

Return-to-Work Alternate Work Options

Every RTW plan must be customized to fit the medical restrictions and skills and abilities of the injured worker. In addition, every RTW plan must meet the needs of the employer and contribute to the objectives or operations of the organization.

No one RTW plan will be identical to another since each injured worker's medical restrictions and skills and abilities can differ, and the suitability and availability of alternate/modified work from an employer may not always remain constant. However, in order to make the program efficient it is important that an employer define - in advance of any injury occurring - a pool of possible alternate work options to consider in the event a RTW plan is necessary.

An employer cannot plan ahead for every type of injury that may arise in a workplace. However, it is recommended a list of possible alternate work options be developed for the most common types of injuries that are occurring in the workplace.

- Develop a pool of alternate work options by identifying specific tasks from various areas and/or positions within the workplace that would be suitable to the medical restrictions of its most common workplace injuries
- Generate a separate list for each common injury (for easy reference in future RTW planning)
- Each department/unit/area of the organization should be canvassed for each common injury
- An organization should have procedures in place for continual review (to ensure the list is still accurate) and continual expansion of its pool of alternate work options

To assist in identifying alternate work options see below for a list of some medical restrictions typically

associated with specific injuries. Important: This list is not intended to replace any specific restrictions for a worker that may have been provided by that worker's health care provider. These restrictions are only intended as guidelines to assist a workplace in developing a pool of alternate work options.

BACK INJURIES

Sitting or standing as tolerated, physical therapy, lifting restrictions, bending restrictions, no repetitive trunk movements, pain medications

NECK INJURIES

No repetitive neck movement, no above shoulder and overhead activity, physical therapy, pain medications

SHOULDER INJURIES

No repetitive (R/L) shoulder movement, lifting restrictions, no above shoulder and overhead activity, no repetitive use of the (R/L) extremity against resistance, physical therapy, pain medications

UPPER EXTREMITY (ELBOW, WRIST & HAND) INJURIES

No repetitive movement of the involved joint against resistance, physical therapy, pain medications. Hand and wrist injuries will also have no repetitive gripping.

LOWER EXTREMITY (HIP, KNEE, ANKLE & FOOT) INJURIES

No repetitive movement of the involved joint against resistance, no prolonged weight bearing, no rough ground walking, no low level activity, no climbing, physical therapy, pain medications

Alternate Work Options Form on other side

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Alternate Work Options Form

TYPE OF INJURY	
PROBABLE NECESSARY RESTRICTIONS:	
POSSIBLE TASKS SUITABLE FOR THIS INJURY	
Department	Task
LOW PRIORITY TASKS	
Department	Task
TRAINING OPPORTUNITIES	
Department	Task

