

## Explanatory notes for medical practitioners

This information is provided to assist medical practitioners to complete the Progress 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

#### **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.

##### **Date of injury**

This is the date the worker sustained the injury and should be consistent with the date stated on the First Certificate of Capacity.

##### **Diagnosis**

This is the medical practitioner's medical diagnosis of the worker's injury. In most cases this will not have changed from the diagnosis stated on the First Certificate of Capacity. However, where a provisional diagnosis was made, please provide a confirmation diagnosis as soon as possible.

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.

## Progress report

### Activities/interventions

The medical practitioner should outline the injury management activities and interventions the injured worker has undertaken to either assess or assist with the worker's 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 RTW program.

### Actual outcome

This is the outcome of the prescribed activity or intervention and may describe changes in symptoms, function, participation in activities and capacity to work.

Physiotherapy	Performing more domestic tasks; reduced neural signs (pain scale 7/10 - 4/10)
Clinical psychology	Reports being less distressed by pain and greater participation in normal activities, beliefs about injury are improving - see reduced Örebro score
Return-to-work program	Maintained suitable duties at 20hrs/week for 2 weeks; gaining confidence

### Other factors impacting recovery and return to work

Medical practitioners are to consider both medical and psychosocial factors during injury management. The earlier psychosocial barriers are identified, the better. The critical period in which the risk of adverse outcomes can be reversed is 6-12 weeks post-injury.

Biological or medical	(Rule out) serious pathology, other active or interactive medical conditions, co-existing mental health or personality disorders
Psychological	Unhelpful beliefs about their injury, poor coping strategies, exhibiting signs of fear, avoidance or distress, taking a passive role in recovery and return to work
Work and/or social	Workplace conflict, poor supervisor or co-worker support, excessive work demands, low job satisfaction, work or financial insecurity, non-English speaking, limited social support, or litigation

Where other factors are present, use the tick box to indicate this. Please consider patient confidentiality when providing comments.

- 'Employer is unable to identify suitable duties despite the worker having some capacity for work.'
- 'The worker believes normal activities will aggravate their pain; fear-avoidant behaviour present.'

If you feel inadequately resourced to directly address these barriers during your consultations, early communication and referral to other health professionals is essential.

- Early communication may include calling or arranging a case conference with key parties (e.g. employer).
- Other health professionals include workplace rehabilitation providers and occupational physicians.

## Work capacity

### Describing work capacity

Medical practitioners 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'. 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 RTW 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 about injury & reduce fear-avoidance; Örebro Musculoskeletal Pain Questionnaire score reduced from moderate to low
Return-to-work program	Provide durable and supportive RTW; promote return to normal work capacity in 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 returning to work.

## **Return-to-work planning**

Medical practitioners are encouraged to use the tick boxes available to nominate themselves as active participants in the return-to-work planning process.

### **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 28 days for the Progress Certificate of Capacity. However, where the medical practitioner believes this is not appropriate, they should provide their clinical reasoning in the space available.

### **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. However, this date may differ from the 'Date of this assessment' (Medical 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.

# PROGRESS certificate of capacity

## 1. WORKER'S DETAILS

First name	<input type="text"/>	Last name	<input type="text"/>
Date of birth	<input type="text"/>	Claim no.	<input type="text"/>
Phone	<input type="text"/>	Email	<input type="text"/>
Address	<input type="text"/>		

## 2. EMPLOYER'S DETAILS

Employer's name	<input type="text"/>	Employer's phone	<input type="text"/>
Employer's address	<input type="text"/>		

## 3. MEDICAL ASSESSMENT

Date of this assessment	<input type="text"/>	Date of injury	<input type="text"/>
Diagnosis	<input type="text"/>		

## 4. PROGRESS REPORT

Activities/interventions	Actual outcome ( <i>change in symptoms, function, activity and work participation</i> )	Still required?*	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

\*(If management activities/interventions are still required, please also list them in Section 6 'Injury Management Plan')

Other factors appear to be impacting recovery and return to work

Comment

## 5. 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 on next page*)

## 5. WORK CAPACITY (CONTINUED)

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.)*

<input type="checkbox"/> lift up to	<input type="text"/>	kg	
<input type="checkbox"/> sit up to	<input type="text"/>	mins	
<input type="checkbox"/> stand up to	<input type="text"/>	mins	
<input type="checkbox"/> walk up to	<input type="text"/>	m	
<input type="checkbox"/> work below shoulder height			

## 6. INJURY MANAGEMENT PLAN

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

I support the RTW program established by the employer/insurer/WRP dated

I would like more information about available duties

I would like to be involved in developing the RTW program

Please engage a workplace rehabilitation provider *(If you have made a referral, provide name and contact details below)*

*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.*

## 7. NEXT REVIEW DATE

I will review worker again on  *(if greater than 28 days, please provide clinical reasoning)*

Comments

## 8. 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"/>

*(Practice stamp – optional)*