

# Form D: Modified Work Offer

Date: \_\_\_\_\_

Date of injury: \_\_\_\_\_

Employee: \_\_\_\_\_

[EMPLOYER] is proud to have an injury management/return to work program for work-related injuries. The purpose of this program is to minimize the negative effects of a work-related injury. To facilitate your return to work, we are immediately offering modified duties that are in keeping with standard precautions related to your injury. Your duties will be reviewed further once we have received the completed Physician Assessment and any comments your physician may have regarding this offer, to ensure your safe return to work.

Based on [EMPLOYER'S] current understanding of [EMPLOYEE'S] injury, modified duties will be provided in accordance with the attached guidelines for modified work as they relate to standard guidelines for modified work (see next page).

- Low Back
- Shoulder
- Knee
- Ankle
- Elbow/forearm
- Wrist/hand
- Neck

- 
- Limited
  - Light
  - Medium
  - Heavy

# Guidelines for modified work

This document provides a list of typical physical limitations for common injuries. These limitations are guidelines to help develop an appropriate offer of selective/light employment or a return-to-work plan.

<p><b>Low Back</b></p> <p><b>Ensure:</b></p> <ul style="list-style-type: none"> <li>The worker can self-pace and/or take micro breaks</li> <li>The worker can change position between walking, standing, and sitting</li> </ul> <p><b>Limit:</b></p> <ul style="list-style-type: none"> <li>Walking on uneven ground</li> <li>Lifting and carrying to light or medium loads, depending on frequency and postures</li> </ul> <p><b>Avoid:</b></p> <ul style="list-style-type: none"> <li>Jarring</li> <li>Repetitive bending</li> <li>Long periods of static standing or sitting</li> <li>Extreme bending of the back</li> <li>Twisting of the back</li> </ul>	<p><b>Shoulder</b></p> <p><b>Ensure:</b></p> <ul style="list-style-type: none"> <li>The worker can self-pace and/or take micro breaks.</li> </ul> <p><b>Limit:</b></p> <ul style="list-style-type: none"> <li>Climbing ladders</li> <li>Activities using arm above shoulder level, including reaching down</li> <li>Activities which require lifting and carrying to light or medium loads</li> </ul> <p><b>Avoid:</b></p> <ul style="list-style-type: none"> <li>Holding the arm outstretched for periods especially while holding weights and applying force</li> <li>Lifting and carrying with arm above shoulder level</li> </ul>	<p><b>Knee</b></p> <p><b>Ensure:</b></p> <ul style="list-style-type: none"> <li>The worker can self-pace and /or take micro breaks</li> <li>The worker can occasionally elevate the knee</li> <li>The worker can frequently change position between standing, walking, and sitting</li> </ul> <p><b>Limit:</b></p> <ul style="list-style-type: none"> <li>Walking on uneven ground</li> </ul> <p><b>Avoid:</b></p> <ul style="list-style-type: none"> <li>Long periods of standing or walking</li> <li>Deep squatting, kneeling, or crouching</li> <li>Pivoting of the knee</li> <li>Participating in activities requiring bracing, balancing, or running</li> <li>Stair use or ladder climbing</li> </ul>	<p><b>Ankle</b></p> <p><b>Ensure:</b></p> <ul style="list-style-type: none"> <li>The worker can occasionally elevate the ankle</li> <li>The worker can self pace and/or take micro breaks</li> </ul> <p><b>Limit:</b></p> <ul style="list-style-type: none"> <li>The use of stairs</li> </ul> <p><b>Avoid:</b></p> <ul style="list-style-type: none"> <li>Long periods of standing or walking</li> <li>Walking on uneven ground</li> <li>Climbing ladders</li> <li>Deep squatting and crouching</li> <li>Activities requiring balancing, bracing, or running</li> </ul>
<p><b>Elbow/Forearm</b></p> <p><b>Ensure:</b></p> <ul style="list-style-type: none"> <li>The worker can self-pace and/or take micro breaks</li> </ul> <p><b>Limit:</b></p> <ul style="list-style-type: none"> <li>Repetitive or sustained gripping, especially where high forces are required</li> <li>Repetitive elbow bending</li> <li>The total time spent keyboarding or driving</li> <li>The use of impact tools (including power tools and hammers)</li> </ul> <p><b>Avoid:</b></p> <ul style="list-style-type: none"> <li>Hanging weights</li> <li>Forearm rotations</li> <li>Pressure on the elbow</li> </ul>	<p><b>Wrist/Hand</b></p> <p><b>Limit:</b></p> <ul style="list-style-type: none"> <li>Repetitive gripping, especially where high or sustained forces are needed</li> <li>Lifting and carrying to light or medium loads</li> <li>The total time keyboarding or driving</li> </ul> <p><b>Avoid:</b></p> <ul style="list-style-type: none"> <li>Extreme postures of the wrist, especially with force</li> </ul>	<p><b>Neck</b></p> <p><b>Ensure:</b></p> <ul style="list-style-type: none"> <li>The worker can self-pace and/or take micro breaks</li> </ul> <p><b>Limit:</b></p> <ul style="list-style-type: none"> <li>Activities with arms above shoulder level, including reaching down</li> <li>Activities with lifting and carrying to light or medium loads</li> <li>Hanging weights</li> <li>Ladder climbing</li> </ul>	<p><b>Avoid:</b></p> <ul style="list-style-type: none"> <li>Lifting and carrying with arms above shoulder level</li> <li>Extremes of looking up, down or over the shoulder, especially if sustained for more than a few seconds</li> </ul>

## Strength categories for handling loads

National Occupational Classification (NOC) is the nationally accepted reference on occupations in Canada and provides a standardized framework for definitions such as pulling, pushing, lifting and/or moving objects during the work performed.

The NOC defines strength used in handling loads (e.g. pulling, pushing, lifting and/or moving objects during the work performed) as follows:

**Limited:** Work activities involve handling loads up to 5 kg

**Light:** Work activities involved handling loads of 5 kg but less than 10 kg

**Medium:** Work activities involve handling loads between 10 and 20 kg

**Heavy:** Work activities involve handling loads more than 20 kg



The suitable modified work in this offer is available immediately, or at the start of your next scheduled shift, at no wage loss as follows:

Job title: \_\_\_\_\_

## Job Duties

Enter information regarding changes to duties or alternate duties:

**Start date:** Immediately or first scheduled shift after the date of injury

**Hours:** Regular

**Review:** After the first full day and again after the first week

If you find any aspect of your job unsuitable or find you are unable to increase your duties, you are required to advise your supervisor immediately. Do not wait for a scheduled review time. During your RTW program, ongoing communication is necessary to assist with your successful return to work. Other duties may be assigned if the duties are within the restrictions noted above.

## Employee's Acknowledgement of Modified Work Offer

I, the undersigned, am claiming that I have suffered a work-related injury while performing duties at [EMPLOYER]. By signing below, I acknowledge that a modified job has been made available to me, at no wage loss. This job has been offered using standard restrictions for my area of injury and may be further modified upon receipt of the completed Physician Assessment form or comments from my physician. I hereby consent to my attending physician's release of information to my employer for the purpose of planning my work duties. I understand that it is my responsibility to provide this information to my physician for his or her review. Should the appointment with my physician extend beyond my regularly scheduled shift, I am to report to my supervisor on my next scheduled working day for the start of the shift.

\_\_\_\_\_  
Employee's signature

\_\_\_\_\_  
Date

## Physician's Comments

Is there any reason to believe that the modified work offer poses a risk to the employee or significantly exceeds his or her functional abilities as a result of the current work injury?

No

Yes

(please explain)

Comments:

\_\_\_\_\_  
Physician's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's name (print)

\_\_\_\_\_  
Telephone number