



RETAINWORKS 2026 ECHO:

A Health Navigation Model for
Supporting Employment

Thursdays, March 5 - April 30 | Noon - 1 PM CST

**RETAIN
WORKS** | Retaining
Employment
and Talent After
Injury/Illness
Network



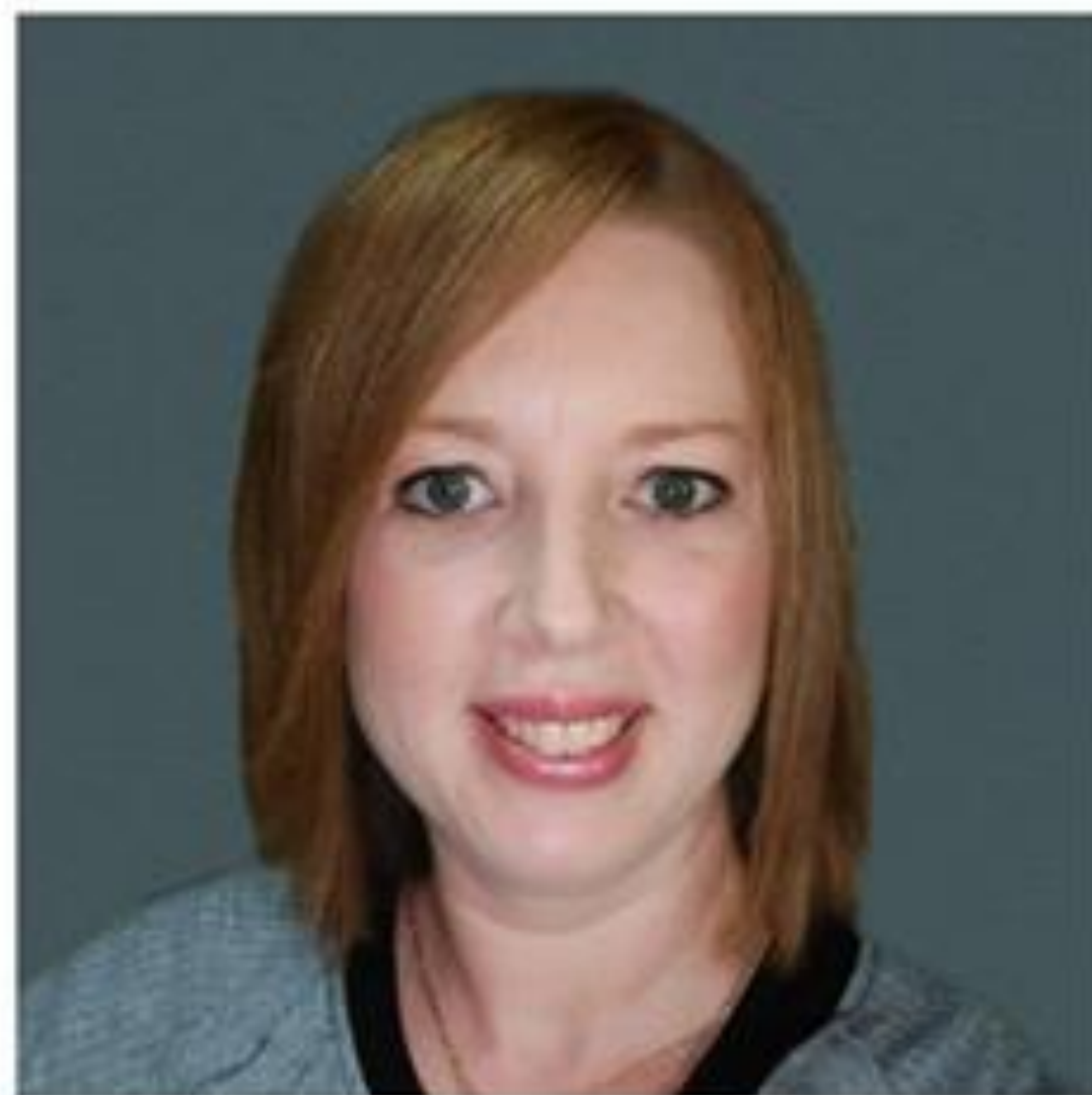
April 30, 2026

Work Prescriptions and Patient Conversations About Employment



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LEARNING OBJECTIVES

By the end of the session the learner will be able to:

- Understand the roles of healthcare professionals in return to work
- Discuss the new process for intervention with the medical provider, patient, workforce staff and employer and understand the challenges.
- Identify patients/employees who can benefit from referral to toolkit
- Explain how to complete the medical forms and review with the patient the implications for their employment

**We want to hear
from *you*!**

*Please take a moment to
respond to the poll*



Why Don't People Return to Work?

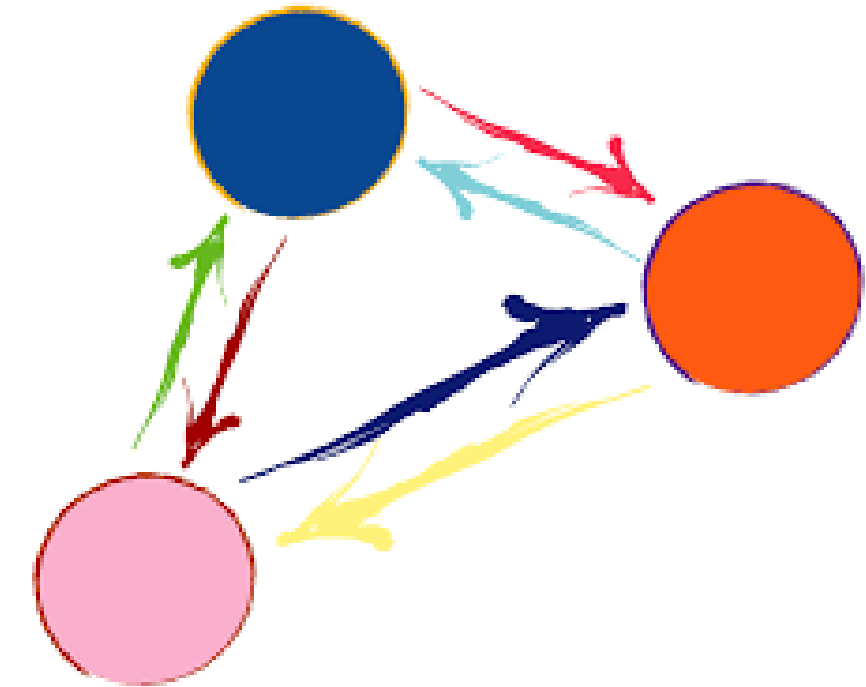
Most common reasons reported for not working:

- Fear their condition would worsen if they returned to work
- Injury or illness was too severe
- *Doctor did not want them to return*
- *Employers would not make needed accommodations*

Patnaik et al *Mathematica*, 2025

Interventions for Return-to-Work

- Better outcomes (in terms of time away from work) with multiple levels of interventions (for those with musculoskeletal, mental health, and/or pain conditions)
- Health-related interventions, including recommendations for work modifications
- Work modifications happen
- Access to needed services
- *Improved communication* within workplace and between healthcare professional and workplace



Healthcare Professional Role

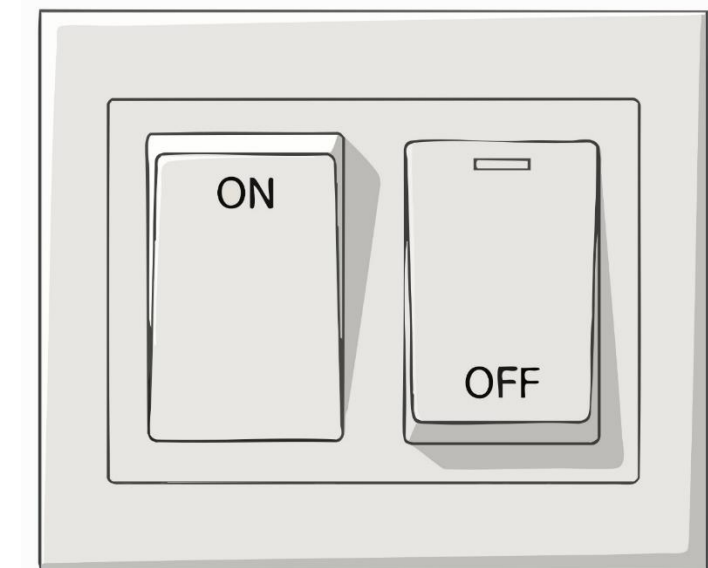
In addition to caring for the patient's health needs healthcare professionals play a role in:

- Understanding patient's current activity limitations and level of healing
- Assessing function
- Review the provided job requirements and specifics tasks
- Discuss the specific role/tasks that the patient has at work (does this align with what is provided from the job?) and at home
- What do they expect to do when returning to work? Is this gradual or resuming all tasks immediately?
- What do they see as barriers (at work or at home) in returning to their job?
- Providing recommendations on a worker's capacity to return to work, as well as limitations

Return-to-Work

Return-to-work recommendations from healthcare professionals are not only yes or no

- Recommendations include:
 - modified duties
 - modified working hours
 - ergonomic adjustments or other
 - worksite adjustments
 - use of assistive devices
- But are these reasonable in the specific workplace for a specific job?

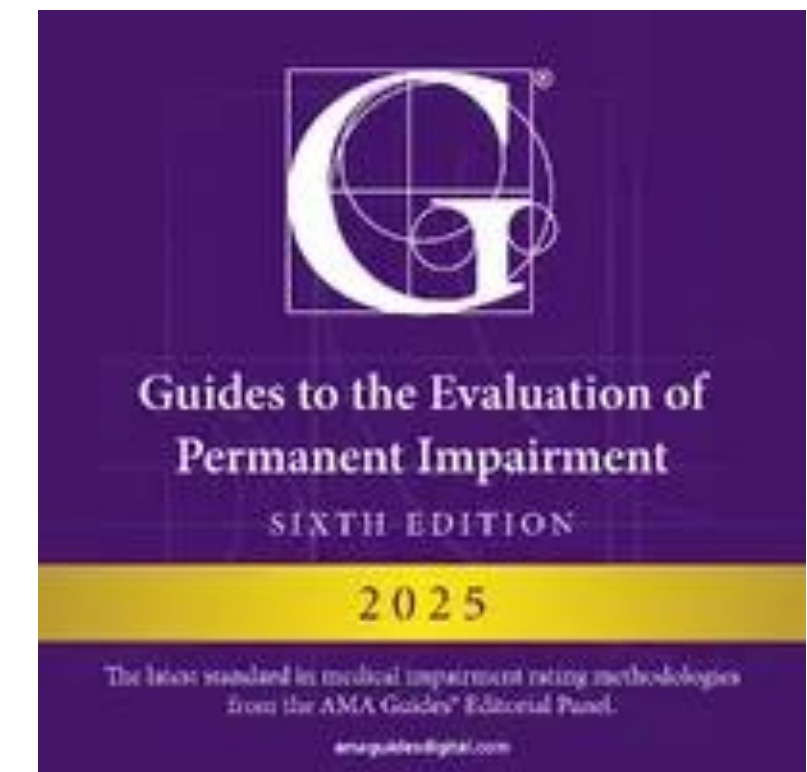


Return-to-Work Plans/Prescriptions

- Can be challenging
- Need to balance returning to work with safety and risk of reinjury or exacerbating pain
- Communication is often an issue
- Standard form of communication/documentation of physical abilities/recovery not the same as for return-to-work communication/documentation.

Disability Rating Scales

- Most tailored for specific conditions
- Allows for quantitative evaluation of patient's abilities and change over time
- General scales: SF-36, SF-12
- Oswestry Disability Index for low back pain
- WOMAC for osteoarthritis
- Joint-specific:
 - Hip Disability and Osteoarthritis Outcome Score (HOOS)
 - Knee Injury and Osteoarthritis Outcome Score (KOOS)
 - Disability of the Arm, Shoulder, and Hand (DASH)



DASH

DISABILITIES OF THE ARM, SHOULDER AND HAND

Please rate your ability to do the following activities in the last week by circling the number below the appropriate response.

	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
1. Open a tight or new jar.	1	2	3	4	5
2. Write.	1	2	3	4	5
3. Turn a key.	1	2	3	4	5
4. Prepare a meal.	1	2	3	4	5
5. Push open a heavy door.	1	2	3	4	5
6. Place an object on a shelf above your head.	1	2	3	4	5
7. Do heavy household chores (e.g., wash walls, wash floors).	1	2	3	4	5
8. Garden or do yard work.	1	2	3	4	5
9. Make a bed.	1	2	3	4	5
10. Carry a shopping bag or briefcase.	1	2	3	4	5
11. Carry a heavy object (over 10 lbs).	1	2	3	4	5
12. Change a lightbulb overhead.	1	2	3	4	5
13. Wash or blow dry your hair.	1	2	3	4	5
14. Wash your back.	1	2	3	4	5
15. Put on a pullover sweater.	1	2	3	4	5
16. Use a knife to cut food.	1	2	3	4	5
17. Recreational activities which require little effort (e.g., cardplaying, knitting, etc.).	1	2	3	4	5
18. Recreational activities in which you take some force or impact through your arm, shoulder or hand (e.g., golf, hammering, tennis, etc.).	1	2	3	4	5
19. Recreational activities in which you move your arm freely (e.g., playing frisbee, badminton, etc.).	1	2	3	4	5
20. Manage transportation needs (getting from one place to another).	1	2	3	4	5
21. Sexual activities.	1	2	3	4	5

DISABILITIES OF THE ARM, SHOULDER AND HAND

WORK MODULE (OPTIONAL)

The following questions ask about the impact of your arm, shoulder or hand problem on your ability to work (including home-making if that is your main work role).

Please indicate what your job/work is: _____

☐ I do not work. (You may skip this section.)

Please circle the number that best describes your physical ability in the past week. Did you have any difficulty:

	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
1. using your usual technique for your work?	1	2	3	4	5
2. doing your usual work because of arm, shoulder or hand pain?	1	2	3	4	5
3. doing your work as well as you would like?	1	2	3	4	5
4. spending your usual amount of time doing your work?	1	2	3	4	5

KOOS

For each of the following activities please indicate the degree of difficulty you have experienced in the **last week** due to your knee.

A3. Rising from sitting	None ☐	Mild ☐	Moderate ☐	Severe ☐	Extreme ☐
A4. Standing	None ☐	Mild ☐	Moderate ☐	Severe ☐	Extreme ☐
A5. Bending to floor/pick up an object	None ☐	Mild ☐	Moderate ☐	Severe ☐	Extreme ☐
A6. Walking on flat surface	None ☐	Mild ☐	Moderate ☐	Severe ☐	Extreme ☐
A7. Getting in/out of car	None ☐	Mild ☐	Moderate ☐	Severe ☐	Extreme ☐
A8. Going shopping	None ☐	Mild ☐	Moderate ☐	Severe ☐	Extreme ☐
A9. Putting on socks/stockings	None ☐	Mild ☐	Moderate ☐	Severe ☐	Extreme ☐
A10. Rising from bed	None ☐	Mild ☐	Moderate ☐	Severe ☐	Extreme ☐
A11. Taking off socks/stockings	None ☐	Mild ☐	Moderate ☐	Severe ☐	Extreme ☐
A12. Lying in bed (turning over, maintaining knee position)	None ☐	Mild ☐	Moderate ☐	Severe ☐	Extreme ☐
A13. Getting in/out of bath	None ☐	Mild ☐	Moderate ☐	Severe ☐	Extreme ☐
A14. Sitting	None ☐	Mild ☐	Moderate ☐	Severe ☐	Extreme ☐
A15. Getting on/off toilet	None ☐	Mild ☐	Moderate ☐	Severe ☐	Extreme ☐

For each of the following activities please indicate the degree of difficulty you have experienced in the **last week** due to your knee.

A16. Heavy domestic duties (moving heavy boxes, scrubbing floors, etc)	None ☐	Mild ☐	Moderate ☐	Severe ☐	Extreme ☐
A17. Light domestic duties (cooking, dusting, etc)	None ☐	Mild ☐	Moderate ☐	Severe ☐	Extreme ☐

Function, sports and recreational activities
The following questions concern your physical function when being active on a higher level. The questions should be answered thinking of what degree of difficulty you have experienced during the **last week** due to your knee.

SP1. Squatting	None ☐	Mild ☐	Moderate ☐	Severe ☐	Extreme ☐
SP2. Running	None ☐	Mild ☐	Moderate ☐	Severe ☐	Extreme ☐
SP3. Jumping	None ☐	Mild ☐	Moderate ☐	Severe ☐	Extreme ☐
SP4. Twisting/pivoting on your injured knee	None ☐	Mild ☐	Moderate ☐	Severe ☐	Extreme ☐
SP5. Kneeling	None ☐	Mild ☐	Moderate ☐	Severe ☐	Extreme ☐

Quality of Life

Q1. How often are you aware of your knee problem?
Never ☐ Monthly ☐ Weekly ☐ Daily ☐ Constantly ☐

Q2. Have you modified your life style to avoid potentially damaging activities to your knee?
Not at all ☐ Mildly ☐ Moderately ☐ Severely ☐ Totally ☐

Q3. How much are you troubled with lack of confidence in your knee?
Not at all ☐ Mildly ☐ Moderately ☐ Severely ☐ Extremely ☐

Q4. In general, how much difficulty do you have with your knee?
None ☐ Mild ☐ Moderate ☐ Severe ☐ Extreme ☐

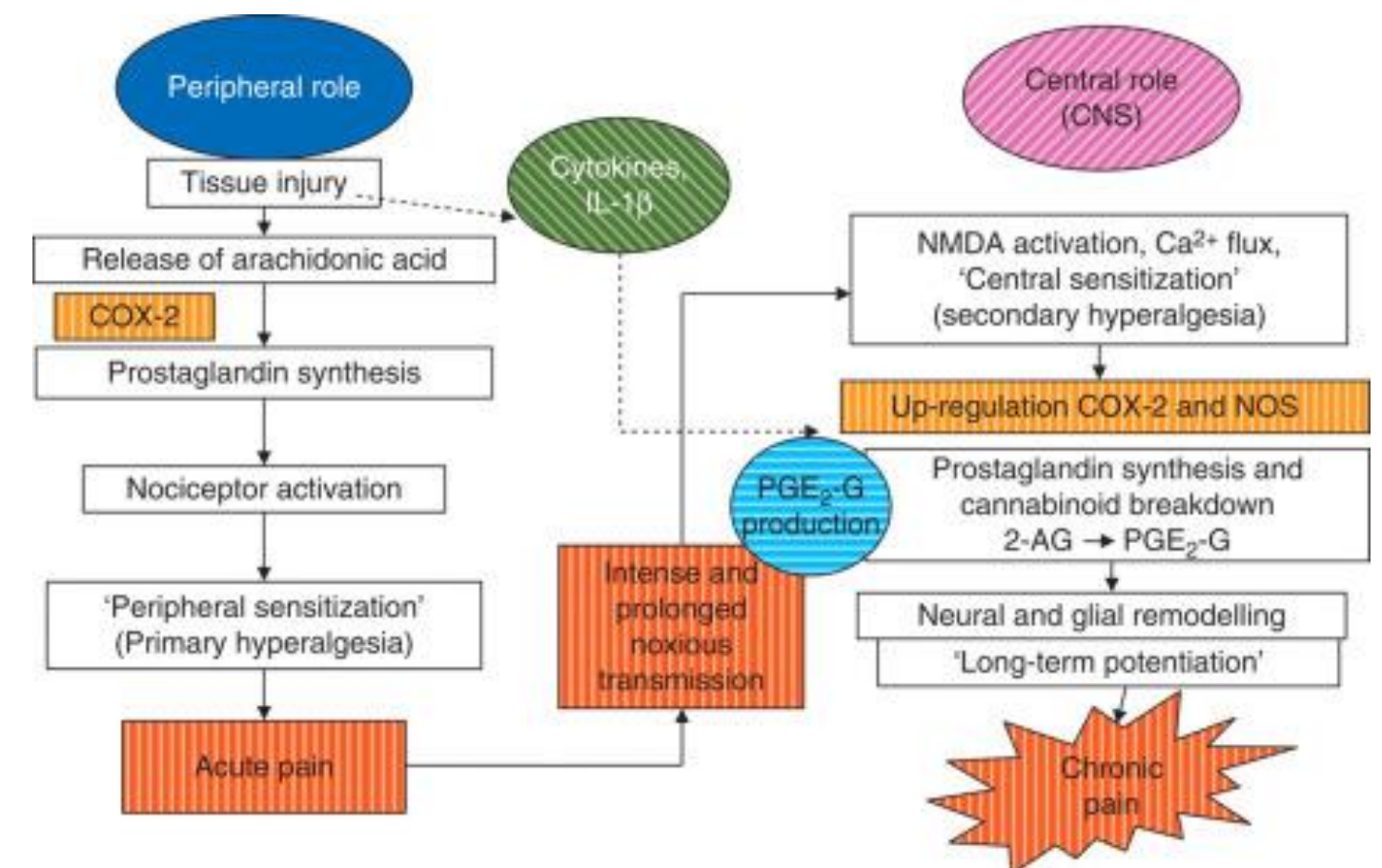
Thank you very much for completing all the questions in this questionnaire.

Assessing Function/Ability to Work

- Less likely to have significant issues with the return-to-work process treating patients who had visible, acute, physical injuries
- More challenging when working with patients with multiple injuries, gradual onset or complex illnesses, chronic pain, and mental health conditions
- These may make return-to-work recommendations more challenging (how do the various conditions interact? Will any/most/all be impacted by return-to-work? Are any of these issues chronic/pre-existing?)
- Patient's symptoms and function may not be static

Transition from Acute to Chronic Pain

- Prior history of pain or painful conditions
- Significant pain after injury (or surgery)
- Prolonged pain (and/or inflammation) after injury (patients with pain after 1-2 weeks more likely to have pain at 3-6 months)
- Current smoking
- Current benzodiazepine use
- Social roles and expectations
- Genetics/family history
- Other social determinants of health (e.g., race/ethnicity, socioeconomic status (SES), education level)
- History of depression?
- Pain catastrophizing
- Self-efficacy
- Kinesiophobia



Voscopoulos et al BJA, 2010

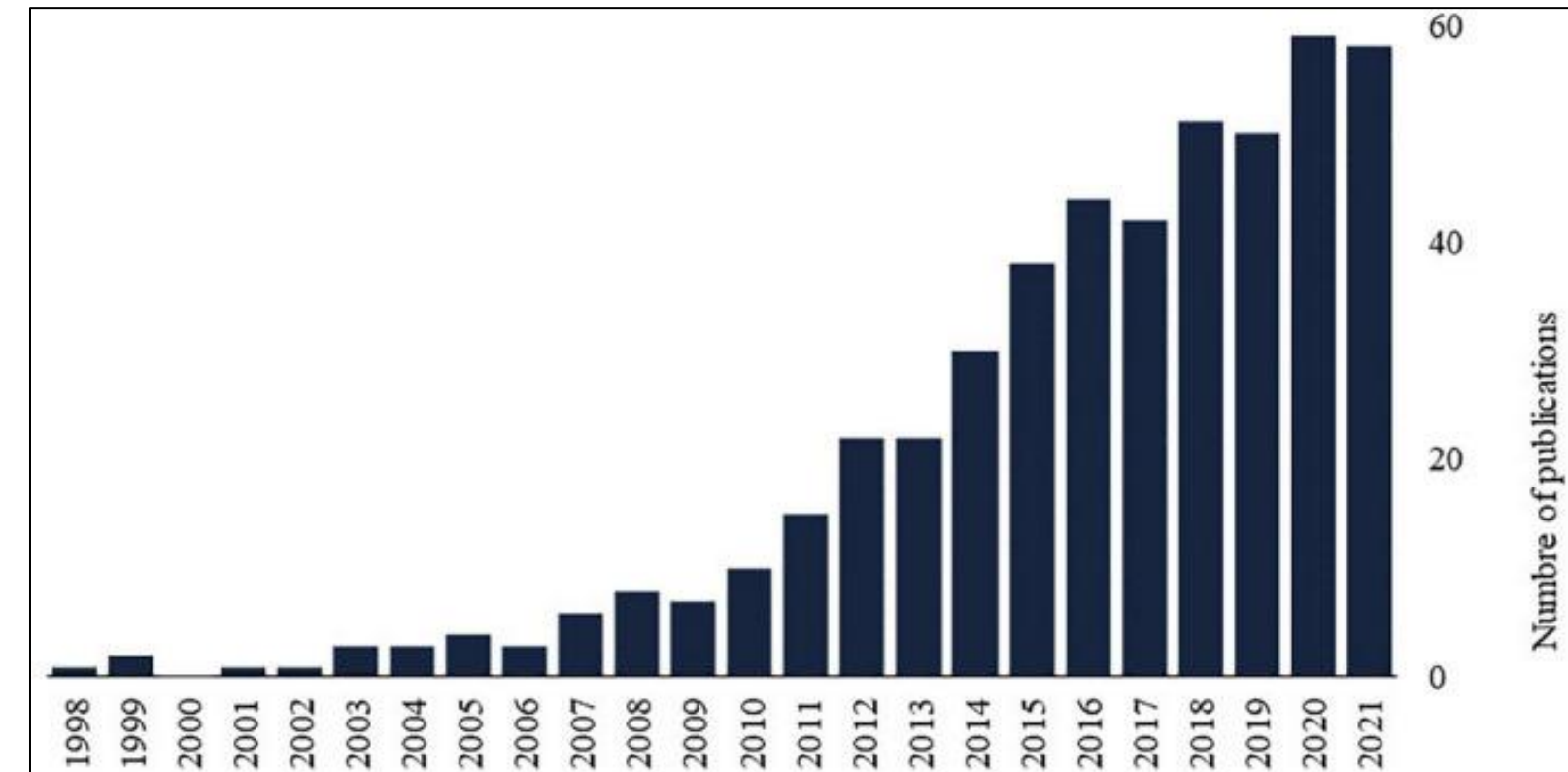
Kinesiophobia

- “An excessive, irrational, and debilitating fear of physical movement and activity resulting from a feeling of vulnerability due to painful injury or reinjury”

Kori et al *Pain Management*, 1990

- Central factor in acute to chronic pain process (50-70% of people with chronic pain)
- When a painful experience is interpreted as threatening, assumed that activity will result in more pain and re/injury (role of pain catastrophizing?)
- Can lead to cycle of increased fear of pain, less activity, more pain, disability
- Can be measured through Tampa Scale of Kinesiophobia

Larsson et al *BMC Geriatrics*, 2016



Bordeleau et al *Front Behav Neurosci*, 2022

Communication

- Often the largest barrier in returning to work
- Does the employer worry about reinjury or return of symptoms? Do they worry about related liability?
- Does the healthcare professional worry about reinjury and return of symptoms (yes)
- Is there concern that the patient will return to work and then have to take more time off due to their condition?

Return-to-Work Communications

- Communication for return-to-work has to be bidirectional
- What are the job duties? Can these be accommodated? (e.g., not release to unsafe tasks but not hold workers back)
- What can they do/not do? Avoid technical/medical jargon; may not be able to translate recommendations to the workplace



Communication Issues on Return-to-Work from Physicians

- Not part of training (at any level)
- Not necessarily see as part of job (especially if they don't do it much)
- Time constraints
- Possible conflicting roles
- Limited knowledge of the workplace and/or patient's duties/expectations (at work and at home)
- Many employers try to “reinvent the wheel” with disability and return-to-work forms (same info, just in different places, formats)
- Privacy concerns (is this covered by HIPAA or not?)

Writing Job Restrictions

- Understand what the job entails and the worksite
- Focus on what the patient can do, not what they can't do
- Write the restrictions so that they are easy to understand at the work site
- What are realistic goals and are they expected to change? (e.g., will the patient be able to do more in 2 months than they can now?)
- What can the job reasonably accommodate?
- Handicapped permit to park at work?
- Tailor prescription to patient and situation - be creative in what can work.

Communication

- Between the job and the patient
- Between the patient and the healthcare professional
- Between the healthcare professional and the patient and job
- Lots of areas in which this can break down
- **Teamwork is key!**



How to Identify

Do you have an injury or illness?

- Is (condition) causing struggles for you physically, emotionally or financially?
- How does (condition) interrupt your everyday life with work, home and relationships?



Provider Forms

Healthcare Provider Employment Resource
"Work is a Health Outcome"

Patient Name: (First) _____ (Last) _____ Date of Birth _____

Patient Form instructions: You are responsible for completing this section of the form

If you have an injury or illness that is impacting your daily work or your job outlook, the following forms are intended to help guide you through this process to advocate for needs and identify what type of daily work would be suitable with your medical condition. The information can be used in working with Workforce advocates for opportunities to enhance your employment. To begin, start with the following questions to help identify areas of need and limitations so the provider can assist in meeting work goals.

1. What type of work are you looking for, or trying to return to? (Circle One: manual labor-light / medium / heavy / seated work) Briefly describe: _____
2. What physical or mental limitations are you experiencing and what are you currently unable to do at work? (Ex: musculoskeletal, depression, etc.) _____
3. Please briefly describe your condition: _____

You are responsible for taking the steps to get the form completed:

- If you access this form online, or you are handed this form, and you:
 - have no upcoming appointment with your provider, please contact their office to ask about their forms completion policy. They may require a separate appointment.
 - have an upcoming appointment, ask your provider's office if this form can be done at the same time.

Healthcare Provider Form Instructions:

- Use questions 1-3 above to guide your recommendations and assessment to help the patient meet their workforce goals.
- Your patient will use this form to advocate for themselves with their local WorkForce Center, their employer, or simply used to help them understand what job might be best for them considering their health limitations.

Your patient is seeking assistance with their employment and has indicated their health is impacting their everyday work. Please find two forms attached and determine with your patient which is appropriate for their condition: **PHYSICAL OR MENTAL**

PHYSICAL HEALTH FORM:

Functional Restrictions – Examples of restrictions that would limit the amount or type of work your patient can perform:

- Patient can only functionally sit for 6 hours a workday – frequent
- Patient can stand/walk the other 2 hours of the workday – occasional

Reasonable Accommodations – Examples of recommendation(s) to help with body positioning during work hours:

- ergonomic chair
- ergonomic mouse
- standing desk
- a flexible schedule
- ergonomic keyboard
- an alteration of what is feasible in a standard workday

MENTAL HEALTH FORM:

Functional Restrictions – Examples of restrictions that would limit the amount or type of work your patient can perform:

- Patient can give a presentation up to 1 hour/day – seldom
- Patient can interact directly with customer/client up to 6 hours/day – frequent

Reasonable Accommodations – Examples of recommendation(s) to help with body positioning during work hours:

- utilizing a communication board to prevent disruptions during a workday.
- a flexible schedule
- allowing to focus on one task at a time
- a transition in job duties

Please sign and date the form after completion and return to the patient.

Physical Health Form

Healthcare Provider Employment Resource
"Work is a Health Outcome"

Physical Health Restrictions Form - Completed by Provider

Patient Name: _____ Date of Birth: _____

Date of Injury/Illness: _____ Date of Surgery (if applicable): _____

Please circle the following: Employed? YES or NO Seeking Employment? YES or NO

Provider (optional): You may attach your own preferred form, but we request you still sign and date the bottom.

☐ In lieu of this form, I am attaching my standard WORK STATUS form.

Patient Can:	Never	Seldom <i>Up to 10% 0 - 1 hours</i>	Occasional <i>11 - 33% 1 - 3 hours</i>	Frequent <i>34 - 66% 3 - 6 hours</i>	Constant <i>67 - 100% Not restricted</i>
Sit	☐	☐	☐	☐	☐
Stand / Walk	☐	☐	☐	☐	☐
Climb (Ladder / Stairs)	☐	☐	☐	☐	☐
Twist	☐	☐	☐	☐	☐
Bend / Stoop	☐	☐	☐	☐	☐
Squat / Kneel	☐	☐	☐	☐	☐
Crawl	☐	☐	☐	☐	☐

Other applicable restrictions (lifting, etc.): -

Please select degree of restriction:

- ☐ The patient's injury/condition **SIGNIFICANTLY** impairs their employment.
Example: a person with a serious back injury who works on their feet most of the day, and lifts items that weigh 20 lbs or more throughout their shift.
- ☐ The patient's injury/condition **MILD to MODERATELY** impairs their employment.
Example: a person with a serious back injury who works seated most of the day, and primarily works at a computer or with the hands directly in front of them throughout their shift.

Reasonable Accommodation Section (Examples: assistive equipment, a flexible schedule, etc.)

Is follow up needed for this patient? YES or NO If yes, date of follow up: _____

Provider Printed Name: _____ Date: _____

Provider Signature: _____

Mental Health Form

Healthcare Provider Employment Resource
"Work is a Health Outcome"

Mental Health Restrictions Form - Completed by Provider

Patient Name: _____ Date of Birth: _____

Approximate Date of Mental Health Diagnosis (if known): _____

Please circle the following: Employed? YES or NO Seeking Employment? YES or NO

Provider (optional): You may attach your own preferred form, but we request you still sign and date the bottom.

☐ In lieu of this form, I am attaching my standard WORK STATUS form.

Patient Can:	Never	Seldom Up to 10% 0 - 1 hours	Occasional 11 - 33% 1 - 3 hours	Frequent 34 - 66% 3 - 6 hours	Constant 67 - 100% Not restricted
Work in a distracting environment	☐	☐	☐	☐	☐
Attend an In-Person Meeting	☐	☐	☐	☐	☐
Give a Presentation	☐	☐	☐	☐	☐
Interact with Customers / Clients	☐	☐	☐	☐	☐
Operate Machinery (if medicated)	☐	☐	☐	☐	☐
Other: _____	☐	☐	☐	☐	☐

Please select degree of restriction:

- ☐ The patient's injury/condition **SIGNIFICANTLY** impairs their employment.
Example: a person with Major Depressive Disorder in a role that requires high-level decision making, who may be impaired due to difficulty concentrating, poor sleep, or severe fatigue.
- ☐ The patient's injury/condition **MILD to MODERATELY** impairs their employment.
Example: a person with Major Depressive Disorder in a role with basic assigned duties with low complexity, and symptoms that are being managed.

Reasonable Accommodation Section (Examples: assistive equipment, a flexible schedule, etc.)

Is follow up needed for this patient? YES or NO If yes, date of follow up: _____

Provider Printed Name: _____ Date: _____

Provider Signature: _____

Let's put this into practice!

