Checklist

CASES WITHOUT RISK DÉTECTÔT

Factual evidence

Functional limitations identified by the attending physician

Even if the attending physician checks "YES" to expected side-effects, the worker should now select "NO", for all diagnoses. Unless we are informed by the worker that their physician has confirmed they will have functional limitations.

Medical Condition Follow-up

Emotional distress

This factor is to be questioned when it's been 90 days and more since the event.

Emotional distress goes beyond temporarily depressed mood. The intensity of the emotions is strong, intense. The mood affects several areas of the worker's life and the worker has difficulty controlling their emotions, which are overwhelming. The source of the distress, even if it is not related to the work injury, will still lead to a risk of chronicity.

Suggested question: *How is your mood?*

Suggested sub-question: *How can you tell that your mood is really not good? What are the signs that your mood is really not good?*

Pain radiating in the lower limbs

This factor should always be questioned for *dorso-lumbar MSI, excluding bruises, lacerations and fractures.*

Radiation should be below the knee. The worker may express the radiation in different ways: tingling, numbness, throbbing, etc.

Suggested question: *What are your symptoms?*

Suggested sub-question: *Your pain is located from where to where?*

The medical follow-up is to be documented and green-lit in this field, even if there are no risk factors to question. The initial profile of the worker's condition will serve as a benchmark for measuring progress, regression/stagnation at each follow-up interview.

Worker's perception of their pre-injury employment

There are no more factors to document in this field. In order not to interfere with the completion of the note, the agent should type a period (.) in the text field and select the green dot.

Worker's perception of the interim solution (possible or in progress)

Conflicting relationships with colleagues or employer

This factor still needs to be validated and documented, at each follow-up, since a relationship perceived as currently conflicting will have a negative impact on the return-to-work process.

Suggested question: *How is your relationship with your colleagues and your employer?*

Suggested sub-question: *From what you are saying, am I to understand that your relationship is strained or conflicting?*

Worker's Perception of their return to work prospects

The worker does not believe that he/she will be able to resume all his/her tasks

This factor still needs to be validated and documented, *at each follow-up.*

It is important because it makes it possible to identify workers who perceive the physical demands of their job as difficult. Here, a worker who is undecided or does not know is considered not to be at risk and their file remains assigned to the CSR.

Suggested question: *Do you think you will be able to resume all your tasks?*

Suggested sub-questions: *I understand that you hope so, but do you think you will be able to? What makes you unsure?*

Worker's perception of the interim solution (possible or in progress) and the return to pre-injury employment

Conflicting relations with the worker

This factor still needs to be validated and documented *at each follow-up*, since a relationship that is perceived as currently conflicting will have a negative impact on the return-to-work process.

Suggested question: *How is your relationship with the worker?*

Suggested sub-question: *From what you are saying, am I to understand that your relationship is strained or conflicting?*

Worker's perception of their functional abilities and daily activities

Withdrawal from and avoidance of physical or daily living activities

This factor is to be validated and documented *only in the Leave of Absence Profile (PAT) and at each follow-up.*

This factor is a strong indicator of chronic disability, the essence of which is the fact that the activity is perceived as a threat to recovery by the worker. It is therefore important to understand how the worker manages to *use the injured body part and why he or she does not use it* or perform a given activity.

Suggested question: *What has your injury changed in your daily activities?*

Sub-questions: *How do you manage to use your injured body part? Why are you not able to do this activity?*

Other elements to consider

No questions are suggested. Agents are only required to *document the existence* of the following two factors, not their absence.

Catastrophic thoughts

This factor is a strong indicator of chronicity. The worker presents a pervasive preoccupation with pain that permeates his/her entire discourse.

Feeling of injustice

This factor is a strong indicator of chronicity. The worker will hold an emotionally charged discourse regarding his or her belief that he or she is a victim of injustice.

Summary: Factual evidence and risk factors derived from it

- ✓ Factual evidence: Predictable Functional limitations identified by the attending physician
- ✓ Health care professionals who advocate for disability and do not provide interventions directed at improving functioning
- ✓ Advice from a health professional about leaving or changing jobs
- ✓ Episode(s) at same site of injury (For MSI excluding fractures, lacerations and bruises)
- ✓ Job dissatisfaction
- ✓ Conflicting relationships with colleagues or employer BEFORE the accident
- ✓ Passive coping strategies only