



**Red Flags**

**Green Lights**



A Guide to Identifying and Solving  
**Return-to-Work  
Problems**



Institute  
for Work &  
Health

Research Excellence  
Advancing Employee  
Health

## About this guide

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Red Flags/Green Lights:  
A Guide to Identifying and Solving Return-to-Work Problems  
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# BACKGROUND

## Why we developed this guide

This guide translates findings from a research study into a tool that provides advice about how to manage challenging return-to-work (RTW) situations. This study, which looked at workers with long-term compensation claims, examined how and why some injured workers fail to return to work as expected.<sup>1</sup> The study was based in the province of Ontario, Canada and involved in-depth interviews with injured workers who had difficulty during the return-to-work process. Interviews were also conducted with service providers including health-care providers, human resources personnel, RTW coordinators, compensation decision-makers and worker advisors. A key finding of the study was that workers' claims can become prolonged because decision-makers involved in workers' recovery and return to work are not always in a position to fully understand workers' situations. As a result, these decision-makers may make decisions that are not based on the complete picture. Such decisions contribute to delays and problems with workers' compensation claims.

## Purpose of the guide

This guide supports optimal quality in the disability management process. The guide can help stakeholders to identify warning signs or "red flags" that can adversely affect the RTW process and lead to prolonged workers' compensation claims. "Red flags" are problems that might develop during a worker's recovery or return to work after a work-related injury or illness. The guide provides suggestions for helpful approaches or "green lights" to assist decision-makers and workers in planning successful RTW processes.

This guide is designed to be used by return-to-work decision-makers such as:

- employers
- unions
- workers' compensation staff
- vocational rehabilitation providers
- RTW specialists
- health-care providers
- human resources personnel
- joint labour-management health and safety committees
- legal advisors
- worker advocates and injured workers.

Although the guide is based on an Ontario study, RTW challenges and suggested approaches are potentially applicable to other jurisdictions.

This guide:

- helps decision-makers to recognize warning signs of problems
- identifies issues that can escalate
- helps pinpoint possible explanations for RTW problems
- offers helpful approaches and suggestions.

<sup>1</sup> MacEachen E, Kosny A, Ferrier S, Chambers L, Cole DC. *How systemic problems can prolong workers' compensation claims and change workers' lives: an informed realist perspective*. Final Report to the WSIB. July 2008.

## What are red flags and green lights?

► **Red flags** are warning signs that a worker might not be recovering or progressing through the compensation or RTW process as expected. They prompt decision-makers to ask questions about a situation. The red flags in this guide are based on empirical data from the long-term compensation claims study.

◆ **Green lights** are suggestions for practices to improve a worker's recovery and RTW process. These were generated by expert opinion consensus.

**Vignettes** at the beginning of each section of this guide are based on workers' and providers' actual situations. They illustrate problems and offer suggestions for how they might have been managed.

## How the guide was developed

A team of researchers, knowledge transfer professionals and communication experts helped to transform the findings from the long-term claims study into a set of warning signs of RTW problems and suggestions for optimal RTW management. The first draft of this guide was reviewed by the Advisory Committee of the original long-term claims study.

Workshops were then conducted with RTW experts across Ontario in order to generate "green light" ideas for the "red flag" situations. Workshop attendees also reviewed the structure of the guide and the presentation of the "red flags," and considered dissemination strategies and target audiences. The return-to-work experts were a regional mix of health-care providers (including RTW coordinators, physicians, psychologists), workers' compensation staff, employer representatives (including employer advisors, human resources personnel, labour market re-entry providers) and worker representatives (including unions, legal representatives, injured workers).

A Red Flags Advisory Committee provided overall guidance on the goals and design of this project and the final content of this guide. This committee consisted of a workers' compensation representative, an employer representative, worker representatives and an occupational health physician.

## Layout of the guide

This guide is divided into four sections based on the context in which a "red flag" might occur and guidance could be helpful.

Work:	Workplace-based problems that can delay return to work
Vocational rehabilitation:	Problems with vocational rehabilitation processes (e.g. labour market re-entry, job retraining, education) that may affect the worker's ability to successfully re-enter the labour market
Health:	Health or medical management issues that may hinder the worker's recovery or engagement in return to work
Claim:	Claim process and communication issues that can complicate or prolong the claims process



## WORK CONTEXT: RED FLAGS/GREEN LIGHTS

	Red Flags	Green Lights
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<b>Difficulty travelling to work..... 10</b>	<ul style="list-style-type: none"> <li>▶ Driving impeded by injury</li> <li>▶ Transportation difficulty</li> <li>▶ Long-distance RTW</li> </ul>	<ul style="list-style-type: none"> <li>◆ Considering worker's ability to travel</li> <li>◆ Providing transportation options</li> </ul>
<b>Physically unsuitable work tasks..... 11</b>	<ul style="list-style-type: none"> <li>▶ Inability to perform job tasks</li> <li>▶ Requests for co-worker assistance</li> </ul>	<ul style="list-style-type: none"> <li>◆ Discussing accommodation details</li> <li>◆ Workplace assessment</li> <li>◆ Ongoing monitoring</li> <li>◆ Job re-orientation</li> </ul>
<b>Hazardous RTW ..... 12</b>	<ul style="list-style-type: none"> <li>▶ Fear of RTW</li> <li>▶ Worsening health since RTW</li> </ul>	<ul style="list-style-type: none"> <li>◆ Health and safety review</li> <li>◆ Addressing hazards</li> <li>◆ Alternative work</li> <li>◆ Job re-orientation</li> </ul>
<b>Lack of accommodation .... 13</b>	<ul style="list-style-type: none"> <li>▶ Conflicting views of work accommodation</li> <li>▶ Increased medication use since RTW</li> <li>▶ Work absence after injury</li> </ul>	<ul style="list-style-type: none"> <li>◆ Appropriate workplace accommodations</li> <li>◆ Written accommodation plan</li> <li>◆ Dispute resolution support</li> </ul>
<b>Embarrassing modified work..... 14</b>	<ul style="list-style-type: none"> <li>▶ Make-work modified work</li> <li>▶ Co-worker harassment</li> </ul>	<ul style="list-style-type: none"> <li>◆ Collaboration with injured worker</li> <li>◆ Productive modified work</li> <li>◆ Educating workplace parties about RTW</li> </ul>

### Commuting difficulties and non-compliance: Frank's story

Frank had a work-related back injury and could not sit or stand for long periods of time. **His employer offered accommodated work, but the commute caused Frank such pain that he arrived at work feeling ill and exhausted.** The compensation decision-maker advised Frank to stop along the way to get out and stretch. **However, because Frank commuted along a busy highway, stopping would be dangerous.** Because the employer had made an offer of modified work, **when Frank was late or did not show up to work, he was judged to be non-compliant and his benefits were cut.** This set in place a series of adverse effects including financial and **emotional strain** for Frank, and diminished workplace relations that would undermine a later RTW attempt.

Difficulty travelling to work

Worker non-compliance

Depression and other mental health problems

Considering worker's ability to travel

Communication

Acknowledging difficulty

### Co-worker harassment and unrealistic expectations: Sandra's story

Sandra was injured and her employer assigned her to light duties while she recovered. **Her proposed temporary reassignment offended some colleagues, who called her to say, "Don't think you're ever going to get this job, because you're not."** Sandra's employer tried to accommodate the co-workers by offering her work in a location in another city where a suitable job opening was available. **However, the city was several hours away and Sandra would have had to move away from her community.** Sandra looked after her elderly parents and her daughter went to school in her community. Sandra's co-workers' unfriendliness and the unreasonable employer request to move placed great strain on her. She did not want to lose her job, fight with her co-workers, or move away from her community. Yet she wanted to get back to work.

Embarrassing modified work (co-worker harassment)

Lack of accommodation (conflicting views of work accommodation)

Collaboration with injured worker

Dispute resolution support



## An unhelpful employer and adverse medication effects: Janet's story

Complicated health situations

Difficulty travelling to work

Lack of accommodation

Worker non-compliance

Poor communication

Worsening health

Medical delays

Janet broke her ankle while working. **Because recovery took a long time, her employer questioned the pace of her recovery** and asked if she was following her doctor's orders to stay off her leg. The employer and compensation decision-maker wanted Janet to begin modified work. **But with her broken ankle Janet wasn't able to drive, and there was no public transport in her area.** Janet also told her compensation decision-maker that the **modified job did not allow her to keep her ankle elevated as required. Janet's compensation decision-maker said she was being non-compliant, which meant her benefits would be cut.** Janet sent a photograph of the proposed modified job to her compensation decision-maker to show the physical circumstances. This helped him to understand that the modified work was unsuitable. **Janet was ultimately able to "prove" her case but only after experiencing anxiety, anger and feelings of being harassed by her compensation decision-maker and employer.** A medical specialist discovered that Janet was having an adverse reaction to her medication and had been **getting sicker over time.** Unfortunately, this insight took some time because **Janet lived a four-hour drive from any specialists.** Once her medication changed, Janet began to recover and was able to return to work.

Multidisciplinary assessment

Providing transportation options

Appropriate workplace accommodations

Mediation

Consultation

Health examination

Timely follow up

## RTW too early

In certain instances, a worker is required to return to work too early, before being well enough to manage modified work. A worker might feel obliged to return too early for fear of damaging working relationships or losing income, employment or compensation benefits. The worker may need to rely on co-workers to keep up with the job, and this can lead to strained and uncomfortable workplace relationships. The worker might also use or overuse medications in order to keep up. Such medication use can contribute to cognitive impairment, making the work dangerous to the worker and others. All of these situations can contribute to a delayed return to work, poor recovery or re-injury.

### Red flags

#### ► Immediate RTW

*Is the worker expected to return immediately after injury?*

Although a next-day return to work is not unusual for a worker with a minor or simple injury, a quick return can be too early for a worker with a complicated injury (e.g. that involves an inconclusive diagnosis or additional surgery). However, if a worker does not return, he or she may be viewed as non-compliant and could lose or face a reduction in compensation benefits.

#### ► RTW with unclear injury

*Is the worker expected to return before physicians have arrived at a full understanding of the impairment?*

In some cases, a worker experiences pain and health problems beyond the usual symptoms. In these situations, the compensation decision-maker might prompt the worker to return to work before the injury is fully understood, which can contribute to delayed healing or re-injury.

#### ► Work absences after RTW

*Is the worker taking time off after returning to work?*

Work absences after an initial return to work might signal pain or worsening injury. Absences might also indicate that the worker could benefit from additional recovery time or treatment.

### Green lights

#### ◆ Later RTW

If there is concern about the safety of returning to work because the extent of a worker's injury is unclear or functional abilities are difficult to identify, delaying the return to give time to heal or time for further assessments could prevent a failed return.

#### ◆ Functional abilities assessment

A worker who shows visible signs of not recovering might benefit from a functional abilities assessment. This assessment might lead to a new RTW plan that accommodates the worker's need for additional healing time, a graduated return or permanent accommodation.

### RTW planning

The injured worker should be provided with information that details the RTW process. Additionally, there should be a written RTW plan agreed upon by all participants, such as the worker, union, employer, health-care provider and compensation decision-maker. The plan should be regularly revisited and adjusted as needed to ensure suitability. Face-to-face meetings with decision-makers may facilitate this process. Ideally, the RTW plan refers to the timing of the return and identifies all barriers to returning to work, including those not directly related to the injury.

### Flexible RTW plan

The RTW plan should be individually tailored to the worker, the injury and the worker's circumstances. For instance, the plan could accommodate ongoing health-care needs by allotting time for treatment during the work day.

### **Notes:**

## Difficulty travelling to work

Although a modified work placement might be available, the worker's injury can complicate the commute. The injury may make travelling to or around work difficult, or the commute to modified work may involve excessive travel time. These might exacerbate the injury or lead to RTW failure.

### Red flags

#### ► **Driving impeded by injury**

*Does injury affect the worker's ability to drive?*

Problems such as knee or leg injuries can prevent the worker from safely operating a car. Other issues such as back injuries might require frequent breaks from sitting that can make driving awkward. Medication use can impair a worker's driving ability and safety.

#### ► **Transportation difficulty**

*Does the worker have to find new transportation, or is existing transportation difficult to use?*

Using public transportation can lead to fatigue and problems with recovery, especially if the worker has to switch from personal to public transportation after an injury. For instance, it can be difficult if the worker doesn't get a seat or is jostled during a commute on public transit. Changing buses or getting to the bus stop can be challenging. If the worker must rely on family members for transportation, it can test family members' goodwill.

#### ► **Long-distance RTW**

*Is work located a long distance from home?*

A comfortable distance for a healthy worker might be uncomfortable for an injured worker. Long commutes can also exacerbate an injury. For instance, a long drive along a busy highway offers few opportunities for breaks to stretch, and this might cause injury flare-ups.

### Green lights

#### 🟢 **Considering worker's ability to travel**

If the worker's injury makes travel difficult, this should be considered in the RTW plan. The worker might be given temporary alternatives for return to work, such as working from home or at an alternative location. If this situation extends beyond a short time, the arrangement should be reviewed.

#### 🟢 **Providing transportation options**

If the worker faces difficulty driving but can otherwise travel, the employer could arrange for temporary alternative transportation. Options could include carpooling or reimbursing taxi fares to enable a timely and safe return to work. If the injury is permanent, then transportation and modified work options should be reviewed.

### Notes:

## Physically unsuitable work tasks

A modified job might not suit the worker's physical restrictions. Problems can occur if the RTW plan is based on an "ideal job" determined only from a job title or description, rather than on actual job tasks. Job descriptions might not consider all day-to-day work activities, such as heavy lifting, repetitive movements, work pace and changes to schedules. Unsuitable work tasks can contribute to failed RTW attempts and the worsening of a worker's health.

### Red flags

#### ► Inability to perform job tasks

*Does the worker complain that he or she cannot do work tasks?*

All of the actual tasks of a job might not be listed in the job description. The job may require the recovering worker to use positions or work in conditions that are painful or harmful. In workplaces with fewer employees to share the workload, the worker might be pressured to perform more tasks than planned. Work tasks might also vary by location. For instance, work might be more physically demanding in a manufacturing site with little automation, or in a service industry job in a busy location where there are more customers.

#### ► Requests for co-worker assistance

*Does the injured worker regularly ask co-workers for help with the modified work?*

If the worker is relying on co-workers' assistance, it might signal that the job tasks exceed the worker's abilities. This can cause re-injury and delay recovery, and also overload other workers.

### Green lights

#### 🟢 Discussing accommodation details

The supervisor should consult with the worker on which specific tasks in a job the worker feels he or she can or cannot do. They can discuss whether these tasks can be accommodated so that everyone is comfortable that the worker can complete the job safely. A job could be adapted for the worker with a new combination of tasks.

#### 🟢 Workplace assessment

If a worker and employer cannot agree on the accommodation, a workplace assessment might be helpful. It might be an ergonomic assessment, physical demands analysis or environmental assessment. It could provide clarity on actual job tasks, physical demands and physical job suitability. A workplace assessment might help decision-makers, including the worker, to make more informed choices about returning to work.

#### 🟢 Ongoing monitoring

The worker's modified tasks should be monitored on an ongoing basis to ensure that activity levels and tasks remain appropriate over time and across different locations. A supervisor or joint labour-management health and safety representative at the workplace might be well placed to do this monitoring. The worker should be included in all discussions and encouraged to keep a log of tasks that are difficult or cause pain. Regular meetings should be scheduled, documented and shared with compensation decision-makers.

#### 🟢 Job re-orientation

When a worker returns to modified work, a new orientation to the job can address his or her outstanding concerns about workplace safety and job demands.

# Hazardous RTW

Returning to work can be problematic when modified work is created in a workplace where the dangers that caused the injury continue to exist. The worker might be re-exposed to stressors, chemicals, equipment or other conditions that caused the initial injury. These stressors might also affect other workers. If the RTW plan does not consider these hazards, it can adversely affect the worker's return.

## Red flags

### ► Fear of RTW

*Does the worker express fear of returning to his or her same work environment?*

Apprehension might stem from the worker's concern about continued exposure to hazards that caused the injury or illness. The worker could still be using faulty equipment that has not been repaired or replaced, or still be exposed to environmental hazards that have not been addressed.

### ► Worsening health since RTW

*Does the worker mention worsening health or re-injury since returning to work?*

The worker might be suffering from continued exposure to the hazard that caused the initial injury.

## Green lights

### 🟢 Health and safety review

To relieve the apprehension of the worker and co-workers, the employer should review workplace arrangements that might have caused the hazard. For instance, the employer could conduct a health and safety review and report the results to the injured worker before the return to work. An external consultant, safe work association or joint worker-employer health and safety committee could conduct the review. In situations where the injury suggests there may be unsafe working conditions, a worker advisor could ask the labour ministry to conduct a workplace review to ensure that hazards have been controlled.

### 🟢 Addressing hazards

An employer can reduce risk by eliminating hazards that create the need for personal protective equipment, or by introducing improved protective equipment.

### 🟢 Alternative work

If the hazard is difficult to control, the employer should consider exposure-reduction controls. The employer might also consider placing the worker in another environment or job until the hazard is controlled.

### 🟢 Job re-orientation

When a worker returns to modified work, a new orientation to the job can address his or her outstanding concerns about safety and demands.

## Notes:

## Lack of accommodation

The employer may have informed key decision-makers that modified work is in place, without being fully committed to providing, or being able to provide, appropriate accommodations. For instance, the workstation may not accommodate the injury, or the worker may not receive lighter duties or work hours to allow ongoing health-care treatments. In such cases, the worker might try to develop his or her own “accommodations” or feel obligated to perform restricted activities. These actions can prompt medication overuse and adversely affect the worker’s health.

### Red flags

#### ► **Conflicting views of work accommodation**

*Do the worker and employer have contradictory views on whether the modified work accommodates the injury?*

Worker-employer conflicts can signal that the modified work is not appropriate, or that the day-to-day tasks of a modified job vary from the job description upon which the worker and employer have agreed. The worker and employer may also disagree about the timing of a return to regular work. The shift from modified tasks to full resumption of duties might be rushed and may not be well supported by medical assessments or recommendations.

#### ► **Increased medication use since RTW**

*Does the worker exhibit signs of increased use of medications while at work?*

If the worker depends on pain medication to work, the RTW arrangement might not be suitable. Signs of medication overuse might include poor concentration and coordination.

#### ► **Work absence after injury**

*Has the worker taken considerable time off after returning to work?*

Absences after returning to work can signal worsening health. These absences might occur because the worker is engaged in inappropriate work tasks.

### Green lights

#### 🟢 **Appropriate workplace accommodations**

An RTW plan should accommodate the worker’s injury and be adaptable. Both the injured worker and employer need to agree on the plan. It should clearly indicate which tasks are restricted, what level of support is needed and what accommodations are available. It should also include timeframes so that progress can be monitored. The work accommodation might include ergonomic assessments and supports, allowances for time off (for work breaks, medical appointments, etc.) and encouragement from other employees.

#### 🟢 **Written accommodation plan**

The RTW accommodation plan should be treated as an agreement between the employer and employee. It should be in writing and co-signed by the employer and employee to ensure clarity, agreement and transparency.

#### 🟢 **Dispute resolution support**

A third party such as a union representative, RTW facilitator, member of a joint labour-employer health and safety committee or worker representative can help to mediate conflicts arising from workplace accommodation.

## Embarrassing modified work

Embarrassing modified work is work that has minimal productive value. Often, the work did not exist before the worker was injured. For instance, the worker may be asked to watch a gate or count items. The worker might feel the work is punitive or stigmatizing. He or she may see this work as a sign that the employer is not prepared to provide a supportive working environment. If extended beyond a short time, embarrassing work can create friction between the worker and his or her co-workers. For example, co-workers might make negative comments about the worker's new "job." These difficult social conditions can adversely affect the worker's mental health and challenge his or her ability to remain in the workplace during recovery.

### Red flags

#### ► **Make-work modified work**

*Does work add value to the workplace?*

The worker might feel devalued if the modified job is simply "make work" (such as counting screws) or "non-work" (such as sitting in a lunch room for the day) and if it extends for longer than a brief period. Co-workers might begin to view the injured worker as unvalued. The worker might question the purpose of returning to work under these conditions.

#### ► **Co-worker harassment**

*Does the worker experience ridicule or harassment from co-workers or supervisors upon returning to work?*

Embarrassing modified work can devalue an injured worker in front of colleagues and alter social roles in the workplace. It can lead to jokes and negative comments. As well, it can strain relationships with co-workers or supervisors. This can make it difficult for the worker to resume regular work duties and relationships after recovery.

### Green lights

#### 🟢 **Collaboration with injured worker**

The employer and union, if there is one, can collaborate with the worker. This collaboration can lead to an accommodated role that is appropriate and mutually beneficial in the long run.

#### 🟢 **Productive modified work**

The employer and compensation board should ensure that modified work is meaningful: physically suitable, available and productive. If the accommodation extends beyond a short time, the work should also be sustainable.

#### 🟢 **Educating workplace parties about RTW**

The employers and union can educate all workers in the workplace about their role in return to work in order to ensure that everyone understands the situation of workers in modified RTW positions.

### Notes:



# VOCATIONAL REHABILITATION CONTEXT: RED FLAGS/GREEN LIGHTS

	Red Flags	Green Lights
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<b>Physically inappropriate vocational training ..... 22</b>	<ul style="list-style-type: none"> <li>➤ Lack of physical accommodations</li> <li>➤ Inflexible learning environment</li> <li>➤ Difficulties travelling to school or class</li> </ul>	<ul style="list-style-type: none"> <li>◆ Ergonomic accommodations</li> <li>◆ Alternative learning environments</li> <li>◆ Re-evaluating vocational training</li> <li>◆ Travel accommodations</li> </ul>
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### Complex personal and work situations: Jonathon's story

Jonathon was a 53-year-old delivery truck driver with a Grade 9 education who injured his leg while unloading a truck. He began modified work. **Because he had not sufficiently recovered, he was re-injured.** Jonathon was then assigned to light modified duties: folding items at the factory. However, when he went to the factory he was not given any work at all. A further complication was that **Jonathon was due to have surgery for a pre-existing heart condition.** This required at least four months of recovery time. One month after his assignment to the factory, Jonathon was laid off. He was then sent by the compensation board to a vocational rehabilitation program **and advised to take computer training. The training went poorly. Jonathon didn't understand his courses and felt he would never get a job working with computers.** Ultimately, Jonathon's compensation decision-maker offered him a full loss-of-earnings pension. Unfortunately, before this decision was made, Jonathon encountered years of stressful, difficult and ultimately unsuccessful RTW attempts and vocational rehabilitation.

Worsening health or re-injury

RTW too early

Complicated health situations

Unrealistic training

Problems obtaining work

Work trial

Later RTW

Considering the whole person

Worker-oriented vocational training

Employer incentives

**Vocational rehabilitation before full recovery:  
Charles' view as a  
vocational rehabilitation provider**

Charles was a vocational rehabilitation provider. He had to help workers find suitable training goals within their functional abilities that restored their previous earnings. **Some workers who were sent to his firm were not ready for retraining.** One woman was scheduled for major surgery. One man was taking care of his wife who was dying of cancer. **Another was suffering from post-traumatic stress.** But if Charles did not accept these workers and create a training program for them, the compensation decision-maker would send the workers to another provider. Charles was between a rock and a hard place. **If Charles did not accept these workers, he would lose the client contracts. If he did accept the workers, they could not cope with retraining.** As Charles said, "The whole thing is supposed to be about what is the best fit for the worker, right?"

Vocational rehabilitation before adequate recovery

Depression and other mental health problems

Decision-maker conflicts

Delaying training; contingency planning

Referrals

Claim coordination

## Vocational rehabilitation before adequate recovery

If a worker starts a retraining program before recovering adequately, it can complicate the education and training process. Training might be interrupted by medical appointments, surgeries or recovery from treatments. If a worker consumes potent pain medications, it can hinder concentration during retraining. Also, the discomfort of the injury might distract the worker and threaten the successful completion of vocational rehabilitation.

### Red flags

#### ► Absences for medical treatment

*Does the worker need to take time off from the program for treatments or surgery?*

Ongoing treatments or surgeries are a sign that the worker has not adequately recovered. In these situations, the retraining plan might be mistimed. When the worker has to miss classes regularly for medical treatments, it may increase the risk of not succeeding in retraining.

#### ► Medication use during training

*Is the worker consuming potent pain medication during training?*

Medication use during retraining may indicate that the worker has unresolved problems that could impede his or her ability to retrain successfully. Pain medications such as opiates can impair cognition, making it difficult to understand and retain new information.

### Green lights

#### 🟢 Delaying training

The worker might benefit if vocational education is postponed until intense health-care interventions, such as complex surgery or frequent rehabilitation appointments, are completed. Training might be postponed if recovery outcomes are inconclusive.

#### 🟢 Revising rehabilitation timeline

The compensation decision-maker and vocational education provider should consider revisiting education timelines if the worker requires medication to control pain during vocational retraining. They should consider the length, flexibility and demands of the program given the worker's physical limitations.

#### 🟢 Contingency planning

A contingency plan should be in place if recovery and retraining do not proceed as expected. Also, the education plan may need to be revised.

#### 🟢 Understanding options

The injured worker should receive comprehensive information about the vocational rehabilitation process. This step ensures that the worker understands the financial and employment implications of his or her decisions about retraining.

### Notes:

## Fast-paced education

Fast-paced education refers to intense retraining programs at some private vocational schools that aim to quickly upgrade the worker. For instance, a program could require a worker to complete a high school grade in two months. Accelerated programs might be difficult for any student, but can be particularly difficult for a worker with limited formal education or English-language proficiency, as well as a worker who hasn't attended school for a long time or who is coping with pain or limited mobility.

### Red flags

#### ► **Failing college entrance exams**

*Is the worker failing courses?*

The worker could be failing college entrance exams because the pace of upgrading courses is faster than his or her ability to properly absorb or learn information required for college readiness.

#### ► **Worsening health since vocational training**

*Is the worker's health deteriorating? Is the worker developing new health problems?*

Worsening health can be a sign that training is too strenuous. Stress can aggravate an injury or other existing health problems. It can also lead to insomnia, anxiety or pain, and can hinder learning.

### Green lights

#### ◆ **Graduated training**

The worker might benefit from a graduated training program, which takes longer to complete. Although reducing the pace of training might delay the timing of a return to work, in the long run it might improve the worker's chances of learning new skills and getting a job.

#### ◆ **Modified training**

If the worker's education plan is not proceeding as expected, compensation decision-makers might consult with the school or request further independent testing to identify the worker's educational needs.

#### ◆ **Evaluation of upgrading**

An independent evaluation of the worker's upgraded skills should be conducted to ensure that he or she is adequately prepared to enter college or the labour market.

### Notes:

## Unrealistic training

In some cases, the training program might not be a good fit with the worker's personal and vocational background. Retraining programs that do not match a worker's educational level, language proficiency, interests or aptitude can complicate the learning process. A worker with limited formal education, a prolonged absence from formal education or a learning disability can struggle in retraining programs. Unrealistic expectations can contribute to frustration and distress, and to potential failure in the retraining program.

### Red flags

#### ► Inadequate training

*Does the worker complain that training does not adequately prepare him or her for the labour market?*

The worker may be placed in brief training courses that reduce the time on compensation benefits. While brief programs might appear to be financially sensible in the short term, they may not be a good choice if they do not offer appropriate learning or recognized credentials. In the long term, they may hinder the worker's ability to gain employment.

#### ► Program mismatch

*Does the worker mention that the program is not a good match for him or her?*

The worker might feel that the training program does not match his or her actual skills, interests, abilities or education. For example, someone who originally worked independently and outdoors might not be well suited to indoor customer service work. A worker with limited English might struggle in courses with a lot of reading or writing. A worker who did manual labour may not know how to use the equipment required for school, such as a computer.

#### ► Feeling forced into choice

*Does the worker complain of being forced into a retraining program?*

A worker can feel coerced into a training program if he or she doesn't understand the training choices, doesn't have enough time to consider options, or is limited to programs that don't match his or her interests. If the compensation decision-maker selects the retraining program without a full discussion with the worker, it can exacerbate these feelings. If decisions are made before health-care treatments are finished, both the worker and decision-maker may be unsure of the extent of the worker's final impairment and, therefore, vocational abilities.

### Green lights

#### 🟢 Worker-oriented vocational training

The worker may benefit from retraining programs that are oriented to his or her interests, aptitudes and functional restrictions. The worker should be included in all discussions and decision-making about vocational options. Compensation decision-makers and rehabilitation facilitators should meet with the worker to discuss barriers and how to overcome them. This step can foster rapport and trust among all the parties involved.

#### 🟢 Longer training courses

A less intense training schedule might offer the student time to reflect and absorb course material. Learning may also be affected less by intermittent absences for health-care appointments, compared with a program with more frequent classes.

### **Greater choice**

The worker might benefit from having more choice in his or her vocational education. In addition to more job retraining options, the worker should also have information about the consequences of the programs, as well as enough time to consider different options. If the worker is satisfied with the training choice, it might enhance success in the program.

### **Alternative job training**

Different training methods such as training on the job, apprenticeships and co-op programs should be considered. Work placements during training and employer incentives to hire or place the injured worker might help the worker find a sustainable job.

### **Revisiting training goals**

To ensure that the training continues to be suitable, training goals should be reviewed with the worker partway through the training program. Additional assistance or resources such as tutoring or assistive devices should be provided as needed. Also, it should be recognized that employment might not be a viable goal for the worker.

### **Understanding options**

The injured worker should receive comprehensive information about the vocational rehabilitation process so that he or she understands the implications of decisions. For instance, the worker should understand the consequences of missing school and how compensation benefits are affected after completing the vocational education.

### **Collaborative decision-making**

The worker and all relevant parties, such as the vocational rehabilitation counsellor and compensation decision-maker, should be included in all vocational planning and monitoring issues. The health-care provider should also be involved when a worker's health impedes the training. For instance, if the worker still needs pain management medications, then it might be better to delay or reconsider training that calls for physical coordination, such as a welding course.

### **Notes:**

## Physically inappropriate vocational training

The physical training environment of the school needs to accommodate the worker's injury, particularly if the worker has limited mobility or can't sit or stand for a long time. The training may be physically inappropriate if the worker has to remain in uncomfortable positions for a long time, if there is no ergonomic furniture and equipment, or if the worker has to quickly commute across campus to get from class to class. These situations can exacerbate injuries and interfere with the worker's ability to learn.

### Red flags

#### ► Lack of physical accommodations

*Are ergonomic accommodations available in the learning environment?*

A worker generally enters a retraining program because of a permanent injury. However, the training provider might not be oriented to the needs of people with disabilities. The school might not have adjustable chairs and desks, or training plans that consider the injury.

#### ► Inflexible learning environment

*Does the school provide a flexible learning environment?*

A worker with a disability might not be able to succeed in a regular classroom setting that involves sitting and concentrating for long periods of time. If the worker isn't allowed to take breaks or be absent when in pain, he or she may become anxious or the injury may be exacerbated.

#### ► Difficulties travelling to school or class

*Is the worker able to travel to school and between classrooms?*

A worker with physical limitations might have difficulty travelling to and from school, or walking from class to class. This can aggravate pain or contribute to physical strain.

### Green lights

#### ◆ Ergonomic accommodations

Retraining programs could provide a flexible learning environment tailored to people with disabilities. Ergonomic modifications to chairs, desks and other tools such as computer equipment can be made. Vocational rehabilitation providers could follow up with the worker to ensure that equipment is safe and appropriate.

#### ◆ Alternative learning environments

Alternative education arrangements such as home tutoring or online courses might be appropriate for short time periods for an injured worker. For instance, a worker who can't easily sit in a classroom or travel from class to class might benefit from such arrangements.

#### ◆ Re-evaluating vocational training

If alternative arrangements or ergonomic supports are required for an extended time, the appropriateness of training should be re-evaluated.

#### ◆ Travel accommodations

If the worker has difficulty travelling to school or getting to class, the vocational rehabilitation provider could review the worker's commute, ensuring that it fits with his or her functional abilities. For example, the provider could ensure that the walking distance between buildings, or the need to carry books, is accounted for in the plan.



## Problems obtaining work

Although vocational education might provide a worker with skills that are in demand in the labour market, other conditions might put the worker at an employment disadvantage. The tools used by the vocational decision-maker to determine job availability in an area might not be sensitive to regional variations. Also, such assessments might be out of date by the time training is completed. As a result, the worker's new skills may not be in demand in his or her geographic area. The worker may also be at a disadvantage in the labour market if he or she is older, has a disability, lacks work experience in the field in which work is being sought, or has résumé gaps due to the work injury. Each of these can lead to problems obtaining work.

### Red flags

#### ► **Difficulty finding a job**

*Is the worker able to find work after training?*

The injured worker might have difficulty finding a job in a competitive marketplace. The worker is at a disadvantage if employers expect experience in the field and the worker's pre-injury work was not in a comparable industry. If the worker lives in a single-industry town or in a rural area, there may be fewer job vacancies and options, making it harder to find work.

#### ► **Worker not hired into available jobs**

*Has the worker had a series of unsuccessful job interviews?*

When able-bodied workers are available in the labour force, employers might be reluctant to hire a disabled worker. Although the worker may have the required skills, employers might be concerned about the worker's age (if older) and/or disability (with respect to reliability and being able to "fit in" at the workplace). Employers may also worry that an injured worker is at risk of re-injury and, if a re-injury occurs, how it might affect their standing with workers' compensation.

### Green lights

#### 🟢 **Work placements**

A worker who is training for an occupation that calls for new skills might benefit from an internship or apprenticeship in the new line of work. This experience might make the worker more competitive.

#### 🟢 **Job search support**

The vocational rehabilitation provider might refer the worker to a job placement agency that is familiar with local jobs and employers.

#### 🟢 **Employer incentives**

Offering employers financial incentives to hire injured workers for a set time period after retraining might help employers to "try out" the worker. It might also address employers' concerns about suitability and reliability. Also, the worker would gain job experience.

#### 🟢 **Accident employer work options**

Together with the worker, compensation decision-makers can involve the pre-injury employer in retraining discussions. When training is completed, there may be employment options with the employer that can be revisited.

**Notes:**

# HEALTH CONTEXT: RED FLAGS/GREEN LIGHTS

	Red Flags	Green Lights
<b>Complicated health situations..... 28</b>	<ul style="list-style-type: none"> <li>➤ Walk-in clinic assessment</li> <li>➤ “Invisible” injuries</li> <li>➤ Difficulties assessing if injury is related to work</li> <li>➤ Conflicting diagnoses</li> <li>➤ Non-work health problems</li> <li>➤ Incomplete or delayed reporting</li> </ul>	<ul style="list-style-type: none"> <li>◆ Support from occupational health practitioner</li> <li>◆ Considering the whole person</li> <li>◆ Collaboration</li> <li>◆ Multidisciplinary assessment</li> <li>◆ Investigating the cause of injury</li> </ul>
<b>Medication use problems ..... 30</b>	<ul style="list-style-type: none"> <li>➤ Reactions to medication</li> <li>➤ Medication side effects</li> <li>➤ Changes in medication use</li> <li>➤ Multiple prescriptions</li> </ul>	<ul style="list-style-type: none"> <li>◆ Multidisciplinary treatment</li> <li>◆ Reassessment</li> <li>◆ Observing changes in medication</li> </ul>
<b>Worsening health or re-injury ..... 32</b>	<ul style="list-style-type: none"> <li>➤ New symptoms</li> <li>➤ Lack of progress in RTW or vocational rehabilitation</li> <li>➤ Relying on medication for RTW or vocational rehabilitation</li> <li>➤ Incomplete communication</li> </ul>	<ul style="list-style-type: none"> <li>◆ Listening to worker</li> <li>◆ Monitoring worker health</li> <li>◆ Collaboration</li> <li>◆ Work trial</li> <li>◆ Work adjustment</li> <li>◆ Health examination</li> </ul>
<b>Depression and other mental health problems..... 34</b>	<ul style="list-style-type: none"> <li>➤ Fatigue</li> <li>➤ Mental distress</li> <li>➤ Problems at home</li> </ul>	<ul style="list-style-type: none"> <li>◆ Acknowledging difficulties</li> <li>◆ Referrals</li> <li>◆ Providing information</li> <li>◆ Peer support</li> </ul>

### A complicated situation and inconclusive diagnosis: Jesse's story

Jesse lived in a small northern community. **He suffered a prolonged chemical exposure at work and had respiratory problems that became more serious over time.** At first he thought taking a few sick days as needed would help, but every time he went back to work he had more and more trouble breathing. At one point, he thought he was having a heart attack. **His family doctor discouraged him from filing a compensation claim and suggested he go on Employment Insurance.** Jesse attempted to go back to work but his symptoms continued. **Because his family doctor couldn't provide a clear diagnosis or determine for certain that his condition was work-related, Jesse asked to see a medical specialist. This would involve a wait of six to eight months.** Jesse filed a workers' compensation claim but it was denied. **The compensation decision-maker did not understand why he waited so long to report the injury, since he had symptoms for almost a year.**

Complicated health situations

Poor communication

Delayed decision-making

Delayed reporting

Multidisciplinary assessment

Including the right people

"Benefit of the doubt" decision-making

Providing system knowledge

### Re-injury and medication misuse: Joe's story

Joe worked at a pizza parlour for many years before he was injured. **The employer assured the compensation decision-maker that light work was available, but in practice simply told Joe to go back to his regular job.** Joe didn't want to lose his job so he obeyed the employer. During these attempts, Joe managed his **pain** by increasing his medication dosage. By the time he was **re-injured a third time, Joe was consuming eight Percocets daily and was addicted to this medicine.**

Lack of accommodation

Worsening health or re-injury

Medication use problems

Written accommodation plan

Monitoring worker health

Multidisciplinary treatment

## Complicated health situations

The management of a worker's injury can be complicated by inconclusive medical diagnoses, symptoms that are not visible or health conditions that are not related to the claim. Multiple health assessments might be needed. However, this can lead to competing medical opinions that delay decision-making about the worker's claim.

### Red flags

#### ► **Walk-in clinic assessment**

*Was the worker treated at a walk-in clinic?*

Due to the nature of walk-in clinics, health-care providers may not be able to fulfil the administrative needs of compensation decision-makers. Clinic staff will generally not have the worker's full medical history and may be unable to provide the detailed information required by compensation decision-makers. Also, staff at walk-in clinics may not be able to offer the continuity of care needed to support a claim. This situation can contribute to problems such as incomplete reporting and can delay decision-making by workers' compensation staff.

#### ► **"Invisible" injuries**

*Are injuries difficult to see and measure objectively?*

Some health problems such as back injuries lack clear symptoms. Without objective "proof," the injury might be minimized or dismissed by key decision-makers, such as health-care providers or workers' compensation staff. Even when signs are present, it may be difficult to objectively assess the extent of the worker's pain. In these situations, the worker may be asked to do tasks that cause excessive pain or worsen the injury.

#### ► **Difficulties assessing if injury is related to work**

*Is it difficult to determine that the injury or illness is related to work?*

Some injuries or illnesses can be difficult to attribute to the workplace. For example, many musculoskeletal disorders do not have a clear starting point. They can also be related to the wear and tear of life outside of work, or physical changes related to aging. Determining whether a health problem is related to work can delay appropriate decision-making about optimal claim management. It might extend the worker's exposure to the hazard.

#### ► **Conflicting diagnoses**

*Have health-care providers provided inconsistent diagnoses?*

Health-care providers might see different symptoms at the time of diagnosis, leading to different diagnoses. For instance, one clinician might see pain symptoms that are masked for another clinician by the worker's medication use. Health-care providers might also have different information on the worker's health background. A family doctor may have a more comprehensive view than a specialist who sees a worker once for a specific health concern. Even when health-care providers agree, they may use different diagnostic terms to describe the same condition, so they appear to be disagreeing. Compensation decision-makers may attempt to resolve the conflict by having all diagnoses reviewed by an in-house medical practitioner who hasn't met or treated the worker and, therefore, may lack important information.

## ► **Non-work health problems**

*Does the worker have other health problems in addition to the work injury?*

Health problems unrelated to work can complicate returning to work and recovery. These include conditions such as arthritis or high blood pressure. The worker may also develop health problems that follow a work injury, such as depression or overuse of one limb when the other is damaged. These additional health problems can complicate recovery and mask or exacerbate injury symptoms. As a result, RTW plans may fail because they don't accommodate all of the worker's health needs.

## ► **Incomplete or delayed reporting**

*Have claim decision-makers gathered adequate information from health-care providers about the worker's condition?*

Health-care providers might not provide timely or complete reports to compensation decision-makers, leaving them with a limited or inaccurate view of the injury situation. If clarifications are not sought or received, the injury's impact on the worker may be underestimated or the cause may be misattributed. Poor decision-making about claim entitlement and RTW plans can occur.

## **Green lights**

### ◆ **Support from occupational health practitioner**

In complex situations, a doctor or nurse with occupational health expertise can help the worker to understand the overall health and compensation situation. He or she might help coordinate health care in cases of conflicting diagnoses. A worker representative such as a union member can help the worker to know which questions to ask the doctor.

### ◆ **Considering the whole person**

Compensation decision-makers could base RTW planning not only on the work injury, but also on the worker's overall health including pre-existing or new health conditions arising from the work injury. Providing access to culturally compatible health care (for instance, acupuncture) should be considered.

### ◆ **Collaboration**

A collaborative relationship between health-care providers and compensation board parties can help everyone to understand the injury and mitigate the confusion that can stem from conflicting diagnoses. For instance, when a health-care provider such as a therapist or RTW facilitator does an assessment, results should be sent to the compensation decision-maker and to the worker's main health-care provider.

### ◆ **Multidisciplinary assessment**

A worker might benefit from a functional abilities assessment, or an assessment and care program that is multidisciplinary in orientation. For example, physical injuries can lead to mental health problems. This situation needs to be recognized and addressed.

### ◆ **Investigating the cause of injury**

If an injury or illness is difficult to attribute to the workplace, then an investigation can help to resolve this lack of clarity. For instance, a detailed history and analysis of tasks can be collected from the worker. Job tasks can be reviewed to establish a causal link. This investigation could be completed by someone from an occupational health clinic.

## Medication use problems

Some medications can affect the worker's cognitive functions including thinking, concentrating and remembering. They can also mask signs of worsening injury or re-injury, particularly if the medication enables the worker to continue doing demanding tasks. The worker might use medication to manage pain, workplace demands, non-accommodated work or conditions at a vocational education program. Medication might also be used to manage stress, anxiety and sleeplessness. Over time, some kinds of medication use can result in dependence. Each of these situations can challenge recovery, returning to work and vocational education.

### Red flags

#### ► Reactions to medication

*Does the worker appear to be dizzy, sleepy or disorientated?*

Dizziness, sleepiness or disorientation might be a sign of medication intoxication, which can be hazardous and lead to the worker or others getting injured. Medication intoxication can also cause adverse side effects that worsen health and delay recovery.

#### ► Medication side effects

*Does the worker seem to have new health problems?*

Newly developed health problems might be due to the side effects of medication. For instance, a pain medication might also cause sleepiness, an inability to concentrate, nausea and diminished sexual functioning. These side effects can create new health problems, such as depression. They can also reduce the worker's quality of life, complicate returning to work and delay recovery.

#### ► Changes in medication use

*Have there been dramatic changes in the worker's medication use?*

Prescription changes can indicate medication use problems. Examples are increases in dosage or in the number of medications, a change in the type of medication (for instance, from non-narcotic to narcotic), or running out of medication more quickly. Such changes might indicate unresolved pain and contribute to side effects.

#### ► Multiple prescriptions

*Does the worker mention receiving prescriptions from multiple health-care providers?*

Although a worker without a family doctor might use walk-in clinic physicians for prescriptions, a pattern of prescriptions from multiple sources combined with signs of medication abuse could indicate addiction.

### Green lights

#### 🟢 Multidisciplinary treatment

A worker may benefit from an assessment and care program that is multidisciplinary in orientation. For instance, the program could include counselling, pain management, physiotherapy, massage or alternative therapies. If medication is the only treatment, it can lead to excessive use, which is related to other physical and mental health problems.



## **Reassessment**

A reassessment of the worker's situation by the health-care provider may help identify issues such as ongoing pain, side effects, worsening injury or mental stress before they become problematic. Following this reassessment, the worker's modified RTW tasks might be re-evaluated or work hours might be changed to better suit the worker's new or different health needs.

## **Observing changes in medication**

When a worker shows signs of increased medication use, as well as interpersonal issues, health-care workers could recommend specialized support from a pain management clinic. With the worker's permission, this information could be shared with all relevant decision-makers, including the worker's primary health-care provider.

### **Notes:**

## Worsening health or re-injury

Problems can develop when the worker's health condition changes after decisions about claim entitlement and return to work are made. It can be difficult for compensation decision-makers and the employer to alter RTW plans and other arrangements. New health problems can also appear invisible if there are symptoms such as pain that are difficult to measure objectively. Even after claim decision-makers recognize new health problems, there may be delays in claim processing and RTW plans to determine the relationship between the new problem and the original injury. These situations can have financial implications for the employer, create administrative difficulties for compensation decision-makers and lead to disruptions, reductions or denials of the worker's compensation benefits.

### Red flags

#### ► **New symptoms**

*Does the worker show or complain of new pain symptoms, mental health issues or other health problems?*

Signs of a worker's deteriorating health are new pain complaints, mental health problems, increased medication use, fatigue and inability to perform as expected. New health problems can also develop. For instance, a worker may over-use a non-injured body part to compensate for the injured body part, which may contribute to a secondary injury. Problems might also occur when conditions at work or vocational education aggravate an injury.

#### ► **Lack of progress in RTW or vocational rehabilitation**

*Is the worker not progressing in his or her RTW plan or vocational education?*

New or worsening health problems might affect the worker's ability to concentrate, perform and complete tasks. For instance, the worker may have difficulty performing modified work tasks or completing courses in vocational education.

#### ► **Relying on medication for RTW or vocational rehabilitation**

*Does the worker depend on medication to engage in returning to work or vocational education?*

Relying on medication to function at work or in retraining programs can be a sign that the RTW or retraining arrangements are not accommodating the health problem as expected.

#### ► **Incomplete communication**

*Are decision-makers in contact with each other about changes to the worker's health?*

While individual service providers might be aware of the worker's unexpected or worsening health problems, there might not be an established way to share these issues with other providers. As a result, individual service providers might not see the full picture. For instance, a vocational rehabilitation provider might notice a worker having problems with course work, but may not link it to pain. The employer might observe the worker having problems with modified work, but view it as a lack of effort.

## Green lights

### ◆ Listening to worker

Compensation decision-makers, health-care providers and the employer should note the worker's concerns about his or her health situation. The worker often knows if his or her health is getting worse. The worker might have difficulty managing new health problems, rehabilitation and RTW arrangements as a result. These difficulties can be misinterpreted by decision-makers as laziness or psycho-somatic behaviour.

### ◆ Monitoring worker health

Compensation decision-makers, health-care providers and the employer should watch for signs of increased pain such as disorientation, difficulty concentrating or restricted movements. Other signs are work absences, anxiety, depression and anger. The worker might not want to upset existing plans with new health complaints, but these problems can lead to failed RTW and retraining efforts. In cases of worsening health, regular consultations can be set up with the worker and decision-makers to assess the work situation. A third party, such as an RTW facilitator or union representative, may coordinate these consultations and can help communicate the worker's situation.

### ◆ Collaboration

Collaborative communication with all relevant decision-makers can alert others to "red flags" so that health and RTW concerns are more likely to be dealt with promptly. When decision-makers are exposed to only one part of a worker's RTW problem, they cannot see the whole picture. To uncover possible causes of worsening health or re-injury, decision-makers should talk to the worker.

### ◆ Work trial

A work simulation can be set up to see if the modified work is suitable. A job coach can help set up the workstation, stay with the worker to analyze tasks, and give specific information and advice on the spot.

### ◆ Work adjustment

Health problems might be prevented if modified work is regularly adjusted to suit the worker's changing health condition. Adjustments can include a graduated return to work, different work tasks, regular breaks and additional support systems at work. An ergonomic assessment could help to tailor the work adjustment.

### ◆ Health examination

If the worker is complaining of worsening health or re-injury, he or she needs to be examined by a health-care provider to see if there has been a flare-up, or if the level of impairment has deteriorated. If this is the case, new physical restrictions may need to be established.

## Notes:

## Depression and other mental health problems

Mental health problems such as depression and anxiety can affect recovery, return to work or vocational rehabilitation. Mental health problems may be related to challenges or embarrassment at work, family dysfunction or financial strain caused by the injury or disability. The injured worker who faces pain and difficulty at work might cope on the job but return home feeling irritable or angry, disrupting family life. Problems might also develop if the worker's impairment is not fully recognized by compensation decision-makers, which can contribute to financial and family problems.

### Red flags

#### ► **Fatigue**

*Does the worker appear tired or fatigued, or complain of being unable to sleep?*

Fatigue could indicate sleeplessness due to stress or unresolved pain.

#### ► **Mental distress**

*Does the worker exhibit signs of anxiety or depression?*

Visible signs of anxiety or depression are significant weight changes, legal troubles, medication abuse or absenteeism.

#### ► **Problems at home**

*Has the worker mentioned relationship problems?*

Relationship break-ups might be a sign that the worker is in distress and is unable to manage his or her injury or RTW situation.

### Green lights

#### 🟢 **Acknowledging difficulties**

If returning to work is delayed, the employer, health-care providers and compensation decision-makers should be prepared to acknowledge the stress and difficulty of the situation and that the RTW process can contribute to mental health problems. For instance, the worker may experience stress while adjusting to a new job or health limitations.

#### 🟢 **Referrals**

Medical specialists may not have the training to recognize or treat mental health conditions. If they are treating a worker showing signs of distress, it might help to make a referral to a mental health specialist.

#### 🟢 **Providing information**

Those who see signs of mental health problems in the injured worker should share these concerns and provide the worker with information about how to find help. For instance, a supervisor or co-worker could provide information about the Employee Assistance Plan provider and how to contact this service.

#### 🟢 **Peer support**

Peers can provide social support to a worker who is experiencing psychological distress. Injured worker support groups can help reduce the isolation of being injured. Peer groups might also be a forum for advice on how to manage communication and relationships with health-care and compensation decision-makers.

# CLAIM CONTEXT: RED FLAGS/GREEN LIGHTS

	Red Flags	Green Lights
<b>Poor communication ..... 38</b>	<ul style="list-style-type: none"> <li>▶ Indirect contact</li> <li>▶ Decisions without collaboration</li> </ul>	<ul style="list-style-type: none"> <li>◆ Consultation</li> <li>◆ Face-to-face contact</li> <li>◆ Including the right people</li> <li>◆ Providing system knowledge</li> </ul>
<b>Decision-maker conflicts ..... 40</b>	<ul style="list-style-type: none"> <li>▶ Conflicting views of RTW readiness</li> <li>▶ Conflicting views of accommodation</li> </ul>	<ul style="list-style-type: none"> <li>◆ Claim coordination</li> <li>◆ Representation</li> <li>◆ Workplace visit</li> </ul>
<b>Delayed reporting ..... 42</b>	<ul style="list-style-type: none"> <li>▶ Late reporting of injury</li> <li>▶ Late filing of health-care reports or worker appeals</li> <li>▶ Medical delays</li> </ul>	<ul style="list-style-type: none"> <li>◆ Talking to the worker</li> <li>◆ Timely follow-up</li> <li>◆ Providing accessible information</li> <li>◆ Providing system knowledge</li> </ul>
<b>Delayed decision-making .... 44</b>	<ul style="list-style-type: none"> <li>▶ Decision-making conflicts</li> <li>▶ Long waits for decisions</li> </ul>	<ul style="list-style-type: none"> <li>◆ Regular communication</li> <li>◆ Seeking information quickly</li> <li>◆ "Benefit of the doubt" decision-making</li> <li>◆ Worker representation</li> <li>◆ Ombudsman</li> <li>◆ Financial resources</li> </ul>
<b>Worker non-compliance .... 46</b>	<ul style="list-style-type: none"> <li>▶ Decision-maker conflicts</li> <li>▶ Unresolved health concerns</li> </ul>	<ul style="list-style-type: none"> <li>◆ Communication</li> <li>◆ Mediation</li> <li>◆ Worker representation</li> </ul>
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### Poorly completed forms and use of walk-in clinic: Theresa's story

Theresa, a cafeteria worker, sustained a shoulder injury. No claim was filed initially and she continued working but had increasing pain. The pain got so bad that Theresa needed shoulder surgery. At this point, she filed a claim. **The compensation board had problems accepting her claim because it had not been filed at the time of injury.** The board assumed that Theresa was fit to work. **Theresa's claim was further complicated because her family doctor was away for three months and she had to ask a doctor at a walk-in clinic to see her and fill in the compensation board forms.** The compensation board was suspicious that Theresa went to this clinic. In addition, **the clinic doctor reported her injury incorrectly. This caused delays in decision-making** and benefit payments. Theresa said that she learned from the experience that every little mistake in filling out a form can mean delays with a claim.

Delayed reporting

Complicated health situations; walk-in clinic assessment

Delayed decision-making

Talking to the worker

Collaboration

Regular communication

### Shunning angry workers: Joan's view as a peer helper

Joan, an injured worker peer helper, saw many workers who were having negative emotional reactions to their difficult claim situations. She observed that **interactions with the compensation board can worsen communication and understanding.** She attributed this in part to compensation decision-makers who see problems of worker frustration and anger, but don't always offer assistance. Joan observed that **the compensation decision-maker won't speak to the worker any more if he or she is hostile.** Joan suggested that in these situations the compensation decision-maker should try to understand why the worker is upset.

Worker emotional reactions

Poor communication

Investigating complaint; timely intervention

Face-to-face contact

## A complicated diagnosis and financial strain: Brian's story

Brian was a heavy equipment operator who had spent his life taking care of his family, including his daughter and grandson, and putting away savings to buy land in the country. At the time of his injury, he owned some land and farm animals and was proud that he was contributing to his grandson's future. **Brian's back injury was difficult to diagnose**, and he was told he should return to work. Brian tried, but his pain was too great and he could not work. **Every day he had to control his pain with strong medications. Brian's compensation decision-maker considered his failure to return to work as a sign of non-compliance with his responsibility as a worker receiving benefits. His benefits were cut.** It didn't take long before **Brian had to sell his property and assets** and move his family into an apartment. Brian lost the achievements gained through a lifetime of work and his hopes of supporting his grandson. **Anxiety, depression and poverty followed.**

Complicated health situations

Medication use issues

Worker non-compliance

Depression and other mental health problems

Collaboration

Multidisciplinary treatment

Communication; mediation

Peer support

## Poor communication

Poor communication can create roadblocks to returning to work and can complicate interactions among the injured worker, compensation decision-makers and other system parties. The consequences are serious: misunderstandings, confusion over processes and policy requirements, conflicting information, inconsistent adjudication and adversarial relationships among decision-makers. Another consequence is misinformed decisions about claim entitlement and compliance, resulting in a loss of some or all benefits and support for the worker. This can lead to poverty and mental health problems for the worker.

### Red flags

#### ► Indirect contact

*Do system parties rarely meet face-to-face?*

Indirect contact between the worker and the decision-maker, such as via telephone and letters, can lead to misunderstanding and confusion, especially when the worker's health and work situations are complex. Meeting in person might be required when the problems include medication use, mental health problems or concerns about improperly modified work.

#### ► Decisions without collaboration

*Are decisions made about the worker without consulting all parties involved?*

In some cases, decision-makers form judgments about a worker's compliance or ability to work without consulting all relevant parties. For instance, final decisions about returning to work may be based only on information from standard health forms. However, when situations are unclear, additional consultation with health-care providers might be needed. Decisions about compliance might be made without the worker's input. When claims are complex or prolonged, some system parties, such as an employer, might not be fully informed about the condition of the injured worker (e.g. physical limitations, accommodation requirements, case progress). Decision-making without collaboration can result in miscommunication and poor decisions that can adversely affect the injured worker.

### Green lights

#### 🟢 Consultation

Consultation among different decision-makers can prevent poor RTW outcomes. For instance, with the worker's consent, different health-care providers might communicate their observations to each other to better understand the problem, and the treatment and rehabilitation plan. With the worker's consent, relevant aspects of this plan could be shared with the employer to improve RTW planning.

#### 🟢 Face-to-face contact

When the claim is complex or prolonged, face-to-face contact with the injured worker, compensation decision-makers and employer might lead to better decisions. Direct contact can foster collaboration and goodwill that might mediate tense relationships. A worksite visit may help clarify how appropriate the RTW situation is. In situations where face-to-face contact is not possible, such as the injured worker living in a rural location, other approaches such as a conference call with all parties may be helpful.



### Including the right people

People who are closest to the situation should be included in the RTW process. For example, an immediate supervisor might be more familiar with the day-to-day job tasks of the injured worker than the human resources manager.

### Providing system knowledge

Information should be provided to the injured worker about his or her rights and responsibilities, and the responsibilities of the other parties in the compensation process. The worker is then in a better position to make informed decisions about the claim.

### **Notes:**

## Decision-maker conflicts

Decision-makers may disagree on how to manage the worker's situation, especially when they have divergent views and goals. They may disagree about whether the worker is ready to return to work, when recovery has occurred, and if the workplace accommodation is appropriate. For instance, a health-care provider might advise rest at home, which conflicts with the employer's goal to return the worker as soon as possible. Or an employer might feel that the modified work accommodates the work injury, but the worker finds it increases pain. These conflicts can create mistrust among parties, expose the worker to stress and re-injury, and slow down decision-making about claim entitlement.

### Red flags

#### ► **Conflicting views of RTW readiness**

*Do decision-makers have different views about when the worker should return to work?*

Health-care providers, compensation decision-makers and the employer might disagree on the timing of the worker's return. A lack of communication or different goals can lead to such conflicts. For instance, the health-care provider might have insufficient information about the modified work. Or, the employer might want the worker to return quickly because the absence hurts the firm financially, while the health-care provider thinks the worker is not ready. Conflicting views can lead to decisions that negatively affect the worker's health or claim.

#### ► **Conflicting views of accommodation**

*Do decision-makers have different views about whether the accommodation is appropriate?*

The employer, compensation decision-maker, health-care provider and injured worker may each have a different view on whether the RTW arrangements are satisfactory. Conflicting views can lead to decisions that negatively affect the worker's health or RTW success.

### Green lights

#### ◆ **Claim coordination**

The compensation decision-maker or RTW coordinator should begin joint consultations to ensure that all conflicting parties can work together to resolve any conflicts. This process might require the involvement of specialists such as an ergonomist or a mediator.

#### ◆ **Representation**

In cases of unresolved system conflicts, a worker might benefit from being represented by a union representative, joint health and safety committee member, legal advisor or injured worker peer helper. Some employers, such as those in small businesses, might also lack resources and could benefit from representation. An informed representative can help the worker or small employer to clearly and effectively express concerns and resolve conflicts.

## Workplace visit

If everyone has different accounts of workplace accommodation, a visit to the workplace by a third party such as an RTW facilitator or an ergonomist might help everyone find some common ground.

### **Notes:**

## Delayed reporting

The processing of a workers' compensation claim can be delayed or complicated if forms are not submitted on time by the employer, health-care provider or worker. Delays occur for a number of reasons. System parties may not be aware of deadlines or understand the consequences of submitting forms late. The worker or employer may not understand the forms. Delays might also signal complications such as an inconclusive diagnosis or conflicts among system parties.

### Red flags

#### ► Late reporting of injury

*Was the injury not reported immediately?*

The worker and employer might not report the injury right away because they underestimate its severity. The employer may ask the worker to "wait and see" if he or she will recover. The employer might also hesitate to report the injury to avoid increasing premium costs. The worker may not report an injury for fear of losing his or her job.

#### ► Late filing of health-care reports or worker appeals

*Did the employer, worker or health-care provider fail to file an accident/injury report on time?*

Missed deadlines might indicate that a decision-maker does not know the time requirements for reporting, or understand how late filing will affect the worker's claim. Delays by a health-care provider might mean he or she is too busy to complete paperwork. Late filing of appeals might indicate that the worker is unaware of time limits for submitting them.

#### ► Medical delays

*Is the worker waiting for medical appointments and reports?*

If the worker doesn't have a family doctor, he or she may use a walk-in clinic that doesn't have the worker's comprehensive medical history. The worker, particularly if living in a remote area, may have to wait a long time to see a family doctor or specialist. Also, physicians might not be able to file medical reports on time. These situations may delay reporting to compensation decision-makers.

### Green lights

#### 🟢 Talking to the worker

Compensation decision-makers should talk to the worker to understand why an accident was reported late. They should consider that workplace communication problems may have contributed to delays. For instance, although the worker might have reported the problem, the supervisor might not have taken any action.

#### 🟢 Timely follow-up

To ensure that compensation decision-makers have all the required information to make decisions, they could proactively follow up with health-care providers, the employer and other decision-makers. A checklist of outstanding documents required for claim decisions would be helpful in such discussions. Timely communication could prevent delays that might complicate claims.

### **Providing accessible information**

If RTW information is easy to understand and available in different languages, it might help avoid delays caused when a worker doesn't understand compensation forms. Translation services might be required.

### **Providing system knowledge**

To avoid delays, the injured worker and employer need clear information about their rights, responsibilities and liabilities, as well as the responsibilities of other parties in the compensation process. This information should clearly state when the employer and injured worker need to report injuries. Although insurer websites often have such information, the worker and employer may not be sure how to act upon the information in their particular situation. Providing this type of information would help them understand reporting processes and timelines.

### **Notes:**

## Delayed decision-making

Delayed decision-making by the compensation board or health-care provider can profoundly affect the worker's situation and slow the recovery. Decisions about claim entitlement, diagnosis or allowable treatment can take a long time as different parties gather evidence, which may never be conclusive. As a result, the injured worker is left in limbo, waiting for others to make important decisions that affect his or her life. Many life situations – physical, psychological, financial, family, marital, social – are affected by an unresolved compensation claim. In the meantime, the worker might continue working and being exposed to the hazard. The worker might have to pay for legal representation or health-care treatments. If the claim is denied, the worker may have no income while appealing the claim. Over time, delayed decision-making can impoverish the worker, making it difficult to get back on track even after compensation decisions are resolved.

### Red flags

#### ► Decision-making conflicts

*Are conflicts among decision-makers contributing to delayed decisions?*

Conflicting opinions about issues such as injury diagnosis or fitness for modified work can contribute to delays. For instance, different health-care providers might have different opinions about the injury, and compensation decision-makers might request additional health assessments. While the worker waits for decisions, he or she may not be receiving adequate health care or modified work arrangements. This can harm his or her health.

#### ► Long waits for decisions

*Does the worker complain that decisions are taking too long?*

The compensation decision-maker may be taking a long time to make a decision about RTW plans, such as whether the worker should return to the pre-injury employer or take vocational retraining. The worker might complain about delays if he or she is experiencing adverse effects. Limited income over a prolonged period can affect the worker's financial and family stability, and mental and physical health.

### Green lights

#### 🟢 Regular communication

Regular communication can help improve the flow of important information among parties. For instance, when health-care providers or the employer do not meet timelines, the compensation decision-maker should contact them.

#### 🟢 Seeking information quickly

Decision-makers should dedicate resources to follow up and gather information so that decisions can be made in a timely manner.

#### 🟢 “Benefit of the doubt” decision-making

Some health conditions or injury situations will never be conclusive. In these situations, decision-makers can avoid harmful delays by making decisions based on available evidence that offers the benefit of the doubt to the worker.

### **Worker representation**

In complicated claim situations, worker representatives who are knowledgeable about the compensation system can provide practical support to the worker. They can mediate between conflicting parties and help to identify problems that are creating delays. When necessary, union representatives can help to file a grievance or launch an appeal.

### **Ombudsman**

The workers' compensation board might have an ombudsman or an affiliated independent office to ensure fair practices and processes. The worker and employer can seek its support to facilitate equitable and timely resolutions.

### **Financial resources**

When initial claim entitlement decisions are delayed, the worker could be directed to financial resources such as short-term disability insurance or community services. Where appropriate, the worker might be directed to other social programs such as Employment Insurance.

### **Notes:**

## Worker non-compliance

Compensation decision-makers may consider a worker to be uncooperative or non-compliant if the worker is not fully engaged in RTW or vocational rehabilitation responsibilities. However, this apparent “non-compliance” might reflect the difficult circumstances of the worker, rather than an unwillingness to fulfil responsibilities. Warning signs of health problems include pain complaints, medication use and worsening injury or health. In the work context, the worker might not be physically able to proceed with returning to work because of excessive pain or inappropriate or embarrassing modified work. In vocational rehabilitation, the program may be overly demanding, either physically or mentally. The worker can lose his or her benefits if judged to be non-compliant. When loss of benefits is unfair, it can lead to anger, financial problems, strained personal relationships and psychological distress.

### Red flags

#### ► Decision-maker conflicts

*Do decision-makers disagree?*

Unresolved conflicts can become future non-compliance issues. For instance, the employer and worker might disagree on the modified work, or the family physician and compensation decision-makers might not agree on the timing of the RTW plan. If the worker is sent back to work but is physically unable to do the work, then the worker might be viewed as “non-compliant” and benefits might be cut.

#### ► Unresolved health concerns

*Are there ongoing and uncertain health concerns?*

Unresolved health concerns can make it difficult for the worker to comply with the RTW plan. Pain can challenge retraining and modified work activities. If the worker is sent back to work before being physically capable of doing so, he or she may be unable to do the work or may only be able to perform certain tasks for a part of the work day. As a result, the worker might be judged to be “non-compliant” by compensation decision-makers and benefits might be cut. Alternatively, the worker may “over-comply” and attempt to do the job. This can contribute to worsening health or the self-management of pain through medication overuse.

### Green lights

#### 🟢 Communication

Before a compensation decision-maker determines that a worker is non-compliant, it's important that the decision-maker talks directly with the worker to review problems and concerns, and to confirm expectations.

#### 🟢 Mediation

Decision-makers should consider reasons why the worker appears to be non-compliant with compensation decisions and processes. RTW and vocational rehabilitation conflicts might be resolved through mediation by a third party such as an RTW facilitator. Mediation could involve all parties in the claim process, such as compensation decision-makers, health-care providers, employer representatives and the worker.



## Worker representation

A worker who feels intimidated by the employer or compensation decision-maker may benefit from direct representation by a third party. The worker may want to comply with employer requests even if these requests do not fulfill agreed modified work duties. A knowledgeable and helpful third party can help the worker to understand his or her rights, and to speak up clearly during discussions about work processes and compliance. Worker representation can help to prevent misunderstandings that result in unnecessary re-injury or loss of compensation benefits. Ideally, the representative should come from a recognized organization with a solid track record — one that does not charge the worker for services.

### **Notes:**

## Worker emotional reactions

A worker who is experiencing difficulties with his or her health or the claim process might react emotionally, displaying anger or frustration. Compensation decision-makers might view these emotions as a sign of personality problems or irrational aggression, when they are actually a reaction to a legitimate claim concern. Decision-makers might avoid or reprimand the worker rather than consider possible causes of the anger. Angry reactions might be a sign of physical or mental distress in the worker. They can also occur because the worker can't cope with the pain, or is frustrated with the claims process or decisions that appear unfair. The worker might be angry because of uncertainty about being able to return to work, manage finances or recover from the injury. The worker might also express a fear of returning to work. This can be a sign that hazards have not been removed from the workplace. When emotional reactions are misinterpreted by claim decision-makers, the claim process can become complicated. This situation can lead to anger escalation, altercations among system parties, compliance issues and worsening injury.

### Red flags

#### ► **Angry worker**

*Is the worker expressing frustration and anger when discussing the injury and compensation claim situation?*

The worker might be frustrated because he or she feels the claim is not being addressed fairly or in a timely manner. An emotional reaction might be a plea to be heard. A work injury can be emotionally stressful for the worker. If the worker is also experiencing financial strain or pressure to return to work too early, then anger may be a result.

#### ► **Workplace conflicts**

*Are there conflicts between the worker and other parties in the workplace?*

Unresolved conflicts can become future altercations. If strained relationships exist between the injured worker and the employer or co-workers, it can escalate into angry altercations when the worker is feeling unwell or in pain. Good relationships might turn sour when the injured worker is back at work but unable to carry the assigned workload. If the recovery period is long, co-workers might tire of continually having to assist or accommodate the injured worker.

#### ► **Complaints about RTW**

*Is the worker expressing negative views about returning to work or vocational rehabilitation?*

The worker might feel frustrated or uncomfortable. For instance, the employer might be asking the worker to take on tasks that cause further injury, or co-workers might be teasing the worker about being on light duties. When in retraining, the worker might be frustrated that courses are fast-paced, or be worried that he or she will never gain employment in the new field. Each of these situations can cause anxiety and anger.

### Green lights

#### 🟢 **Investigating complaints**

Situations that cause conflicts or worker anger should be investigated by a third party. For instance, an RTW facilitator might be able to help the injured worker to get at the root of problems that are causing emotional reactions. This facilitator might be an employer, staff member, health-care team member or an insurer staff member.

### **Workplace involvement**

Involving relevant workplace parties such as a union representative or supervisor might help the worker manage unexpected or difficult workplace conditions during the return to work. This person could explain to other workers that the workplace is accommodating the injured worker, and ask for their support. Larger employers should have a disability management program in place, in which case all workers would be informed of the process and expectations after a workplace injury. Workplace involvement would smooth the way for the union representative or supervisor's role and reduce the chance of co-worker harassment.

### **Timely intervention**

Emotional reactions such as anger might be mitigated or prevented through open communication and by addressing concerns earlier.

### **Providing system knowledge**

A worker's concerns or frustrations about returning to work or going back to school might be resolved if he or she has a better understanding of the workers' compensation system and expectations of return to work. The worker could then tailor expectations to the realities of what the system can offer. The worker should be provided with verbal and written information on helpful resources. Examples of resources include an ergonomic assessment, workplace mediation or an assessment by a psychologist.

### **Regular, thoughtful communication with worker**

By talking with the worker, the causes of his or her frustration might be identified. For instance, a worker might do painful tasks without informing decision-makers to avoid appearing unmotivated. Or a worker who doesn't understand lessons in a retraining program may not share this with the compensation decision-maker, because the worker thinks it's a personal weakness rather than a problem with the program. Regular communication with the worker in an atmosphere of understanding and thoughtfulness can resolve many problems before they result in anger and frustration.

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