Work as a Health Outcome

A Field Guide for Medical and Behavioral Health Professionals

Table of Contents

RETAINWORKS is funded by the U.S. Department of Labor and the Social Security Administration under a grant award of $21,600,000 to the Kansas Department of Commerce that will be incrementally provided. 100% of grant funding is from U.S. Federal funds.

Module 1: Introduction: Why Work Matters for Health

The Connection Between Work and Health

Work is more than a source of income. It is a key social determinant of health. Employment contributes to:

- Physical health: Regular activity, structured routines, and access to healthcare benefits
- Mental health: Purpose, self-esteem, social connection, and reduced risk of depression
- Social well-being: Community engagement, workplace relationships, and family stability

Conversely, unemployment or prolonged work absence—even when income continues through disability benefits—is associated with significantly poorer health outcomes.

Effects of Unemployment on Health

Research consistently demonstrates that loss of employment increases risks for:

- Depression and anxiety: New or worsening mental health conditions
- Social isolation: Loss of workplace relationships and daily structure
- Substance misuse: Increased risk of alcohol and drug use
- Physical deconditioning: Reduced activity leading to further health decline
- Poverty and associated problems: Malnutrition, homelessness, inability to afford healthcare
- Increased mortality: Higher rates of suicide and premature death

Critical Statistic: The likelihood of a person returning to work drops to 50% after 12 weeks of absence, and approaches zero after one year of absence.

Work as a Positive Health Outcome

Healthcare providers are uniquely positioned to influence whether patients view work as:

- A threat to their health (leading to prolonged absence and disability)
- A component of recovery (leading to faster healing and better outcomes)

By promoting the concept that employment is a health outcome, providers can help patients:

- Maintain income and employment stability
- Speed medical recovery through healthy activity
- Stay physically conditioned and mentally engaged
- Preserve job skills and workplace relationships
- Reduce the risk of depression and long-term disability
- Minimize disruption to family and daily routines

Module 2: Understanding Work Disability

Definition of Work Disability

Work disability occurs when an injury, illness, or medical condition disrupts or prevents a person's ability to continue employment or participate in the labor force.

Work disability can result from:

- Musculoskeletal injuries (back pain, sprains, strains, fractures)
- Mental health disorders (depression, anxiety, PTSD)
- Chronic illnesses (COPD, CHF, diabetes, long COVID)
- Acute medical events (surgery, hospitalization, exacerbation of chronic conditions)

Stay-at-Work (SAW) and Return-to-Work (RTW) Principles

Core Goals:

- Support patients in remaining active and connected to normal routines, including modified work when medically appropriate
- Reduce the risk of long-term disability
- Encourage a culture in which patients, healthcare providers, employers, and care teams view employment and functional activity as positive health outcomes that support recovery and long-term well-being
- Promote coordinated communication in which healthcare providers and care teams help connect patients, employers, and community resources to align recovery plans, workplace modifications, and return-to-work expectations

Key Principle: Patients do not need to be fully recovered to return to work. A phased re-entry with appropriate modifications often supports faster recovery and better long-term outcomes.

Benefits of Early Return to Work

For Patients:

- Maintain income and financial stability
- Speed medical recovery by promoting healthy activity
- Prevent physical deconditioning
- Stay mentally engaged and maintain cognitive function
- Preserve job skills and workplace relationships
- Reduce risk of depression, anxiety, and social isolation
- Minimize disruption to family structure and daily routines

For Employers:

- Retain experienced, skilled workers
- Reduce recruitment and training costs
- Maintain productivity and team cohesion
- Demonstrate commitment to employee well-being

For Healthcare Systems:

- Reduce long-term disability claims
- Decrease healthcare utilization over time
- Improve patient satisfaction and outcomes
- Support population health goals

Module 3: The Healthcare Provider's Role

Why Providers Are Central to SAW/RTW Success

Healthcare providers play a crucial role in shaping patients' recovery and expectations. You are often:

- The first point of contact when early SAW/RTW interventions have the strongest impact
- A trusted advisor whose opinions significantly influence patient expectations about activity, recovery, and work capacity
- The first to detect barriers to returning to work, including medical and psychosocial factors
- A coordinator of information between patients, employers, care teams, and other stakeholders

How Providers Support SAW/RTW

Your role includes:

- Assessing impairment and function: Determining what the patient can and cannot safely do
- Providing treatment and monitoring progress: Delivering evidence-based care and tracking recovery
- Communicating clearly: Explaining restrictions, capabilities, and recovery expectations in functional terms
- Guiding patients: Helping them understand safe activity levels and the importance of staying active
- Encouraging realistic plans: Setting positive but achievable recovery goals
- Addressing fears and misconceptions: Clarifying "hurt versus harm" and reducing fear-avoidance behaviors
- Collaborating with employers and other professionals: Facilitating workplace modifications and care coordination

Provider Influence on Outcomes

Research shows that:

- Clear guidance increases early RTW likelihood: Specific recommendations lead to better outcomes than vague advice
- Setting a return-to-work date improves outcomes: Patients with a target date are more likely to return successfully
- Employer response improves with specific recommendations: Employers are more willing to accommodate when they receive clear, functional guidance
- Regular monitoring supports recovery: Follow-up visits reduce setbacks and allow for plan adjustments
- Interprofessional collaboration strengthens outcomes: Coordinated care addressing physical, mental, and social factors produces the best results

Module 4: Barriers to Staying at Work and Returning to Work

Successful return to work requires acknowledging the full context of a patient's life. Barriers often fall into three overlapping categories: biological, psychological, and social.

Biological Barriers

Non-Modifiable:

- Age
- Severity and nature of the condition
- Type or cause of injury/illness
- Previous absence patterns

Potentially Modifiable:

- Physical or cognitive limitations (can improve with treatment and rehabilitation)
- Baseline health conditions (can be managed)
- Access to healthcare (can be improved through care coordination)
- Mismatch between job demands and patient capabilities (can be addressed through modifications)
- Activity level and physical conditioning (can be improved through gradual activity progression)

Psychological Barriers

Personal Perceptions and Beliefs:

- Low recovery expectations ("I'll never get better")
- Fear of re-injury or worsening condition
- Misbeliefs about pain (e.g., "pain always means harm")
- Catastrophizing ("This is the worst thing that could happen")
- Passive coping and feelings of helplessness
- Low motivation or engagement in treatment

Work-Related Beliefs:

- Belief that they cannot return to work
- Poor work ethic or history of frequent absences
- Lack of connection to workplace or coworkers
- Feeling blamed for injury or illness

Key Insight: Psychological and social factors — such as recovery expectations, workplace support, and life circumstances — often have a greater influence on return-to-work success than the severity of the medical condition itself.

Social Barriers

Workplace Factors:

- Employer policies requiring "no restrictions" for return
- Limited employer experience with modifications
- Poor communication between workplace and employee
- Conflict with supervisors or coworkers
- Perceived blame or stigma at work
- Unhelpful or unsupportive workplace culture

Family and Social Factors:

- Family dynamics that discourage independence (e.g., overprotective spouse)
- Financial pressures or incentives not to return
- Lack of social support network
- Cultural attitudes about disability and work

System Barriers:

- Conflicting advice from multiple healthcare providers
- Complicated workers' compensation or disability systems
- Lack of care coordination
- Gaps in access to rehabilitation services

Identifying Barriers

Healthcare providers can identify barriers by gathering information from the patient and other available sources, such as employer documentation, occupational health staff, case managers, or vocational rehabilitation professionals (when involved). Direct communication with an employer should occur only with the patient's consent and when appropriate.

Ask the relevant perspectives to better understand potential barriers:

- Your patient: "From your perspective, what might make returning to work difficult right now?"
- Workplace information: Review job descriptions, employer documentation, or input shared by the patient from a supervisor or HR representative.
- Your clinical perspective: Consider medical, psychological, and functional factors that may affect the patient's ability to work.

A useful guiding question is:

"What, from each perspective, are the main barriers to this patient staying at work or returning to work?"

Once barriers are identified, providers can address them by:

- Clarifying functional abilities and restrictions
- Recommending appropriate workplace modifications
- Referring to rehabilitation, behavioral health, or vocational services when needed
- Adjusting treatment or activity prescriptions to support gradual return to work

Module 5: Functional Assessment and Activity Prescriptions

Functional assessments are typically completed or initiated by the treating healthcare provider, who evaluates the patient's medical condition and functional capabilities. In many cases, providers collaborate with other professionals — such as physical therapists, occupational therapists, case managers, vocational rehabilitation specialists, or occupational health professionals — who may perform more detailed functional capacity evaluations or workplace assessments.

The provider then uses this information to develop activity prescriptions, work restrictions, and return-to-work recommendations.

The Functional Assessment Approach

Traditional medical assessments focus on diagnosis and pathology. A functional assessment shifts the focus to what the patient can do safely, rather than solely on their limitations.

This approach:

- Supports goal-oriented recovery planning
- Provides clear guidance to patients and employers
- Reduces fear and uncertainty
- Promotes gradual return to normal activities
- Applies to both physical and mental health conditions

Understanding the Healthcare Provider Toolkit Forms

The Healthcare Provider Toolkit includes two specialized forms designed to help patients advocate for themselves with employers and Workforce Centers:

- Physical Health Restrictions Form – For musculoskeletal injuries, chronic physical conditions, or illnesses affecting physical function
- Mental Health Restrictions Form – For depression, anxiety, PTSD, and other behavioral health conditions affecting work function

Core Philosophy: "Work is a Health Outcome"

These forms use a standardized approach to quantify functional capabilities and communicate them clearly to employers and workforce advocates.

Steps in Conducting a Functional Assessment

Step 1: Gather Job Information

- Obtain details about the patient's work:
  - For All Patients:
    - Job title and description
    - Typical daily tasks
    - Schedule and hours
    - Work environment (indoor/outdoor, temperature, noise, hazards)

  - For Physical Health Conditions:
    - Physical demands (lifting, standing, walking, repetitive motions)
    - Body positioning requirements (sitting, bending, reaching)
    - Equipment or tools used

  - For Mental Health Conditions:
    - Cognitive demands (concentration, decision-making, multitasking)
    - Social interaction requirements (customer service, presentations, meetings)
    - Stress level and complexity of tasks
    - Level of autonomy vs. supervision
    - Environmental distractions

Step 2: Assess Current Capabilities

- For Physical Health Conditions:
  - Evaluate what the patient can safely do:
    - Range of motion and strength
    - Endurance and stamina
    - Cognitive function
    - Pain level in context of function (not in isolation)
    - Tolerance for specific activities
    - Impact of medications on physical performance

- For Mental Health Conditions:
  - Evaluate functional capabilities:
    - Concentration and attention span
    - Ability to handle stress and pressure
    - Social interaction tolerance
    - Cognitive processing speed
    - Decision-making capacity
    - Ability to work in distracting environments
    - Impact of medications on cognitive function and alertness

Step 3: Identify Safe Activity Levels

The Healthcare Provider Employment Form uses five standardized frequency categories to quantify functional capabilities:

Frequency	Definition	Percentage	Hours Per 8-Hour Workday
Never	Cannot perform at all	0%	0 hours
Seldom	Very limited ability	Up to 10%	0-1 hours
Occasional	Limited ability	11-33%	1.3 hours
Frequent	Moderate ability	34-66%	3-6 hours
Constant	No restriction	67-100%	Not restricted

Important: Use these standardized categories when completing the Healthcare Provider Employment Forms toolkit forms to ensure consistency and clarity.

Step 4: Develop Activity Prescription

Create a detailed, specific prescription that includes:

- Work activities: What the patient can do at work
- Home activities: What the patient should do at home to support recovery
- Restrictions: Clear, specific limitations (avoid vague terms like "light duty")
- Reasonable modifications: Specific recommendations to support function
- Progression plan: How and when restrictions will be modified
- Treatment plan: Physical therapy, occupational therapy, medications, follow-up schedule

Physical Health Restrictions Form: Guidance for Providers

Functional Categories Assessed:

When completing the Physical Health Restrictions Form, assess the patient's ability to perform these activities using the standardized frequency categories (Never, Seldom, Occasional, Frequent, Constant):

Physical Activity	*Assessment Considerations*
Sit	Can patient sit for extended periods? Need for position changes?
Stand/Walk	Endurance for standing or walking? Need for breaks?
Climb (Ladder/Stairs)	Balance, strength, pain with climbing? Safety concerns?
Twist	Trunk rotation ability? Pain or limitation?
Bend/Stoop	Forward flexion ability? Pain or limitation?
Squat/Kneel	Lower body strength and flexibility? Pain?
Crawl	Ability for hands-and-knees positioning?
Other (lifting, etc.)	Specify weight limits, carrying distance, pushing/pulling

Examples of Functional Restrictions (Physical Health)

Example 1: Back Injury – Warehouse Worker

- Sit: Occasional (1-3 hours) – Can sit during breaks
- Stand/Walk: Frequent (3-6 hours) – Primary work position
- Climb: Seldom (0-1 hour) – Limited ladder use
- Lift: Maximum 20 lbs, occasional only (specify in "Other")
- Bend/Stoop: Occasional (1-3 hours) – Avoid repetitive bending

Example 2: Shoulder Injury – Office Worker

- Sit: Constant (not restricted) – Primary work position
- Reach Above Shoulder: Never – No overhead reaching (specify in "Other")
- Repetitive Keyboard Use: Frequent (3-6 hours) – Modified with ergonomic setup

Degree of Restriction Selection (Physical Health)

Significantly Impaired:

Select this when the condition has a major impact on the patient's ability to perform essential job functions

- Example: A person with a serious back injury who works on their feet most of the day and lifts items weighing 20 lbs or more throughout their shift

Mild to Moderately Impaired:

Select this when the condition has some impact but can be managed with modifications

- Example: A person with a serious back injury who works seated most of the day, primarily at a computer or with hands directly in front of them throughout their shift

Mental Health Restrictions Form: Guidance for Providers

Functional Categories Assessed:

When completing the Mental Health Restrictions Form, assess the patient's ability to perform these work-related functions using the standardized frequency categories:

Mental Health Function	*Assessment Consideration*
Work in a distracting environment	Tolerance for noise, interruptions, open office settings
Attend an in-person meeting	Social anxiety, concentration, ability to participate
Give a presentation	Public speaking anxiety, confidence, cognitive organization
Interact with customers/clients	Social interaction tolerance, emotional regulation, stress response
Operate machinery (if medicated)	Alertness, reaction time, safety concerns related to medications
Other	Specify additional functions (e.g., multitasking, deadline pressure, decision making)

Examples of Functional Restrictions (Mental Health)

Example 1: Major Depressive Disorder – Customer Service Representative

- Work in a Distracting Environment: Occasional (1-3 hours) – Needs quiet space for concentration
- Attend an In-Person Meeting: Frequent (3-6 hours) – Can participate with support
- Give a Presentation: Seldom (0-1 hour) – Significant anxiety with public speaking
- Interact with Customers/Clients: Occasional (1-3 hours) – Limited due to fatigue and emotional dysregulation
- Other: Difficulty multitasking – can focus on one task at a time

Example 2: Generalized Anxiety Disorder – Office Manager

- Work in a Distracting Environment: Seldom (0-1 hour) – High sensitivity to noise and interruptions
- Attend an In-Person Meeting: Frequent (3-6 hours) – Can attend with coping strategies
- Give a Presentation: Occasional (1-3 hours) – Manageable with preparation
- Interact with Customers/Clients: Frequent (3-6 hours) – Primary job function, manageable with breaks

Example 3: PTSD – Healthcare Worker

- Work in a Distracting Environment: Occasional (1-3 hours) – Hypervigilance in chaotic settings
- Attend an In-Person Meeting: Frequent (3-6 hours) – Can attend routine meetings
- Interact with Customers/Clients: Frequent (3-6 hours) – Primary role, manageable with support
- Other: Difficulty with sudden loud noises or unexpected physical contact – needs advance warning

Reasonable Modifications for Mental Health

Provide specific recommendations, such as:

- Communication board to prevent disruptions during focused work
- Allowing focus on one task at a time instead of multitasking
- Flexible schedule to accommodate therapy appointments or adjust for medication effects
- Transition in job duties to reduce high-stress responsibilities temporarily
- Quiet workspace or noise-canceling headphones
- Regular breaks to manage stress and prevent burnout
- Written instructions for complex tasks
- Advance notice for meetings or changes in routine
- Reduced customer interaction during acute symptom periods
- Modified deadline structures to reduce pressure

Degree of Restriction Selection (Mental Health)

Significantly Impaired:

Select this when the mental health condition has a major impact on the patient's ability to perform essential job functions

- Example: A person with Major Depressive Disorder in a role requiring high-level decision-making, who may be impaired due to difficulty concentrating, poor sleep, or severe fatigue

Mild to Moderately Impaired:

Select this when the condition has some impact but symptoms are being managed

- Example: A person with Major Depressive Disorder in a role with basic assigned duties, low complexity, and symptoms that are being managed with treatment

Writing Effective Activity Prescriptions: Physical and Mental Health

Be Specific, Not Vague

Physical Health Examples:

Vague	*Specific (Using Toolkit Categories)*
"Light duty"	"May lift up to 10 lbs occasionally (1-3 hours per day), no repetitive overhead reaching, may sit or stand as needed"
"Avoid strenuous activity"	"Stand/Walk: Occasional (1-3 hours per day), Lift: Maximum 20 lbs seldom (0-1 hour), Bend/Stoop: Occasional (1-3 hours)"
"Take it easy"	"Sit: Frequent (3-6 hours), Stand/Walk: Occasional (1-3 hours), may work 4-hour shifts for 2 weeks"

Mental Health Examples:

Vague	*Specific (Using Toolkit Categories)*
"Reduce stress"	"Give Presentations: Seldom (0-1 hour per week), Work in Distracting Environment: Occasional (1-3 hours per day), provide quiet workspace"
"Light duties"	"Interact with Customers: Occasional (1-3 hours per day), focus on one task at a time, allow flexible schedule for therapy appointments"
"Avoid high-pressure situations"	"Attend In-Person Meetings: Frequent (3-6 hours per day) but avoid giving presentations (Seldom: 0-1 hour per week), provide written agendas in advance"

Use Functional Terms

Describe activities in terms of:

- Lifting: Weight limits and frequency (occasional, frequent, constant)
- Carrying: Distance and weight
- Standing/Walking: Duration and breaks
- Sitting: Duration and need for position changes
- Reaching: Height and frequency
- Bending/Stooping: Frequency and duration
- Repetitive Motions: Type and frequency
- Environmental Factors: Temperature tolerance, need for clean air, etc.

Activity Prescription Template

For Physical Health Conditions:

Category	*Recommendation*
Work Status	May return to work with restrictions / May not work at this time
Duration	Restrictions effective [start date] through [end date or next visit]
Sitting	Never / Seldom (0-1 hrs) / Occasional (1-3 hrs) / Frequent (3-6 hrs) / Constant
Standing/Walking	Never / Seldom (0-1 hrs) / Occasional (1-3 hrs) / Frequent (3-6 hrs) / Constant
Climbing	Never / Seldom (0-1 hrs) / Occasional (1-3 hrs) / Frequent (3-6 hrs) / Constant
Twisting	Never / Seldom (0-1 hrs) / Occasional (1-3 hrs) / Frequent (3-6 hrs) / Constant
Bending/Stooping	Never / Seldom (0-1 hrs) / Occasional (1-3 hrs) / Frequent (3-6 hrs) / Constant
Squatting/Kneeling	Never / Seldom (0-1 hrs) / Occasional (1-3 hrs) / Frequent (3-6 hrs) / Constant
Crawling	Never / Seldom (0-1 hrs) / Occasional (1-3 hrs) / Frequent (3-6 hrs) / Constant
Lifting	Maximum weight: _____ lbs, Frequency: Seldom/Occasional/Frequent
Carrying	Maximum weight: _____ lbs, Distance: _____ feet
Reasonable Modifications	Never / Seldom (0-1 hrs) / Occasional (1-3 hrs) / Frequent (3-6 hrs) / Constant
Degree of Restriction	Never / Seldom (0-1 hrs) / Occasional (1-3 hrs) / Frequent (3-6 hrs) / Constant
Treatment Plan	PT/OT _____ times per week, Medications: _____, Follow-up: _____

Activity Prescription Template

For Mental Health Conditions:

Category	*Recommendation*
Work Status	May return to work with restrictions / May not work at this time
Duration	Restrictions effective [start date] through [end date or next visit]
Work in Distracting Environment	Never / Seldom (0-1 hrs) / Occasional (1-3 hrs) / Frequent (3-6 hrs) / Constant
Attend In-Person Meetings	Never / Seldom (0-1 hrs) / Occasional (1-3 hrs) / Frequent (3-6 hrs) / Constant
Give Presentations	Never / Seldom (0-1 hrs) / Occasional (1-3 hrs) / Frequent (3-6 hrs) / Constant
Interact with Customers/Clients	Never / Seldom (0-1 hrs) / Occasional (1-3 hrs) / Frequent (3-6 hrs) / Constant
Operate Machinery (if Medicated)	Never / Seldom (0-1 hrs) / Occasional (1-3 hrs) / Frequent (3-6 hrs) / Constant
Other Functions	Specify: _____ (e.g., multitasking, deadline pressure, decision-making)
Reasonable Modifications	Quiet workspace, flexible schedule, one task at a time, written instructions, etc.
Degree of Restriction	☐ Significantly impairs employment ☐ Mild to moderately impairs employment
Treatment Plan	Therapy _____ times per week, Medications: _____ Follow-up: _____

Understanding Work Function in Mental Health

Mental health conditions affect work in ways that may not be immediately visible:

Cognitive Function:

- Concentration and attention
- Memory and information processing
- Decision-making and problem-solving
- Multitasking ability

Social Function:

- Interpersonal communication
- Conflict management
- Customer/client interaction
- Team collaboration

Emotional Regulation:

- Stress tolerance
- Frustration management
- Emotional stability under pressure
- Resilience to criticism or setbacks

Executive Function:

- Organization and planning
- Time management
- Task initiation and completion
- Flexibility and adaptability

Medication Considerations for Mental Health

Many psychiatric medications affect work function:

Common Side Effects Impacting Work:

- Sedation: Reduced alertness, slower reaction time (concern for machinery operation, driving)
- Cognitive dulling: Difficulty concentrating, memory problems
- Activation: Restlessness, difficulty sitting still
- Tremor: Impact on fine motor tasks (typing, writing)

Provider Responsibilities:

- Document medication side effects affecting work function
- Note restrictions for operating machinery if medications cause sedation
- Provide guidance on timing of medication (e.g., take sedating meds at night)
- Monitor for medication adjustments that may improve work function

Communicating Mental Health Restrictions to Employers

Key Principles:

1. Focus on Function, Not Diagnosis

- ✗ "Patient has Major Depressive Disorder"
- ✓ "Patient can interact with customers 1-3 hours per day (occasional) and needs quiet workspace to concentrate"

2. Use Objective, Behavioral Terms

- ✗ "Patient is anxious"
- ✓ "Patient can attend meetings 3-6 hours per day (frequent) but can give presentations only 0-1 hours per week (seldom)"

3. Provide Specific, Actionable Modifications

- ✗ "Reduce Stress"
- ✓ "Provide written agendas 24 hours before meetings, allow focus on one task at a time, offer flexible start times"

4. Emphasize Capabilities

- Start with what the patient CAN do
- Frame restrictions as temporary and progressive
- Highlight strengths and areas of full function

Best Practices for Using the Healthcare Provider Toolkit Forms

When to Use Which Form

Use the Physical Health Restrictions Form when:

- Primary concern is musculoskeletal injury or illness
- Physical demands of job are the limiting factor
- Patient's limitations are primarily related to mobility, strength, endurance, or pain

Use the Mental Health Restrictions Form when:

- Primary concern is a mental health or behavioral health condition
- Cognitive, social, or emotional demands of job are the limiting factor
- Patient's limitations are primarily related to concentration, stress tolerance, or interpersonal function

Use Both Forms when:

- Patient has both significant physical and mental health conditions affecting work
- Complete both forms and note the interaction between conditions
  - Example: Chronic pain condition (physical form) with comorbid depression (mental health form)

Completing the Forms Effectively

Step 1: Patient Completes Initial Section

- Patient describes type of work (manual labor – light/medium/heavy, or seated work)
- Patient lists physical or mental limitations
- Patient briefly describes condition

Step 2: Provider Reviews Patient Input

- Use patient's description to guide your assessment
- Ask clarifying questions about job demands
- Determine which form(s) are appropriate

Step 3: Provider Completes Functional Assessment

- Use standardized frequency categories (Never, Seldom, Occasional, Frequent, Constant)
- Be specific and objective
- Consider both current capabilities and progression potential

Step 4: Provider Selects Degree of Restriction

- Choose "Significantly impairs" or "Mild to moderately impairs"
- Use provided examples as guidance
- Consider impact on essential job functions

Step 5: Provider Recommends Reasonable Modifications

- Provide specific, actionable recommendations
- Consider feasibility for typical employers
- Suggest multiple options when possible

Step 6: Provider Indicates Follow-Up Plan

- Specify date of next visit
- Note if restrictions will be reassessed
- Provide contact information for questions

Step 7: Provider Signs and Dates

- Form is official medical documentation
- Patient will use to advocate with employer or Workforce Center

Tips for Effective Form Completion

DO:

- ✅ Use the standardized frequency categories consistently
- ✅ Be as specific as possible in the "Other" fields
- ✅ Provide concrete, actionable accommodation recommendations
- ✅ Consider the patient's actual job demands
- ✅ Update forms regularly as patient's condition changes
- ✅ Encourage patient to share form with employer or Workforce Center

DON'T:

- ❌ Use vague terms like "light duty" or "reduce stress"
- ❌ Leave sections blank – indicate "Not applicable" if needed
- ❌ Over-restrict – focus on what patient CAN do
- ❌ Under-restrict – ensure safety and prevent re-injury/relapse
- ❌ Forget to sign and date the form

Module 6: Patient-Centered Goal Setting and Return-to-Work Planning

Principles of Effective Goal Setting

Focus on Function, Not Just Symptoms

Goals should emphasize what the patient can do, not just symptom reduction.

- ✗ Symptom-focused: "Reduce pain from 7/10 to 3/10"
- ✓ Function-focused: "Return to work 4 hours per day with modified duties within 2 weeks"

- ✗ Symptom-focused: "Feel less anxious"
- ✓ Function-focused: "Attend work meetings and complete tasks without panic symptoms"

Principles of Effective Goal Setting

An effective RTW plan is:

- Collaborative: Developed with the patient, not imposed on them. "Nothing about us without us." Patients bring important insight into their job demands, recovery experience, and potential barriers.
- Specific: Includes clear steps, timelines, and measurable milestones
- Realistic: Reflects the patient's actual capabilities and job demands
- Flexible: Can be adjusted based on progress or setbacks
- Monitored: Includes scheduled follow-up visits or check-ins to reassess function, adjust restrictions, and update the return-to-work plan as recovery progresses.
- Supportive: Includes strategies to prevent re-injury and address barriers, such as gradual increases in activity, temporary workplace modifications, targeted rehabilitation exercises, or coordination with workplace supports.

Components of a Return-to-Work Plan

1. Functional Goal

What is the patient working toward?
Example: "Return to full-time work as a warehouse associate, able to lift 50 lbs and stand for 8-hour shifts"

2. Current Status

Where is the patient now?
Example: "Currently able to lift 20 lbs, stand for 2 hours with breaks, no overhead reaching"

3. Timeline

What is the expected progression?
Example:

- Week 1-2: Work 4 hours per day, modified duties
- Week 3-4: Work 6 hours per day, gradual increase in lifting
- Week 5-6: Work 8 hours per day, return to full duties

4. Specific Modifications

What modifications are needed?

Example:

- Use mechanical lift for items over 20 lbs
- Take 10-minute break every 2 hours
- Rotate between sitting and standing tasks

5. Treatment and Rehabilitation

What interventions support the plan?

Example:

- Physical therapy 2x per week for 4 weeks
- Home exercise program daily
- Pain management with NSAIDs as needed

6. Monitoring and Follow-Up

How will progress be tracked?

Example:

- Follow-up visit in 2 weeks to reassess restrictions
- Patient to keep activity log
- Communication with employer about tolerance

7. Barriers and Solutions

What challenges might arise, and how will they be addressed?

Example:

- Barrier: Fear of re-injury
- Solution: Education about safe activity progression, reassurance, gradual exposure

Patient-Centered Conversations

Helpful Questions to Facilitate Planning:

- "What do you think about returning to work?"
- "What feels realistic to you at this point?"
- "What would make your job easier right now?"
- "What modifications or changes would help reduce discomfort?"
- "What concerns do you have about going back?"
- "What has helped you recover from injuries in the past?"
- "Who at work can support you during this transition?"

Avoid:

- Making assumptions about the workplace based solely on distressed patient reports
- Dismissing patient concerns or fears
- Setting unrealistic expectations (too aggressive or too conservative)
- Focusing exclusively on pain levels rather than function

Module 7: Communication Strategies and Motivational Approaches

The Power of Communication

Your words and attitudes profoundly influence patient outcomes. Effective communication can shift patient attitudes from fear and avoidance toward confidence and engagement.

Setting Positive Recovery Expectations

Research shows:

- Positive expectations are associated with positive outcomes
- Negative expectations become barriers to recovery
- Patients often adopt the recovery expectations communicated by their providers

Strategies:

1. Frame work as part of healing, not a post-recovery event
   - ❌ "You need to be fully healed before you can work again"
   - ✅ "Returning to some work activities, even with modifications, will actually help you heal faster"

2. Reinforce the benefits of staying active
   - ❌ "Rest until the pain goes away"
   - ✅ "Gentle activity within your limits will help prevent stiffness and support healing"

3. Normalize recovery timelines
   - ❌ "This could take months or even years to heal"
   - ✅ "Most people with this condition see significant improvement within 4-6 weeks with appropriate activity and treatment"

4. Emphasize patient agency
   - ❌ "There's nothing you can do but wait"
   - ✅ "The actions you take—staying active, doing your exercises, gradually increasing activity—will make a big difference in how quickly you recover"

Addressing Fear-Avoidance Behaviors

Many patients avoid activity because they fear harm. This fear often becomes the greatest barrier to recovery.

Understanding "Hurt versus Harm"

- Hurt: Discomfort during healing that does not indicate tissue damage
- Harm: Activity that causes actual injury or worsening of the condition

Key Messages:

- "Some discomfort during activity is normal and expected as you heal"
- "Pain during safe activity does not mean you are causing damage"
- "Avoiding all activity can actually slow your recovery and lead to more problems"
- "We'll work together to find the right balance—staying active without overdoing it"

Motivational Interviewing Techniques

1. Ask Open-Ended Questions

"Tell me about your work and what you enjoy about it"
"What are your biggest concerns about returning to work?"
"How do you see yourself managing this condition while working?"

2. Use Reflective Listening

"It sounds like you're worried that working will make your pain worse"
"You're feeling frustrated because you're not improving as quickly as you'd hoped"
"You want to return to work, but you're not sure your body is ready"

3. Affirm Patient Strengths

"You've shown a lot of determination in sticking with your physical therapy"
"It's clear that your work is important to you and your family"
"You've overcome challenges before, and I believe you can do it again"

4. Summarize and Clarify

"So, if I understand correctly, you're willing to try modified work, but you want to make sure you have support from your employer. Is that right?"

5. Support Self-Efficacy

"What do you think would help you feel more confident about returning?"
"You've identified some good strategies. Which one do you want to try first?"

Factors That Support Motivation

Motivation increases when patients:

- Believe work is possible: See a clear path forward
- Feel supported: By providers, employers, family, and coworkers
- Understand the condition and recovery process: Have accurate information
- Experience small successes: See incremental progress
- See purpose and structure in returning: Understand how work can provide routine, a sense of purpose, social connection, and financial stability during recovery.

Providers Can Support Motivation By:

- Educating about the condition in understandable terms
- Promoting activity and self-management strategies
- Suggesting practical modifications
- Involving supportive family members or workplace contacts
- Communicating the health consequences of prolonged absence
- Celebrating small wins and progress

Addressing Stress and Mental Health

Stress affects recovery and increases disability risk. Encourage patients to:

- Maintain healthy sleep patterns (7-9 hours per night)
- Eat nutritious meals regularly
- Gradually reduce pressures where possible
- Practice constructive communication and assertiveness
- Engage in physical activity, yoga, or mindfulness
- Balance routines with rest, social connection, and enjoyable activities
- Seek counseling or mental health support if needed

Module 8: Pain Management and the Shift to Function

Rethinking Pain Assessment

Traditional pain-focused approaches (e.g., "Rate your pain on a scale of 0-10") have limitations:

- They reinforce neural pathways associated with pain
- They make pain the central focus rather than function
- They can inadvertently increase pain perception
- They don't account for the emotional and contextual nature of pain

Understanding Pain Neuroscience

Key Concepts:

1. Pain is made by the brain 100% of the time

- Sensors throughout the body send "danger signals" to the brain
- The brain interprets these signals and creates the experience of pain
- Pain is the brain's way of protecting us from perceived danger

2. Pain does not always indicate tissue damage

- Pain can persist even after tissues have healed
- The brain can become overprotective, creating pain in response to minimal or no danger
- Both physical and emotional threats activate the same pain pathways

3. Neuroplasticity and pain

The brain can reorganize itself throughout life
Focusing on pain strengthens pain pathways (making pain worse)
Focusing on function strengthens functional pathways (making recovery more likely)
"Where attention goes, neural firing flows, and neural connection grows"

4. Pain systems can become overprotective

Prolonged pain makes the nervous system more sensitive
The pain system "learns" pain and becomes more efficient at producing it
This is not a sign of weakness or exaggeration—it's a neurological adaptation

The Role of Adverse Childhood Experiences (ACEs)

Research shows a strong link between childhood trauma and adult health outcomes, including:

Chronic diseases (heart disease, diabetes)
Mental health conditions (depression, anxiety, addiction)
Delayed recovery from injury or illness
Higher risk of prolonged work disability

ACE Score: Assesses 10 types of childhood trauma (abuse, neglect, household dysfunction)

- Score of 4 or higher significantly increases risk of poor health outcomes
- Approximately 10-12% of adults have scores of 4 or higher
- These individuals often have more difficulty with recovery and return to work

Implication for Providers:

- Recognize that some patients have overprotective pain systems due to past trauma
- Avoid labeling these patients as "difficult" or "non-compliant"
- Provide extra support, clear communication, and trauma-informed care
- Consider referral to behavioral health services

Shifting Focus from Pain to Function

Instead of asking: "How much does it hurt?"
Ask: "What are you able to do today that you couldn't do last week?"

Instead of: "Let's get your pain under control before you return to work"
Say: "Let's focus on what you can do safely at work, even if you still have some discomfort"

Instead of: "You should rest until the pain goes away"
Say: "Gentle activity, even if it causes some discomfort, will help you heal faster"

Strategies for Pain Management in the Context of RTW

Educate About Pain

- Explain the difference between hurt and harm
- Normalize discomfort during healing
- Discuss how fear and stress amplify pain
- Teach that activity promotes healing, not harm

Promote Active Recovery

- Encourage consistent, moderate movement
- Recommend gradual increase in activity levels
- Prescribe physical therapy or home exercise programs
- Discourage prolonged rest or inactivity

Address Psychological Factors

- Screen for depression, anxiety, and fear-avoidance
- Provide or refer for cognitive-behavioral therapy (CBT)
- Teach coping skills and stress management techniques
- Involve mental health professionals when appropriate

Use Multimodal Pain Management

- Non-opioid medications (NSAIDs, acetaminophen)
- Physical modalities (heat, ice, TENS)
- Therapeutic exercises and stretching
- Mind-body approaches (meditation, relaxation techniques)
- Avoid reliance on opioids for chronic pain

Monitor and Adjust

- Regular follow-up to assess function, not just pain
- Adjust treatment based on what the patient can do
- Celebrate functional improvements
- Address setbacks promptly

Module 9: Workplace Modifications and Collaboration

The Importance of Workplace Modifications

A patient's likelihood of returning to work improves significantly when job tasks can be adjusted to match their current capabilities.

Modifications are not a sign of weakness — they are a medical tool that supports healing and prevents re-injury.

Types of Workplace Modifications

Schedule Modifications:

- Reduced hours (part-time or gradual increase to full-time)
- Flexible start/end times
- More frequent breaks
- Work-from-home options

Task Modifications:

- Temporary reassignment of heavy lifting or physically demanding duties
- Rotation between tasks to avoid repetitive strain
- Assistance with specific tasks (e.g., team lifting)
- Modified job duties that match current capabilities

Physical Environment Changes:

- Ergonomic adjustments (desk height, chair support, monitor position)
- Use of assistive devices (mechanical lifts, carts, stools)
- Changes in workstation location (closer to restroom, away from noise)
- Temperature control or access to fresh air

Equipment and Tools:

- Specialized tools to reduce strain
- Voice recognition software for those with hand/wrist issues
- Adjustable workstations (sit-stand desks)
- Personal protective equipment modifications

Communicating with Employers

Providers Can:

1. Provide clear, specific recommendations

- Use functional terms employers can understand
- Avoid medical jargon
- Be as specific as possible about restrictions

2. Focus on capabilities, not just limitations

- Start with what the patient CAN do
- Frame restrictions as temporary and progressive
- Emphasize the benefits of keeping the employee working

3. Offer to answer questions

- Make yourself available for clarification
- Encourage dialogue between patient, employer, and provider
- Facilitate problem-solving when challenges arise

4. Document clearly

- Provide written activity prescriptions
- Include expected timelines for restriction changes
- Update documentation regularly as patient progresses

Interdisciplinary Collaboration

Better outcomes occur when patients receive coordinated support addressing:

- Physical health (primary care, specialists)
- Mental health (counseling, psychiatry)
- Functional limitations (physical therapy, occupational therapy)
- Workplace needs (occupational health, human resources)
- Psychosocial barriers (social work, case management)

Collaboration Strategies:

- Communicate regularly with the patient's care team
- Share relevant information (with patient consent)
- Coordinate treatment plans to avoid conflicting advice
- Involve occupational therapists for work-site evaluations
- Refer to vocational rehabilitation when appropriate
- Connect patients with community resources (financial assistance, transportation, etc.)

Legal and Ethical Considerations

Americans with Disabilities Act (ADA):

- Employers with 15+ employees must provide reasonable modifications for qualified individuals with disabilities
- Modifications must not cause "undue hardship" to the employer
- Patients have a right to request modifications
- Family and Medical Leave Act (FMLA):
- Eligible employees can take up to 12 weeks of unpaid leave for serious health conditions
- Job protection during leave
- May be used intermittently

Workers' Compensation:

- State-specific laws govern work-related injuries and illnesses
- Providers may need to complete specific forms
- Communication with workers' comp case managers may be required

Provider Responsibilities:

- Maintain patient confidentiality
- Provide honest, accurate assessments
- Avoid conflicts of interest
- Document thoroughly

Module 10: Best Practices for Supporting Work as a Health Outcome

Summary of Evidence-Based Best Practices

1. Tailor Guidance to the Individual

- Focus on the person, not just the diagnosis
- Consider the patient's unique circumstances, job, and goals
- Recognize that everyone responds differently to injury and treatment

2. Communicate Early and Clearly

- Discuss work and recovery expectations at the first visit
- Set a return-to-work date whenever possible
- Provide specific, written activity prescriptions
- Update plans regularly as the patient progresses

3. Address Fears and Misconceptions

- Educate about hurt versus harm
- Normalize discomfort during healing
- Challenge catastrophic thinking
- Reinforce that activity promotes recovery

4. Promote Positive Recovery Expectations

- Frame return to work as part of healing
- Emphasize what the patient CAN do
- Celebrate small wins and incremental progress
- Avoid language that suggests permanent disability

5. Assess and Address Psychosocial Barriers

- Screen for depression, anxiety, and fear-avoidance
- Identify workplace and social barriers early
- Involve mental health professionals when needed
- Consider the impact of adverse childhood experiences

6. Encourage Active Recovery

- Prescribe activity, not rest
- Recommend gradual increase in activity levels
- Refer to physical or occupational therapy when helpful
- Discourage prolonged inactivity

7. Focus on Function, Not Just Pain

- Assess what the patient can do, not just how much it hurts
- Set functional goals
- Track progress in terms of activities, not pain scores
- Shift attention from pain to capabilities

8. Collaborate with Employers and Care Teams

- Provide clear, specific recommendations for modifications
- Communicate regularly with the care team
- Facilitate problem-solving when challenges arise
- Coordinate care across disciplines

9. Monitor and Adjust Plans Regularly

- Schedule follow-up visits to reassess restrictions
- Adjust treatment and work plans based on progress
- Address setbacks promptly
- Involve the patient in decision-making

10. Recognize When Medically Necessary Absence Is Appropriate

- Some conditions require time away from work
- Set clear expectations about anticipated duration
- Explain health consequences of prolonged absence
- Ensure adequate time to discuss condition, treatment, and work capacity

Common Pitfalls to Avoid

❌ Telling patients to "take it easy" without specific guidance
This creates confusion and often leads to excessive rest and deconditioning.

❌ Waiting for full recovery before discussing return to work
Early discussions set positive expectations and prevent prolonged absence.

❌ Focusing exclusively on pain levels
Pain is subjective and influenced by many factors. Focus on function instead.

❌ Assuming the workplace is inflexible or unsupportive
Many employers are willing to accommodate—they just need clear guidance.

❌ Providing vague restrictions like "light duty"
Specificity is essential for employers to identify appropriate modifications.

❌ Dismissing patient fears or concerns
Fears are real barriers. Address them with education and reassurance.

❌ Failing to address mental health and psychosocial factors
These factors often determine RTW success more than physical factors.

❌ Giving conflicting advice with other providers
Coordinate care to ensure consistent messaging.

❌ Over-prescribing opioids for chronic pain
Opioids are rarely appropriate for long-term pain management and can worsen outcomes.

❌ Labeling patients as "difficult" or "non-compliant"
This reflects a failure of the treatment approach, not the patient.

8. Collaborate with Employers and Care Teams

- Provide clear, specific recommendations for modifications
- Communicate regularly with the care team
- Facilitate problem-solving when challenges arise
- Coordinate care across disciplines

9. Monitor and Adjust Plans Regularly

- Schedule follow-up visits to reassess restrictions
- Adjust treatment and work plans based on progress
- Address setbacks promptly
- Involve the patient in decision-making

10. Recognize When Medically Necessary Absence Is Appropriate

- Some conditions require time away from work
- Set clear expectations about anticipated duration
- Explain health consequences of prolonged absence
- Ensure adequate time to discuss condition, treatment, and work capacity

Creating a Culture of Work as a Health Outcome

In Your Practice:

- Train all staff on SAW/RTW principles
- Incorporate work discussions into standard intake and visits
- Display materials that normalize work during recovery
- Celebrate patient successes in returning to work

In Your Community:

- Educate employers about the benefits of modifications
- Partner with occupational health professionals and vocational rehabilitation
- Advocate for policies that support work as a health outcome
- Share success stories (with patient permission)

The Provider's Impact

You have a significant influence on whether your patients:

- View work as a threat or an opportunity
- Feel confident or fearful about recovery
- Stay connected to employment or become disabled
- Achieve optimal health outcomes or suffer long-term consequences

By embracing the principles in this training, you can help your patients achieve better health, maintain employment, and improve their quality of life.