

New York State Workers' Compensation Board

Return to Work Program

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Why Establish a Return to Work Program?

Employers of all sizes need to pay attention to safety and the cost of workplace accidents to workers as well as to the employer's bottom line. While accident prevention is the best way to reduce overall injury costs, an effective workplace Return to Work (RTW) Program is the best way to manage cost and improve recovery after an injury has occurred.

The longer an injured employee is absent from the workplace, the higher the costs will be to you and your carrier. Additional costs include lost productivity, overtime, decreased morale, increased premiums, and the costs of hiring and training a new employee if you must replace the injured employee.

Essential to RTW programming is early assistance in helping injured employees return to work as soon as it is possible. Research and practical experience has shown that:

- There is only a 50% chance that an injured employee will return to work after a six-month absence; this declines to a 25% chance following a one-year absence and is further reduced to a 1% chance after a two-year absence.
- Early outreach and assistance allow the injured employee to maintain a positive connection to the workplace. RTW programs can alleviate many of the concerns, fears, and frustrations experienced by the employee following a workplace injury.
- RTW program development will enable all stakeholders to work together in an integrated and enhanced fashion. Furthermore, a RTW program improves communication and clarifies the roles and responsibilities of each individual involved in helping the injured worker to return to work and stay at work.
- A RTW program enables all employees, including non-injured and injured employees alike, to understand and have access to a process for resolving any difficulties that may be encountered at the work site during the period of transition back to work.
- With a formal workplace RTW program in place, an individualized RTW plan can begin to be developed for injured employees immediately after each accident occurs. Predictable, fair, and consistent policies are most successful.

This handbook describes the best practices for a RTW program. If an employer follows all of the best practices, they may be eligible for a discount in their premium under the Workplace Safety and Loss Prevention Incentive Program managed by the New York State Department of Labor. More information can be found at <http://www.labor.state.ny.us/workplacesafety.shtm>

Some employers may not be able to include all aspects of this model program in their RTW program. While employers are encouraged to include as many aspects as practicable for their business, there are two essential elements to all successful RTW programs. First, the employer must commit to returning employees to work in a timely and safe manner. Second, employers must have on-going communication with their injured employee starting right after the injury occurs and continuing throughout the recovery period.



Return to Work (RTW) Program Best Practices

1. Proactive “behaviors” in the workplace lead to successful RTW outcomes.

- Management must invest resources and time in promoting the RTW Program.
- Labor must support RTW programming and demonstrate support by including the RTW Program in collective bargaining agreements.
- Commitment to safety issues is the accepted norm across the organization.

2. The employer trains supervisors in work disability prevention and includes them in RTW planning.

- Supervisors are vital to the success of RTW due to their proximity to the injured employee and their ability to manage the immediate RTW environment. Supervisors that are trained in the RTW process, taught to be positive and empathetic in early contacts with injured employees, and active in the RTW process have positive RTW program outcomes.

3. The employer contacts the injured or ill employee early.

- Early contact is a core component of most disability management programs and helps the injured employee feel connected to his or her workplace. Contact *within the first week or two* is a guideline, but the actual time frame may vary depending on the employee’s specific situation.
- If the injured employee feels the contact is a reflection of the employer’s concern about finances and not about his or her health this can adversely affect the RTW process.

4. The employer designates an individual to have the responsibility to coordinate RTW.

- Designate a RTW Program Contact who has sufficient knowledge to coordinate the RTW process effectively. The responsibility of the RTW Program Contact is to communicate all RTW program processes with all the stakeholders and is the gatekeeper of work restrictions. The RTW Program Contact assists the injured or ill employee to navigate through the healthcare system.
- The RTW Program Contact can provide RTW supervisor training and help develop a pool of temporary assignments. Developing these transitional assignments is an ongoing process related to organizational change and the injured employee’s needs.
- The RTW Program Contact should facilitate the development of written roles and responsibilities for all RTW partners to avoid role confusion and duplication of effort and to clarify expectations. The Program Contact should also facilitate the development of written roles and responsibilities for each RTW Committee for the same reasons.

5. The employer communicates with health care providers about the workplace demands, as needed, and with the injured employees’ consent.

- Exchange paper-based information (e.g., information on job demands and/or work accommodation options sent to the treating physician by the employer); provide the physician with succinct and essential information about the employee’s job and workplace to assist with RTW planning.
- Converse by telephone about work and job demands (initiated by either party).
- Timely communication between the treating physician and the workplace, mediated by the employee or not, will provide for better RTW outcomes.



6. The employer makes an offer of transitional work to the injured or ill employee so he or she can return early and safely to work activities suitable to their functional capability.

- Offer of transitional work is the core element of disability management and requires many considerations – the employee’s functional capacity, functional impairment and limitations, and medically-based restrictions. A Work Accommodations Form (WAF) is completed by the treating physician and used to match the temporary transitional assignment.
- Return the employee to practices with which they are familiar and utilize ergonomic worksite assessments as a component of the RTW program.
- Identify a procedure for what to do when a transitional assignment offer is declined.
- Ensure assignments comply with all legal requirements including the American with Disabilities Act (ADA) and state workers’ compensation statutes.

7. The RTW Committee ensures that the Individual Return to Work Plan supports returning the employee without disadvantaging co-worker and supervisors. RTW planning is more than matching the injured employee’s physical restrictions to a job accommodation.

- Planning must acknowledge RTW as a socially fragile process, where co-workers and supervisors may be thrust into new relationships and routines. If others are disadvantaged by the RTW plan, this can lead to resentment towards the returning employee, rather than cooperation with the RTW process.

Creative thinking in developing Individual Return to Work Plans that anticipate and avoid pitfalls will have better RTW outcomes.



The Return to Work Partners

The partners in the Return to Work (RTW) process include:

- Employer(s)
- Injured Employee
- Injured Employee's Legal Representative
- Health Care Provider(s)
- Union(s) (if there are unions at the work site)
- Supervisor or Manager
- Co-Worker(s)
- Carrier
- Workers' Compensation Board

Roles and Responsibilities

Employer Responsibilities

The first step in an effective RTW program is full compliance with the legal requirement to promptly report job related injuries to the insurance carrier and file a C-2 form with the WCB. The C-2 form provides essential information for the WCB and the payer to assist in prompt payment of indemnity benefits and access to essential medical care.

- Provide a safe work environment
- Train employees on proper reporting of accidents and injuries
- Review the accident investigation report and address any job-related issues
- Provide information to employees about the workers' compensation system and benefits
- Develop written RTW policies and procedures
- Make a commitment to return injured employees to their pre-injury employment whenever possible
- Designate a RTW Program Contact to coordinate the RTW program and communicate with employees
- Regularly communicate with the injured employee during the time away from work and monitor progress upon the injured employee's return
- Communicate early with the treating doctor and insurance carrier to encourage recovery and return to work
- Develop functional job descriptions and identify job requirements that clearly identify physical activities required to do the work
- Wherever possible, make every effort to develop and provide meaningful return to work opportunities so that the post-injury job is consistent with an assessment by the injured employee's treating physician, with the goal of offering the injured employee alternative suitable and available work that is comparable in nature and earnings to the pre-injury job
- Focus on a person's capabilities, not their disabilities
- Conduct open house of the work site for area doctors
- Be proactive
- Provide a copy of the Workers' Compensation Board's *Answers to Your Questions about Returning to Work* to employees (See Appendix K)



Employee Responsibilities

- Know and follow safety policies and procedures
- Report any injury immediately to your supervisor and file a C-3 form with the Workers' Compensation Board (WCB)
- If medical attention is necessary, inform your treating doctor that return to work opportunities are available to accommodate your physical abilities
- Notify your supervisor if your physical condition changes and keep him or her apprised of your work status
- When your doctor releases you to return to work, report directly to your employer
- Follow your doctor's orders and restrictions at home and at work

Insurance Carrier Responsibilities

- Ensure proper administration of all workers' compensation claims
- Maintain communication with the injured employee, health care providers, the employer, the WCB, and injured employee legal representative
- Encourage and actively assist injured employees with successfully returning to work
- Authorize all necessary medical treatment promptly
- Work with employer on risk management and provide incentives for cooperation

Health Care Provider Responsibilities

- Provide appropriate, effective medical treatment that facilitates recovery and expedites return to productive work
- Treat all the effects of the injury, recognizing the possible psychological impact of the injury
- Set reasonable return to work and recovery goals from the beginning of treatment
- Complete and file a Transitional Assignment form for the employer, clearly indicating the employee's work status and physical abilities
- Work with the employer to encourage appropriate RTW opportunities
- File all prescribed forms and reports with the WCB and insurance carrier in a timely fashion, including FCE-4 and C-4 V R when requested

Supervisor or Manager Responsibilities

- Maintain fact finding – not fault finding – when conducting the accident investigation and documenting circumstances surrounding the injury
- Determine the essential duties of the pre-injury job
- Be flexible in providing suitable alternative jobs
- Meet with the RTW Committee, including the injured employee, to determine RTW expectations for the employee as early as practical
- Cooperate in any RTW Committee-approved accommodation proposal
- Ensure the work performed is consistent with the agreed-to accommodation proposal
- Monitor the returning employee in order to prevent re-injury or aggravation
- Regularly schedule follow-up meetings with the members of the RTW Committee to monitor employee's progress and recovery
- Provide support and encouragement to injured employee



Union Representative Responsibilities (if there are unions at the work site)

- Participate in RTW Committee meetings and Individual RTW Plan development
- Continuously monitor participants' progress in RTW program

Attorney/Licensed Representative Responsibilities

- Encourage and actively assist injured workers with successfully returning to work
- Work with the employer to encourage appropriate RTW opportunities
- Continuously monitor participants' progress in the RTW program
- Actively negotiate win/win solutions to avoid unnecessary litigation and delay



Return to Work Policy

The Return to Work policy explains your company's RTW program to the workforce. Your company's policy statement will be a point of reference throughout the entire development and maintenance of your RTW program and sets the general scope and guidelines for your program. Developing written policies and procedures provides for standardization of your company's response to RTW issues, and ensures that injured employees are treated fairly and consistently.

A Return to Work policy should:

- Commit to provide meaningful employment to injured employees as soon as medically possible, whether transitional or permanent, which is consistent with an assessment by the injured employee's treating physician, with the goal of offering the employee alternative suitable and available work that is comparable in nature and earnings to the employee's pre-injury job.
- Commit to return an injured employee to his or her pre-injury employment as soon as medically possible, with accommodations or modifications if necessary, which do not cause undue hardship on either party or violate an existing collective bargaining agreement.
- Communicate RTW policies and procedures to all employees in writing in a timely manner.
- Designate a RTW Program Contact for use by employees seeking to participate in the RTW program.
- Plan for communication with all parties, including the injured employee, the medical provider, the designated worker representative or union representative, and the Workers' Compensation Board (WCB).
- Ensure the injured employee's medical provider is given detailed information about the physical requirements of the pre-injury job to assist in determining the injured employee's ability to return to the pre-injury job, a modified job, or an alternative work assignment.
- Include the employer, employee, and worker representative in development of a written Individual RTW Plan for each injured employee.
- Monitor the employee's progress, recovery, and return to work, communicating with the treating physician and worker representative.
- Refer an injured employee for a vocational rehabilitation assessment if he or she is unable to perform the essential duties of the pre-injury job or other suitable alternative job.
- Include strategies for maintenance and promotion of the program.
- Develop a method of evaluating the RTW program for appropriateness and effectiveness.

Any policy should endeavor to provide employees with work-related illnesses or injuries with the best possible recovery program so that they may return to work with minimal emotional and financial disruption in their lives.

The success of an employer's RTW program depends on employees understanding and adhering to their specified roles and responsibilities, which should be outlined in an employer's RTW Program policies and procedures.

These policies and procedures, including a RTW Policy Statement that summarizes the whole, should be distributed to all employees and employee representatives in each workplace location in methods and languages clearly understood by all employees. The RTW policy should be made available to any employee upon request. A great deal of care should go into the development of a concise RTW Policy Statement since it is the first tool that will be used to inform your workforce of your company's new RTW policy.

See Appendix A for a Sample Policy Statement.



Steps in the Return to Work Program

1. After notification of a workplace injury or illness, establish a RTW Committee, including the designated RTW Program contact, a designated employee representative or union representative, the injured employee, and the injured employee's supervisor.
2. Assign roles and responsibilities for each committee member.
3. Provide a written job description that assesses the physical demands of the injured worker's job to the treating physician.
4. Review the treating physician's report on the injured employee's ability to do his or her current job or transitional work.
5. Develop accommodations to the injured employee's job duties or recommendations for transitional work assignment, if necessary.
6. Develop an Individualized RTW Plan.
7. Return injured employee to pre-injury job when employee is medically released for regular work, with accommodations if necessary.
8. Provide a written bona fide transitional work offer to the injured employee, with a target 90-day time limit.
9. Monitor the employee's progress, recovery, and return to work with adjustments and accommodations when necessary to ensure a successful outcome. Communicate this progress to the employee's treating physician.



Develop Individual Return to Work Plans

An Individual Return to Work Plan lays out the steps that need to be taken to return an employee to his or her pre-injury job. The provision for transitional work is key to a successful RTW program and should be considered in any Individual RTW Plan. Transitional work activity can be a modified version of the injured employee's original job, the same job with reduced hours, or a combination of tasks from other positions. It can be full or part time, but should be a time-limited assignment that is directed toward the injured employee's full return to his or her pre-accident job. The work must be productive and suitable to maintain the employee's sense of worth.

To identify alternate assignments, determine:

- What necessary tasks could the injured employee perform?
- What tasks, now performed occasionally, need to be done more frequently?
- What tasks could be assigned to someone else?

Be certain to know the physical and other demands of the alternate jobs or assignments that your company develops. It is essential that they are within the limitations as prescribed by the injured employee's health care provider to ensure prevention of re-injury and the full rehabilitation of the employee.

The Plan should be developed jointly by the RTW Program Contact, the injured employee, the employee's supervisor, the employee's health care provider, and the union representative, along with the injured employee's legal representative, if any. Remember that during recovery, injured employees need their capabilities emphasized rather than their limitations.

The Goals of the Plan

Goals and timetables should be established to help the injured employee achieve the final goal of returning to pre-injury employment, with accommodation if there is permanent disability.

The Plan should include a graduated work outline with appropriate time tables consistent with the treating physician's assessment of the injured employee's capabilities. Graduated work assigns an injured employee to appropriate transitional work activities as soon as he or she is medically released to perform any work. The employee is then expected to take on work of increasing complexity, duration, and/or physical difficulty. It is important to stress that this should be achieved in increments consistent with the treating physician's recommendations and with the goal of eventually returning the injured employee to his or her pre-injury job at full capacity or with modifications to accommodate any permanent disabilities.

It is important that the plan have a beginning and an end. Make sure to include a clear definition of what is considered progress (e.g., the employee can work five hours a day by week three, or the employee can assume a certain task by week five).

The plan should also include the responsibilities of the employee, the supervisor or manager, and any co-worker who will be assisting the injured employee, and the actions each must take to achieve the RTW Plan goal.



Note: Most transitional assignments should last no more than 90 days. Every RTW assignment should have a start and end date. Circumstances may require that these be modified from time to time, but they should never be open-ended.

See Appendix E for a Sample Individual Return to Work Plan Form.

Health Care Needs

If the injured employee is going to attend health or medical appointments during working hours, these visits must be coordinated with the requirements of the proposed Individual Return to Work Plan.

See Appendix B for a Sample Letter to Treating Doctor.

See Appendix C for a Sample Release of Medical Information.



Evaluating Your Return to Work Program

RTW programs allow employers to take a proactive approach in assisting injured workers to return to safe and productive work activities as soon as possible following an injury. An effective RTW program can provide many benefits to all partners in the return to work process.

Evaluation is critical to identifying the strengths and weaknesses in your RTW program and increasing its efficacy. Information obtained through an evaluation facilitates continuous improvement.

An evaluation should:

- Be conducted by staff who are knowledgeable about the RTW program; preferably those who are involved in RTW functions regularly. Your RTW Program Contact may be suited to conduct a comprehensive evaluation.
- Be conducted annually.
- Be designed to measure specified and quantifiable data points, such as time from injury to return to work, Individual Return to Work Plan duration, cost of accommodations or modifications for the injured employee, cost of Workers' Compensation premiums, cost of medical and indemnity benefits paid, amount of lost time, the rate of injured employee retention, injured employee satisfaction with the RTW program, and other relevant points.
- Draw conclusions about the appropriateness and effectiveness of the RTW program from current year data compared with past year data.
- Result in changes to and modifications of the RTW program.

Annual evaluations ensure that program objectives are consistently met and maintain the integrity and efficacy of your RTW program.



Appendix A: Sample Return to Work Policy Statement

In fulfilling this company's commitment to provide a safe and healthy working environment, a Return to Work Program has been established for employees who have sustained a workplace injury or illness. *(Some employers also extend these policies to off the job disabilities and that should be stated here as well.)*

(Company Name) is committed to providing opportunities for an employee who is injured on the job to return to work at full duty as soon as medically possible. If the injured employee is not physically capable of returning to full duty right away, the program provides opportunities for the employee to perform his or her regular job with modifications or to perform alternate temporary work that meets his or her physical capabilities.

If an injured employee's physician determines that he or she will not be able to return to his or her regular duties, *(Company Name)* will make every effort to place the employee in a position comparable in nature and earnings to his or her pre-injury position. If no suitable positions exist, we will make provisions for the employee to receive a vocational assessment that will help him or her find suitable employment with another employer. We will make every reasonable effort to facilitate the successful return to work of every employee who is injured on the job.

For further information about *(Company Name's)* Return to Work program, you may contact *(the designated Return to Work Program Contact)* at XXX-XXXX.

Signature (Director of Human Resources/Executive Manager)



Appendix B: Sample Letter to Treating Doctor

(Date of letter)

(Doctor's name and address)

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

Dear Dr. _____:

Our Company has implemented a return to work program designed to return any injured employee to medically appropriate work as soon as possible.

Enclosed is a detailed job description for the regular job of the employee named above, which may be modified, if possible, to meet medical restrictions that may be assigned. If our employee is unable to return to his or her regular job, we will attempt to find an appropriate alternate work assignment. We will ensure that any assignment meets all medical requirements as directed toward your specific treatment strategies. We will consider re-arranging work schedules around medical appointments if necessary. To that end, we request that you complete the enclosed Transitional Assignments Form with as much detail as possible.

If you need additional information about a possible work assignment or about our return to work program, please call *(Return to Work Program Contact name and number)*. Our insurance carrier is *(name and address of insurance carrier)*.

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

Sincerely,

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

Encls: Signed authorization
Job descriptions and task analysis
Transitional Assignments Form



Appendix C: Sample Release of Medical Information

AUTHORITY TO RELEASE MEDICAL INFORMATION

(Employee Name)
(Employee Address)
(Date of Birth)

I authorize *(name of treating doctor)* to release medical information to my employer, *(name and address of employer)*, regarding my on the job injury that occurred on *(date of injury)*. This information is confidential and may not be used for any purpose other than facilitating the claimant's return to work.

This information may facilitate my return to medically appropriate productive work.

Print Employee Name _____

Employee Signature _____ *Date* _____



Appendix D: Transitional Assignment Form

TRANSITIONAL ASSIGNMENT

To: (Physician Name)
From: (RTW Program or Company contact)
Date:
Re: Transitional Work Assignment

The (Company Name) has a Return to Work (RTW) program designed to help an employee reach full recovery following an occupational injury/illness. By completing this form the department may assist the employee in finding a temporary transitional assignment that matches his/her current work capability.

Please fill out only what is applicable and return form to the employee or Fax to the number below. If you have any questions regarding the transitional assignment or additional RTW program questions, please contact the RTW Program @ (company phone number). Fax the completed form to (Fax Number).

1. Positioning: Indicate which of the following should be *avoided in each area*:

Prolonged Standing Bending Twisting Reaching Overhead
 Walking Prolonged Sitting Leaning Forward Crawling
 Climbing Squatting
Other _____

2. Material Handling: Please indicate which of the following situations should be avoided:

Lifting over 10 lbs. Lifting over 25 lbs. Lifting over 50 lbs.
 Carrying object Lifting object off floor Carrying objects
 Lifting objects off floor Lifting objects above shoulders Pushing objects
 Pulling objects
Other _____

3. Repetitive Motion: Please indicate which of the following activities should be avoided:

Keyboarding Other _____

4. Time Limitation - for temporary transitional assignment:

Number of hours/per day Number of days/per week

Estimate the length of temporary transitional assignment:

1-5 days 2 weeks 3 weeks 4 weeks 5 weeks 6 weeks
 greater than 6 weeks

Date of next visit _____

Date temporary transitional assignment can begin _____. Date estimated to return to regular activities _____.

Program is not appropriate at this time because: _____

Physician Approval _____ Date _____

RTW-6 (Draft 12-17-08)

www.wcb.state.ny.us



Appendix E: Plan Development Worksheet

PLAN DEVELOPMENT WORKSHEET			
Employee Name:		Employee I.D.#:	
Shift/Department/Group:		Job Class:	
Supervisor:		Operation:	
Seniority:		Telephone:	
Functional Abilities	Restriction(s)	Restriction Expiration	
RTW Committee Comments/Recommendations:			
Operations reviewed and available within employee's seniority:			
Shift	Department	Group	Name of Operation



Appendix F: Sample Individual Return to Work Plan Form

INDIVIDUAL RETURN TO WORK PLAN		
Workplace:		Location:
Employee Full Name:		Date of Birth:
Claim No.:		
Job Injury:		
Date Injury Occurred:		
Phone:		
Plan Start Date:		Plan Finish Date or Event:
Limitations:		
Physician Name:		Date Contacted:
Functional Abilities (what can the employee do):		
Return to Work Objective: (X in appropriate box)		
<input type="checkbox"/>	(A) Pre-injury job	<input type="checkbox"/> (C) Return to alternate job
<input type="checkbox"/>	(B) Pre-injury job with accommodations	<input type="checkbox"/> (D) Other:
Specify Agreed Objective:		
ACTIONS	Due Date:	Review Date:
Employee:		
Supervisor: Name:		



Appendix G: Guide for Writing Job Descriptions

To write a job description, list the information requested for each section using the guidelines provided.

SECTION	GUIDELINES
Job Title	Provide the title and the location of the job, if appropriate.
Purpose of Job	<ul style="list-style-type: none"> ▪ Focus on outcomes of the job rather than process. ▪ List required expectations and special requirements. ▪ List shift or hours worked, full or part-time.
Education & Work Experience	Describe required or desired licenses, certifications, number of years' experience, training, and other qualifications.
Skill Requirements	Relate all pertinent skill requirements to job functions when possible.
Job Functions	<p>Answer these questions when describing essential and marginal job functions:</p> <ul style="list-style-type: none"> ▪ Does the job exist to perform this function? ▪ Would removing this task fundamentally change the job?
Job Duties	<ul style="list-style-type: none"> ▪ Be as specific as possible. ▪ State how frequently a task is performed and what equipment, tools, and materials are used.
Physical Demands	<ul style="list-style-type: none"> ▪ Be very specific. Use measurements, frequency, and duration. ▪ Describe body position, required exertion, and parts of the body used. ▪ Give hours per day spent performing each function.
Environmental Conditions	Describe temperature, hazards, and other conditions.



Appendix H: How to Use the Physical Demands Task Assessment

Many types of assessment and analysis tools are available. This assessment asks you to describe a task and show information about the physical demands and environmental conditions of the injured employee's position so his or her treating physician may make an informed decision about the employee's ability to return to his or her pre-injury job.

Follow these steps for completing the assessment.

1. Use these definitions to complete the top of the form:

Task Title: Name of the task being assessed.

Date: Date the form is completed.

Analyst: Name of the person making the assessment.

Task Duration: Number of hours the employee spends doing this task during one day.

With Breaks: Whether the employee doing the task takes breaks.

Overtime: Average number of hours of overtime the employee typically works per day/week.

Task Description: A brief description of the task (Use the tasks inventory form to list the steps of each task).

2. Fill in Sections 1 through 5 and make any additional comments.

Section 1: Postures

Observe the employee's postures (standing, sitting, walking, or driving) during the task. First, circle the number of hours the employee stays in a posture without changing. Second, circle the total (or cumulative) number of hours that the employee is in a posture while doing this task throughout the day.

Section 2: Lifting and Carrying

Observe any manual lifting and carrying during the task. For each category of weight, mark how frequently the weight must be lifted or carried. If the employee never lifts this amount of weight, mark "0 percent." If the employee lifts this weight less than one-third and two-thirds of the day, mark "occasionally"; between one-third and two-thirds of the day, mark "frequently"; and more than two-thirds, mark "constantly." For each weight, say how high the load must be lifted (example: a box is lifted from the floor to waist height, about three feet) and how far the weight is carried (example: from the dock to the processing table, about 20 feet).

Section 3: Actions and Motions

Observe the different actions and motions during the task. Write a description that explains why the employee must take action or motion (example: pushes mail cart across room). Show the total amount of time during the day the employee does each action or motion using these definitions.

Pushing Moving an object away from you, including kicking, slapping, pressing, and striking an object.

Example: Pushing a dolly.

Pulling Moving an object towards you, including jerking or sliding an object.

Example: Dragging a box across the floor toward you.



- Climbing** Using your legs, arms, hands, or feet to move up or down a structure such as stairs, ladders, scaffolds, and ramps.
Example: Dragging a box across the floor toward you.
- Balancing** Moving in a manner that requires you to keep from falling because of unstable surfaces such as slippery, moving, or narrow spaces.
Example: Replacing shingles on a steep roof.
- Bending** Using your back and legs to bend forward and downward.
Example: Leaning over a car engine to do repairs.
- Twisting** Rotating your upper body in a different direction than your lower body.
Example: Reaching behind you to pick up parts while you remain seated at a machine.
- Squatting** Lowering your body by bending at the knees.
Example: Crawling through a crawl space to get to plumbing.
- Kneeling** Lowering your body onto one knee or both knees.
Example: Kneeling on one knee to remove a flat tire from a car.
- Reaching** Moving your hands and arms toward an object at arm's length in any direction from your body.
Example: Reaching upward to change an overhead light bulb.
- Handling** Using your hands to hold, grasp, grip, or turn an object.
Example: Holding a drill while drilling holes.
- Fingering** Using your fingers to pinch, pick, or manipulate objects, especially small ones.
Example: Picking up nuts and placing them on bolts.
- Feeling** Using your hands and fingers to perceive the shape, size, temperature, or other characteristic of an object.
Example: Laying your hand on the hood of a car to check for heat.
- Repetitive** Using your feet or hands continuously in the same motion or motions.
Example: Typing at a computer or using a foot pedal on a sewing machine.

Section 4: Equipment

Observe any equipment, tools, or machinery the employee uses during the task. Describe the name or type of each tool, piece of equipment, or machine. Mark how often it is used: never, occasionally, frequently, or constantly. Note any other information about the physical demands of operating equipment.

Section 5: Environmental Conditions

Observe the environmental conditions the employee is exposed to during the task, such as vibration, noise, and heat or cold. For each condition, describe the specific type of environmental condition, then list the frequency of exposure: never, occasionally, frequently, or constantly. Note any other information about the physical demands of working in this environmental condition.



Appendix I: Physical Demands Task Assessment

PHYSICAL DEMANDS TASK ASSESSMENT

Task Title: _____ Date: _____

Duration of Task (hours/day): _____ With breaks: Yes No

Average Weekly Overtime Hours: _____ Analyst: _____

Task Description: _____

1. Postures:

Stand: Hours at one time:	0	1/2	1	2	3	4	5	6	7	8	8+
Total hours per day:	0	1/2	1	2	3	4	5	6	7	8	8+
Sit: Hours at one time:	0	1/2	1	2	3	4	5	6	7	8	8+
Total hours per day:	0	1/2	1	2	3	4	5	6	7	8	8+
Walk: Hours at one time:	0	1/2	1	2	3	4	5	6	7	8	8+
Total hours per day:	0	1/2	1	2	3	4	5	6	7	8	8+
Drive: Hours at one time:	0	1/2	1	2	3	4	5	6	7	8	8+
Total hours per day:	0	1/2	1	2	3	4	5	6	7	8	8+

2. Lifting/carrying

	Not Present 0%	Occasionally 0-33%	Frequently 34-66%	Constantly 67-100%	Height of Lift	Distance of Carry
1-10 lbs.						
11-20 lbs.						
21-50 lbs.						
51-100 lbs.						
> 100 lbs.						



3. Actions and motions:

	Not Present 0%	Occasionally 0-33%	Frequently 34-66%	Constantly 67-100%	Description
Pushing					
Pulling					
Climbing					
Balancing					
Bending					
Twisting					
Squatting					
Crawling					
Kneeling					
Reaching					
Handling					
Fingering					
Feeling					
Repetitive					
Hand Motion					
Foot Motion					

4. Equipment:

	Not Present 0%	Occasionally 0-33%	Frequently 34-66%	Constantly 67-100%	Description
Tools					
Machinery					
Equipment					



5. Environmental Conditions:

	Not Present 0%	Occasionally 0-33%	Frequently 34-66%	Constantly 67-100%	Description
Vibration					
Noise					
Extreme heat					
Extreme cold					
Wet/humid					
Moving parts					
Chemicals					
Electricity					
Radiation					
Other _____					

Comments:



Appendix J: Letter Making a Bona Fide Offer of Employment

(Company Letterhead)

(Certified Mail – Return Receipt)
(Date)

(Employee name)
(Employee address line 1)
(Employee address line 2)
(City, State, Zip)

Re: Bona Fide Offer of Employment

Dear *(Employee Name)*:

After reviewing information provided by your doctor, we are pleased to offer you the following temporary work assignment. Please see the attached Individual Return to Work Plan for details.

We believe this assignment is within your capabilities as described by your doctor on the attached Transitional Work Assignment Form. You will only be assigned tasks consistent with your physical abilities, skills, and knowledge. If any training is required to do this assignment, it will be provided.

Job Title:

Location:

Duration of Assignment:

Wages:

Department:

This job offer will remain available for ten (10) business days from your receipt of this letter. If we do not hear from you within ten (10) business days, we will assume that you have refused this offer. Please note that refusal of an employment offer may impact your Temporary Income Benefit payments.

We look forward to your return. If you have any questions, please do not hesitate to contact me.

Sincerely,

(Signature)
(Printed Name and Title)
(Contact Information)



Appendix K: Answers to Your Questions about Returning to Work

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
20 PARK STREET • ALBANY, NY 12207
(877) 632-4996

David A. Paterson, Governor

Robert Beloten, Chair

Answers to Your Questions About Returning to Work

Most people who get workers' compensation benefits return to work. Here are answers to some questions you may have about going back to work after an on-the-job injury.

Q1: What are the benefits of returning to work?

A: A quick return to an active life may help you get better faster. Returning to work also may increase your income and benefits over time. A job also provides friendships on and off the job. But, your workers' compensation payments will never reach the amount of your full pay. You may not get pay raises or promotions while you are out of work.

Q2: What will happen to my workers' compensation payments if I return to work?

A: That depends on a few things, such as how much you earned before your injury. If your new pay rate is lower because of your disability, you could get part of your benefit to make up for your decreased wages. This is called a "reduced earnings" benefit.

Q3: Can I still get medical treatment for my work-related injury after I return to work?

A: Yes. You can also ask to be paid for your travel costs to and from treatment. You can be repaid for the cost of medications and some other items prescribed by your doctor as well.

Q4: Should I let anyone know when I return to work?

A: Yes. You or your attorney or representative should tell the Workers' Compensation Board and the insurance carrier or whoever is paying you benefits when you return to work. Also, let the Board and insurer know whenever your work status changes.

Q5: I have gone back to work, but sometimes lose time due to my work-related injury. Can I get paid for the days I miss?

A: Yes, you can receive workers' compensation benefits. If you are sometimes absent from work because of your work-related injury, this is called "Intermittent Lost Time." You must tell the Workers' Compensation Board and your insurer. Please keep careful records of your lost time and your pay stubs.

Q6: When I go back to work, can I still claim workers' compensation



for the time when I was hurt and could not work?

A: Yes. You have up to two years after your workplace injury to file a workers' compensation claim. This is true even if you have already returned to work.

Q7: Does my employer have to keep my job open for me while I am out due to my workplace injury?

A: The Workers' Compensation Law does not require your employer to keep your job open for you. But, most employers do take injured workers back. Keep in contact with your employer about your job status. The federal Family and Medical Leave Act (FMLA) requires some employers to provide up to 12 weeks of unpaid leave during a twelve-month period to an employee who cannot work because of a serious health condition. Contact the U.S. Department of Labor or your employer for more information.

Q8: Now that I am able to work, can I collect Unemployment Insurance?

A: If you are ready, willing, and able to work, but your job is no longer open with your employer, you may be able to collect Unemployment Insurance. Contact the New York State Department of Labor to find out more about Unemployment Insurance benefits at 1-888-209-8124.

Q9: Can my employer fire me for filing a workers' compensation claim?

A: No. If you think you were fired or harassed because you filed a workers' compensation claim, contact the Workers' Compensation Board office nearest you and ask about filing a "discrimination" claim. You must file the complaint no later than two years after the date the action took place.

Q10: Can a new employer refuse to give me a job because I have a compensation case?

A: Employers are not allowed to ask you if you have had a workers' compensation claim. They cannot deny you a job for filing a past claim, either. The Workers' Compensation Board cannot share your workers' compensation case with another employer.

Q11: Can an employer deny me a job because I have a disability?

A: No. The Americans with Disabilities Act (ADA) bans discrimination against qualified job seekers with disabilities. The employer may even need to provide a "reasonable accommodation" to help a disabled person do the job. You should contact the U.S. Equal Employment Opportunity Commission (EEOC) if you think that you were unfairly denied a job because of a disability. The ADA covers employers with 15 or more employees. New York State's Human Rights law also prohibits disability discrimination and covers employers with four or more employees. You can call them at [1-888-392-3644](tel:1-888-392-3644).

Q12: What happens if I return to work and find I cannot do the work?



A: If you go back to work but are unable to continue working due to your prior workplace injury, you may be able to reopen your case and collect benefits again. You may want to ask your employer for a short-term job that you can do. You can request changes to your job so you can do your work, as well. The Workers' Compensation Board's rehabilitation staff can help you find work you can do or retraining programs. Call them at 1-800-580-6665.

Q13: I was told that I have a partial disability. What does that mean?

A: There are two main levels of disability in workers' compensation. One is total disability, when a worker cannot earn any wages and his or her daily activities are limited. The other is a partial disability. A worker with a partial disability has lost some ability to earn wages and do normal, daily activities. He or she may still be able to do some work, such as part-time work or lighter work than his or her former job.

Q14: What should I do if I have a partial disability?

A: If you have a partial disability, you must still look for and accept work you can do. Contact your employer to see if you can return to your job. Let your employer know if you need any changes so that you can do your job. Ask if you can be offered some other work to ease your return to work. If your wages are reduced as a result of your disability, you may be eligible for a "reduced earnings" benefit. You could lose your benefits if you fail to make a good faith effort to return to work. This is called "Voluntary Withdrawal from the Labor Market."

Q15: If I am unable to do my usual type of work because of my injury, does the Workers' Compensation Board offer help in finding work or training for persons with disabilities?

A: Yes. Contact the local Board district office near you and ask to speak with our vocational rehabilitation counselors or social workers.

Q16: What types of rehabilitation services are available?

A: Our staff will meet with you to find out what services can help you. You may be sent to a job placement or training agency. Other services include career or job counseling. We can help you fill out job applications, write resumes, and get ready for a job interview. We can also help you handle the hard questions, explain gaps in your resume, or request a job accommodation. Social workers can work with you to help you cope with your injury or disability. They can also help you prepare to return to work. They can connect you with other programs, such as child care, financial assistance, or services for persons with disabilities.

Q17: Will my benefits be reduced or ended if I take part in rehabilitation?

A: No. Taking part in a rehabilitation program will not hurt your case.

Q18: Are vocational services available to me outside of the workers' compensation program?

A: Yes. There are two public agencies that provide aid to workers with disabilities who



are trying to return to work. • The NYS Department of Labor operates One Stop Centers, where Disability Program Navigators help you get a job. For the office nearest you, call (888) 4NYS-DOL (469-7365). • ACCES-VR (Adult Career and Continuing Education Services) is another good resource. To find the office nearest you, call (800) 222-JOBS (5627).

There are similar agencies in every state. To find the office nearest you, please contact (800) 877-1373 and ask to speak to the Manhattan Rehabilitation Bureau.

Q19: What is workers' compensation fraud?

A: An injured worker commits fraud when he or she lies or does not tell the whole truth about the facts in his or her case in order to receive workers' compensation benefits. This includes exaggerating the impact of your disability, or failing to report working while you receive benefits, including work "off-the-books." Fraud is a crime: your benefits may stop and you could go to jail.



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