Recovery at Work

The following questions can be used as discussion points for peer groups or self-reflection.

It is strongly recommended that the following article is read before considering the questions:

- **Recovery at Work: reframing the conversation, bpac^nz, Oct, 2024.**

The recovery trajectory for patients following an injury can vary significantly. Depending on the nature of the injury and other factors, there may be minimal disruption on a patient's daily life, including their ability to engage in work. However, in some cases, injuries can have a more significant impact on functional capacity, and consideration must be given towards work capacity and associated decisions around medical certification.

A prompt return to, and recovery at, work should be prioritised for most patients with non-complex injuries to improve physical rehabilitation, mental health and to maintain social/vocational connections. Clinicians have an important role within the Recovery at Work model by performing initial injury consultations, evaluating work capacity, setting shared expectations and making decisions around medical certification. In keeping with the principles of rational medicine use, if time off work is required following injury, it should be "prescribed" at an appropriate dose, frequency and duration. Just as prescribing too much medicine can lead to harm, prescribing too much time off work can detrimentally affect a patient's vocational outcomes, without providing any added benefit to their physical recovery.

The **ACC definitions for medical certifications** are as follows:

	Definition	What this means for the patient
Fully Fit	The patient can functionally perform their full pre-injury work duties and hours	■ Can receive appropriate ACC-funded rehabilitation support
Fit for selected work	The patient is able to engage in active rehabilitation and some level of work with support. This can be facilitated through: ■ Amended duties ■ Workplace adaptations ■ Altered hours ■ A phased return to work N.B. Clinicians should focus on building a clinical picture of the patient's physical and cognitive capabilities and restrictions. Decisions about specific tasks or accommodations that align with these criteria are made collaboratively by the employer and employee, supported by the medical certification and, if needed, ACC/ vocational rehabilitation service providers.	■ After the first week post-injury, can receive up to 100% of pre-injury income through a combination of ACC compensation and work-related income (depending on hours worked); if no alternative duties or arrangements can be made, patients still receive 80% of pre-injury income via ACC ■ Maintain professional/social connections, retain current skills or develop new ones ■ Can receive appropriate ACC-funded rehabilitation support, e.g. stay at work services, active physical rehabilitation, social assistance
Fully unfit	The patient should meet one of the following limited criteria: 1. **Total inability to work** due to being admitted to hospital or confined to bed. This is not the same as general "bed rest". 2. **Contagion risk or quarantine** due to their injury or work environment 3. **Health and safety risk.** The patient being in the workplace, even with assistance or modifications, poses a specific health and safety hazard to themselves or others (e.g. due to the impact of the injury or the effects of medicines being taken). N.B. This criterion does not apply if there are potential alternative tasks that could be done safely.	■ Eligible for ACC compensation after the first week post-injury, but income capped at 80% of pre-injury earnings ■ ACC-funded active rehabilitation or vocational assistance cannot be provided (while still being certified as "Fully unfit"); patient is eligible for treatment cover and can only engage in passive rehabilitation to assist in their recovery

"Fit for selected work" should usually be the first consideration for most injured patients who are not "Fully fit" for work. However, if time fully off work is required to support initial recovery, a pragmatic approach is that most patients with non-complex musculoskeletal injuries should not be signed off work for more than a few days to one-week post-injury before attempting a transition to "Fit for selected work" or "Fully fit".

When completing medical certification, a key point for clinicians is to focus on the physical and cognitive capacity of the patient after an injury, and to identify the functions they can perform (not just what they cannot do); deciding whether suitable work tasks exist to meet these functional parameters is the responsibility of the patient and their employer (not the clinician), with assistance from ACC if required. ACC can provide a range of additional support(s) for patients following injury if they do not have straightforward vocational or personal circumstances. Types of assistance include more comprehensive return to work support, compensation for lost earnings, travel costs, childcare, personal care, equipment provision and home modifications and additional treatments, e.g. surgery.

Regular follow up is essential to facilitate a successful return to work. This presents an opportunity to monitor physical progress, reinforce positive recovery expectations, enquire if workplace accommodations are being implemented and to adjust the treatment plan accordingly. In general, more regular consultations are often necessary initially, with the frequency gradually reduced as improvements become apparent.

Questions for discussion

1. What is your perspective on balancing the need for rest following injury versus getting people back to work promptly?
2. How do you usually approach conversations with patients about returning to work after an injury, particularly in those who seem hesitant to engage with the process or who think they should only return to work once they are fully healed? What are some other key barriers you have encountered?
3. Were you aware of the limited criteria in which a patient should be designated as "Fully unfit" for work? Does this align with your past clinical decision-making when signing a patient off from work (beyond any initial brief recovery period)? Are you likely to make any changes to how you decide whether a patient is "Fully unfit"?
4. What is your approach when establishing a return to work plan for patients certified as being "Fit for selected work" and how do you explain this medical certification to the patient? What do you do if the patient says their employer doesn't want them to come to work or is unwilling to make accommodations to support a recovery at work? What is one of the more difficult return to work situations you have dealt with, and what did you learn from it?
5. Do you feel that you know enough about the additional support services available via ACC and how to co-ordinate access to these? In particular, have you had patients engage with a dedicated vocational rehabilitation service (e.g. Stay at work services), and how did this shape their experience? Are there any additional resources or supports that you think would assist this process? How confident are you in discussing with patients how ACC-mediated financial compensation works?
6. What criteria or functional goals do you use to assess the success of recovery plans over time, and how do you decide when a patient is "Fully fit" for work? What is your approach when things don't go as planned, and patients feel they have returned to work too soon or have aggravated their injury?

What key learning points did you take away from reading these resources? Let us know any feedback you have regarding recovery at work after injury, including:

- Aspects of this process that still require clarification
- Challenges you have encountered with this process that we should address in further resources or updates

You can add your comments to this article on **our website** or email: **editor@bpac.org.nz**