

Explanatory notes for medical practitioners

This information is provided to assist medical practitioners to complete the First Certificate of Capacity.

WORK HELPS RECOVERY

Work, in general, is good for health and important for recovery. Waiting for full recovery before reintroducing work is likely to have a negative effect on health outcomes. WorkCover WA's certificates of capacity assist the medical practitioner to focus on what the worker can do to remain in or return to work (RTW).

EFFECTIVE COMMUNICATION

Certificates of capacity are vital for communication. Communication with all parties greatly assists the worker's recovery, return to work and their claim. To be effective, it is important certificates are completed thoroughly, clearly and legibly. If employers or insurers cannot read them the worker's recovery or return to work may be put at risk. Thoroughly completed certificates will likely minimise requests for further information.

EXPLANATORY NOTES

Consent Authority

This section provides medical practitioners with the worker's consent to discuss the compensable condition with the worker's employer, insurer and other medical or allied health professionals for the purpose of their worker's compensation claim and return to work.

Worker's description of injury

Date of injury

This is the date the worker sustained the injury. In most cases, this will be the date of 'incident'. For gradual-onset diseases, this is the date the worker first reported symptoms.

What happened?

This is the worker's description of the injury and how it occurred.

Examples:

- 'Fell off a ladder while reaching for a box. Landed heavily on his right arm.'
- 'A man entered the workplace and threatened her with a knife.'

Worker's symptoms

This is the worker's description of what symptoms are being experienced because of the injury.

Medical assessment

Date of this assessment

This is the date the medical practitioner examined the worker and made an assessment of their capacity for work and injury management needs.

Clinical findings

This is the medical practitioner's clinical findings based on their medical assessment. Where possible, standardised assessment tools should be used to inform findings. This will assist the evaluation of management interventions at a later date.

Diagnosis

This is the medical practitioner's diagnosis of the worker's injury. Where a provisional diagnosis is made (i.e. depends on further diagnostic investigation), please state this in the space provided. A clear medical diagnosis using acceptable medical terminology assists all parties to support injury management. For psychological conditions, terms such as 'stress' are not specific enough and may affect the timeliness of the worker's claim being processed.

Work capacity

Describing work capacity

Medical practitioners must certify whether the worker has:

- full capacity for work including all pre-injury duties and hours with no modifications
- some capacity for work, or partial capacity, including selected pre-injury duties, other suitable duties, workplace modifications and/or modified hours
- no capacity for any work which means the worker is not able to perform any work.

The medical practitioner is required to fill-in the inclusive dates the worker has 'some capacity for work' or 'no capacity for any work'. A clinical reason must be provided where the worker is certified to have no capacity for work beyond 14 days (First Certificate of Capacity only). Please also include an estimated date for when the injured worker is likely to return to work.

Where there is some capacity for work, the medical practitioner is required to describe what the worker can do at work, acknowledging there may be limits (or restrictions) on their capacity.

- **Physical** - 'Repetitive movement limited to 30 minutes', 'lift up to 5kgs, 5 times/hour and maximum 20 times/shift', 'eliminate stair climbing for 4 weeks'.
- **Psychosocial** - 'Has difficulty planning work - assist to breakdown work to simpler tasks', 'Has difficulty concentrating - requires extra time to complete work, consider temporary relocation to quieter work area'.

Injury Management Plan

Activities/interventions

These are the activities and interventions prescribed by the medical practitioner to further assess or assist with recovery and return to work.

- Further assessment may include specialist consultations, diagnostic imaging or a worksite assessment.
- Interventions may include physiotherapy, clinical psychology, exercise physiology, pharmaceuticals or workplace mediation.
- Return-to-work planning activities may include identifying suitable duties and establishing a return-to-work program.

Purpose/goal

The purpose or goal may be described in terms of change in symptoms, function and participation in work. Where possible, use goals that are work-relevant and SMART - specific, measurable, achievable, realistic and timed.

Physiotherapy	In 4 weeks reduce pain scale to less than 4/10; improve sitting tolerance at work to more than 15 mins/hour
Clinical psychology	In 6 weeks improve coping strategies & beliefs re injury; reduce fear-avoidance behaviour; Örebro Musculoskeletal
Return-to-work program	To provide work support; achieve durable RTW; assist recovery; return to normal work capacity within 8 weeks

Outlining the purpose or goal of the recommended interventions will assist other parties with related decisions, reduce requests for further information and assist medical practitioners to evaluate the effectiveness of that intervention at a later date.

When outlining the purpose or goal, medical practitioners are encouraged to talk with the worker about their expectations for recovery and return to work.

Next review date

It is important for medical practitioners to complete the next date of review.

The review date should not exceed the specified period, which is 14 days for the First Certificate of Capacity. However, where the medical practitioner believes this is not appropriate, they should provide their clinical reasoning in the space available.

First and Final Certificate of Capacity

If the medical practitioner finds the worker to have full capacity for work and requires no or limited medical management, then they should indicate this by ticking the box.

Medical practitioner's details

This section must be completed and signed by the treating medical practitioner.

AHPRA number

The medical practitioner issuing the certificate is required to be registered to practice by the Australian Health Practitioner Regulation Agency (AHPRA) and the Medical Board of Australia. As such, the medical practitioner must provide their AHPRA registration number where indicated.

Date

The date stated here is the date the medical practitioner issued the certificate of capacity. It must not be back-dated. This date may differ from the 'Date of this assessment', if the certificate was not issued at the time of the examination. However, it is expected that in most cases, these dates will be the same.

FIRST certificate of capacity

1. WORKER'S DETAILS

First name

Last name

Date of birth

Email

Phone

Address

2. EMPLOYMENT DETAILS

Worker's job title

Employer's name

Employer's address

3. CONSENT AUTHORITY

I consent to any medical practitioner who treats me (whether named on this certificate or not) to discuss my medical condition with my employer, insurer and other medical or allied health professionals for the purpose of my claim for workers compensation and return-to-work options.

Worker's signature

Print name

Date

4. WORKER'S DESCRIPTION OF INJURY

Date of injury

What happened?

Worker's symptoms

5. MEDICAL ASSESSMENT

Date of this assessment

Clinical findings

Diagnosis

The injury is consistent with worker's description of how injury occurred

yes no uncertain

The injury is:

a new condition

a recurrence of a pre-existing condition

6. WORK CAPACITY

Worker's usual duties

Having considered the health benefits of work, I find this worker to have:

- full capacity for work** from but requires further treatment
- some capacity for work** from to performing:
- pre-injury duties modified or alternative duties workplace modifications
- pre-injury hours modified hours of hrs/day days/wk
- no capacity for any work** from to (*outline clinical reason below*)

Worker has capacity to:

(Please outline the worker's physical and/or psychosocial capacity – refer to explanatory notes for examples. Where there is no capacity for work, please provide clinical reasoning.)

- lift up to kg
- sit up to mins
- stand up to mins
- walk up to m
- work below shoulder height

7. INJURY MANAGEMENT PLAN

Activities/interventions	Purpose/goal (<i>likely change in symptoms, function, activity and work participation</i>)

I would like: more information about available duties a RTW program to be established
 to be involved in developing the RTW program

Examples of injury management activities/interventions include:

- further assessment - diagnostic imaging, medical specialist consults, worksite assessment
- intervention - physiotherapy, clinical psychology, exercise physiology, prescribed medications, workplace mediation
- return-to-work planning - identify suitable duties, establish return-to-work program.

8. NEXT REVIEW DATE

- Worker does not need to be reviewed again (FIRST and FINAL Certificate of Capacity)
- I will review worker again on (*if greater than 14 days, please provide clinical reasoning*)

Comments

9. MEDICAL PRACTITIONER'S DETAILS

Name	<input type="text"/>	AHPRA no. MED	<input type="text"/>
Address	<input type="text"/>	Email	<input type="text"/>
Phone	<input type="text"/>	Signature	<input type="text"/>
Fax	<input type="text"/>	Date	<input type="text"/>