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## **Mission Statement**

The mission of Wagner-Meinert, Inc.'s Transitional Work Program is to make every reasonable effort to provide suitable alternate employment or make reasonable modifications for a Worker who is unable to perform his/her normal job duties as a consequence of a work related accident, injury, or illness. The ultimate goal is to return the Injured Worker within 60 to 90 days. This program represents a pro-active disability management strategy that formalizes the return to work process by providing organization, structure and accountability for Wagner-Meinert, Inc., the Employee, the MCO and the Medical Provider. It is a plan that recognizes that all parties have a responsibility to be active participants in the rehabilitation and return to work process.

Wagner-Meinert, Inc. will attempt to accommodate workers who cannot perform the basic duties of their former position. Where this is not possible, efforts will be made to locate suitable alternative employment. Ultimately, the goal of Wagner-Meinert, Inc.'s Transitional Work Program is to reduce costs associated with injuries and illnesses, while concurrently promoting the best interest and employability of the Worker.

When changes are made in this policy, all Workers will be provided a copy of the policy and will be provided an opportunity to ask questions about the program changes.

Wagner-Meinert, Inc. has identified Tammy Meyer as the transitional work program coordinator herein referred to as the Program Manager.

## **Program Eligibility & Entrance Criteria**

The benefits of participating actively in TWP are available to any Worker who sustains a work related injury, occupational disease or illness that is likely to result in short term – or longer term – restrictions and/or lost time.

The Worker must consult with the Medical Provider to determine their appropriateness for entrance into TWP and secure a written release. The Worker begins TWP when expectation is to transition to normal duties in 60 day period or less with an optional extension of 30 days for TWP on an individualized basis. A Functional Capacity Evaluation (FCE) may be used to determine present functional level of Worker if deemed necessary by the Medical Provider and Program Manager or if the worker is unable to return to his/her original job in some capacity. Should the Worker's involvement in the TWP be temporarily interrupted due to aggravation of the impairment or unplanned intervention (i.e. surgery), the Worker can be reinstated into the TWP with time remaining from the original 60 days or the optional 30 day extension.

- *The Employee returns to the job with short-term restrictions (one [1] week or less).*  
The Employer will accommodate the Employee per restricted duty provided in the job analyses with the Employee returning to full duty at the termination of the restriction time.

- The Employee returns immediately to the job with restrictions, which are ordered for more than one (1) week, or the original restrictions are continued beyond one (1) week. The Program Manager will notify the MCO who will assist in obtaining the necessary orders from the Medical Provider to begin the TWP.
- The employee loses more than seven (7) consecutive calendar days. A Case Manager will be assigned by the MCO to assist in return to work. When the appropriate return to work documents have been received, the Case Manager will make a referral to an area Therapist to assist with creating an individualized transitional job description and coordination of the TWP based on injury, job and restrictions. Once a return to work order has been received, the Program Manager will send the employee a letter advising of the accommodations for TW, the approved return to work date and a copy of the restrictions enclosed. The TWP will begin immediately.

*After a good faith job offer of Transitional Work is made, all available avenues to terminate continued payments by the BWC – based on non-compliance – will be pursued if an Employee refuses to participate in the program once a return to work order has been provided by the Medical Provider.*

## **Compensation for Employees**

While in the TWP, employees will receive 100% of their regular wage for the hours worked.

Wagner-Meinert, Inc. employees are paid at 100% of wage as opposed to the compensation paid by the BWC (72% of wages during the first 12 weeks of disability; 66.6% of wages for subsequent weeks). Medical Providers benefit from experienced Therapist on site and off site to specifically indicate job duties and physical capacities. Labor force benefits from the productive utilization of the injured employee. Disability costs are contained and everyone benefits from safety recommendations of the on-site and or off-site Therapist. Safety and ergonomic recommendations by the Therapist benefits everyone.

## **TWP Process Outline**

1. The injury occurs.
2. The injury is reported to the Program Manager and the appropriate paperwork will be completed (*incident report, FROI*).
3. A visit to Medical Provider is made.
4. Restrictions given to the Worker (*Identified on a MEDCO 14 and/or a TWP Referral Form*) to RTW next day. The Worker must provide restrictions to the Program Manager within 24 hours of the visit with the Medical Provider.
5. The Worker's ability to return to the original job – or an alternate job – using the criteria for assigning work will be evaluated after which an Individualized TWP is developed collaboratively by the Program Manager, Medical Provider and Worker.

6. Occupational/Physical therapy is initiated on-site/off-site, if appropriate.
7. Program Manager confers with Medical Provider as needed to discuss participants in TW assessing program modifications/restrictions/progressions in preparation of a full return to work.
8. Restrictions are issued or modified during follow up with the Medical Provider (Return to step #4.) Or, the Worker is released to return to full duty – exit criteria met.

### **Criteria for Assigning Work**

Transitional work duties will be individualized for each Worker based on injury, job requirements and restrictions. The Program Manager will adhere to the following criteria in assigning the Worker to suitable work within the limitations outlined by his/her physician.

1. Return the Worker to his/her regular job with no restrictions for that particular job (e.g., the restriction may be that the Worker should not lift 50 lbs., but the job does not require this amount of lifting).
2. Return the Worker to his/her regular job with restrictions as specified by the Physician. This may involve
  - Assistance from another worker in lifting, tightening, carrying, etc.;
  - Performing the original job in a different manner (i.e. at a slower pace with more rest breaks);
  - Job-sharing with another participant or performing the original job on a part-time basis & performing alternate work for the remainder of the shift.
3. Return the Worker to alternative work that may or may not be considered “regular work” and is within the scope of the specified limitations. An FCE may be performed prior to participation in alternative work to determine if the nature of the alternative work is within restrictions set by the Medical Provider and is at the discretion of the Program Manager. This could involve:
  - A transfer to another job which he/she may be able to perform without restrictions.
  - A transfer to another job which he/she may be able to perform within restrictions or with assistance.
  - Non-traditional work. For example, this situation could be used as an opportunity to train the Injured Worker in another skill area that is appropriate or the injured individual could train other workers in an appropriate skill area.
  - Assignment to a local non-profit agency (Goodwill, Boys Club, etc.) for performance of gainful activities useful to the particular (clerical functions, light housekeeping or maintenance, etc.) agency within the scope of the defined restrictions. ( <http://www.melissadata.com/Lookups/np.asp>)

## **Time Parameters of the TWP**

The expected duration of the TWP Program is less than 60 working days.

Under extenuating circumstances, the program may be extended to a maximum of 60 days pending the review of the Program Manager in consultation with the Medical Provider. Criteria for program extension beyond 60 days may include the following:

- The Worker has demonstrated significant progress with respect to strength and endurance, and is expected to make a successful transition to work within the additional 30 days.
- The nature and severity of the Worker's injury requires a maximum transitional period that is expected to exceed 60 days, but no longer than the maximum 90 day period.
- Due to an aggravation of the Worker's impairment, the Worker's involvement in the program is temporarily disrupted, limited or modified.

## **Discharge Criteria**

- Progress in TWP demonstrating the ability to perform regular job functions with a written release from the Medical Provider. This information will be communicated to the Program Manager in writing allowing Worker to return to regular full duty.
- In the event Worker is not making progress toward regular job duties or is unable to return to original job.
- In the event the Worker is unable to return to the original job (full-duty) after completion of 90 days in the TWP; the Program Manager and the Medical Provider will identify return to work options for the Worker. Options may involve an Independent Medical Examination (IME) and or a Functional Capacity Evaluation.

## **Responsibilities of TWP Participants**

1. Program Manager will be responsible for the overall administration of the TWP.
  - He/she will serve as Coordinator of TWP.
  - He/she will assume all budgetary responsibilities regarding the fiscal management of the TWP Program.
  - The Program Manager will provide the Injured Worker with the TWP packet to take to the physician.
  - The Program Manager will also serve as a coordinator/liaison establishing communication among key program participants, including the Worker, Medical Provider, Managed Care Organization, Therapist and all other persons directly or indirectly involved in the administration of the TWP.
  - The Program Manager may delegate program management responsibilities to other designated parties.
  - Meeting with the Worker to explain program activities and to develop an Individualized Transitional Work Plan, in collaboration with others, if needed.
  - Communicate with the Worker as the basis for an individualized return to work transition plan.

4. Immediate Supervisors will be responsible for the following:
  - Providing the Injured Worker with a TWP packet to be taken to the Medical Provider for completion and immediate return to the Program Manager.
  - Monitoring the safe work practices and progress of Workers participating in the program, as delineated in the Worker's TWP plan.
  - Supervisors will also take an active role in the TWP program by identifying return to work transition options, and non-traditional options, as necessary.
  - Supervisors will inform the Program Manager of perceived progress as well as potential obstacles to the successful operation of the program.
  - Supervisors will meet briefly with the Therapist on at least a two (2) week basis to identify potential obstacles and successes of the program.
  - Communicates the goals & objectives of the TWP to all department workers in order to ensure cooperation with the program.
  - Assist in the job analysis process.
  - Completes a Supervisor Satisfaction Survey at the conclusion of the TWP.
5. Bureau of Workers' Compensation (BWC) will be responsible for the following:
  - Monitor all claims to insure that no claim is overlooked.
  - Insure all Injured Workers are properly and promptly considered for TWP as well as vocational rehabilitation when eligible.
  - Assist in obtaining medical information and/or prescriptions as needed from uncooperative medical providers.
  - Prompt review of Worker/Medical Provider request for additional diagnostic claim allowances to ensure appropriate, prompt medical intervention can be rendered to expedite the Worker's recovery and return to full capacity.
  - Schedule Independent Medical Examinations (IME) at appropriate intervals to ensure objective, third party medical opinions regarding Worker's current, functioning, prognosis and recommendations.
  - Facilitate the communication between the parties involved in the TWP as necessary.
  - Prompt review of rehabilitation plans which include transitional work, employer incentives programs, and/or onsite therapy services to assure proper sponsorship and compliance with BWC guidelines.
  - Referral to the Division of Safety & Hygiene when ergonomics and job modification may be issues for consideration.
  - Monitor payment of temporary total compensation, living maintenance or wage continuation to ensure that the Worker is receiving appropriate compensation.
  - When vocational rehabilitation eligible, BWC shall share the cost of wages through use of incentive programming to compensate the employer for loss of production when the worker is not yet up to full working capacity.
  - To charge rehabilitation services costs to the surplus fund.
  - Monitor the ongoing feasibility of the continuation of the TWP in accordance with BWC guidelines and recommend changes or termination of the TWP as appropriate.

- Monitoring the progress of the Injured Worker and provide details of program outcomes to the Medical Provider.
  - Coordinating the Worker's discharge from the TWP through communication with the TWP team.
  - Providing follow-up on the Worker's adjustment to the original job or non-traditional job, coordinating additional interventions, as needed may recommend an FCE for workers who are unable to return to their original jobs in some capacity.
  - Orienting new hires to the TWP and communicates regularly with current employees on benefits and changes to the program.
  - Notifies the MCO Case Manager to makes a referral to a Physical/Occupational Therapist for Injured Workers returning with orders for therapy or restrictions for longer than three (3) days.
  - Informs MCO Case Manager of lost time injuries to facilitate timely return to work
  - Completes and sends the transitional work offer in writing to the Injured Worker.
2. Medical Providers will be responsible for the following:
- Medical Providers will perform initial and/or follow up assessments of Injured Workers identifying work restrictions and potential TWP participants (To be completed on a MEDCO 14 and/or TWP Referral Form).
  - The Medical Provider will communicate with the Program Manager on a regular basis according to medical protocol, but not to exceed more than 30 days regarding the status and progress of the Injured Worker.
3. Workers participating in the TWP will be responsible for the following:
- Responsible for reporting injuries to the Program Manager at the time of injury.
  - Seeking appropriate first aid or medical attention at the time of the injury. Any time outside medical attention is required, the Injured or ill Worker will obtain a TWP packet from the Program Manager.
  - Packets will then be completed by the Medical Provider and returned to the Program Manager within 24 hours of the physician visit.
  - Maintain regular attendance in the program.
  - Workers will also be responsible for performing only those work tasks recommended by the Medical Providers, while observing safe work practices & notifying the Program Manager in the event of a change in their condition or modifications in their TWP.
  - Workers experiencing problems or concerns should immediately notify the Program Manager as well as the Medical Provider so that appropriate modifications or accommodations can be made.
  - Providing accurate job analysis information.
  - Providing input & actively participating in the development of the design of their individualized TWP.

- When Workers are discharged from the TWP at less than full capacity, collaborate with the parties involved in the TWP to identify other alternatives.
6. Managed Care Organization (MCO) will be responsible for the following:
- Monitor all claims to insure that no claim is overlooked.
  - Insure all Injured Workers are properly and promptly considered for TWP as well as vocational rehabilitation when eligible.
  - Assist in obtaining medical information and/or prescriptions as needed from uncooperative medical providers.
  - Prompt processing of Medical Provider treatment requests as well as requests for additional diagnostic claim allowances to ensure appropriate, prompt medical intervention can be rendered to expedite the Worker's recovery and return to full capacity.
  - Facilitate the communication between the parties involved in the TWP as necessary.
  - Prompt review of rehabilitation plans which include transitional work, employer incentives programs, and/or onsite therapy services to assure proper sponsorship and compliance with BWC guidelines.
  - When Workers are discharged from the TWP at less than full capacity, collaborate with the parties involved in the TWP to identify other alternatives.
7. Third Party Administrator (TPA) will be responsible for the following:
- Monitor all claims to insure that no claim is overlooked.
  - Insure all Injured Workers are properly and promptly considered for TWP as well as vocational rehabilitation when eligible.
  - Assist in obtaining medical information and/or prescriptions as needed from uncooperative medical providers.
  - Facilitate the communication between the parties involved in the TWP as necessary.
  - Coordinate with BWC to schedule Independent Medical Examinations (IME) at appropriate intervals to ensure objective, third party medical opinions regarding Worker's current, functioning, prognosis and recommendations.
  - Monitor payment of temporary total compensation, living maintenance or wage continuation to ensure that the Worker is receiving only one source of compensation.
  - Ensure claim charges are coded correctly as either risk or surplus expenditures to control employer costs.
  - Represent the employer during hearings with respect to Medical Provider requests for additional diagnostic claim allowances, disputed compensation issues, and/or disputed treatment issues.
  - When necessary, counsel employer regarding options and consequences to ensure appropriate decision making with respect to addressing issues with their injured workers.





## *JOB ANALYSIS*

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*Job Title:* **Pipe Fitter**

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Date of Study: **09/12/06**

Company: **Wagner-Meinert, Inc.**

Address: **7617 Freedom Way**

City: **Ft. Wayne** State: **IN** Zip: **46835**

Contact: **Tammy Meyer**

Analysis prepared by: **Amy Kutschbach, MRC, CRC**

Title: **Rehabilitation Counselor**

Company: **VoCare Services, Inc.**

Address: **25001 Emery Road, Suite 320**

City: **Cleveland** State: **Ohio** Zip: **44128**

Phone: ( **216** ) **514-1221** Extension: **801**

### OVERALL PURPOSE:

Lay out, assemble, install, and maintain pipe systems, pipe supports, and related hydraulic and pneumatic equipment for steam, hot water, heating, cooling, lubricating, sprinkling, and industrial production and processing systems.

### ESSENTIAL JOB TASKS:

- A. Plans pipe system layout, installation, or repair according to specifications.
- B. Cuts, threads, and hammers pipe to specifications, using tools such as saws, cutting torches, and pipe threaders and benders.
- C. Attaches pipes to walls, structures and fixtures, such as radiators or tanks, using brackets, clamps, tools or welding equipment.
- D. Modifies and maintains pipe systems and related machines and equipment components following specifications, using hand tools and power tools.
- E. Selects pipe sizes and types and related materials, such as supports, hangers, and hydraulic cylinders, according to specifications.
- F. Measures and marks pipes for cutting and threading.
- G. Assembles pipes, tubes, and fittings, according to specifications.
- H. Inspects, examines, and tests installed systems and pipe lines, using pressure gauge, hydrostatic testing, observation, or other methods.

### Machines, Tools, Equipment, & Work Aids Used:

Fork trucks, gradall, scissor lift, pipe threader, band saw, arc welder, grinder, George Tisher saw, sledgehammer, airhose, various handtools, various power tools, pipe tape, thread seal, epoxy, lubricant, pvc cement, caulk, 4-wheeled boxes, file, wire brush, chains, hoist, ladder

### PROTECTIVE CLOTHING AND PERSONAL DEVICES:

Earplugs	Mask	Goggles	Safety Shoes	Insulated gloves	Hard Hat
Apron	Safety Vest		Harness	Hair Net	Gloves

### PHYSICAL DEMAND AND ENVIRONMENTAL CONDITIONS REQUIREMENTS

STRENGTH CLASSIFICATION should be assigned on the basis of several factors:

1. Position - Time spent standing, walking, and sitting
2. Weights & force - Weights lifted/carried and forces exerted to push/pull
3. Use of controls

Strength Classification	Frequency		
<u>Lift/Carry</u>	<u>Occasionally</u>	<u>Frequently</u>	<u>Constant</u>
Negligible	Sedentary	Sedentary	Light
Under 10 pounds	Sedentary	Light	Medium
10-20/25 pounds	Light (to 20 pounds)	Medium (to 25 pounds)	<b><u>Heavy (to 25 pounds)</u></b>
20/25-50 pounds	Medium	<b><u>Heavy</u></b>	Very Heavy
50-100 pounds	<b><u>Heavy</u></b>	Very Heavy	Very Heavy
Over 100 pounds	Very Heavy	Very Heavy	Very Heavy

## PHYSICAL DEMAND AND ENVIRONMENTAL CONDITIONS REQUIREMENTS

Rate the performance factors required to perform specific job/task functions.

*Rate The Frequency Per 8 Hour Day:*

O	Occasional	Up to 1/3 of the time
F	Frequent	1/3 to 2/3 of the time
C	Constant	2/3 or more of time

Job/Task Function(s)	Actual Frequency	Performance Factor	Comments:
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Position:

<b>All</b>	<b>F</b>	Standing	Surface:	<b>Variable</b>
<b>All</b>	<b>O-F</b>	Walking	Terrain:	<b>Usually even</b>
<b>CEG</b>	<b>O</b>	Sitting	Adjustable Back:	
<b>CEG</b>	<b>O</b>	Driving	Vehicle Type:	<b>Forklift, scissor lift, gradall</b>
			Distance	<b>On job site</b>

Weight & Force

<b>BCDEFG</b>	<b>F</b>	Lifting	<b>25</b> lbs.	<u>Above/Below</u>	<u>Waist/Shoulder</u>
<b>BCDEFG</b>	<b>F</b>	Carrying	<b>25</b> lbs.	Distance: <sup>1</sup>	Work area to job site
<b>BCDEFG</b>	<b>F</b>	Pushing	<b>80</b> lbs.	Right/Left/Both	Hands/Legs
<b>BCDEFG</b>	<b>F</b>	Pulling	<b>80</b> lbs.	Right/Left/Both	Hands/Legs

Use of controls:

<b>BCEDGH</b>	<b>F</b>	Hand Controls:	Right Hand	<u>Grip</u>	<u>Buttons</u>
			Left Hand	Grip	<u>Knobs</u>
			<u>Both Hands</u>		Levers
			<u>Either Hand</u>		<u>Steering Wheel</u>
<b>CEG</b>	<b>O</b>	Foot Controls:	<u>Right Foot</u>		
			Left Foot		<u>Pedals</u>
			Both Feet		Levers
			Either Foot		
<b>BCDEFGH</b>	<b>O-F</b>	CL – Climbing <sup>2</sup>			
			<u>Ladders</u>	<u>Stairs</u>	<u>Scaffolds</u>
			<u>Ramps</u>	Poles	<u>Scissor lift</u>
		Height:			
		Steepness:			
		Type of			
		Structure:			
<b>BCDEFGH</b>	<b>O-F</b>	BA – Balancing			
		Surface Type:			
		Slippery	<u>Narrow</u>	<u>Moving</u>	
		Work Activity:			
		Twisting	Neck	Back	
<b>CDGH</b>	<b>O</b>	ST – Stooping			

<sup>1</sup> Distance items need to be carried depend on distance between work area i.e. where pipe is fabricated and prepared to job site i.e. where pipe is installed. Distances usually range in few feet to several hundred yards. Further, work aids i.e. forklift, etc. may be used depending on terrain to be navigated between the two areas.

<sup>2</sup> Worker must climb on a frequent basis. Equipment navigated varies depending on job site. Common equipment includes ladders and scissor lift.

All but A	O	FB – Forward Bending
CDFGH	O	KN – Kneeling
CDFGH	O	SQ – Squatting
CDFGH	O	CW – Crawling – Distance:
All	F	RE – Reaching – Distance:
		<b><u>Overhead</u>      <u>Chest Level</u></b>
All	F	HA – Handling
ACDEF	O	FI – Fingering
BCGH	O	FE – Feeling
AB	O	TA – Talking (Coworkers      Phone      Public)
ABH	O	HE – Hearing (Coworkers      Phone      Public)
		TS – Tasting/Smelling
ABCFH	F	NE – Near Acuity (Under 20 inches)
ACDEGH	O	FA – Far Acuity (Over 20 feet)
ACDEGH	O	DE – Depth Perception
CEG	O	AC – Accommodation (Focal length change)
ABEFH	O	CV – Color vision
CEG	O	FV – Field of Vision (Peripheral vision)
		Lighting Level -      Dim      Bright
All	O	WE – Exposure to Weather <sup>3</sup>
All	O	CO – Exposure to Cold
All	O	HO – Exposure to Hot Temperatures
All	O	WT – Wet and/or Humid      Liquids: <u>water</u>
		Noise Intensity Level:
All	O	Very Quiet      Quiet <b><u>Moderate</u></b> Loud      Very Loud
		VI – Vibration
		AT – Atmospheric Conditions:
		Odor Type:      Dust      Mist      Gas      Fume
All	O	MV – Moving Mechanical Parts Hazard
		EL – Electrical Shock Hazard
		HI – High, Exposed Place Hazard
		RA – Exposure to radiation
		EX – Explosion hazard
		TX – Toxic/caustic chemical hazard

### Recommendations:

Restricted worker could perform tasks that do not require carrying or climbing, such as preparing pipe for installation (i.e. measuring, cutting, threading, etc.). Such activity may also provide for periods of rest and/or intermittent periods of standing and sitting.

**Amy Kutschbach, MRC, CRC**  
**Rehabilitation Counselor**

11/21/06  
**Date**

<sup>3</sup> Worker may be exposed to various environmental conditions depending on job site, i.e. weather if work area is outside of job site, cold/hot temperatures and liquids at food producing factory, moderate noise levels at manufacturing plant, etc.



## *JOB ANALYSIS*

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*Job Title:* **Transitional Work Position/Tasks**

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Date of Study: **09/12/06**

Company: **Wagner-Meinert, Inc.**

Address: **7617 Freedom Way**

City: **Ft. Wayne** State: **IN** Zip: **46835**

Contact: **Tammy Meyer**

Analysis prepared by: **Amy Kutschbach, MRC, CRC**

Title: **Rehabilitation Counselor**

Company: **VoCare Services, Inc.**

Address: **25001 Emery Road, Suite 320**

City: **Cleveland** State: **Ohio** Zip: **44128**

Phone: ( **216** ) **514-1221** Extension: **801**

### OVERALL PURPOSE:

The transitional work position was developed to provide employees with an option to continue working while increasing overall physical capacities. The transitional work position incorporates various duties of all possible employment available and other duties assigned by the Program Manager within the physical limitations prescribed by Medical Provider.

### ESSENTIAL JOB TASKS:

- A. Assist with delivery and pickup of light tools, equipment, and material from job sites, suppliers or area stores.
- B. Cuts, threads, and hammers pipe to specifications, using tools such as saws, cutting torches, and pipe threaders and benders.
- C. Cleans and maintains equipment. Maintenance on power and hand tools.
- D. Cleans interior and exterior of company vehicles.
- E. Assist with follow up telephone calls regarding permits, pricing and delivery of materials. Assist with follow up telephone calls regarding service delivery or accounts receivable problems. Follow up on customer complaints.
- F. Miscellaneous clerical duties to assist the office such as filing, copying, faxing or entering data into computer. Accounts payable/receivable processing.
- G. Clean, inventory & re-organize office, shop, warehouse, and worksite.
- H. Measures and marks pipes for cutting and threading.
- I. Assist in training of new hires.
- J. Other duties assigned by the Program Manager or administrator within the physical limitations prescribed by the attending physician.

### Machines, Tools, Equipment, & Work Aids Used:

miscellaneous hand tools, telephone, cell phone, broom, dustpan, measuring tape, computer, keyboard, miscellaneous office equipment & supplies, file cabinets, binders, rags, utility knife

### PROTECTIVE CLOTHING AND PERSONAL DEVICES:

Earplugs	Mask	Goggles	Safety Shoes	Insulated gloves	Hard Hat
Apron	Safety Vest	Harness	Hair Net	Gloves	

***\*\*As appropriate for task\*\****

**PHYSICAL DEMAND AND ENVIRONMENTAL CONDITIONS REQUIREMENTS**

STRENGTH CLASSIFICATION should be assigned on the basis of several factors:

1. Position - Time spent standing, walking, and sitting
2. Weights & force - Weights lifted/carried and forces exerted to push/pull
3. Use of controls

Strength Classification	Frequency		
<u>Lift/Carry</u>	<u>Occasionally</u>	<u>Frequently</u>	<u>Constant</u>
Negligible	Sedentary	<b>[Sedentary]</b>	Light
Under 10 pounds	Sedentary	<b>[Light]</b>	Medium
10-20/25 pounds	<b>[Light (to 20 pounds)]</b>	Medium (to 25 pounds)	Heavy (to 25 pounds)
20/25-50 pounds	Medium	Heavy	Very Heavy
50-100 pounds	Heavy	Very Heavy	Very Heavy
Over 100 pounds	Very Heavy	Very Heavy	Very Heavy

**PHYSICAL DEMAND AND ENVIRONMENTAL CONDITIONS REQUIREMENTS**

Rate the performance factors required to perform specific job/task functions.

Rate The Frequency Per 8 Hour Day:

O	Occasional	Up to 1/3 of the time
F	Frequent	1/3 to 2/3 of the time
C	Constant	2/3 or more of time

Job/Task Function(s)	Actual Frequency	Performance Factor			Comments:
<i>Position:</i>					
BCDGH	O-F	Standing	Surface:	Tile, cement	
BDFG	O	Walking	Terrain:	Even/uneven	
CEFGH	F	Sitting <sup>1</sup>	Adjustable Back:	Yes/no	
AD	O	Driving	Vehicle Type:	Company truck	
			Distance:	Short distances	

<u>Weight &amp; Force</u>						
<b>ACGH</b>	<b>O</b>	Lifting	<b>&lt;20</b>	lbs.	Above/ <b>[Below]</b>	<b>[Waist/Shoulder]</b>
<b>AGH</b>	<b>O</b>	Carrying	<b>&lt;20</b>	lbs.	Distance: <sup>2</sup>	<b>Variable</b>
<b>F</b>	<b>O</b>	Pushing <sup>3</sup>	- -	lbs.	Right/Left/ <b>[Either]</b>	<b>[Hands]/Legs</b>
<b>F</b>	<b>O</b>	Pulling	- -	lbs.	Right/Left/ <b>[Either]</b>	<b>[Hands]/Legs</b>

<u>Use of controls:</u>						
<b>AD</b>	<b>O</b>	Hand Controls:	Right Hand	Grip	<b>[Buttons]</b>	
			Left Hand	Grip	<b>[Knobs]</b>	

<sup>1</sup> Many tasks could be adapted to allow for sit/stand as comfort or necessity dictates.

<sup>2</sup> Per Worker report, distance is highly variable dependent on set-up of work site – will drive vehicles as close as possible to reduce carrying of materials whenever possible.

<sup>3</sup> Pushing/pulling on file cabinet drawers.



Job/Task Function(s)	Actual Frequency	Performance Factor			Comments:
			<i>[Both Hands]</i>	<i>[Levers]</i>	
			Either Hand	<i>[Steering Wheel]</i>	
<b>AD</b>	<b>O</b>	Foot Controls:	<i>[Right Foot]</i>		
			Left Foot	<i>[Pedals]</i>	
			<i>[Both Feet]</i>	Levers	
			Either Foot		
<b>DGH</b>		CL – Climbing			
		<i>[Ladders]</i>	<i>[Stair]</i>	<i>[Scaffolds]</i>	
		Ramps	Poles		
		Height:	<b>4-8' stepladder to 20'+ scissorlift/catwalk</b>		
		Type of Structure:	stepladder, scissor lift, scaffolding, catwalk		
<b>H</b>	<b>O</b>	BA – Balancing			
		Surface Type:	<i>Insulation installation</i>		
		Slippery	<i>[Narrow]</i>	Moving	
		Work Activity:			
		Twisting	Neck	Back	
<b>B</b>	<b>O</b>	ST – Stooping			
<b>CDH</b>	<b>O</b>	FB – Forward Bending			
<b>G</b>	<b>O</b>	KN – Kneeling			
<b>BG</b>	<b>O</b>	SQ – Squatting			
		CW – Crawling – Distance:			
<b>CDFGH</b>	<b>O</b>	RE – Reaching – Distance:	<i>Any level</i>		
			<i>[Overhead]</i>	<i>[Chest Level]</i>	
<b>All but I</b>	<b>F</b>	HA – Handling			
<b>EF</b>	<b>O</b>	FI – Fingering			
		FE – Feeling			
<b>BE</b>	<b>F</b>	TA – Talking ( <i>[Coworkers]</i>	<i>[Phone]</i>	<i>[Public]</i>	
<b>BE</b>	<b>F</b>	HE – Hearing ( <i>[Coworkers]</i>	<i>[Phone]</i>	<i>[Public]</i>	
		TS – Tasting/Smelling			
<b>All</b>	<b>C</b>	NE – Near Acuity (Under 20 inches)			
<b>AB</b>	<b>O</b>	FA – Far Acuity (Over 20 feet)			
<b>AD</b>	<b>O</b>	DE – Depth Perception			
<b>AH</b>	<b>O</b>	AC – Accommodation (Focal length change)			
<b>A</b>	<b>O</b>	CV – Color vision			
<b>AD</b>	<b>O</b>	FV – Field of Vision (Peripheral vision)			
<b>All</b>	<b>C</b>	Lighting Level -	<i>[Dim]</i> <sup>4</sup>	<i>[Bright]</i>	
<b>AG</b>	<b>O</b>	WE – Exposure to Weather			
		CO – Exposure to Cold			
		HO – Exposure to Hot Temperatures			
<b>CD</b>	<b>O</b>	WT – <i>[Wet]</i> and/or Humid	Liquids:	<b>Water</b>	
		Noise Intensity Level:			

<sup>4</sup> Lighting would be bright the majority of the time; however, dependent on the activity or the weather conditions, light can be shadowed.



Job/Task Function(s)	Actual Frequency	Performance Factor				Comments:
<b>All</b>	<b>C</b>	Very Quiet	<i>[Quiet]</i>	<i>[Moderate]</i>	Loud	Very Loud
		VI – Vibration				
<b>BH</b>	<b>O</b>	AT – Atmospheric Conditions:				
		Odor Type: <i>[Dust]</i> Mist Gas Fume				
		MV – Moving Mechanical Parts Hazard				
		EL – Electrical Shock Hazard				
		HI – High, Exposed Place Hazard				
		RA – Exposure to radiation				
		EX – Explosion hazard				
		TX – Toxic/caustic chemical hazard				

Recommendations:

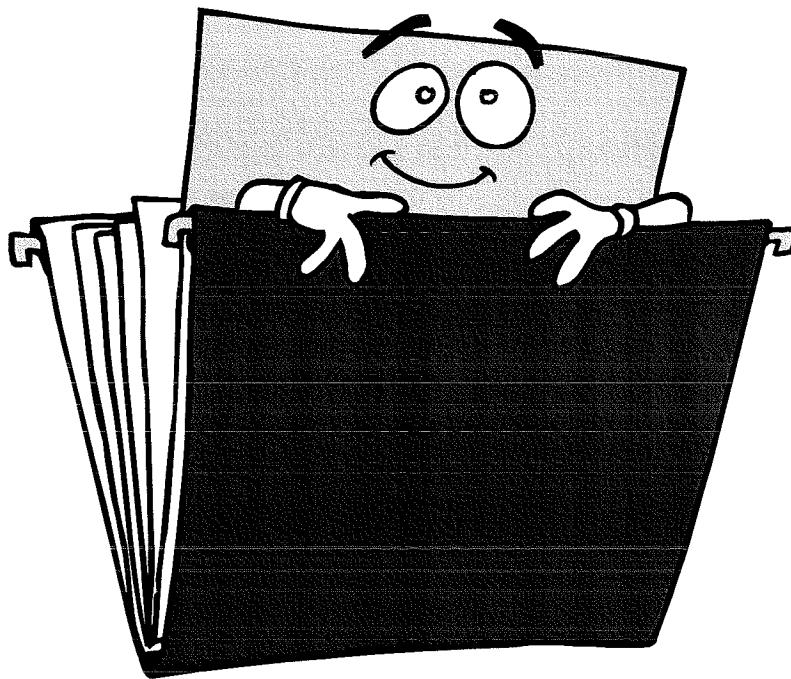
**Transitional task assignment is based on employee restrictions and dependent on staffing and/or shifts.**

\_\_\_\_\_  
**Amy Kutschbach, MRC, CRC**  
**Rehabilitation Counselor**

\_\_\_\_\_  
11/27/06  
**Date**

# **Packet at time of injury**

- 1. Employee Instruction Sheet**
- 2. First Report of Injury (FROI: BWC form)**
- 3. Transitional Work Referral Form for Physician**



*BWC Service Office*

***Lima Service Office***

2025 East Fourth Street  
Lima, Ohio 45804-4101  
Claims: (419) 227-3127  
Employer services: (419) 227-4116  
Fax: (866) 336-8346

*Managed Care Organization*

***AdvoCare, Inc.***

25001 Emery Road, Suite 320  
Cleveland, Ohio 44128  
Phone: (888) 840-1221  
Fax: (216) 514-1227

*Transitional Work Developer*

***Amy Kutschbach, MRC, CRC***

VoCare Services, Inc.  
25001 Emery Road, Suite 320  
Cleveland, Ohio 44128  
Phone: (888) 840-1221  
Fax: (216) 514-0706

**BWC**

Better Workers' Compensation

Built with you in mind



# First Report of an Injury, Occupational Disease or Death

**WARNING:**

Any person who obtains compensation from BWC or self-insuring employers by: knowingly misrepresenting or concealing facts, making false statements, or accepting compensation to which he/she is not entitled, is subject to felony criminal prosecution for fraud.

(R.C. 2913.48)

Injured Worker and Injury/Disease/Death Info.

Treatment Info.

Employer Info.

Last name, first name, middle initial			Social Security number		Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		Date of birth	
Home mailing address			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female				Number of dependents	
City		State	9-digit ZIP code		Country if different from USA		Department name	
Wage rate \$ _____ Per: <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Year <input type="checkbox"/> Other			What days of the week do you usually work? <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat			Regular work hours From _____ To _____		
Have you been offered or do you expect to receive payment or wages for this claim from anyone other than the Ohio Bureau of Workers' Compensation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain.							Occupation or job title	
Employer name								
Mailing address (number and street, city or town, state, ZIP code and county)								
Location, if different from mailing address								
Was place of accident or exposure on employer's premises? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, give accident location, street address, city, state and ZIP code)								
Date of injury/disease		Time of injury _____ <input type="checkbox"/> AM <input type="checkbox"/> PM		If fatal, give date of death		Time employee began work _____ <input type="checkbox"/> AM <input type="checkbox"/> PM		Date last worked
Date hired		State where hired		Date employer notified		Date returned to work		
Description of accident (Describe the sequence of events that directly injured the employee, or caused the disease or death)						Type of injury/disease and part(s) of body affected (For example: sprain of lower left back, etc.)		
<i>Benefit Application/Medical Release – I am applying for recognition of my claim under the Ohio Workers' Compensation Act for work-related injuries that I did not purposely inflict. I request payment for compensation and/or medical expenses as allowable. Direct payment(s) to the providers of any medical services are authorized. I understand that I am allowing any provider who attends to, treats or examines me to release all medical, psychological, and/or psychiatric information that is related causally or historically to physical or mental injuries relevant to issues necessary to the administration of my workers' compensation claim to the Ohio Bureau of Workers' Compensation, the Industrial Commission of Ohio, the employer listed in this claim, that employer's managed care organization, and any authorized representatives. I further authorize the Ohio Rehabilitation Services Commission to release information about my physical, mental, vocational and social conditions that is related causally and historically to physical or mental injuries relevant to issues necessary for the administration of my workers' compensation claim to the aforementioned parties.</i>								
Injured worker signature			Date		Telephone number ( )		Work number ( )	

Health care provider name		Telephone number ( )		Fax number ( )		Initial treatment date	
Street address		City		State		9-digit ZIP code	
Diagnosis(es): Include ICD code(s)							
Will the incident cause the injured worker to miss eight or more days of work? <input type="checkbox"/> YES <input type="checkbox"/> NO							
Health care provider signature				Is the injury causally related to the industrial incident? <input type="checkbox"/> YES <input type="checkbox"/> NO		Date	
11-digit BWC provider number							

Employer policy number		<b>CHECK IF</b> <input type="checkbox"/> Employer is self-insuring <input type="checkbox"/> Injured worker is Owner/Partner/Member of Firm							
Telephone number ( )		Fax number ( )		E-mail address		Federal ID number		Manual number	
Was employee treated in an emergency room? <input type="checkbox"/> YES <input type="checkbox"/> NO				Was employee hospitalized overnight as an in-patient? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If treatment was given away from worksite, provide the facility name, street address, city, state, ZIP code									
<input type="checkbox"/> CERTIFICATION - The employer certifies that the facts in this application are correct and valid.			<input type="checkbox"/> REJECTION - The employer rejects the validity of this claim for the following reason(s) below:			<b>FOR SELF-INSURING EMPLOYERS ONLY</b> <input type="checkbox"/> CLARIFICATION - The employer clarifies and allows the claim for the condition(s) below:			
Employer signature and title									
Date				OSHA case number					

**INSTRUCTIONS:**

- Physician must complete this form when the injured worker is under work restrictions or is temporarily totally disabled.
- A copy of the completed form must be sent/faxed to the MCO and a copy given to the injured worker at time of exam.
- Any other physician-generated document may be used provided that the substitute document contains, at a minimum, the data elements on the MEDCO-14.
- If injured worker is employed by a self-insuring employer complete this form and mail or fax to the self-insuring employer.

This form is now  
available online at:  
**www.ohiohwc.com**

## Physician's Report of WORK ABILITY

**FAX NOTE:**

To	From
Toll-free phone number	Phone number
Toll-free fax number	Fax number

Injured worker name	Claim number	SSN if claim number unknown	Date of injury / /
Injured worker occupation	Employer name		

<b>WORK ACTIVITY</b>	<input type="checkbox"/> May RTW with no restrictions on _____	<b>Work/Non-Work Capabilities</b>				
	<input type="checkbox"/> May RTW with restrictions from _____ to _____ (complete work/non-work capabilities on the right). Work restrictions apply to work and non-work activity. If restrictions cannot be met at work, then injured worker is recommended to be off work.	<b>% of Workday (8hr)</b>	<b>None at all</b>	<b>Occasional</b>	<b>Frequent</b>	<b>Continuous</b>
		<b>0%</b>	<b>1-33%</b>	<b>34-66%</b>	<b>67-100%</b>	
		<b>Repetitions per hr</b>	<b>4-6</b>	<b>6-12</b>	<b>&gt;12</b>	
		<b>Lift/Carry</b>				
		Up to 10 lbs. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		11-20 lbs. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		21-50 lbs. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		51-100 lbs. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<b>Bending</b> ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Twist/turn</b> ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>Reach below knee</b> ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>Push/pull</b> ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>Squat/kneel</b> ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>Stand/walk</b> ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>Sit</b> ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>No lifting above shoulders</b> ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>Hand restrictions</b> <input type="checkbox"/> Left <input type="checkbox"/> Right	<b>No use of</b> <input type="checkbox"/> Left <input type="checkbox"/> Right				
	<input type="checkbox"/> Must wear splint	<input type="checkbox"/> Arm				
	<input type="checkbox"/> No lifting greater than _____ lbs	<input type="checkbox"/> Hand				
	<input type="checkbox"/> No repetitive activities	<input type="checkbox"/> Finger _____				
	<input type="checkbox"/> No work with hot or cold substances	<input type="checkbox"/> Other _____				
	<input type="checkbox"/> Change positions every _____	<input type="checkbox"/> Work activity as splint/bandage permits				
	<input type="checkbox"/> Avoid driving	<input type="checkbox"/> Keep wound clean/dry				
	<input type="checkbox"/> Limit working to _____ Hrs./Day					
	Physician's further explanation of work abilities or why the injured worker is unable to perform any work: _____					

<b>MMI</b>	Has the work-related injury(s) or occupational disease reached a treatment plateau at which no fundamental functional or physiological change can be expected despite continuing medical or rehabilitative intervention (maximum medical improvement): <input type="checkbox"/> Yes <input type="checkbox"/> No
	IF YES, give date _____ IF NO, please explain (attach additional sheet if necessary)

<b>REHAB</b>	<input type="checkbox"/> Check if vocational rehabilitation return to work services are indicated.	Physician name and address (please print, type or stamp)
Date of this exam / /		Follow-up appointment Date / / Time

I certify that the above information is correct to the best of my knowledge. I am aware that any person who knowingly makes a false statement, misrepresentation, concealment of fact or any other act of fraud to obtain payment as provided by BWC or who knowingly accepts payment to which that person is not entitled, is subject to felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine, imprisonment, or both.	
Physician signature (mandatory)	Date / /

## **Transitional Work Referral Form**

Dear Doctor:

Wagner-Meinert, Inc. offers transitional work to its employees who are unable to perform their normal job duties due to accident, injury or illness. The purpose of the program is to offer temporary work assignments at full pay within the company until your patient is able to return to his/her regular job duties. It is being offered to protect the employability of your patients by allowing him/her to return to work as soon as possible following an injury. Restrictions will be accommodated as needed and therapy will be coordinated as indicated by your documentation.

*Please complete the following:*

**Workers' Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

Check below all that apply:

☐ **Transitional Work Program** progressing the injured worker to regular work duties within \_\_\_\_\_ days while consulting with physician.

May work with the following restrictions from \_\_\_\_\_ to \_\_\_\_\_

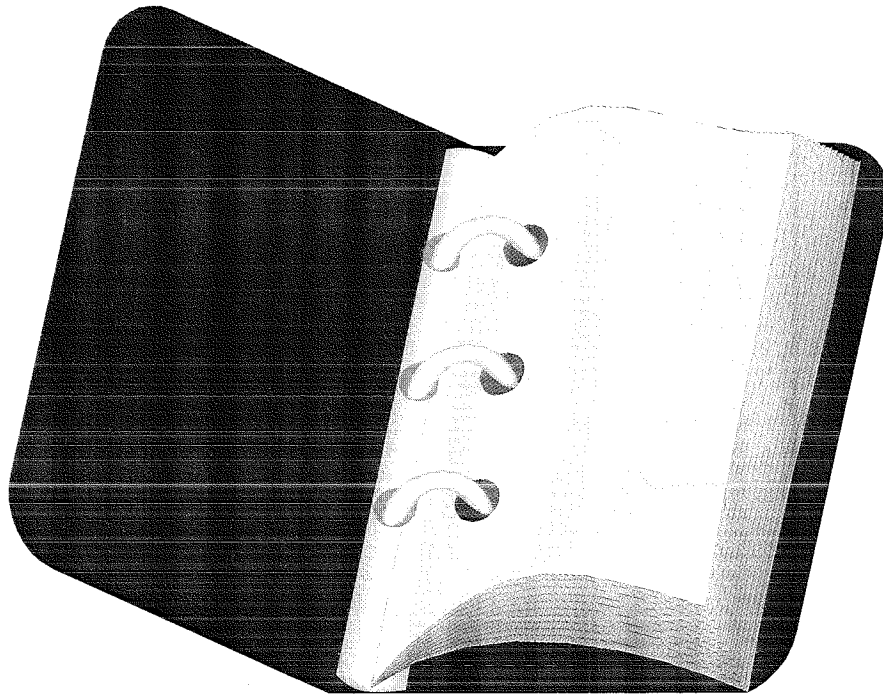
- ☐ No lifting/pushing/pulling over \_\_\_\_\_ lbs.
- ☐ No twisting/stooping
- ☐ No squatting/kneeling
- ☐ No climbing
- ☐ Left hand work only
- ☐ Right hand work only
- ☐ No driving
- ☐ No reaching
- ☐ Seated work only
- ☐ As much as bandage/splint permits
- ☐ Alternate sitting/standing activities
- ☐ Other \_\_\_\_\_

☐ Therapy on-site/off-site evaluation and treat

Employee's progress in the Transitional Work Program will be reviewed on a weekly basis by the Therapist, the Company Program Manager, and the Injured Worker and status conveyed to the Physician prior to follow up appointments to allow the Injured Worker to progress to full duty.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date



## **Packet for injured worker released to TWP:**

1. Letter of TWP Job Availability
2. TWP Agreement Form

«Employee»  
«Address1»  
«City», «State» «PostalCode»

Dear :

On behalf of Wanger-Meinert, Inc., we hope you are feeling better. Due to your recent injury, we understand that you are temporarily unable to perform your previous work duties. However, through the Transitional Work Program (TWP), we are able to accommodate your restrictions and assist you in regaining your full duty status. Your physician believes that you can build your strength and stamina to return to your regular job within 60 days.

We have matched the restrictions given by your physician with job tasks within the company, which will allow you to remain at work without breaking your restrictions. As needed and as recommended by your Physician, a Licensed Therapist will assist in recommending tasks which fall within your restrictions. The Therapist will provide necessary therapeutic procedures as ordered by your Physician off-site and on-site as needed.

You are scheduled to begin work on at . Please report to . The Therapist will work with you and your Physician to make gradual increases toward your regular job. Please report any problems to your Supervisor, Therapist, and /or Physician so we can make any needed changes to ensure your successful return to your regular job.

You will be paid your full hourly wage during your TWP, however, you are not eligible for overtime hours. The TWP is only temporary in nature and not a permanent reassignment. Expectations are for full return to work in a maximum of 60 days or less while in this program.

All usual policies regarding tardiness, absences, and other disciplinary offenses will apply while in the TWP. You are to be commended for your desire to return to work after this injury and for your commitment to Wagner-Meinert, Inc. and your Co-workers.

If you have any questions regarding the TWP, please call Tammy Meyer at 260-489-7555.

Sincerely,



# *Transitional Work Agreement*

## RETURNING EMPLOYEE INFORMATION

Name	(Last)	(First)	(M.I.)	Referral date
------	--------	---------	--------	---------------

## STATEMENT OF AGREEMENT

Wagner-Meinert, Inc. recognizes the importance of providing transitional work duty for our employees who are temporarily unable to perform their job duties due to a work-related accident, injury, or occupational illness.

Based on the capabilities of the injured employee and the medical restrictions, the Program Manager will create a transitional job position or tasks to allow the employee to return to work with restrictions if possible.

Transitional work duties will be progressed as tolerated and as allowed by the physician, working toward return to normal full duty job tasks.

Transitional work is limited to 60 days at, or before, which time the injured employee is expected to resume full duty tasks.

Transitional work is treated like any other position regarding tardiness, absences, and any other disciplinary offenses. The injured employee is expected to resume and maintain appropriate and safe work behaviors.

If the injured employee is not making satisfactory progress toward return to regular full duty job tasks, the employee may be released from the Transitional Work Program and other options may then be explored.

## RETURNING EMPLOYEE CERTIFICATION

By signing below, I certify that I have read and understand the statements above. I have read and understand the above. I agree to work within my restrictions per my physician's orders. I agree to observe safe work practices and will promptly report any problems to my supervisor/employer and or medical provider.

Employee Signature:

Date

# **Transitional Work Program Employee Training**

## **Mission Statement**

The mission of Wagner-Meinert, Inc.'s Transitional Work Program is to make every reasonable effort to provide suitable alternate employment, or make reasonable modifications, to a worker who is unable to perform his/her normal job duties as a consequence of a work-related accident, injury, or illness.

Each department will attempt to accommodate workers who cannot perform the basic duties of their former position. Where this is not possible, all departments will cooperate in an effort of locating suitable alternative employment.

Ultimately, the goal of Wagner-Meinert, Inc.'s Transitional Work Program is to reduce costs associated with injuries and illnesses, while concurrently promoting the best interest and employability of the worker.

Wagner-Meinert, Inc. has identified Tammy Meyer as the transitional work program coordinator herein referred to as the Program Manager.

## **Program Objectives**

This transitional work program (TWP) will benefit the Wagner-Meinert, Inc. employee by providing opportunity to build strength and stamina to return to regular job duties. Participants in the program will be paid at their regular hourly rates for the hours worked.

The most important goal is to promote the employee's recovery and return to full duty. At the same time, the TWP is intended to reduce costs associated with work related injuries and illnesses by decreasing the lost time of the injured worker and promote a speedy recovery to full physical and work capacities. Transitional work allows the employee to continue in a productive life style, reduce pain focus, and receive the support of co-workers and supervisors.

## **Transitional Work: An Operational Definition**

Transitional work is a progressive and individualized program. It is an interim step in the physical recovery and conditioning of an injured or impaired worker. Transitional work is not an occupational goal. Transitional work represents an opportunity to protect the employability of the worker with restrictions while reducing the compensation liability associated with work disability. Transitional work is *"any job, task, function or combination of tasks or functions that a temporarily injured worker may perform safely, for remuneration, and without risk of reinjury or risk to the worker or other employees."*

## **Compensation for Employees**

While in the TWP, employees will receive 100% of their regular wage for the hours worked.

## **Incentives for Participation**

Wagner-Meinert, Inc. employees are paid at 100% of wage as opposed to the compensation paid by the BWC (72% of wages during the first 12 weeks of disability; 66.6% of wages for subsequent weeks). Physicians benefit from experienced therapist on- site and off site to specifically indicate job duties and physical capacities. Labor force benefits from the productive utilization of the injured employee. Disability costs are contained and everyone benefits from safety recommendations of the on-site and/ or off-site therapist.

## **Transitional Work Program Operation**

1. The injury occurs.
2. The injury is reported to the Program Manager and the appropriate paperwork will be completed (*incident report, FROI*).
3. A visit to Medical Provider is made.
4. Restrictions given to the Worker (*Identified on a MEDCO 14 and/or a TWP Referral Form*) to RTW next day. The Worker must provide restrictions to the Program Manager within 24 hours of the visit with the Medical Provider.
5. The Worker's ability to return to the original job – or an alternate job – using the criteria for assigning work will be evaluated after which an Individualized TWP is developed collaboratively by the Program Manager, Medical Provider and Worker.
6. Occupational/Physical therapy is initiated on-site/off-site, if appropriate.
7. Program Manager confers with Medical Provider as needed to discuss participants in TW assessing program modifications/restrictions/progressions in preparation of a full return to work.
8. Restrictions are issued or modified during follow up with the Medical Provider (Return to step #4.) Or, the Worker is released to return to full duty – exit criteria met.

## **Time Parameters of the Transitional Work Program**

The expected duration of the TWP Program is less than 60 working days or within a maximum of 90 days when utilizing the one-time 30-day extension which is based on individual need.

## **Exit Criteria**

- Progress in TWP demonstrating the ability to perform regular job functions with a written release from Medical Provider. This information will be communicated to the Program Manager in writing allowing worker to return to regular full duty.
- In the event Worker is not making progress toward regular job duties or is unable to return to original job.
- In the event the Worker is unable to return to the original job (full-duty) after completion of 90 days in the TWP; the Medical Provider, the Worker's Supervisor, and the Program Manager will identify return to work options for the Worker.