The Attending Physician’s Role in Return-to-Work

Your role as the attending physician

- Early in the course of treatment, as the attending physician, you will discuss expected healing and recovery time, as well as the importance of an early and gradual increase in activity.
- You set the patient’s expectations about return-to-work, and you authorize time-loss.
- Two important timelines to establish are:
  - The earliest date your patient can safely return to temporary modified duties.
  - The date your patient can safely resume full duties.
- Discuss with your patient when you will reassess their status and work restrictions, or if the patient has permanent limitations, what restrictions they will have for future work.
- When necessary, refer your patient to a specialist or ancillary care provider.
- Generally, a patient may successfully return-to-work before full recovery based on your advice and input as the attending physician.

What’s in your patients’ best interest?

- It’s important that your patients understand that staying-at-work or returning-to-work can benefit them physically, emotionally, socially, and economically.
- In the past, patients and employers thought that workers could return-to-work only when they fully recovered. Now, we understand that promoting safe and productive work is a form of therapy.
- A well-planned return-to-work program, where the job is modified to suit capabilities, will help your patients’ recovery.
- Despite time-loss benefits, staying-at-work or returning-to-work helps to reduce financial uncertainty or hardship for your patients and their families.
- Prolonged absence from the workplace is detrimental to your patients’ mental, physical, and social well-being. Safe and timely return-to-work benefits your patients and their families by enhancing recovery and reducing disability.

How to facilitate the early return-to-work process

- As the attending physician, you help the employer and your patient understand when they can safely return to any work and under what conditions.
- You can facilitate the patient’s return-to-work by communicating with all parties, early in treatment or rehabilitation.
- Provide a good, clear, and quantitative description of the current claim-related physical or psychological restrictions to help the employer assign safe work activities and identify suitable work.
- Encourage patients to take an active role in early return-to-work and to communicate directly with their employers.
- Your effort in completing a concise and thorough work release may allow your patient to become eligible for the Workers’ Compensation Division’s return-to-work programs.
Return-to-work program benefits
Today, there’s a new approach to modified return-to-work opportunities. Many employers are initiating stay-at-work and return-to-work programs for workers. Oregon is unique because it funds such efforts through the Employer-at-Injury Program (EAIP) while the claim is open and the Preferred Worker Program (PWP) after the claim is closed and the patient has permanent disability and can’t resume regular work. Some of the benefits of these programs are worksite modification, wage subsidy, and employment purchases.

**EAIP**
Patients who are temporarily unable to return to their regular work due to the current restrictions caused by an on-the-job injury may use Employer-at-Injury Program benefits to create, equip, and modify work.

**PWP**
Patients who have not been released to regular work after becoming medically stationary and their workers’ compensation claim is closed may qualify for the Preferred Worker Program’s re-employment assistance.

The starting place for determining eligibility for Oregon’s return-to-work programs is the attending physician’s work release (Form 3245). If your release is vague or inconsistent, the patient may be determined ineligible for return-to-work benefits. You can best assist your patient by:

1. Clearly describing limitations when completing the work release. Don’t state that the patient is released to regular work and then restrict specific activities (e.g., lifting).
   - **Clear example:** “The worker may lift up to 25 pounds from floor to chest.”
   - **Contradictory example:** “The worker is released to regular work except for no lifting more than 25 pounds.”

2. Quickly responding to requests for clarification on specific limitations.

   A patient’s job may depend on it. Note: You may bill for this task.