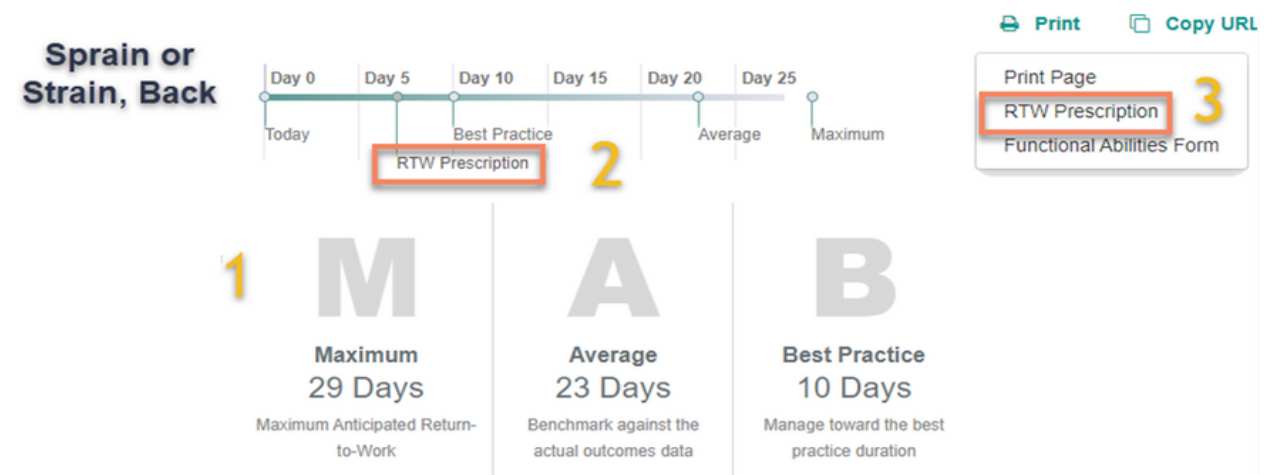


ODG by MCG Return-to-Work (RTW) Prescription

The **Return-to-Work (RTW) Prescription** form can be used to secure a release to work from the treating physician. The treating physician can review the form and sign off on or modify RTW goals and activity restrictions. This tool can be helpful as a guide for the injured worker and employer/supervisor.

The following example shows the maximum (M), average (A), and best practice (B) duration guidelines and the RTW timeline for a back sprain. The timeline has an alert to export and share the RTW Prescription to the treating physician with lead time (Day 5) in advance of the best practice duration (Day 10).



To interpret RTW durations for the claimant:

1. View the M | A | B values and the number of days.
2. View the RTW Prescription share-by date in the timeline.
3. Evaluate the M | A | B duration projections in the timeline.

Based on your findings — what should be the target duration?

We recommend targeting the B value and falling back to the A or M value only where it's no longer possible to achieve best practice. The RTW timeline within the duration tab indicates the best time to share the RTW Prescription to keep all stakeholders informed.



To share the evidence-based information as a best practice goal for the claimant:

1. Select the **RTW Prescription** alert in the timeline (or use the **Print > RTW Prescription**).
2. Fill out the form that opens.
3. Click **Create Printable Document**.

The final PDF includes a signature field for the treating doctor to sign off on the goals and restrictions.

To optimize outcomes around physiological recovery time, the recommended approach for the RTW Prescription is to use the Best Practice (B value) from the M | A | B values presented. Or if more appropriate, select one or more of the case scenarios along with the capabilities and activity modifications for restricted work. By selecting these, they will be easily exported and shared.

Scenarios

☐ Mild (grade I), clerical/modified work (Modified) 0 Days

☒ Mild, manual/heavy manual work (Regular) 7-10 Days

☐ Severe (grade II-III), clerical/modified work (Modified) 0-3 Days

☐ Severe, heavy manual work (Regular) 35 Days

☐ Severe, manual work (Regular) 14-17 Days

ADJUST SCENARIOS

Mild, manual/heavy manual work (Regular) 7-10 Days

Capabilities & Activity Modifications for Restricted Work

☒ See Enclosed Job Function Evaluation Form

Modified

☒ Lifting with knees (with a straight back, no stooping) not more than 5 lbs [2 kg] up to 3 times/hr; squatting up to 4 times/hr; standing or walking with a 5-minute break at least every 20 minutes; sitting with a 5-minute break every 30 minutes; no extremes of extension or flexion; no extremes of twisting; no climbing ladders; driving car only up to 2 hrs/day

Regular

☐ Lifting with knees (with a straight back) not more than 25 lbs [11 kg] up to 15 times/hr; squatting up to 16 times/hr; standing or walking with a 10-minute break at least every 1-2 hours; sitting with a 10-minute break every 1-2 hours; extremes of flexion or extension allowed up to 12 times/hr; extremes of twisting allowed up to 16 times/hr; climbing ladders allowed up to 25 rungs 6 times/hr; driving car or light truck up to a full work day; driving heavy truck up to 4 hrs/day

ADJUST MODIFICATIONS

Modified


Lifting with knees (with a straight back, no stooping) not more than 5 lbs [2 kg] up to 3 times/hr; squatting up to 4 times/hr; standing or walking with a 5-minute break at least every 20 minutes; sitting with a 5-minute break every 30 minutes; no extremes of extension or flexion; no extremes of twisting; no climbing ladders; driving car only up to 2 hrs/day

The RTW Prescription contains diagnosis-specific, and even job-specific, time out of work and modified duty restrictions which are auto-populated based on the best current evidence. Scenarios can also be modified based on specific provider or case manager knowledge of the case.



The final PDF is generated with the ODG logo and includes a signature field for the treating doctor to sign off on the RTW goals and restrictions. Optionally, the Job Function Evaluation form can be included where the treating physician can note additional restrictions.

In the example form below, we can see the modified scenarios as well as the ODG RTW guidelines which contain the target RTW date and a goal of achieving the best practice RTW timeline of 20 days (or 7-10 days for a mild sprain).

**ODG RTW Prescription Form**

GENERAL INFORMATION		
From the desk of Joe Smith	Employer ABC Construction	
Email joesmith@abcconstruction.com	Telephone 555.555.5555	
Claimant Name John Doe	Claim Number 123456	
Physician Dr. Johnson	Date of Injury 11/01/2022	Surgery Date
Job Title Construction Laborers	Job Physical Demand Level Heavy	

Job Description:
Perform tasks involving physical labor at construction sites. May operate hand and power tools of all types: air hammers, earth tampers, cement mixers, small mechanical hoists, surveying and measuring equipment, and a variety of other equipment and instruments. May clean and prepare sites, dig trenches, set braces to support the sides of excavations, erect scaffolding, and clean up rubble, debris and other waste materials. May assist other craft workers.

Comments:
Please review and modify (if needed) the enclosed ODG guidelines for return-to-work. I have also added a Job Function Evaluation form if you prefer that format. We would like to put a RTW plan in place and can have modified duty available if needed. Please contact me with any questions or concerns, or just return the form with signature. Thank you!

Diagnosis:
847.2 - Sprain or Strain, Back

ODG Return-To-Work Guidelines:
ODG target RTW date: 11/21/2022
ODG target rtw duration: 20 Days
Mild, manual/heavy manual work (Regular) 7-10 Days

Capabilities and Activity Modifications for Restricted Work:
Modified
Lifting with knees (with a straight back, no stooping) not more than 5 lbs [2 kg] up to 3 times/hr; squatting up to 4 times/hr; standing or walking with a 5-minute break at least every 20 minutes; sitting with a 5-minute break every 30 minutes; no extremes of extension or flexion; no extremes of twisting; no climbing ladders; driving car only up to 2 hrs/day.

MEDICAL PROFESSIONAL		
Please review, modify as needed and return with signature. Include a Job Function Evaluation form should you prefer to provide more detailed guidance on activity restrictions.		

Signature

☐ Doctor ☐ RN ☐ PA

Date

Printed name of provider

Phone Number

Fax Number