

# Work capacity certificate – workers' compensation

## Guidelines for completion

### Part A – Patient details

Completing this part assists your patient to gain access to assistance.

#### Name

The patient's full name including middle names.

#### Date of birth

Important for identification.

#### Mobile number

If patient does not have a mobile phone, another number is acceptable.

#### Claim number

If an existing claim, please insert the claim number. Ask your patient if they have received a text message advising their claim number. It will facilitate payment of accounts.

#### New claim

If you or the patient believe the injury to be work-related or sustained in the course of employment (e.g. on a journey between work and home), tick "New claim". The claim's validity will be determined by the insurer, so do not be concerned if you are not 100 per cent sure.

#### Claim is report only

If the patient is unsure about making a claim, or wants to talk to someone first, tick "Claim is report only". If the patient does decide to claim, this will tie the claim back to the original treatment.

#### Occupation

Knowing the normal job of the patient and the type of industry they work in is important for rehabilitation and return to work planning.

#### Patient's employer

If unknown, put the address of the workplace.

### Part B – Injury details

#### Date of examination

The date of the current examination.

#### Patient's stated date of injury

Document the patient's stated date of injury. You can write OPT (over a period of time).

#### Patient was first seen at this practice/hospital for this injury/disease on

The date the patient was first seen at your practice for the **current injury**.

#### The patient is/was suffering from

Insurers understand that diagnosis can evolve or even change entirely. If you are not 100 per cent sure of diagnosis, or believe a referral may be necessary, tick "Provisional diagnosis". If no diagnosis can be made, but there are clear symptoms, tick "Provisional diagnosis".

#### Patient's stated mechanism of injury

Document the patient's stated mechanism of injury.

#### Is this consistent with your clinical findings?

Please state whether, in your opinion, the patient's stated mechanism of injury is consistent with the clinical findings or your diagnosis. If not, or if there are other issues the insurer may need to consider, please tick "Unclear". If uncomfortable completing this box please leave it blank.

#### Describe mechanism in detail

Please expand in this space your understanding of the mechanism of injury.

#### Pre-existing factors or condition aggravated

Please include any relevant medical information concerning pre-existing factors or conditions that may confound or complicate the diagnosis or recovery.

### Part C – Treatment plan

#### Patient requires/d treatment from/to

Please give an estimate of the duration of medical treatment.

#### Patient will be reviewed again on (or before)

This date helps when scheduling the next appointment.

#### Treatment

Please detail what treatment the patient is receiving. Include any treatment already provided but not previously advised/recommended.

#### I have prescribed medication that may impede safe work, travel or cognitive function

If medication has common side effects that may impair the patient's ability to drive or function at work, tick "Yes".

#### Referrals

Specify the relevant modalities or specialties. Emergency doctors and nurse practitioners please nominate the general practitioner if known and include your discharge summary.

### Part D – Capacity for work

#### The certified injury does not prevent a return to pre-injury duties

The patient can return to their pre-injury duties immediately. Go directly to Part F.

#### If suitable duties available, can return to some form of work from

If the worker can return to some form of duties, specify the date and consider a referral to a rehabilitation provider if assistance may be required to identify suitable duties.

#### No functional capacity for any type of work until

Consider carefully before certifying total incapacity for work. Could the patient physically or psychologically attend work and perform tasks appropriate that constructively supports their rehabilitation? If so, choose "If suitable duties available, can return to some form of work from".

#### If no functional capacity, state why

If you have certified no functional capacity for any type of work, clearly state why the patient cannot physically or psychologically engage in rehabilitation at work. If further information is required before you can certify your patient is capable of attending the workplace, write "requires investigation and planning". Nurse practitioners must not certify total incapacity for a period longer than 10 calendar days.

#### Estimated time to return to some form of work duties

Give an estimate of when you think the patient will be able to return to work on suitable duties.

#### Estimated time to return to full duties

Give an estimate of when you think the patient will be able to return to work on pre-injury duties.

### Part E – Functional ability

This part is optional for emergency medical practitioners/dental practitioners as they will not usually have a primary role in post-acute care. Nurse practitioners cannot complete this section.

#### Function/task

Consider functions performed with the body part at home as well as at work. This will enable tasks to be identified to accommodate your patient.

Do not base functional ability on perceived availability. When appropriate the employer or insurer can source suitable duties.

If there has been no change in functional ability since the last capacity certificate, indicate here.

#### Lower limb (ambulation)

Example: non-weight bearing, no squatting, modify kneeling, standing for short periods through the day, etc.

#### Upper limb (reach)

Example: limit reaching overhead activity.

#### Hand function (dexterity)

Example: Consider the pinch grip, power grip, and two-handed tasks.

#### Spinal function (agility)

Consider the duration of static postures, type and frequency of breaks, extent of bending or squatting.

#### Cognition/psychosocial functioning

Consider how your patient's cognitive functions may be affected by their adjustment to their injury or medication, and how this might affect their ability to work. Consider:

- attention/concentration and working autonomously
- memory and ability to learn new tasks or respond to novel situations
- decision-making and the ability to interact with or supervise others

#### Driving a car

Example: limit to short period or distances, e.g. break every 20 minutes or 20 kilometer.

#### Operating machinery/heavy vehicle

Consider your patient's time to respond in an emergency.

#### Manual tasks

Example: limit lifting to 3 kilogram above shoulder height.

#### Other

If the patient can only work limited hours/days per week, specify here.

### Part F – Rehabilitation at work – return to work plan

This part is optional for emergency medical practitioners/dental practitioners as they will not usually have a primary role in post-acute care. Nurse practitioners cannot complete this section.

#### What workplace modifications are required to facilitate return to work?

If you are unsure what modifications may be required, write "needs investigation and planning"; a referral to an occupational physician or appropriate allied health practitioner may be appropriate (e.g. an occupational therapist for a work site assessment). Patients with psychosocial considerations may require additional support in returning to work, such as developing a contingency plan for when they are deepening their resilience to occupational stressors.

#### Other considerations or factors that may affect recovery

Identify non-work related medical issues that could be adversely affecting your patient's recovery.

#### I require a suitable duties program to be provided to me for approval

Please tick if you would like to be consulted by the employer or insurer.

#### I have discussed injury requirements and return to work options with the patient and employer/insurer/rehabilitation provider

Tick all that apply. Remember different stakeholders look at the certificate; you are indicating who, if any, have been involved in formulating your advice.

### Part G – Medical/dental/nurse practitioner details and statement

Being open with your patient about the information contained in the certificate helps maintain trust between the practitioner and patient. The clinical information provided will be taken to be that of the signatory.

#### Signature

An unsigned certificate will delay claim determination as well as rehabilitation and return to work planning.