**Occupational Rehabilitation Suitable Duties Plan**

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| **Patient Name:Claim #:****D.O.B:** **Assessment Date:** **Occupation:**  | **Attn:** June KhawWorkCover Queenslandjune.khaw@btfinancialgroup.com**cc:** John Bougoure |
|  | **Employer:**  |
| **Injury Date:**  | **Nature / Location:** Disc bulge (L5-S1) |
| **Current Work Status:** Same employer | **Current Work Hours:** **Normal Work Hours:**  |
| **Present at work site assessment:** Mr Peterson, Anthony Doueal (KINNECT), John Bougoure (Racing Queensland Board), Rehab Coordinator name (title), partner's name (title) |

| **Date** | **Days/Hours** | **Suitable Duties Plan** |
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| Week 1commencing:XX/XX/XX | XX hoursXX days (Mon, Tues, Wed, Thurs, Fri)Time:XX:XX am/pm - XX:XX am/pm**OR** To be negotiated between the worker and employer / host employer.Breaks:If working over 5 hours a 30 minute lunch break (or breaks as per company policy) is included in the shift time. | **Duties to include:** | **Restrictions:** |
| **Recommendations:**Apply manual handling techniques as prescribed: \_\_\_\_ EDIT/ADD TO THIS* Maintain neutral spine postures;
* Avoid twisting by keeping ‘nose over toes’;
* Avoid over-reaching by moving close to tasks and ensure elbows are close to the body;
* Maintain neutral wrist postures;
* When ascending stairs use the un-injured leg to lead and when descending stairs use the injured leg to lead;

Other recommendations:* Alternate \_\_\_\_ sitting / standing / walking every \_\_\_ minutes;
* Perform stretches as prescribed and symptom management \_\_\_ ADD SPECIFIC FREQ/DURATION i.e. for up to 5 minutes every hour;
* Maintain weekly contact with Anthony Doueal (KINNECT) and John Bougoure (Racing Queensland Board) to ensure coping with hours and duties.
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| Week 2commencing:XX/XX/XX | XX hoursXX days (Mon, Tues, Wed, Thurs, Fri)Time:XX:XX am/pm - XX:XX am/pm**OR** To be negotiated between the worker and employer / host employer. Breaks:If working over 5 hours a 30 minute lunch break (or breaks as per company policy) is included in the shift time. | **Duties:** | **Restrictions:** |
| **Recommendations:*** Perform stretches as prescribed and symptom management \_\_\_ ADD SPECIFIC FREQ/DURATION i.e. for up to 5 minutes every hour;
* Continue as per all other recommendations above.
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| Week 3commencing:XX/XX/XX | XX hoursXX days (Mon, Tues, Wed, Thurs, Fri)Time:XX:XX am/pm - XX:XX am/pm**OR** To be negotiated between the worker and employer / host employer. Breaks:If working over 5 hours a 30 minute lunch break (or breaks as per company policy) is included in the shift time. | **Duties:** | **Restrictions:** |
| **Recommendations:** |
| Week 4commencing:XX/XX/XX | XX hoursXX days (Mon, Tues, Wed, Thurs, Fri)Time:XX:XX am/pm - XX:XX am/pm**OR** To be negotiated between the worker and employer / host employer. Breaks:If working over 5 hours a 30 minute lunch break (or breaks as per company policy) is included in the shift time. | **Duties:** | **Restrictions:** |
| **Recommendations:** |
| Week 5commencing:XX/XX/XX | XX hoursXX days (Mon, Tues, Wed, Thurs, Fri)Time:XX:XX am/pm - XX:XX am/pm**OR** To be negotiated between the worker and employer / host employer. Breaks:If working over 5 hours a 30 minute lunch break (or breaks as per company policy) is included in the shift time. | **Duties:** | **Restrictions:** |
| **Recommendations:** |
| Week 6commencing:XX/XX/XX | XX hoursXX days (Mon, Tues, Wed, Thurs, Fri)Time:XX:XX am/pm - XX:XX am/pm**OR** To be negotiated between the worker and employer / host employer. Breaks:If working over 5 hours a 30 minute lunch break (or breaks as per company policy) is included in the shift time. | **Duties:**: | **Restrictions:** |
| **Recommendations:** |

If there are any questions or concerns please do not hesitate to contact me.

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|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Worker) **Only Sign this Plan If Completely Comfortable You Must Have Copy of The Plan** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date | By signing this plan you agree to adhere to the PLAN. Please ensure you have a current medical certificate while on this plan. Please Notify your Supervisor / Rehabilitation Consultant of any concerns immediately. All medical appointments should be made outside of work hours. |
|  (Specialist) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date | Provide updates on progress to upgrade SDP, treatment requirements. |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dr Aubrey Dr Cindy Aubrey(General Practitioner) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date | Provide updates on progress to upgrade SDP, treatment requirements. |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Employer) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date | Monitor workers progress, adherence & attendance to the program. Advise Rehabilitation Consultant of any issues immediately. |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SELECT ONE (Employer, Supervisor, Manager, Rehabilitation Coordinator) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date | Monitor workers progress, adherence & attendance to the program. Advise Rehabilitation Consultant of any issues immediately. |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Host Employer) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_Date | Monitor workers progress, adherence & attendance to the program. Advise Rehabilitation Consultant of any issues immediately. |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Rehabilitation provider | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date | Monitor the program, make any modifications required and update the employer/case manager/worker on any issues. |