

A practical guide to certifying capacity for work




When your patient has a work-related injury and you have identified that they can do some work, you are required to outline their work capacity on a WorkCover WA certificate of capacity. This resource will help you to do that. Injury management parties will use the information you provide to develop a return to work program.

Certificates of capacity

Certificates of capacity are designed to encourage GPs and other medical practitioners to focus on what their patient can do in addition to any limitations or constraints. While it is acknowledged that injuries cause limitations on a worker’s capacity, it is critical to provide the employer and other parties information that will assist them to support a return to work as early as appropriate. Assisting a worker to return to work sooner will likely prevent long term work disability and associated poor health outcomes.

Return to work hierarchy

When planning return to work, occupational rehabilitation professionals refer to a hierarchy of return to work options, known as the ‘return to work hierarchy’. Where possible, the aim of return to work is to return the worker to the same job with the same employer. However this is not always possible. Therefore, this hierarchy assists when certifying capacity for some work and during goal setting in return to work planning.

Certifying capacity	Return to work hierarchy		Level of worker adjustment and associated financial costs
	Same employer	Same job	
Full capacity for work		Same job	
Fit for some work (or ‘suitable duties’)		Similar (modified) job	
		New Job	
	New employer	Same job	
		Similar (modified) job	
	New Job	Most adjustment and expense	

Practical advice for prescribing work where there is some capacity

When a worker has some capacity for work, it is important to guide the worker and employer towards what work the patient can still perform. In certifying some capacity for work, here is a list of things you can do to guide a worker's return to work:

- describe what the worker can do
- describe the worker's limits, including workplace adjustments
- adjust the worker's hours
- recommend additional supervisory support
- request more information about the worker's workplace (i.e. case conference with the worker and employer, initial needs assessment, worksite assessment or job analysis)

Case example

The following is an example of a progress certificate of capacity where the injured worker, Roger, sustained a disc herniation of the lumbar spine. Here the GP certified Roger with capacity to return to work three hours per day, three days per week. He was also certified to perform modified or alternative duties and has indicated that he requires workplace modifications.

5. WORK CAPACITY

Worker's usual duties

Having considered the health benefits of work, I find this worker to have:

full capacity for pre-injury duties from but requires further treatment

some capacity for work, from to performing:

pre-injury duties modified or alternative duties workplace modifications

pre-injury hours modified hours of hrs/day days/wk

no capacity for any work from to (outline clinical reason on next page)

5. WORK CAPACITY (CONTINUED)

Worker has capacity to:

(Please outline the worker's physical and/or psychosocial capacity – refer to explanatory notes for examples. Where there is no capacity for work, please provide clinical reasoning)

<input type="checkbox"/> lift up to <input type="text" value=""/>	kg	<input type="text" value="Commence with afternoon start/finish times. Short breaks to implement psychological strategies when feeling anxious. Initial close supervisory support. Quiet work area - desk facing doorway. No initial work requiring deadlines – focus is workplace exposure. Commence RTW at 9 hrs/wk."/>
<input type="checkbox"/> sit up to <input type="text" value=""/>	mins	
<input type="checkbox"/> stand up to <input type="text" value=""/>	mins	
<input type="checkbox"/> walk up to <input type="text" value=""/>	m	
<input type="checkbox"/> work below shoulder height		

The GP then outlines the worker’s capacity for work – describing what their patient can perform within medical limits.

Below is a table of other example statements that may be used when certifying work capacity for physical and psychological injuries.

Physical injuries	Psychological injuries
<p>Fractured ankle Mary has capacity to perform work duties while seated (leg to be elevated). She is able to mobilise 100m continuously using crutches.</p>	<p>Depression Scott should be able perform more detailed analytical work in the afternoons. Continued collegial support and interaction will benefit his recovery.</p>
<p>Shoulder bursitis Sam is able to lift loads up to 1.5kgs, close to the body. All work should be conducted below shoulder height. He should not do work that involves pushing/ pulling.</p>	<p>Anxiety Veena is able to perform work with customers via the telephone and may require additional support in face-to-face meetings.</p>
<p>Lower back strain Arun is able to perform his duties if he is able to alternate his posture between sitting, standing and walking every 10-15 minutes.</p>	<p>Post traumatic stress disorder Verity has capacity to return to work 2 hours per day, 4 days per week. Close workplace support is essential.</p>

More information

More information is available at WorkCover WA’s **gpsupport**, by going to:

- [The explanatory notes for medical practitioners](#)
- [Certifying capacity for work for psychological injury](#)
- [Certifying capacity for work for musculoskeletal injury](#)