

Administrative Practice Document

Return to Work Considerations

Note: This is not a policy; it is a supplementary document to illustrate how the WSIB will administer the Workplace Safety and Insurance Act, 1997, (WSIA) and Policy [19-02-02, Responsibilities of the Workplace Parties in Work Reintegration](#) in practice. If there is a conflict between this Administrative Practice Document and the WSIA and/or WSIB policy, the decision-maker will rely on the WSIA and/or WSIB policy, as the case may be.



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INTRODUCTION

Research has shown that a return to suitable work as soon as able promotes faster and fuller recovery. The Workplace Safety and Insurance Board (WSIB) has adopted the evidence-based principle of [“Better at Work”](#) as the approach for case management and our health care model. This approach recognizes the importance of timely access to quality health care, integrated with return to suitable and safe work, to realize optimal physical and psychological recovery.

After suffering a work-related injury, many workers are able to continue working, performing their pre-injury job or other suitable work. For those workers who are unable to do their pre-injury job or suitable work and lose time from work due to the work-related injury, the workplace parties should maintain contact and begin return to work (RTW) planning activities for the worker’s return to suitable and safe work. The WSIB provides support and services to facilitate the RTW when needed and appropriate.

Policy [19-02-02, Responsibilities of the Workplace Parties in Work Reintegration](#), aligns with return to work responsibilities under s.40 of the *Workplace Safety and Insurance Act* (WSIA). The policy supports the “Better at Work” approach as it encourages active RTW discussions and planning early in the life of a claim. This policy provides guidelines on how the workplace parties (worker and employer) and WSIB can work together to establish goal-oriented RTW plans for a return to suitable and safe work to help the worker’s recovery.

The WSIB supports timely RTW integrated with appropriate health care to promote recovery but recognizes that timely RTW does not always mean immediate RTW. The appropriateness of RTW is based on an assessment of clinical information about the nature and degree of the injury, the worker’s functional abilities, the job or job duties available with the employer, and/or whether the employer made the necessary accommodations to the job. Where the worker is able to return to the pre-injury job without limitations, or the workplace parties have reached an agreement about the work to be performed, the WSIB does not need to intervene. In most cases, workers RTW soon after the injury without need for WSIB assistance.

This document focuses on the WSIB approach and considerations for determining the appropriateness of a RTW opportunity where the workplace parties do not agree on whether RTW is appropriate, or whether the work available and offered is suitable and safe for the worker.

KEY PRINCIPLES:

- Workers are entitled to receive benefits for injuries and diseases that result from accidents that arise out of and in the course of employment.
- Work-relatedness is established when determining initial entitlement. Decision-makers continue to evaluate the work-relatedness of a worker’s ongoing impairment throughout the life of a claim.
- Decision-makers will gather relevant information and weigh evidence in order to make adjudicative decisions.
- The WSIB makes its decisions based on the merits and justice of each case.
- Return to work is part of the recovery process and acting early is the key to achieving full recovery and thereby minimizing the likelihood of a permanent impairment.
- Throughout every stage of the claim and where appropriate, the WSIB will attempt to maintain the employment relationship between the worker and the injury employer.

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Impact of an Injury

A significant number of work-related injuries in Ontario are musculoskeletal injuries. Following this type of injury, the worker may develop localized inflammation and pain. Initial treatment may consist of rest, ice, compression, elevation and medication. Depending on the area and severity of the injury, the injured area may require a short period of immobilization.

Mobilizing the injured area may be associated with some mild pain. Acute, injury-related musculoskeletal pain typically responds to analgesic and/or anti-inflammatory medications, although these may not be indicated in all cases. Decision-makers should consider the potential impact of pain resulting from the work-related injury on a worker's functional abilities.

While recognizing the need to heal in the very early stages following an injury, evidence-based best practices do not support "rest" and inactivity for promoting recovery and supporting successful return to work. Except where the injured area requires immobilization, maintaining mobility of the injured area is generally encouraged to prevent stiffness and loss of function. An injury that requires initial immobilization will need subsequent mobilization of the injured area as soon as it is safely possible and based on input from the treating health care professional.

Workers should not ignore the warning signs of overdoing it, nor should they allow a mild increase in discomfort to discourage continued mobility and consideration of returning to suitable and safe work. Decision-makers should re-enforce the concepts that staying active and increasing function often enhances physical recovery and some degree of activity is usually safe and appropriate. Workers are encouraged to maximize their function within safe and appropriate limits to support their recovery, rather than avoiding activity which can lead to deconditioning (weak muscles and stiff joints) and increases the chance of chronic pain.

Managing Health Recovery

During the acute phase or early stages of a case and up until recovery has been achieved, decision makers collect and assess clinical information to determine the degree or level of the worker's ongoing work-related impairment and capacity for work. This means monitoring the two aspects of the worker's recovery – functional and physical. In most cases, functional recovery happens ahead of physical recovery. This means that some degree of movement and activity is generally safe and appropriate even in the early stages of physical recovery.

Decision-makers continuously monitor and assess the clinical information to determine whether the worker has recovered from the work-related injury/disease and/or has achieved

Functional Abilities are sometimes referred to as precautions or limitations.

Within this document the term 'functional abilities' encompasses abilities, precautions and/or limitations with respect to physical, social or cognitive function, depending on the nature of the injury or condition.

Functional recovery means regaining the use of the injured body part. For example, as a cut on a finger is healing, the hand can gradually resume completing tasks, or as a fractured ankle is healing, the person can begin to bear weight, then stand, and walk.

Physical Recovery is the healing process or repair of the body which may occur naturally or after health care treatment such as surgery.

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sufficient functional recovery to RTW. Where appropriate, decision-makers may refer the worker to health care programs to promote his/her recovery, or initiate RTW services to assist the worker and employer to identify suitable work.

The WSIB has established health care programs (such as Regional Evaluation Centres and Specialty Clinics) to provide workers with expedited access to specialized health care to support the worker's primary health care professional and WSIB decision-makers with respect to diagnosis, causation, treatment recommendations, and functional abilities. The objective of these programs is to provide quality care and assist the workers in their recovery and RTW.

Determining Appropriateness of RTW

The worker's treating health care professional(s) is required under the WSIA to provide the WSIB with information about the worker's work-related injury/disease, ongoing impairment, and functional abilities.

Understanding the worker's functional abilities is the first step in determining the worker's ability to RTW. WSIB forms available for completion by health care professionals, including the initial Health Professional's Report (Form 8), contain sections where the health care professional(s) can provide the worker's functional abilities. When requested, the worker's treating health care professional(s) completes the [Functional Abilities Form](#) to assist the worker and employer with RTW planning and the identification of suitable work, and the WSIB decision-makers in determining if RTW is appropriate.

Decision-makers should consider other factors in addition to the worker's functional abilities, particularly in the early stages of recovery, to determine if RTW is appropriate and whether the work available with the employer is suitable and safe. These factors include:

Medication – There are a number of medications that may be prescribed to treat work-related injuries. Prescribed medications may have adverse effects, which are usually explained to the worker by the prescriber. Fortunately, many of the side effects related to medications for musculoskeletal injuries can be controlled and are not disabling.

Decision-makers should understand the medication being taken by the worker, the potential side effects, and what, if any, side effects the worker is experiencing. Also, RTW while taking certain medication may be a contravention of the Occupational Health & Safety Act, or local Health & Safety rules.

Information from the treating health care professional, the Compendium of Pharmaceutical Specialties (CPS), the nurse consultant or medical consultant can assist the decision-maker with assessing the potential impact of the worker's medications with respect to safe RTW. Where necessary, the nurse consultant or medical consultant may contact the treating health care professional to discuss alternative medication or dosage for the worker, to maintain the benefits but reduce the adverse effects to enable RTW.

Travel to and from the Worksite – Decision-makers must have regard for the worker's functional abilities with respect to the worker's ability to travel to and from the worksite or workstation. When the employer has work

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available that is within the worker's functional abilities but the worker is unable to get to and from work safely and within his/her functional abilities, RTW may not be appropriate.

With respect to travel to and from the worksite, decision-makers should consider:

- What method of transportation does the worker normally use to travel to work?
- Based on the area of the injury, can the worker use the same method of transportation?
- Are alternative methods of travel available to the worker?
- Does the alternative method(s) of travel unreasonably impact the worker's commute to work?
- Based on the worker's functional abilities, is it reasonable and safe for the worker to alter the commute to work to accommodate those precautions (e.g. take a stretch break)?
- If the worker is able to travel to the worksite, are there any barriers to the worker getting to his/her workstation once at the worksite (e.g. the distance from the parking lot or bus stop, the terrain)?

Worker Concerns/Fears – Some workers may have concerns surrounding the circumstances of the accident or the injury and may be anxious or fearful about returning to work. For example, the worker may have a fear of returning to the particular work area or operating the equipment that caused the injury.

These concerns/fears may be barriers to the worker's RTW but may not be immediately evident to the decision-maker without thoughtful enquiry and careful listening. In many cases, these concerns/fears will resolve naturally but decision-makers should be sensitive to the worker's concerns and take them into account when determining the worker's ability to RTW. Case conferencing with the nurse consultant and RTW staff, having regard for the worker's concerns, can assist in the RTW process.

Functional Abilities - Workers with Psychological Conditions or Chronic Pain Disability

A worker may have entitlement for a psychological condition as a result of an emotional reaction to a sudden and traumatic event in the workplace, or as a condition flowing directly from the physical injury (such as a head injury). Chronic Pain Disability (CPD) or a psychological condition may become evident as a secondary condition at some later time after the injury. Decisions on entitlement for these conditions are guided by Policies [15-03-02, Traumatic Mental Stress](#), [15-04-02, Psychotraumatic Disability](#), or [15-04-03, Chronic Pain Disability](#).

Where the worker has a psychological condition or CPD, the approach for determining if the worker has the ability to RTW is the same as that for a worker with a physical injury, including factors such as medication and travel to/from the worksite. However, identifying the worker's functional abilities may be more challenging.

Where the psychological condition flows directly from the physical injury, decision-makers must consider the worker's functional abilities relating to both the physical injury and the psychological condition. Where the psychological condition becomes evident as a secondary condition, decision-makers must consider the functional abilities relating to the psychological condition in combination with the functional abilities for the physical injury.

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For workers with CPD, it is important to understand the distinction between chronic pain resulting from a physical injury and the condition known as chronic pain disability (CPD) as the treatment and functional abilities may be significantly different for each. In cases where CPD has been recognized, the genuineness of the worker's pain is accepted and it is the pain experience that is the limiting factor and will determine the worker's functional abilities.

Clinical information from the treating health care professions(s), including the WSIB Specialty Clinics, will be the primary source of information regarding the worker's functional abilities but conversations with the worker are an essential part of this process. The following factors, as provided in clinical reports and by the worker, can assist decision-makers in evaluating the worker's functional abilities and capacity for work:

1. Is the worker able to perform activities of daily living, such as self-care, personal hygiene, communication and travel unaided?
2. Is the worker able to interact with others including supervisors, peers, and members of the public?
3. Is the worker able to perform activities commonly required in the workplace such as regular attendance, making decisions, scheduling and completing tasks in a timely manner?
4. Are there specific persistent fears or issues associated with the workplace and the accident? (e.g. fear of machinery following amputation of a body part by machinery)
5. What is the frequency and prescribed dosage of medication? Any potential adverse effects of the medication that may impact functioning?

When attempting to determine the worker's ability to work and identify suitable work, the workplace parties and decision-makers must be clear about the accepted work-related injury and/or condition, and the worker's associated functional abilities. Where the psychological condition or CPD becomes evident as a secondary condition, the worker's ability to RTW must be reevaluated based on the additional or revised functional abilities.

Determining Ability to RTW

Where it is determined that the worker has achieved sufficient functional recovery that RTW is appropriate, the decision-maker must determine the worker's ability to return to the job or job duties available and offered by the employer. The decision-maker must gather information from both the worker and employer.

When assessing the worker's ability to RTW, at the time the job or job duties were made available, the decision-maker must consider factors such as:

- What was the worker's understanding of the health care professional's directions with respect to returning to work?
- Did the worker understand his rights and responsibilities following a work-related injury?
- What is the worker's understanding of the job or job duties offered by the employer? Was the offer made verbally or in writing? Was the worker involved in the process of identifying the job or job duties to enable his/her RTW?

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- What is the worker's perception of the job being offered in terms of physical demands and his/her ability to do that work?
- Are there any language barriers that could impact the worker's understanding of the health care professional's directions and/or the job offer?
- Did the employer have a clear understanding of the worker's functional abilities, as well as other relevant factors, when making the job offer?
- Did the employer offer a specific job or job duties, and provide the worker with details of the job and physical demands?
- Did the employer provide the necessary job accommodations to make the job safe and suitable for the worker?

In many cases, decision-makers can determine the appropriateness of RTW and the worker's ability to return to the work available with the employer based on the factors noted earlier in this document. Decision-makers may also request the assistance of RTW staff who can review the job or job duties at the worksite.

When determining the worker's ability to RTW, decision-makers must assess the clinical evidence to first determine if RTW is appropriate. Entitlement to loss of earnings (LOE) benefits should only be limited when the decision-maker is satisfied, on a balance of probabilities, that:

- a) the job or job duties being offered have been communicated to the worker, and
- b) the job or job duties are suitable, which means the job or job duties
 - is/are within the worker's physical and/or psychological and vocational abilities, and
 - will not pose a safety risk to the worker or others, and
 - will not impede the worker's recovery.

Where the decision-maker determines the worker has the functional abilities to RTW and the work available with the employer is suitable and safe, there is an expectation that the worker will RTW. Entitlement to LOE benefits is based on the extent to which the earnings for the job offered restore the worker's pre-injury earnings. LOE benefits are not paid where the pre-injury earnings are fully restored.

Where a psychological condition or CPD becomes evident as a secondary condition, the suitability of the work being done or available must be reassessed based on the additional or revised functional abilities.

External Assessments

When appropriate, an external assessment may be arranged to assist in determining the worker's ability to RTW.

A Functional Work Capacity Assessment may be carried out to determine if the functional abilities of the worker match the physical, cognitive, behavioural and psychosocial demands of the work, and provide recommendations on job suitability and accommodations that may be necessary.

A Psycho-vocational Assessment evaluates the worker's interests, aptitudes, intellectual and learning competencies, general personality characteristics and current emotional status. The assessment also takes into consideration the worker's functional abilities, transferable skills, education, work history and pre-injury earnings to identify realistic and suitable occupational options for RTW.

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Communication of Decisions

All adjudicative decisions should be communicated verbally to the workplace parties, wherever possible, and then confirmed in writing. The decision letter should

- identify the issue decided,
- provide a summary of the facts of the case,
- provide the entitlement rules that apply to the issue (legislative and/or policy criteria, or standards),
- provide the rationale for the decision reached, explaining how the entitlement rules were or were not met,
- reference only evidence that is relevant to the decision, and
- include the timeframe for appealing the decision for all adverse decisions.

Every effort is made to communicate decisions in plain language to ensure the decision and reasons for the decision are fully understood by the worker and employer. The rationale should outline the evidence that was considered relevant to decision-making on each identified issue. Where the decision-maker must weigh conflicting or differing information/medical opinions, the decision letter should include an explanation of the decision-maker's assessment and how the relevant information/opinions were weighed to arrive at their conclusion.

Decisions relating to a worker's ability to RTW should identify the worker's functional abilities and the specific job or job duties that were considered in reaching their conclusion. The decision letter should clearly explain the basis on which it was determined that a successful RTW can or cannot be achieved, and the resulting impact on the worker's entitlement to LOE benefits.

Conclusion

The "Better at Work" principle reflects knowledge and best practices relating to recovery from injury/disease. Research has shown that workers heal faster and avoid or reduce permanent physical or psychological impairments by integrating health care with return to suitable and safe work.

Although RTW may not be appropriate immediately after the accident in all cases, RTW discussions and planning should begin and continue throughout the recovery process as outlined in Policy [19-02-02, Responsibilities of the Workplace Parties in Work Reintegration](#). The WSIB provides workers with expedited access to expert health care and RTW services to promote recovery and facilitate return to suitable and safe work as soon as the worker is able.

Understanding the worker's functional abilities is a critical factor when determining the worker's ability to RTW. For workers with a psychological condition or CPD, an understanding of the worker's limitations in areas such as concentration, cognitive demands, and the work environment is key for determining the worker's ability to RTW.

In assessing the appropriateness of a RTW opportunity that would enable recovery in the workplace, or return to employment, decision-makers must have regard for the worker's functional abilities, as well as other relevant

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issues that may impact the worker's ability to travel to and from the worksite and/or the worker's ability to perform work in a safe manner. Decision-makers must be satisfied, on a balance of probabilities, that the job or job duties are available and suitable.

Where the worker has the functional ability to RTW and suitable work is available and offered to the worker, there is an expectation that the worker will RTW. Entitlement to LOE benefits is determined based on the extent to which the suitable work restores the worker's pre-injury earnings.

Document History:

- April 2015 – replaces Best Approaches Guide, Recognizing Time to Heal – Assessing Timely and Safe Return to Work (November 2005) and
- replaces Best Approaches Guide, Return to Work Considerations – Workers with Psychological Entitlement and Chronic Pain Disability (December 2005)

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