WORK SAFE.
FOR LIFE.
WORKERS' COMPENSATION BOARD OF NOVA SCOTIA

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PRINT RESET SAVE

Return-to-Work (RTW) Plan

Worker's name:	WCB Claim Number:
Physician's name:	Date of injury (MM/DD/YYYY):
Pre-injury job:	Employer:
Pre-injury job strength:	Employer contact name:
Pre-injury job hours/schedule:	Employer contact phone:
Referral date (MM/DD/YYYY):	On-site visit required? Yes ☐ No ☐
JSA provided: Yes ☐ No ☐	Case worker contacted: Yes ☐ No ☐
Was the employer contacted? Yes ☐ No ☐	Would you like a call from the case worker? Yes ☐ No ☐

Return to work information

Cognitive limitations and restrictions as a result of compensable injury: Yes ☐ No ☐	
Form E attached: Yes ☐ No ☐	Next Form E date (MM/DD/YYYY):

It is recommended that (worker's name) participates in the following (select one): Alternate work ☐ Modified pre-injury work ☐ Pre-injury work ☐	RTW plan **start** date (MM/DD/YYYY): RTW plan **end** date (MM/DD/YYYY): Estimated **length** of RTW plan to pre-injury

Definitions

Alternate work: Enabling safe work by taking the worker's temporary restrictions and limitations into consideration through changing the essential duties of pre-injury work with the goal of returning to pre-injury work.

Modified pre-injury work: Enabling safe work by taking the worker's temporary restrictions and limitations into consideration through changes to the non-essential duties of the pre-injury job, conditions of employment (e.g. work schedule), or addition of assistive devices to the pre-injury job.

Restrictions: Clear and specific things to avoid during recovery because there is a specific risk of harm or a safety concern, including but not limited to specific tasks, exposures, body motions, and/or positional tolerances (e.g., do not drive).

Limitations: A limitation defines the extent to which a worker may perform an activity but does not prevent an injured worker from performing that activity (e.g., lift up to 10 pounds).

AUGUST/2023

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Specify hours per day							
WORK WEEK 1 (MM/DD/YYYY)	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Work tasks to perform:							
Comments (i.e.: recommended breaks and supports):							
Functional considerations, limitations or restrictions (physical or cognitive):							

Specify hours per day							
WORK WEEK 2 (MM/DD/YYYY)	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Work tasks to perform:							
Comments (i.e.: recommended breaks and supports):							
Functional considerations, limitations or restrictions (physical or cognitive):							

Specify hours per day							
WORK WEEK 3 (MM/DD/YYYY)	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Work tasks to perform:							
Comments (i.e.: recommended breaks and supports):							
Functional considerations, limitations or restrictions (physical or cognitive):							

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Return-to-Work (RTW) Plan

Specify hours per day							
WORK WEEK 4 (MM/DD/YYYY)	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Work tasks to perform:							
Comments (i.e.: recommended breaks and supports):							
Functional considerations, limitations or restrictions (physical or cognitive):							

Recommendations have been reviewed and confirmed by:
Worker's name:
Employer's name:
Case worker's name:
Service provider's name:
Date (MM/DD/YYYY):
Additional comments/notes:

Please submit this completed form as a secure message attachment in **MyAccount**, fax it to **902.491.8001** or mail to:

WCB Nova Scotia, PO Box 1150, 5668 South Street, Halifax, NS B3J 2Y2