WorkCoverWA

Form 4A

WorkCover WA - PROGRESS certificate of capacity

1. WORKER'S DETAILS

First name: Lucy Li
Last name: Lu
Date of birth: 18/01/1989
Claim no.: 12C34L56A78I9M
Phone: 08 9991 9991
Email: lu.lu@email.com
Address: 1 Seacrest Walk, Barra View WA

2. EMPLOYER'S DETAILS

Employer's name: Kite Stationery Supplies
Employer's phone: 08 9898 9898
Employer's address: 1 Main Street, Barra View WA

3. MEDICAL ASSESSMENT

Date of this assessment: 29/11/2013
Date of injury: 21/11/2013
Diagnosis: MCP dislocation (reduced) of right index finger, bruising right hand/wrist.

4. PROGRESS REPORT

Activities/interventions	Actual outcome *(change in symptoms, function, activity and work participation)*	Still required?*	
X-ray right hand/wrist	No fractures. No dislocation or subluxation.	☐ Yes	☑ No
Strapping/immobilisation	Improved.	☑ Yes	☐ No
Paracetamol	Effective pain relief PRN.	☑ Yes	☐ No
Return to work program	Has been able to return to work at full hours/suitable duties	☑ Yes	☐ No
		☐ Yes	☐ No
		☐ Yes	☐ No

**(If management activities/interventions are still required, please also list them in Section 6 'Injury Management Plan')*

☐ Other factors appear to be impacting recovery and return to work

Comment:

5. WORK CAPACITY

Worker's usual duties: Uses cash register, lifts/carries stock, light cleaning (wipes surfaces, dishes, sweeping, cleans windows)

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

☐ **full capacity for work** from ______ ☐ but requires further treatment

☑ **some capacity for work**, from 29/11/2013 to 27/12/2013 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.)

- ☐ lift up to ___ kg
- ☐ sit up to ___ mins
- ☐ stand up to ___ mins
- ☐ walk up to ___ m
- ☐ work below shoulder height

Continue as stated previously.
Modify duties to left handed use only. Able to use cash register, wipe surfaces, clean windows. Keep lifting/carrying of stock to left hand within comfortable limits (1-3kgs). Temporarily eliminate washing dishes and bilateral carrying/lifting until next review.

7. INJURY MANAGEMENT PLAN

Activities/interventions	Purpose/goal *(likely change in symptoms, function, activity and work participation)*
Hand therapy	Within 4 weeks, restore ROM; increase strength
Paracetamol/NSAID	Pain relief/anti-inflammatory PRN
Return to work program	Maintain current work capacity; working suitable duties and pre-injury hours.
	1kg limit on use of right hand.

- ☑ I support the RTW program established by the employer/insurer/WRP dated 23/11/2013
- ☐ I would like more information about available duties
- ☐ I would like to be involved in developing the RTW program
- ☐ Please engage a workplace rehabilitation provider *(If you have made a referral, provide name and contact details below)*

Examples of injury management activities/interventions include:

- *further assessment - diagnostic imaging, medical specialist consults, worksite assessment*
- *intervention - physiotherapy, clinical psychology, exercise physiology, prescribed medications, workplace mediation*
- *return to work planning - identify suitable duties, establish return to work program*

8. NEXT REVIEW DATE

☑ I will review worker again on 27/12/2013 *(if greater than 28 days, please provide clinical reasoning)*

Comments

9. MEDICAL PRACTITIONER'S DETAILS

Name: Dr Medical Practitioner

Address: Barra View Medical Practice
101 Practice Way
Barra View WA

Phone: 08 9999 9999

Fax: 08 9999 9998

(Practice stamp – optional)

AHPRA no. MED 000111111

Email: email@bvmp.com

Signature: M. Practitioner

Date: 29/11/2013