## INJURY OCCURS / ACUTE PHASE: INITIAL SET UP

- Ensure appropriate medical services are being arranged (physio, chiro, OT, etc.).
- Can the worker engage in any work duties, either pre-injury or transitional? Physio/chiro functional scan if needed.



## ACUTE / SUB-ACUTE / EARLY CHRONIC / LATE CHRONIC PHASES: MANAGE MEDICAL AND RTW

- Consult MDGuidelines regarding Disability Duration Guidelines, send expectation letter.
- Action plan, four-week service review.
- Can the worker engage in **work duties**, either pre-injury or transitional, pending maximum medical/functional improvement? Ensure you are receiving and reviewing functional scans as needed.
- Are there **objective signs** of improvement, as reported by SP/GP/surgeon (e.g., increased functional ability)? If not, is there a physical / medical explanation for this? Is it related to the injury?
- If there is no physical explanation, are there **psychological or social flags** (Orebro)? Are they related to the injury? Are pain management counseling/tiered services appropriate?
- Ongoing communication with worker, employer, health care providers. Case Conferences at 4 weeks and as required. Timely documentation of all communication that occurs.



## MAXIMUM FUNCTIONAL IMPROVEMENT: RTW DECISIONS

Is the worker at a functional level that meets pre-injury demands? If so, RTW.

- If not at pre-injury functional level, consideration of likelihood of PMI in relation to the injury before proceeding.
- Consideration of permanent accommodation with pre-injury employer.
- Are there **Re-employment** obligations?
- **Functional Capacity Evaluation** (if necessary) to determine objective functional abilities and more in-depth return to work planning and consideration of VR services (if required).



## IF BEYOND THE PRE-INJURY EMPLOYER: DECISIONS RE LONG TERM WAGE REPLACEMENT ELIGIBILITY

No employment possible with pre-injury employer (due to injury):

- Consideration of entitlement to VR services.
- Consideration of Maximum Medical Recovery / timing for PMI/PRI assessment.
- If VR services appropriate, possible RTW planning/coordination within a VR program (OT intervention / OJT, EIP programs); eventual partial / no EERB.
- If VR services not appropriate (related to injury) or suitable and reasonably available work cannot be identified through VR assessments, full EERB.