Prompt reporting allows the insurer to properly document files, make required reports and conduct any necessary investigations.

Reporting among team members must be prompt as well. Each member has specific responsibilities and must be informed in order to return the employee to productivity.

Actions that must be taken promptly include:

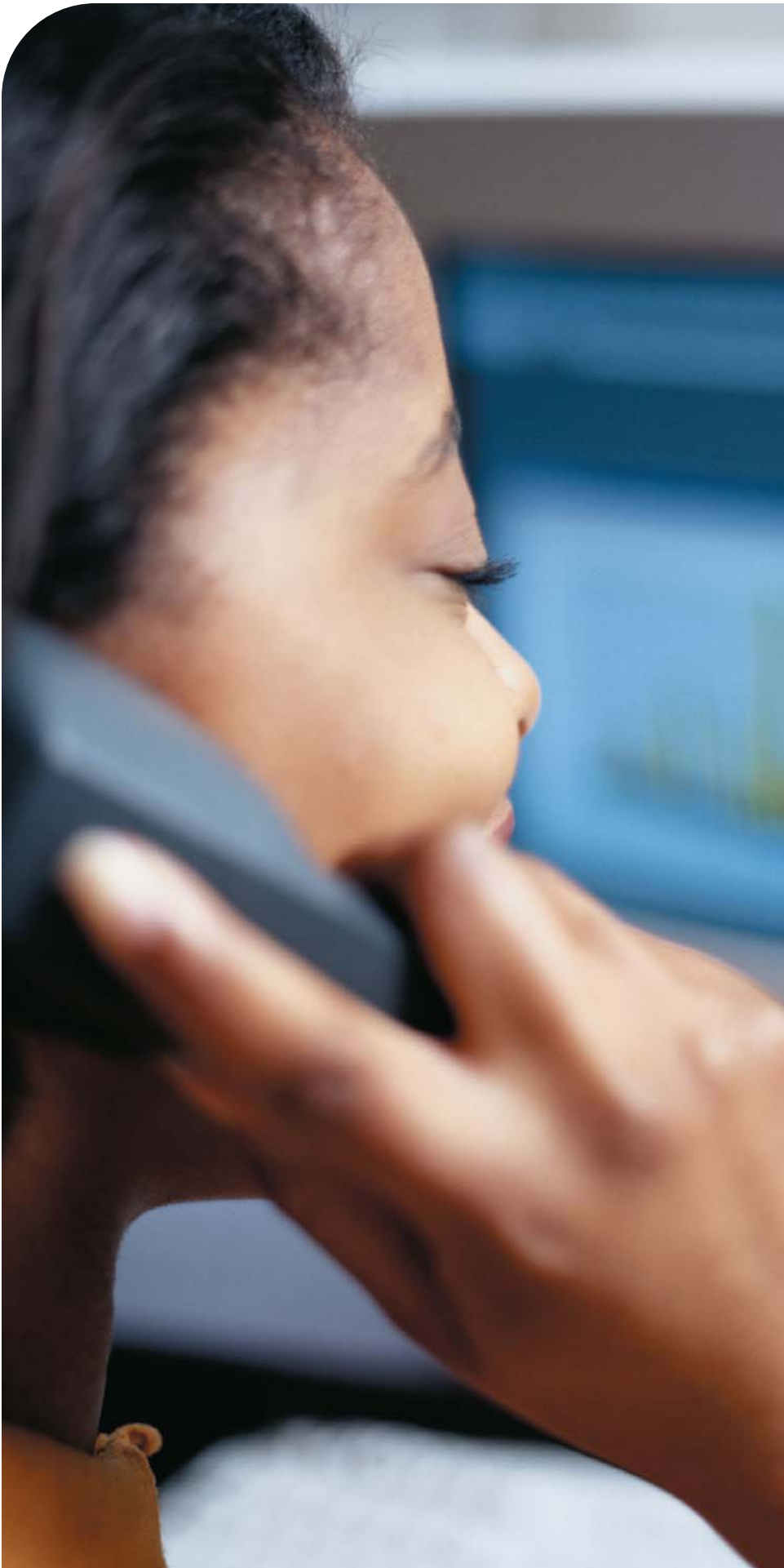
- A medical determination of the employee's capabilities and restrictions.
- Arrangements by the supervisor for accommodations to comply with the medical diagnosis.
- Monitoring the employee's condition to allow gradual increases in work until he or she is back at his or her regular job or in an alternative position (work hardening).
- Documentation of all activities of both the employee and employer in the event of controversy (including employee contact).

Note: Because statutes on confidentiality of medical records differ by state, you should make sure that distribution of medical information – and persons with whom that information is shared – is consistent with applicable laws.

Physician Communication

Coordination and communication with the employee's treating physician is a key element in the effectiveness of an RTW program.

The medical provider plays an important role in determining the employee's medical condition, functional capacity and restrictions for performing work. However, physicians often are unaware that transitional opportunities are available for injured employees. An example of a letter to the physician, introducing your RTW program, is provided on page 20 of this booklet.



**IN ALL CASES
AND THROUGH ALL
PHASES OF THE
PROGRAM, INSURER
AND EMPLOYER
RTW TEAM
MEMBERS MUST BE
FULLY AWARE OF
DEVELOPMENTS**

Physicians are required to provide the employer and the insurer with a written post-injury response stating the employee's exact restrictions. They can complete a Physical Capabilities Evaluation (PCE) form specifying the injured worker's abilities and any limitations. (A PCE form is included in this booklet for your reference.) This document allows the employer and insurer to modify the employee's duties appropriately.

Close communication between the employer and medical provider is critical. Job descriptions should not be left to employees, who tend to overstate their job requirements. The exact nature of a job can be communicated to the physician with a detailed, but not too lengthy, position description. To facilitate this process, employers can complete a Physical Demands Analysis (PDA) form defining specific duties. (A PDA form is included in this booklet for your reference.) This information will be kept on file with the insurer and shared with the physician to help the provider understand what the position requires. Videos or visits to the practice by the physician can improve the physician's knowledge of the employee's original position and any proposed transitional duty opportunities.

As the employee's condition improves with medical treatment, communications must be continual and concise. This will allow appropriate changes in the assigned job until the employee is back to regular duties.

Any questions on medical restrictions must be resolved through immediate communication with the physician.

Insurance Carrier Communication

The insurer team members must be fully informed of the injured employee's job requirements. For less serious injury claims, the employer may independently be able to keep the employee working. More serious injuries will require greater insurer involvement.

Injuries that involve home or hospital confinement, referrals to specialists or other complications require closer communication between the insurer and employer. The claim representative or nurse case manager will be in touch with the attending physician to learn the earliest possible date the employee can return to transitional work. The RTW team will coordinate the transitional employment process. Loss control and claim personnel will be available to provide assistance.

In all cases and through all phases of the program, insurer and employer RTW team members must be fully aware of developments.

Employee Communication

For the program to be successful, employees must be fully informed of management's concern for their welfare before an injury occurs. They should understand that, as part of their employee benefits, an RTW program is in place.

Instructions and brochures should be provided, informing employees that:

- They are expected to immediately report an injury and telling them how to do so.
- The employer's program will provide transitional or alternative work to injured employees so they can quickly return to a productive capacity.
- They are expected to cooperate in recovery and return to work.
- The employer must be kept fully informed of medical restrictions resulting from employee injuries.
- Transitional duty will be limited to the time it is medically necessary.

Communication between the employee and management should be documented. Weekly meetings between the employee and members of the team should be held to review the employee's progress and to resolve any difficulties that arise. With close communication between the employee and management, all parties will know what is expected of them, helping the program to work properly.

Policies & Procedures

**AN EFFECTIVE
RTW PROGRAM
CAN BE
IMPLEMENTED
EVEN WITH A
LIMITED NUMBER
OF STAFF**

Introduction

The policies and procedures that follow identify and describe key components of an effective RTW program. Of course, these descriptions are general. Implementation of the program will require individual tailoring to suit your practice.

Note: Because statutes on confidentiality of medical records differ by state, you should make sure that distribution of medical information – and persons with whom that information is shared – is consistent with applicable laws.

Forming an RTW Team

An RTW team of in-house personnel and outside consultants is necessary for management of injury cases. The RTW team establishes communication between the employee and supervisor/management, medical provider, employee health center and claim office. Just as the Safety Committee is best made up of staff from various levels of the organization, the RTW team is most effective when all interests are represented. The composition and size of the RTW team will vary according to the size and organization of your practice. In some cases, the RTW team might consist of two or three individuals. An effective RTW program can be implemented even with a limited number of staff. Methods of operation may also vary. Team meetings may take the form of formal meetings, video conferences or teleconferences.

The RTW team consists of the injured party and representatives of:

- Management.
- Supervision.
- Safety.
- Human resources.
- Medical.
- Safety Officer.
- Ownership.

A team leader is selected by the group. The team leader is responsible for establishing meetings and coordinating team activities.

Consultants to the team participate on an as-needed basis. Consultants might include:

- Claim representative.
- Nurse case manager.
- Physician.
- Loss control representative.
- Rehabilitation specialist (e.g., occupational therapist, physical therapist).
- Vocational rehabilitation counselor.

In all instances, a representative from the insurance carrier (loss control and/or claims) should be included as a team member. All consultants must be fully aware of – and agree to implement – program elements.

Provider Selection

A panel of medical providers is established by the RTW team, with input from the insurer's claim office. The list may include physicians and therapists.

Criteria for selection include:

- Provision for prompt, appropriate medical treatment.
- Awareness of employee's and employer's concerns.
- Knowledge of the employer's business operations.
- Return-to-work focus and willingness to work with the employer and claim office on treatment, and transition to meaningful work as soon as medically feasible.

Employees should be informed of medical provider information (names, addresses, phone numbers and office hours) through orientation and postings. In some states, the employer has the legal right to specify acceptable physicians for treatment of work-related injuries. In other states, the law does not permit the employer to specify particular physicians, but allows for suggested providers. Your local workers' compensation claim office can assist you with this matter.

Task Assessment

Task assessment is the process of systematically evaluating all elements of a given job, including job functions and design of the workstation or work environment. Problem jobs and the risk factors associated with them are identified during this process.

Evaluation of job functions within a given work environment will help you to identify opportunities for transitional work and to match job requirements with capabilities of returning employees. Preventive measures, including task assessment and integration of ergonomic and safety principles in the design of the work environment, can be taken to effectively reduce or eliminate injury exposures and to set the stage for early return-to-work.


A thorough job description should be developed to identify the physical and other demands of the position. This can be done through review of available records, actual observation and supervisor, manager, or employee interview. In this process, components of the job are identified.

Key questions for identifying job components:

- What activities are involved?
- What are the physical functions required?
- How often are they performed?
- For how long a duration?
- What is a typical daily schedule?
- What equipment is required?
- How is equipment used?
- What skills are required?

This analysis provides a basis for matching job requirements with physical capabilities. A written summary of the task assessment can be used effectively by the treating physician in RTW planning. Such a breakdown of job factors is useful to the physician in determining work readiness and work restrictions.

Task assessment requires awareness of human factors and may require additional training (refer to the "Training" section of this manual) or consultative assistance.



**ONE OF THE GREATEST CHALLENGES
FOR EMPLOYERS IS IDENTIFYING
TRANSITIONAL DUTY ASSIGNMENTS
FOR THE RTW PROGRAM**

Identifying Transitional Duty Opportunities

One of the greatest challenges for employers is identifying transitional duty assignments for the RTW program. Considering the kinds of restrictions that are typically associated with various injuries, on the surface the idea of bringing an injured worker back to work may seem impossible, or at the very least impractical. However, when the returning worker's abilities are considered along with what is actually required to perform the injured worker's job or other jobs, you will see that opportunities do exist.

Follow these steps to identify transitional duty opportunities:

- Look at your entire operation. Make a list of all the areas at your practice.
- For each area, make a list of all the jobs. Determine the physical and other demands of each job. Functional job descriptions identify those demands. Review/revise your job descriptions as necessary. You might consider using the Physical Demands Analysis form available from The Hartford to identify and record the physical demands of each job.
- Ask your managers and supervisors to identify any tasks or projects that they would like to have done but that are not done because of a lack of resources or for other reasons.
- Review these lists to determine a variety of transitional duty opportunities.

As part of the process of identifying transitional duties at your facility:

- Ask for suggestions from employees.
- Consider adaptation to existing jobs.
- Consider reorganization of existing jobs.
- Identify (and employ) people (internal and external) to help.
- Observe jobs and review functional job descriptions to determine how roles might be changed to accommodate recovering employees; document the results.

Team•Work and the Coordination of Medical Care

The method in which a claim is handled can affect the progress and resolution of a workers' compensation claim or disability case. Well-established and timely claim procedures are of prime importance in the RTW process. Different claim procedures for workers' compensation and short- and long-term disability may exist.

Effective claim procedures:

1. The injury or disability is reported to the supervisor or employer.
 - a. For work-related injuries or illnesses (workers' compensation), the employee reports the injury to the supervisor. The supervisor or practice manager explains documentation procedures, including the workers' compensation first-report-of-injury form and any documentation required for medical appointments, treatment and lost work time.
 - b. For non-work-related injuries or illnesses (short- and long-term disability), the employee may report the disability to the supervisor/ employer or directly to the insurer.
2. Claims are sent to the insurer immediately upon knowledge or occurrence. Claims may be submitted by policyholders of The Hartford via LossConnect by contacting 1-800-327-3636. They can also be submitted electronically, or via fax. Check with your insurance carrier to determine appropriate claim reporting procedures. The workers' compensation first-report-of-injury form must be completed. Likewise, employee claim reporting for short- or long-term disability must be completed and submitted to the carrier.

3. The employee is treated for work-related injuries by the local medical provider. The short- or long-term disability candidate is likely receiving treatment at this point. The medical provider documents treatment and reports recommendations to the employee and to the employer for workers' compensation claims, or to the insurer for short- or long-term disability claims.

Communication with the medical provider is critical and is done through a form sent with the employee or by telephone contact. **(Note: Phone contact must be previously authorized by the employee.)** A nurse case manager may be assigned by the insurer to facilitate appropriate treatment and to assist with the communication between the employee, employer, medical provider and insurer.

4. When the employee is returning to work, immediate task and workstation assessment is made by trained personnel to identify and correct conditions that may cause safety hazards or injury and to find job tasks that match the injured worker's current abilities. A transitional duty program is offered for a mutually agreed-upon time period (e.g., 4-6 weeks). The supervisor or manager makes weekly calls or visits the employee to see how the employee is doing and to identify further action.

5. If the employee is out of work as prescribed by the physician, the administrator or manager should contact the employee within 24 hours of the occurrence of injury (or knowledge of the disability) to check on the employee's condition, the extent of injury and work status. The individual's right to confidentiality must be respected. The intent of such a call is to show genuine concern for the employee's welfare. Indirectly, such attention often discourages abuse of the system. Weekly or biweekly calls should be made by the administrator or manager in ongoing cases.

After five days of lost time, the administrator or manager should send a get-well card or letter to the employee. An example of wording for a get-well letter (sample located in back of booklet) is: "I understand that you have recently been hurt as a result of a (work-related) injury. On behalf of (your practice), I wish you a speedy recovery and hope that you are able to return to work soon. If you have any questions about your benefits, status, etc., please call me." Remember, however, that employees do not like to feel they are being "checked up on." Your efforts should be sincere and sensitive to each employee's situation.

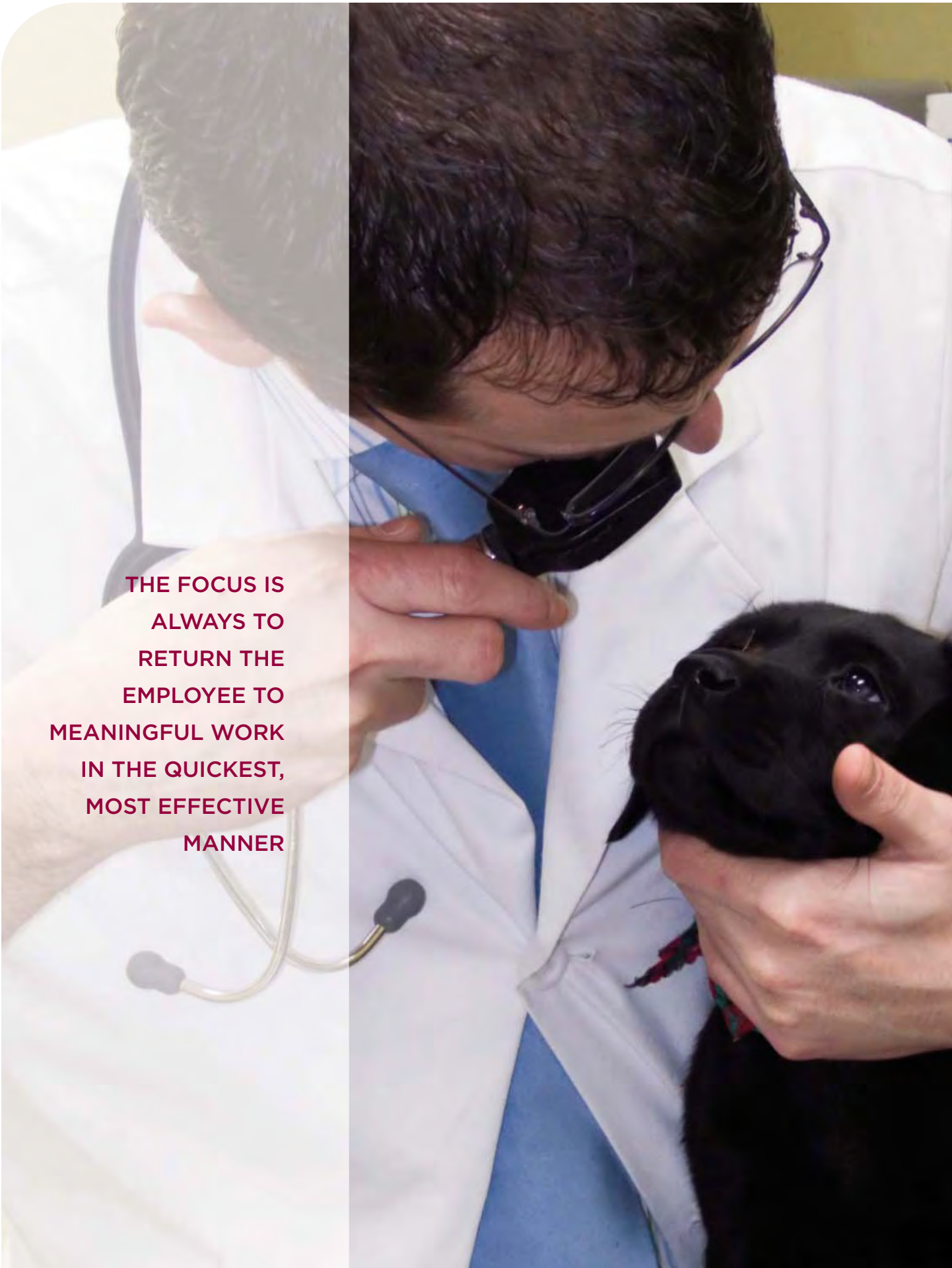
6. The RTW team will meet on a weekly basis to review claims, regardless of whether time is lost or not. Based on this review, necessary action will be identified and accomplished by the person(s) designated by the team. An effective program requires coordination and communication with all interested parties (employee, supervisor/management, medical, claims, practice owners, personnel and external service providers).

All cases should be reviewed at least biweekly. The RTW team establishes follow-up plans on a case-by-case basis. The RTW team may cease tracking cases after four weeks of symptom-free work activity at normal duty, even though the claim may remain open.

7. This enhanced communication system will alert the employer in advance of an employee's readiness to return to work. Specific plans for an employee's return to work will be determined by the RTW team with input from the physician.

A woman in a white shirt and red tie is looking down at a large stack of colorful folders (yellow, red, and white) in an office setting. The background is blurred, showing a computer monitor and other office equipment. The text is overlaid on the left side of the image.

ALL CASES
SHOULD BE
REVIEWED
AT LEAST
BIWEEKLY



THE FOCUS IS
ALWAYS TO
RETURN THE
EMPLOYEE TO
MEANINGFUL WORK
IN THE QUICKEST,
MOST EFFECTIVE
MANNER

Strategies for RTW

An RTW program is intended to return employees to work as quickly as possible without risk to the employee's health. Some change in the job may be required in returning the injured employee to work. This may involve simple changes to the physical characteristics of the original job; changes in work flow or scheduling, temporarily reassigning the employee to non-demeaning, productive, alternate duties; or providing adaptive devices (such as lifting equipment) to reduce the physical demands of the job. While the possibilities are unlimited, determination of the need for any change and the selection of development of necessary changes are specific to each situation.

A Sequential Approach to Developing an RTW Plan

1. Return the employee to the same job, if medically advisable. Build on existing work experience and working relationships to avoid adding stresses of adjusting to new tasks and surroundings.
2. Return the employee to accustomed, but alternative, work in the same area. Job or modifications may include a temporarily reduced work schedule, transitional work, changed duties, trading parts of the job with coworkers, altering the way duties are performed, physical changes in the workstation, and specialized tools or adaptive devices.
3. Return the employee to work with the same employer, but in a different position. First, try to capitalize on transferable employment skills. Provide on-the-job training if necessary. In rare instances, it may be necessary to reassign the injured employee to a different area for legitimate safety reasons. In all instances, the RTW team should coordinate an employee's reintroduction into the practice operations with other supervisors.
4. When RTW to the previous employer is not possible, vocational rehabilitation may be necessary to assist the employee in planning an appropriate work goal. The Hartford's in-house vocational consultants consider an employee's age, education, transferable work skills and medical limitations in developing a suitable job goal. The employee could be provided with job placement services, on-the-job training or short-term, goal-oriented training, or even non-traditional employment opportunities such as not-for-profit charitable organizations. The focus is always to return the employee to meaningful work in the quickest, most effective manner.

Close communication with the claim department should be maintained throughout this process. Please refer to the "Communication" section.

(Note: It is the responsibility of management to assess training needs. The RTW program will be effective only when all participants are fully aware of their assigned roles and have the knowledge to fulfill the duties of those roles.)

A "Get-Well Kit" may be effective in ensuring timely and appropriate response to employee injury or illness. Such a kit may include: an outline of the supervisor's responsibilities, necessary reporting forms and a get-well card or sample courtesy letter to the employee. It can be maintained in human resources or another department and distributed to the supervisor upon first notification that an employee has experienced a qualifying injury.

Training

Some of the most successful RTW programs include a training component. Assess your company's needs prior to developing training. Here are some training suggestions to help make your RTW program even more effective:

Employees

- New Hire Orientation.
 - Introduction to RTW.
 - Videotape of samples of return-to-work tasks.
 - Discussions with employees who have successfully used the RTW program.
 - Question-and-answer session with supervisor and Human Resources representative.

Ongoing

- Regular updates provided by members of the RTW team.
- Publication of success stories.
- Information on wellness programs and encouragement to use them.

Injured Employee

- Medical care guidance.
- Post-trauma training (in conjunction with the caregiver).
- Transitional duty task training.

Supervisors

- Task analysis - basic.
- Symptom recognition.
- RTW purpose and process.
- RTW psychology.
- Transitional duty identification.

The RTW Team

- Listening training.
- Symptom recognition.
- RTW psychology.
- RTW program elements and application of these elements.
- Claim/loss control interface.
- Production and quality of care concepts.
- Role of vocational rehabilitation.

Practice Management

- Job analysis to identify tasks that create stress, quantify those stresses, and begin to find solutions.
- Ergonomic knowledge to enable redesign or modification of the workstation to best fit the operator while maintaining or enhancing production and quality of care.
- Knowledge of physiology for relating specific symptoms to position, forces, frequency or environmental factors.

Physicians

- The company's perspective regarding the physician's role in the RTW program.
- Orientation to the facility, with opportunity to discuss observations with plant management.
- Explanation of the RTW philosophy and elements of the program.
- A list of tasks available for alternate or modified duty, along with strength requirements for each.
- A copy of the program manual.
- Meet with the RTW team to discuss mutual concerns and goals.
- Develop a procedure for coordinating care provided by outside caregivers.

Sample Letters & Forms

Included in this booklet are two forms and two sample letters for you to use in facilitating return to work. The forms are:

- Physical Demands Analysis (PDA)
- Physical Capabilities Evaluation (PCE)

You can obtain the forms and letters electronically from your Hartford Claim Representative or Loss Control Consultant.

The sample letters can be used as is or re-written as you see fit. The first letter is directed to the physician for use with the PDA form, and the second is a sample get-well letter that can be sent to injured employees.

The employer completes the PDA form to identify the physical demands of the position to which the injured worker is returning. The position may be the worker's original job or transitional duty. A completed PDA, identifying job characteristics and physical demands, is sent to the physician. The accompanying letter asks the physician to review your assessment and concur with the decision to return the employee to work. This procedure demonstrates that your company has a system in place to safely return employees to work.

The PCE form is completed by the health care provider/physician, certifying the returning worker's capabilities. It gives the physician final consent in an employee's return to work. This form has the same design as the PDA, which will allow you to easily match the employee's capabilities with the job's physical demands.

Follow-up with the physician by telephone is necessary if the form is not promptly returned, or if there are any questions regarding the information provided. Your insurance carrier should also be notified of any effort to return employees to work.

SAMPLE LETTER TO PHYSICIAN

Your Company Logo

Dr. Sam Jones
Professional Building
Street
City, State

Dear Dr. Jones:

We at <Your Practice Name> are dedicated to working with you to return <Employee's Name> to productive employment at the earliest date. To this end, I wish to assure you that we will provide transitional duty suitable to <Employee's Name> current abilities.

We have previously identified transitional duty opportunities that may be suitable for early return-to-work situations. Based on my knowledge of <Employee's Name>'s injury, I feel the position described in the attached Physical Demands Analysis form may be appropriate. Please review this document and return the copy to us with your comments.

Let me reinforce our commitment to our employee and to you. The management of <Practice Name> is committed to working with you to reintroduce <Name> safely into our workplace. We are confident that appropriate transitional duty is available.

You should feel free to contact me directly if you would like any further information on our return-to-work program, or on the proposed position. My telephone number is (xxx) xxx-xxxx.

Please accept my thanks and those of the management of <Practice Name>.

Sincerely,

C: <Employee's Name>
<Insurance Company>

SAMPLE LETTER TO INJURED EMPLOYEE

Your Company Logo

John Smith
Street
City, State

Dear Mr. Smith:

We understand that you have recently been injured at work.
On behalf of <Practice Name>, I wish you a speedy recovery, and hope that you are able to return to work soon.

If you have any questions about your benefits, work status, or related issues, please call me at <phone number>.

Again, we hope you are getting the treatment you need and are making a swift recovery.

Sincerely,

Manager

C: <Supervisor's Name>
<Insurance Company>

PHYSICAL DEMANDS ANALYSIS



Employee's Name _____ Claim Number _____
 Job Title _____ Date of Injury _____

I. Employee works how many hours per day? _____ How many days per week? _____

How many hours per day is the employee required to: Sit ___; Stand ___; Walk ___; Drive ___

How many hours at one time is the employee required to: Sit ___; Stand ___; Walk ___; Drive ___

II. How often during the workday does the employee have to Lift/Carry?:

	<u>Never</u>	<u>Occasionally</u> (0-33%) 1-3 Hr	<u>Frequently</u> (34-66%) 4-6 Hr	<u>Constantly</u> (67-100%) 6-8 Hr
1 – 10 lbs.	___	___	___	___
11 – 20 lbs.	___	___	___	___
21 – 50 lbs.	___	___	___	___
51 – 100 lbs.	___	___	___	___
over 100 lbs.	___	___	___	___

III. How often during the workday does the employee have to Push/Pull?:

	<u>Never</u>	<u>Occasionally</u> (0-33%) 1-3 Hr	<u>Frequently</u> (34-66%) 4-6Hr	<u>Constantly</u> (67-100%) 6-8Hr
1 – 10 lbs.	___	___	___	___
11 – 20 lbs.	___	___	___	___
21 – 50 lbs.	___	___	___	___
51 – 100 lbs.	___	___	___	___
over 100 lbs.	___	___	___	___

IV. How often must the employee perform the following?: (N=Never, O=Occas., F=Frequently, C=Constantly)

Climbing _____	Crouching _____	Grasping _____
Balancing _____	Crawling _____	Overhead lifting _____
Bending _____	Reaching _____	Work on ladders _____
Stooping _____	Handling _____	Feeling _____
Kneeling _____	Fine Manipulation _____	Keying _____

V. Is repetitive use of the feet required? Right: ___ yes/ no ___; Left: ___ yes/no ___

Is repetitive use of the hands required? Right: ___ yes/ no ___; Left: ___ yes/no ___

VI. Does the employee work in any environmental conditions that may be a problem (e.g., temperature extremes, hazards, moving machinery, etc.)? If so, please list them:

VII. Are you able to accommodate transitional duty? ___ yes/ no ___

If yes, what does it involve? _____

VIII. Comments: _____

Signed: _____ Title: _____ Date: _____

Please fax completed form to Attn: _____ Fax: _____ Thank You

Tel.: _____ Address: _____

** CONFIDENTIALITY NOTICE **

The information contained in this facsimile message and/or the document transmitted is confidential medical records & intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient or agent responsible to deliver it to the intended recipient, you are hereby notified that any examination, use, dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone at the above number and return the original message to us at the above address via the U.S. Postal Service. Thank you.

PHYSICAL CAPABILITIES EVALUATION



Employee's Name _____ Claim Number _____
 Job Title _____ Date of Injury _____

I. How many hours can the patient work per day? _____ How many days per week? _____
 How many hours per day is the patient able to: Sit _____; Stand _____; Walk _____; Drive _____
 How many hours at one time is the patient able to: Sit _____; Stand _____; Walk _____; Drive _____

II. How often during the workday is the patient able to Lift/Carry?:

	<u>Never</u>	<u>Occasionally</u> (0-33%) 1-3 Hr	<u>Frequently</u> (34-66%) 4-6 Hr	<u>Constantly</u> (67-100%) 6-8 Hr
1 – 10 lbs.	_____	_____	_____	_____
11 – 20 lbs.	_____	_____	_____	_____
21 – 50 lbs.	_____	_____	_____	_____
51 – 100 lbs.	_____	_____	_____	_____
over 100 lbs.	_____	_____	_____	_____

III. How often during the workday is the patient able to Push/Pull?:

	<u>Never</u>	<u>Occasionally</u> (0-33%) 1-3 Hr	<u>Frequently</u> (34-66%) 4-6Hr	<u>Constantly</u> (67-100%) 6-8Hr
1 – 10 lbs.	_____	_____	_____	_____
11 – 20 lbs.	_____	_____	_____	_____
21 – 50 lbs.	_____	_____	_____	_____
51 – 100 lbs.	_____	_____	_____	_____
over 100 lbs.	_____	_____	_____	_____

IV. How often may the patient perform the following? (N=Never, O=Occasionally, F=Frequently, C=Constantly)

Climbing _____	Crouching _____	Grasping _____
Balancing _____	Crawling _____	Overhead lifting _____
Bending _____	Reaching _____	Work on ladders _____
Stooping _____	Handling _____	Feeling _____
Kneeling _____	Fine Manipulation _____	Keying _____

V. Can the patient use his/her feet repetitively? Right: ___ yes/ no ___; Left: ___ yes/no ___
 Can the patient use his/her hands repetitively? Right: ___ yes/ no ___; Left: ___ yes/no ___

VI. Does the patient have any additional restrictions of an environmental nature (e.g., temperature extremes, hazards, moving machinery, etc.)? If so, please list them:

VII. Has the patient reached maximum medical improvement? ___ yes/ no ___ If yes, Rating: _____
 Date patient can return to work at his/her regular occupation: _____
 Date patient can return to work in a transitional duty capacity: _____
 If so, please provide any additional restrictions: _____

VIII. Comments: _____

Signed: _____ Title: _____ Date: _____

Please fax completed form to Attn: _____ Fax: _____ Thank You
 Tel.: _____ Address: _____

**** CONFIDENTIALITY NOTICE ****

The information contained in this facsimile message and/or the document transmitted is confidential medical records & intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient or agent responsible to deliver it to the intended recipient, you are hereby notified that any examination, use, dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone at the above number and return the original message to us at the above address via the U.S. Postal Service. Thank you.



The information provided in these materials is of a general nature, based on certain assumptions. The content of these materials may omit certain details and cannot be regarded as advice that would be applicable to all businesses. As such, this information is provided for informational purposes only. Readers seeking resolution of specific safety, legal or business issues or concerns regarding this topic should consult their safety consultant, attorney or business advisors. The background presented is not a substitute for a thorough loss control survey of your business or operations or an analysis of the legality or appropriateness of your business practices. The information provided should not be considered legal advice.

The Hartford does not warrant that the implementation of any view or recommendation contained herein will: (i) result in the elimination of any unsafe conditions at your business locations or with respect to your business operations; or (ii) will be an appropriate legal or business practice. Further, The Hartford does not warrant that the implementation of any view or recommendation will result in compliance with any health, fire, or safety standards or codes, or any local, state, or federal ordinance, regulation, statute or law (including, but not limited to, any nationally recognized life, building or fire safety code or any state or federal privacy or employment law). The Hartford assumes no responsibility for the control or correction of hazards or legal compliance with respect to your business practices, and the views and recommendations contained herein shall not constitute our undertaking, on your behalf or for the benefit of others, to determine or warrant that your business premises, or operations are safe or healthful or in compliance with any law, rule or regulation.