**Attachment 1: SPECIFIC QUESTIONS FOR EXAMINATION**

1. **What is the nature/diagnosis of the worker’s medical condition (including any sequelae) relevant to the claimed injury?**
2. **In your clinical opinion, can the worker return to work in their pre-injury duties and hours?**
3. **In your clinical opinion, can the worker return to work in modified or alternative duties and/or hours? When providing your opinion please consider the worker’s functional tolerances including the following:**
   * **Hours/breaks;**
   * **Sitting/standing restrictions;**
   * **Bending/lifting restrictions;**
   * **Pushing/pulling restrictions**
4. **In your clinical opinion, does the worker have a current work capacity for suitable employment?  
   Suitable employment is defined as, “…employment in which the worker is currently suited, having regard to the following:**
   1. **The nature of the worker’s incapacity and the details provided in medical information including, but not limited to, the certificate of capacity supplied by the worker;**
   2. **the nature of the worker's pre-injury employment;**
   3. **the worker's age, education, skills and work experience;**
   4. **the worker's place of residence**
   5. **any plan or document prepared as part of the return to work planning process;**
   6. **any occupational rehabilitation services that are being, or have been, provided to or for the worker;**

**regardless of whether:**

1. **the work or employment is available; or**
2. **the work or employment is of a type or nature that is generally available in the employment market.”**

**When providing your opinion, please comment on (a) to (f) above (please use headings, where appropriate).**

1. **Does the worker have no current work capacity and, if so, is this likely to continue indefinitely? Please explain your reasoning**
2. **Is there anything other than the worker's injury or medical condition that is affecting their recovery, including their return to work? Please provide the details.**
3. **Considering your answers above, which of the employment options identified in the attached vocational assessment identified are suitable?**
4. **Are there any recommendations in terms of treatment or management that may improve the worker's prognosis?**
5. **When should the worker's capacity for work be reviewed?**

**10. Please detail the worker’s treatment including medications.**

**a. Is there any focus on return to work in the current treatment regime?**

**b. What have been the measurable functional gains made by the treatment to date, as reported by the worker or their treating health professionals?**

**c. In respect of any work-related condition, what treatment does the worker reasonably require? Are there any treatment recommendations that have not been attempted that may assist the worker to participate in rehabilitation, retraining or work trials? Do you have any treatment recommendations?**

**11**. **Is the workers medical condition and/or incapacity for work materially contributed to/by the claim (accepted) injury? Please provide clinical justification.**

**12. Based on your objective physical assessment of the worker, what are their functional tolerances for the following activities resulting from the compensable injury only;**

* + **Sitting**
  + **Standing**
  + **Walking**
  + **Bending**
  + **Lifting**
  + **Driving**
  + **Pushing**
  + **Pulling**

**13. Is there any reason this worker is not able to participate in occupational rehabilitation services? Services may include.**

* **a meeting with the worker to assess potential employment options and associated preparatory steps such as identifying short courses, locating local internet access providers, re-training etc**
* **liaison with GP with potential face to face meeting regarding retraining and suitability of potential job seeking and supports and prepares worker for job seeking**
* **assistance with job searching, resume writing, interview skills etc**
* **assistance with sourcing volunteer, community work, short courses, re-training etc.**
* **If the worker is unable to engage in any rehabilitation or employment at the current time, please explain the rationale for your opinion and how any barriers could be overcome.**

This report is an independent and impartial reflection of my findings and conclusions based on my examination and the evidence provided to me. The contents of this report are accurate to the best of my knowledge and belief.

Should any aspect of this report require further clarification, please do not hesitate to contact me.

Yours sincerely,

A black and white drawing of a person's face

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# **Dr David Vivian**

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Musculoskeletal Physician