

WCB Nova Scotia PO Box 1150

Halifax, Nova Scotia B3J 2Y2 Toll-free: 1.800.870.3331 Fax: 902.491.8001



Visit our website: wcb.ns.ca

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 $\square$ No $\square$   | Would you like a call from the case worker? Yes $\square$ No $\square$ |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Return to work information   |  |  |  |  |  |  |  |  |
| Cognitive limitations and restrictions as a result of compensable injury: Yes $\Box$ No $\Box$ |  |  |  |  |  |  |  |  |
| Form E attached: Yes □ No □  | Next Form E date (MM/DD/YYYY):   |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| It is recommended that (worker's name)   | RTW plan <b>start</b> date (MM/DD/YYYY):                               |  |  |  |  |  |  |  |
| participates in the following (select one):  | RTW plan <b>end</b> date (MM/DD/YYYY):                                 |  |  |  |  |  |  |  |
| Alternate work   | Titry plan end date (www.bb/ 1111).                                    |  |  |  |  |  |  |  |
| Modified pre-injury work □<br>  Pre-injury work □  | Estimated <b>length</b> 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).





## Return-to-Work (RTW) Plan

| Specify hours per day  |               |          |       |        |       |          |          |
|--|---------------|----------|-------|--------|-------|----------|----------|
| WORK WEEK 1  | Mon           | Tues     | Wed   | Thurs  | Fri   | Sat      | Sun      |
| (MM/DD/YYYY)   |               |          |       |        |       |          |          |
| Work tasks to perform:   |               |          |       |        |       |          |          |
|  |               |          |       |        |       |          |          |
|  |               |          |       |        |       |          |          |
| Comments (i.e.: recommended breaks and supports):                    |               |          |       |        |       |          |          |
|  |               |          |       |        |       |          |          |
|  |               |          |       |        |       |          |          |
| Functional considerations, limitations or restrictions (physical of  | r oognitivo): |          |       |        |       |          |          |
| runctional considerations, infiltations of restrictions (physical of | r cognitive). |          |       |        |       |          |          |
|  |               |          |       |        |       |          |          |
|  |               |          |       |        |       |          |          |
|  |               |          |       |        |       |          |          |
| Specify hours per day  |               |          |       |        |       |          |          |
| WORK WEEK 2  | Mon           | Tues     | Wed   | Thurs  | Fri   | Sat      | Sun      |
| (MM/DD/YYYY)   | IVIOII        | 1403     | VVCG  | IIIdis | ' ' ' | Out      | Juli     |
| Work tasks to perform:   |               | <u> </u> |       |        | l     | <u> </u> | <u> </u> |
|  |               |          |       |        |       |          |          |
|  |               |          |       |        |       |          |          |
| Comments (i.e.: recommended breaks and supports):                    |               |          |       |        |       |          |          |
| Comments (i.e., recommended breaks and supports).                    |               |          |       |        |       |          |          |
|  |               |          |       |        |       |          |          |
|  |               |          |       |        |       |          |          |
| Functional considerations, limitations or restrictions (physical of  | r cognitive): |          |       |        |       |          |          |
|  |               |          |       |        |       |          |          |
|  |               |          |       |        |       |          |          |
|  |               |          |       |        |       |          |          |
| Charles have now day   |               |          |       |        |       |          |          |
| Specify hours per day  |               | -        | NA/ 1 | -      | F :   | 0.1      |          |
| WORK WEEK 3  | Mon           | Tues     | Wed   | Thurs  | Fri   | Sat      | Sun      |
| (MM/DD/YYYY)  Work tasks to perform:                                 |               |          |       |        |       |          |          |
| Work tasks to perform.   |               |          |       |        |       |          |          |
|  |               |          |       |        |       |          |          |
|  |               |          |       |        |       |          |          |
| Comments (i.e.: recommended breaks and supports):                    |               |          |       |        |       |          |          |
|  |               |          |       |        |       |          |          |
|  |               |          |       |        |       |          |          |
| Functional considerations, limitations or restrictions (physical of  | r cognitive): |          |       |        |       |          |          |
|  |               |          |       |        |       |          |          |
|  |               |          |       |        |       |          |          |





## Return-to-Work (RTW) Plan

| Specify hours per day   |     |      |     |       |     |     |     |  |
|---|-----|------|-----|-------|-----|-----|-----|--|
| WORK WEEK 4   | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |  |
| (MM/DD/YYYY)  |     |      |     |       |     |     |     |  |
| 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:                            |     |      |     |       |     |     |     |  |
| Recommendations have been reviewed and commined by.                             |     |      |     |       |     |     |     |  |
| Worker's name:  |     |      |     |       |     |     |     |  |
| Franksian'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: