

Dear Physical Therapist:

Re: *(insert worker's name)* _____

Employer: _____

WSBC claim number: _____

(insert employer's name) _____ has a formal early and safe return to work program. This program serves to assist workers with continuing to work following a work-related injury.

As you know, recovering while at work is the healthiest option for most people with work-related injuries. Working is good for both physical and mental health, and often helps speed healing. Making safe, sustainable work arrangements for recovering workers takes teamwork. Workers, employers, and health care providers all have important contributions to make. (WorkSafeBC.com)

Recovery at work is a collaborative process between the injured worker, employers, and health care providers. Thank you for assessing this worker following a work-related injury. The assessment will confirm the worker's functional capacity to ensure assignment of appropriate work duties. Please provide as much detail as possible to assist with assigning safe and sustainable duties:

Nature of injury: _____

Modified work or alternate work should be assigned considering the following limitations and/or restrictions.

Limitations: _____

Restrictions: _____

Recommended type of work activities: sedentary light moderate usual duties

Date of first appointment for treatment: _____

Physical Therapist Name: _____ Date: _____

Thank you for completing this form on the day of assessment. Please return this form to the worker.

