**Treatment and Return to Work Plan (to accompany corresponding medical certificate)**

**Worker’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date of Examination:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**D.O.I.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Valid from:\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**

***‘\*\* Disclaimer:*** *This form is in no way an exact and definite representation of the patient’s ongoing treatment and return to work plan. This is meant to be a medical guide based on clinical evidence from the time of examination and may change and vary along the course of the injury, depending on each patient’s recovery rate and other affecting circumstances.*

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| --- | --- | --- | --- |
| **Work Restrictions:** | | | |
|  | No lifting anything heavier than \_\_\_\_\_kg/s |  | Sedentary office based duties |
|  | Can return to site |  | Sedentary home based duties |
|  | Avoid repetitive lifting |  | Avoid repetitive use of affected body part |
|  | Avoid repetitive hammering |  | Stay in Perth during treatment |
|  | Avoid gripping |  | Allowed to drive |
|  | Keep injured area clean and dry |  | Allowed plane travel |
|  | Minimise overhead activity |  | Supervisory duties |
|  | Avoid reaching above shoulder height |  | Avoid pulling |
|  | Regular breaks from duties |  | Avoid pushing |
| Other restrictions: | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Treatment Regime:** | | | | | | | | | | | | | | | | | |
| **Is surgery required or likely to be required?** | | | | |  | Yes |  | No | | ***If yes, please specify percentage based on likelihood:***  >25%  >50%  >75%  100%  ***If yes, when will this be decided? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Other comment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** | | | | | | | |
|  | |  | | | | **Frequency** | | | | | | | | **Duration** | | |
|  | | **Hand Therapy** | | | | 1x Weekly  Other:  2-3x Weekly \_\_\_\_\_\_\_\_\_  > 4x Weekly \_\_\_\_\_\_\_\_\_ | | | | | | | | 1 week  Other:  2 – 3 weeks \_\_\_\_\_\_\_\_\_\_  > 4 weeks \_\_\_\_\_\_\_\_\_\_ | | |
|  | | **Aids/Equipment:** | | | |  | | | | | | | | | | |
|  | | **Other specialist:** | | | |  | | | | | | | | | | | |
|  | | **Other treatment:** | | | |  | | | | | | | | | | | |
| **Estimated time to resume pre-injury duties:** | | | | | | | | | | | | | | | | | |
|  | 0-4 weeks | |  | 5-8 weeks | | |  | | 9-12 weeks | | |  | 13-16 weeks | |  | 16 weeks beyond | |
| **Comments:** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Doctor’s Name:** | | | | | | | | | | | **Doctor’s Signature:** | | | | | | |
| \****\*Note to Employer:***  *If you need to clarify suitable duties, please ring us on (08) 6389 0008 or fax us on (08) 6389 1122.* | | | | | | | | | | | | | | | | | |