

Return to Work Assessment – Tips for Primary Care Physicians

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WH Preventive Health and Occupational Medicine

WH Primary Care Webinar, April 2025

Learning Objectives

- Take an occupational history in context of assessing fitness to return to work
- Consider work and patient factors in recommending medical leave and light duties
- Appreciate the role of other stakeholders in return to work

Short activity

For the next few patients, are they likely able to return to work in view of their medical condition?

(Vote when Zoom poll pops up)

Can the patient return to work (1)

Is this patient likely to be able to return to work without issues?

30 year old office worker, **day 5 URTI, diagnosed with COVID-19**, symptoms nearly fully resolved now

- Yes, able to return to work
- No

Can the patient return to work (2)

Is this patient likely to be able to return to work without issues?

30 year old **healthcare worker**, diagnosed with pulmonary tuberculosis 10 days ago, symptoms have improved

- Yes
- No

Can the patient return to work (3)

Is this patient likely to be able to return to work without issues?

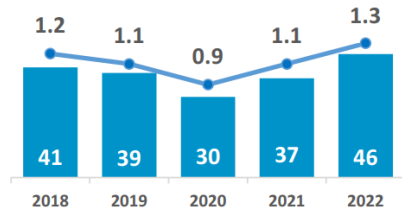
55 year old bus driver, suffered a stroke 6 months ago, minimal numbness now

- Yes
- No

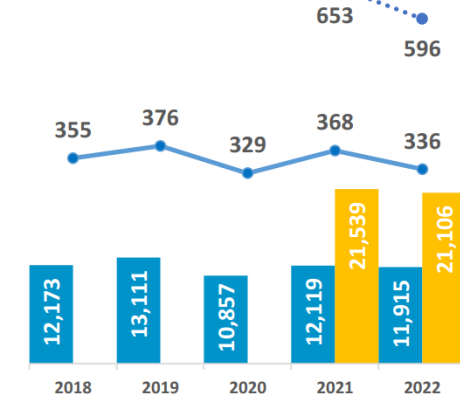
Introduction

Workplace injuries are common!

Fatal Injuries

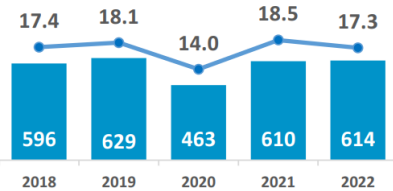


Minor Injuries



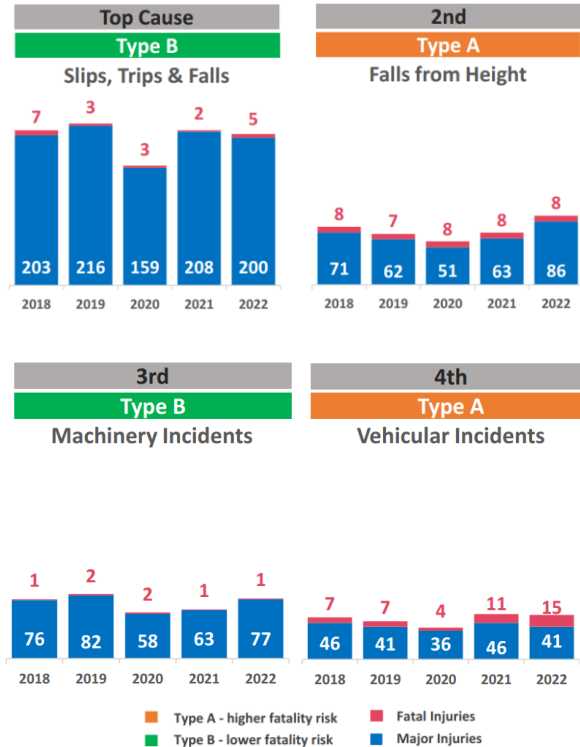
* From 2021: injuries with any duration of MC/light duties included

Major Injuries



■ No. of Injuries/OD/DO ■ No. of Minor Injuries [N]
—●— 12-month Rate - - - ● - - - 12-month Rate [N]
 All rates are per 100,000 workers

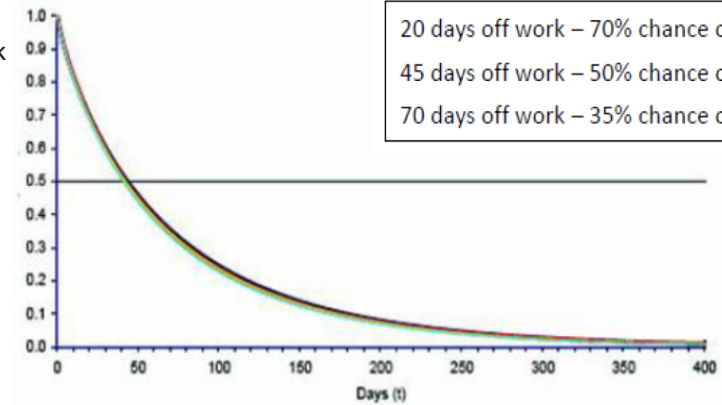
Slips, Trips & Falls remained the top cause of major injuries in 2022.



Implications of having a work injury

Likelihood of return to work after various length of time off work (days)

Likelihood of return to work



20 days off work – 70% chance of returning
45 days off work – 50% chance of returning
70 days off work – 35% chance of returning

Employee

- Impairment and disability
- Time off work for treatment and rehabilitation
- Reduced ability to perform work
- Risk of not being able to return to work
- Potential loss of income

Johnson D, Fry T. Factors Affecting Return to Work after injury: A study for Worksafe Victoria. Melbourne Institute of Applied Economic and Social Research;2002 (Reference: MOM)

Implications of having a work injury

Employee

- Impairment and disability
- Time off work for treatment and rehabilitation
- Reduced ability to perform work
- Risk of not being able to return to work
- Potential loss of income

Employer

- Reduced manpower, productivity
- Resources needed to recruit and train replacement staff
- Potentially higher insurance premiums
- Reduced staff morale, increased staff turnover

Return to work management is important to support these patients to return to work timely and safely

Why is Return-to-Work Assessment important?



Safeguard patient's health and safety

RTW assessment reduces re-injury by ensuring that patients are ready to resume work safely.



Safeguard long-term work ability

Facilitates prevention strategies, especially since injured persons have a higher likelihood of injuries such as heat injury.



Safeguard both patient and employer interests

The assessment protects both patients' and employers' interests by ensuring a safe and timely return to work.

*Construction worker Ahmmed Mohammad Manik was working on the seventh-storey rooftop of a condominium on a hot day in May 2022 before he **fell to his death**. The coroner ruled that the worker's fall was likely due to **disorientation from the effects of heat stress**.*

*Mr Ahmmed had gone to a clinic on July 27, 2020, after a **fainting episode while working under the sun**.*



[Worker who died after falling off rooftop likely disoriented from heat stress: Coroner | The Straits Times](#)

First step – assessing if someone is fit to return to work

Definition of Fitness for Work

Fitness for work refers to an individual's ability to **perform their job safely and effectively** without risk to themselves or others.

Assessment Factors

A fitness for work assessment takes into account various factors influencing **work-related risks** and **work performance**.

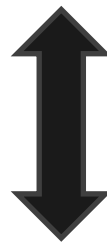
Fundamental Principle

Work affects health, and health affects work

Assessment Outcomes

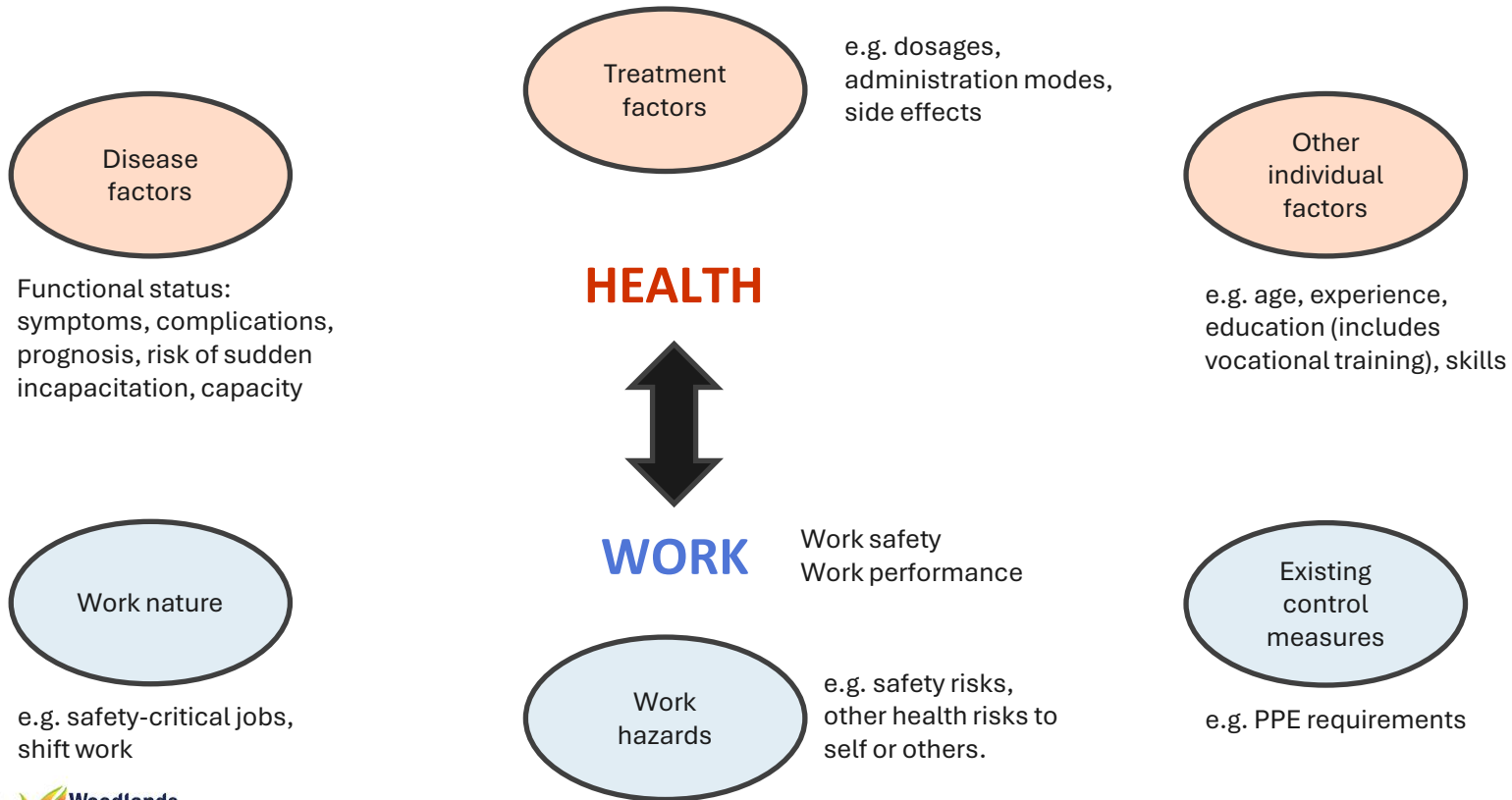
Fit for work
Unfit for work
Fit for work with restrictions

HEALTH



WORK

Factors influencing fitness to return to work



Return to Work Assessment: Considering Personal and Workplace factors

Work-related factors

- **Work demands:** e.g. physical, intellectual, skills
- **Work environment:** e.g. safety risks, other health risks
- **Organisational / social aspects:** e.g. work-related stress, team dynamics,
- **Temporal aspects:** e.g. work scheduling, shift work
- **Ergonomic aspects:** e.g. lighting, height of work bench, access to wheelchairs or lifts

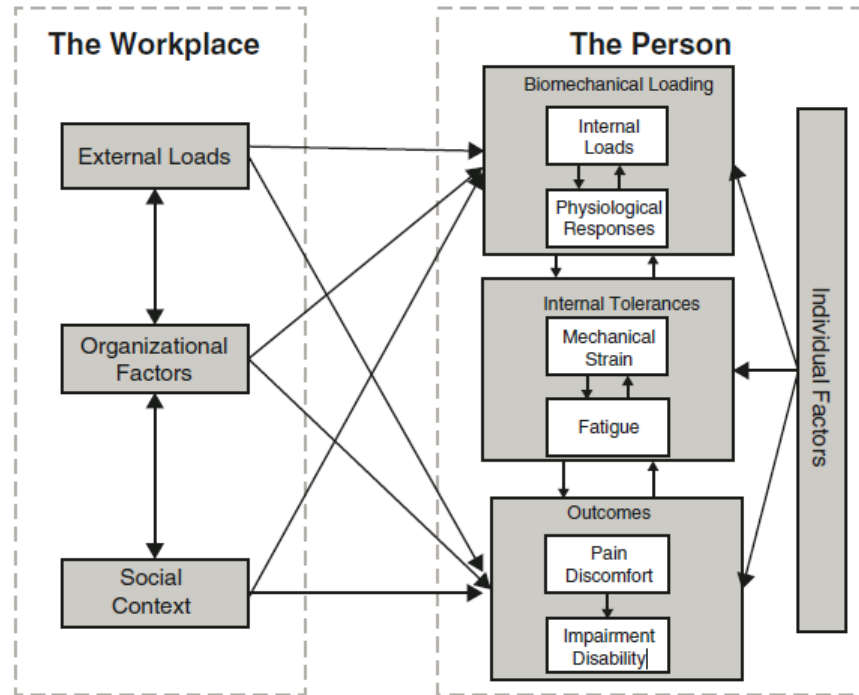
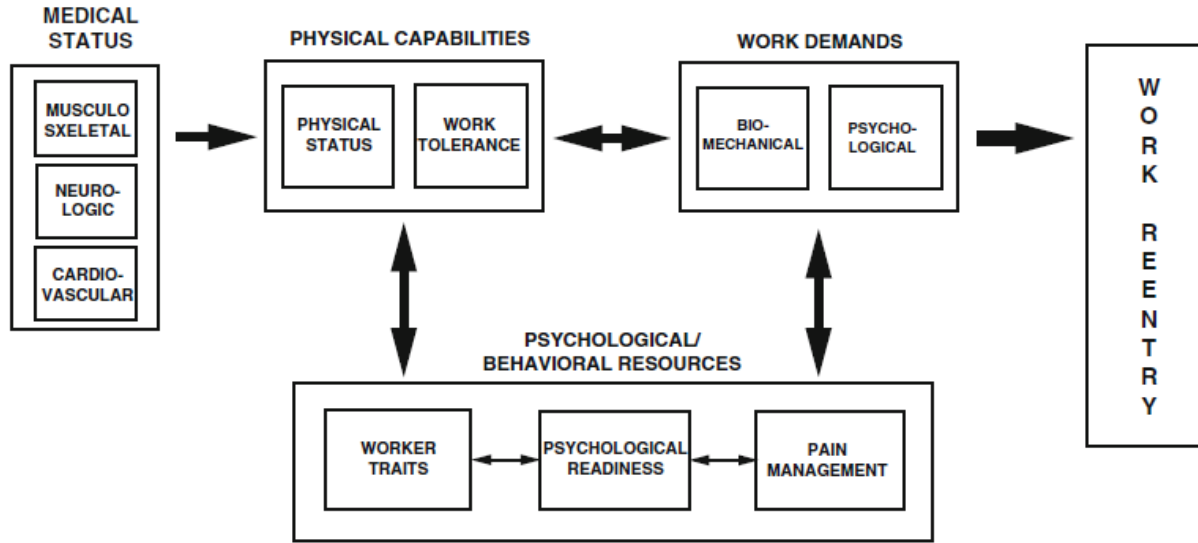


Fig. 2.3 Institute of Medicine Model of Disability (IOM 2001)

Personal factors

- **Demographic** (age, gender)
- **Anthropometric** (body size and build)
- **State of health**
- **Training and adaptation**
- **Attitude and motivation**
- **Stress, sleep deprivation, fatigue**

Return to Work Assessment: Biopsychosocial Model



- Disability and symptoms are not just related to the medical condition, but also **mediated by psychosocial factors**
- Focus on patient's **function**, more than the diagnosis
- **Patient beliefs** shape expectations of RTW
- **Time-based** approach in managing disability and RTW

Fig. 2.2 Multiple factors potentially affecting RTW (Feuerstein 1991)

Assessing fitness to return to work – suggested approach

1. Understand patient's job, including work processes, work demands, health and safety hazards



2. Understand patient's medical condition, especially presence of temporary or permanent disabilities



3. Assess patient's risks in return to work. If significant -> work restriction



4. Assess patient's capacity in performing work. If affected -> work limitations



5. Addresses any patient tolerance issues

Return to Work Assessment: Risk, Capacity and Tolerance

1. Risk

- Chance of **harm** – patient, colleagues, others
- Required knowledge of work processes and hazards
- If risk significant -> work restriction needed

Examples of RTW recommendations

Bus driver with lower limb weakness and numbness after spine injury
-> **Work restriction: unfit to drive**

2. Capacity

- Current **functional ability**, in terms of strength, endurance, flexibility
- Measurable, e.g. functional capacity evaluation
- Require knowledge of workload as well as medical condition
- If capacity affected -> work limitation needed

Logistics worker with rotator cuff strain, unable to carry >5kg load in clinic

-> **Work limitation: fit to carry up to 5kg load from ground to waist level**

3. Tolerance

- **Self-ability to tolerate work**, e.g. based on symptoms, energy levels etc (psycho-physiologic concept)
- Influenced by extrinsic factors e.g. monetary, work security
- Need to assess for underlying medical conditions affecting tolerance
- Require addressing patient concerns, e.g. through trial of work

Next step – coming out with a Return-to-Work Plan.

Key aspects

- 1. Timeline:** Using medical knowledge about the nature and severity and prognosis of injury, create a structured plan that outlines the main steps for the employee's return. The timeline will include:
 - Phased reintroduction to work (e.g., part-time hours initially)
 - Specific accommodations or job restrictions (e.g., modified duties, ergonomic adjustments)
- 2. Communication:** Address the patient's concerns about the proposed timeline. Offer to communicate and liaise with the patient's employer.
- 3. Monitoring and Follow-Up:** Monitor the patient's progress and make adjustments to the plan as necessary.

5 Important Components of RTW Management



Clinical Follow-up & Rehabilitation

Continued follow-up for clinical management, including rehabilitation, is crucial for patient recovery



Assessing Fitness to Work

Determining when a patient is safe and fit to return to work, taking into account workplace risks, capacity, and tolerance



Employer Collaboration

Working with employers on appropriate work accommodations and employee support as part of a return-to-work plan



Addressing RTW Barriers

Addressing barriers related to medical, work, or psychosocial factors



Vocational Rehabilitation Support

For those unable to return to the same work, vocational rehabilitation and employment-related support are beneficial

Challenges in facilitating return to work



Understanding Work Environment

Having adequate information of a patient's work, including work environment, processes, hazards, to make recommendations for fitness to return to work.



Addressing Psychosocial Concerns

Managing beyond a patient's medical condition, including addressing patient's psychosocial concerns and beliefs.



Legal Awareness and Education

Educating patients and increasing awareness of not just their medical condition, but also the legal aspects of workman compensation.



Employer Support and Buy-In

Seeking the support for employers for patients who may need time and support for RTW.

Case Sharing and Tips

Case 1: Fitness for Vocational Driving

Mr A, a 50 year old male gentleman who is a taxi driver suffered from a stroke last year.

One year post stroke, he has recovered well but still has mild deficits but wants to go back to work as a taxi driver.

How will you advise Mr A?

Case 1: Fitness for Vocational Driving

1. What is the **job** in question?

Having adequate job description, with information from both patient and employer.



2. What is the patient's **medical condition(s)**? e.g. objective signs, symptoms
Permanent or temporary? Improvable with time or intervention



3. Any partial or total **disability**



4. Is there significant risk of substantial **harm** (and not merely an increase in existing symptoms) with work activity?

- Yes → Work restrictions on the basis of risk
- No → Assess current ability



5. Is the patient **able to physically perform the task** (taking into account primarily ability, not symptoms)?

- Yes → Assess tolerance
- No → State the reason as a work limitation

Occupational History

Taxi Driver

- Plans to drive during daytime weekends (share rental of cab with brother who drive on weekday)
- Had previously been driving taxi for many years prior to stroke

Job demands:

- Functional vision and hearing
- Motor and coordination (ability to handle steering wheel and foot pedals)

Medical Condition

Right ataxic hemiparesis > 1 year ago
Good functional recovery – residual 4+ power on right side
DM – reasonably well controlled

Case 1: Fitness for Vocational Driving

1. What is the job in question?

Having adequate job description, with information from both patient and employer.



2. What is the patient's medical condition(s)? e.g. objective signs, symptoms
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Consider existing medical guidelines and legislation specific to the industry. In the context of driving:

**SMA Fitness to Drive
UK DVLA Assessing Fitness to Drive**

Consideration of local and international guidelines for fitness to work assessment

Cerebro-vascular Diseases	<u>Stroke</u>	<u>Stroke</u>	Group 1 car and motorcycle	Group 2 bus and lorry
	Patients without any residual disability may resume driving after 1 month. Patients with disabilities such as residual weakness, significant visual field defects, perceptual or mental impairment, in coordination, etc, severe enough to interfere with control of the vehicle should not drive. Patients with mild residual disabilities that may not interfere with control of the vehicle may undergo DARP* >1 month after stroke. They may be allowed to drive if they pass DARP*, after final review by a neurologist.	Able to return to driving if all following conditions are met: • >1 year post-stroke • Stroke is not due to high-risk underlying condition which is left untreated (e.g. high grade carotid stenosis, untreated aneurysm) • Fully recovered • Passed DARP* • Compliant with treatment • Final clearance given by a neurologist <u>Transient Ischaemic</u>	● Must not drive but may not need to notify DVLA. Driving may resume after 1 month if there has been satisfactory clinical recovery. DVLA does not need to be notified unless there is residual neurological deficit 1 month after the episode and, in particular: ■ visual field defects ■ cognitive defects ■ impaired limb function Minor limb weakness alone after a stroke will not require notification to DVLA unless restriction to certain types of vehicle or adapted controls may be needed. With adaptations, severe physical impairment may not be an obstacle to driving. Seizures occurring at the time of a stroke or TIA, or in the ensuing first week, may be treated as provoked for licensing purposes, provided there is no previous history of unprovoked seizure or cerebral pathology. Such provoked seizures will usually necessitate driving cessation. See Appendix B.	● Must not drive and must notify DVLA. A licence will be refused or revoked for 1 year following a stroke or TIA. Relicensing after 1 year may be considered if: ■ there is no debarring residual impairment likely to affect safe driving and ■ there are no other significant risk factors Licensing may be subject to a satisfactory medical report, including results of exercise ECG testing. Following an isolated stroke or TIA, if there is imaging evidence of less than 50% carotid artery stenosis and there is no previous history of cardiovascular disease, a licence may be issued without the need for functional cardiac assessment. Patients with recurrent TIAs or strokes will be required to undergo functional cardiac testing. If the condition is cerebral venous thrombosis, a licence may be issued without the need for functional cardiac assessment.

Case 1: Fitness for Vocational Driving

1. What is the job in question?

Having adequate job description, with information from both patient and employer.



2. What is the patient's medical condition(s)? e.g. objective signs, symptoms
Permanent or temporary? Improvable with time or intervention



3. Any partial or total disability



4. Is there significant risk of substantial harm (and not merely an increase in existing symptoms) with work activity?

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5. Is the patient able to physically perform the task (taking into account primarily ability, not symptoms)?

- Yes → Assess tolerance
- No → State the reason as a work limitation

Consider functional assessments together with physical examination findings in clinic.

In the context of driving, there are on-road and off-road functional assessments available

TTSH Driving Assessment and Rehabilitation Programme

Structured assessments based on multiple domains

Tan Tock Seng HOSPITAL
National Healthcare Group

Occupational Therapy Department
On-Road Assessment Checklist

Weather Condition: Dry, sunny / Dry, overcast / Wet, grey / Heavy downpour

Vehicle Type: Minibus / Manual Class 3 / Auto Class 3 / Auto Class 3 with Modifications:

Observation	Performs	Does Not Perform	Remarks
Scan road environment	/		
Observe and obey road signs	/		
Frequent monitoring of mirrors	/		2 4
Obey mandatory / prohibitory signs	/		
Check blind spots and mirrors before turns / intersections / lane changes	/		
Speed Control			
Keep within speed limit	/		
Monitor speed appropriately for the traffic and road hazards	/		
Slow down when approaching hazards and intersections	/		
Planning and Judgment			
Follow verbal instructions from driving instructor	/		
Make timely decisions at controlled intersections	/		
Give signal in good time	/		
Change lanes safely	/		
Appropriate gap selection at uncontrolled intersections	/		
Vehicle Positioning			
Appropriate vehicle positioning for turns / intersections and curves	/		
Maintain correct lane position on marked and unmarked roads	/		
Maintain safe buffer zones with other vehicles while moving and stopped at traffic lights	/		
Keep safe clearance when passing other vehicle / object	/		
Physical Control			
Competent control of steering, gears and foot control	/		2
Perform 3-point turn	/		
Perform reverse parking	/		
Perform moving off the slope	/		
Perform U-turns	/		
OVERALL RESULT	PASS	FAIL	

OCT-REC-75-02 Feb 2011

Tan Tock Seng HOSPITAL
National Healthcare Group

Occupational Therapy Department
Driving Assessment and Rehabilitation Program Outcome Form

Referred By: [Redacted]

Licence Class(es): (2B) (2A) 2 3A (3) 4A (4) (5)
Provisional Driving Licence Others:

Vocational Licence Class(es): (Taxi) (Bus) Bus Attendant Nil

Date of Assessment Off road: [Redacted]

Client has undergone off-road assessment and on-road assessment for vehicle of class(es):
2B 2A 2 3A (3) (auto) 4A 4 5

RECOMMENDATIONS:

☒ The client is able to drive / learn to drive a class 3 (auto) vehicle without / with modification(s):
Tick modifications if any:
☐ Left foot accelerator ☐ Hand controls
☐ Right / Left spinner knob ☐ Others

☐ The client should not drive, except during driving lessons with a qualified driving instructor.

☒ The client should consult doctor to certify his / her medical fitness to drive according to the above recommendations.

☒ Others: client is functionally well to drive class 3 (auto) vehicle.
Doctor to assess and certify client's medical fitness to resume driving public service vehicle with LTA Vocational licence.

Doctor's Endorsement:
The above client is:
☐ medically fit
☐ medically unfit
to return to driving with the above recommendations

Name and Signature of Occupational Therapist: [Redacted]
Name and Signature of Doctor / Date: [Redacted]

implied or has been provided to the Client that he/she will be collision-free from this assessment. As in the case of any driver, no assurance is held by the Hospital and/or any of its employees, staff or agents responsible in any way whatsoever in event of any mishap, accident, damages, injury or loss of life and/or property arising directly or indirectly as a result of or in the course of this driving assessment. The Client hereby undertakes to release and discharge the Hospital, its employees, agents and servants from all claims whatsoever, present or future, which the Client have or may have arising from this driving assessment.

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Case 1: Putting it together

1. What is the **job** in question?

Having adequate job description, with information from both patient and employer.

Taxi Driver

- Plans to drive a SUV-size taxi over weekend during daytime

2. What is the patient's **medical condition**(s)? e.g. objective signs, symptoms
Permanent or temporary? Improvable with time or intervention

Right ataxic hemiparesis > 1 year ago
Good functional status

3. Any partial or total **disability**

Mild weakness over R UL and LL – no significant disability

4. Is there significant risk of substantial **harm** (and not merely an increase in existing symptoms) with work activity?

- Yes → Work restrictions on the basis of risk
- No → Assess current ability

No.
Cardiovascular risk factors are well controlled.

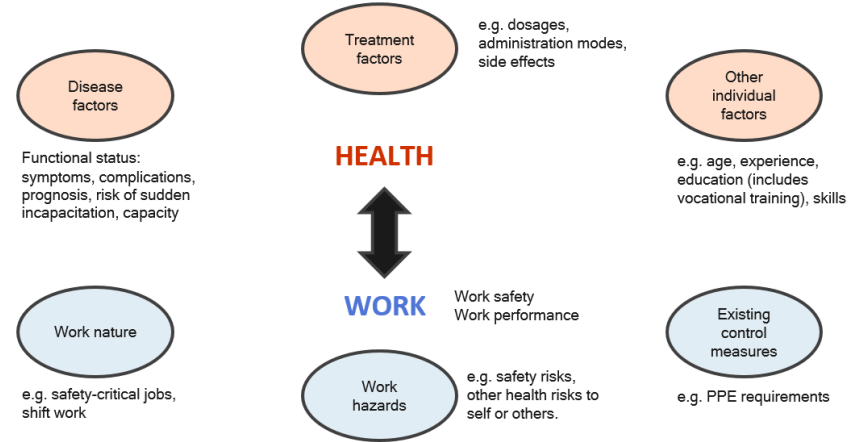
5. Is the patient **able to physically perform the task** (taking into account primarily ability, not symptoms)?

- Yes → Assess tolerance
- No → State the reason as a work limitation

Yes – passed functional assessment

Tips for return to work assessment - 1

1. Focus on the **function**, not the diagnosis
2. Consider various **guidelines** and **objective assessment tools**



Tools to Assess Function

- Self reported questionnaires
 - RTW Self-Efficacy Scales
 - Work Ability Index
 - EQ-5D
- Objective Tests
 - Functional capacity evaluation
- Workplace Assessments

Self-Efficacy for Return-to-Work

The following questions are about your return-to-work plan and how certain you are that you can deal with problems that may occur.

Please answer each of the following questions, using a scale from 1 to 5, where 1 means "not at all certain" and 5 means "completely certain"						
HOW CERTAIN ARE YOU THAT...	Not at all certain = 1	2	3	4	Completely certain = 5	Don't know
1. You will be able to talk to your supervisor if problems arise during your return to work period? (S) ¹	1	2	3	4	5	DK
2. Once you are back at work, you will be able to stay at work? (P&R)	1	2	3	4	5	DK
3. You can continue working despite having pain? (P&R)	1	2	3	4	5	DK
4. You can avoid re-injury? (P&R)	1	2	3	4	5	DK
5. You can manage pain effectively while you work? (P&R)	1	2	3	4	5	DK
6. You can get co-workers to help you with activities that might cause discomfort? (CW)	1	2	3	4	5	DK
7. You can explain any physical limitations you may have to your co-workers? (CW)	1	2	3	4	5	DK
8. You can discuss openly with your supervisor things that may contribute to your pain problem? (S)	1	2	3	4	5	DK
9. You can explain any physical limitations you may have to your supervisor? (S)	1	2	3	4	5	DK
10. You can suggest to your supervisor ways to change your work to reduce discomfort? (S)	1	2	3	4	5	DK

Functional capacity evaluation (FCE)

- “An activity assessment that is used to make recommendations for participation in work, while considering the person’s body functions and structures, environmental factors, personal factors, and health status.” – AMA

AMA Guides to the Evaluation of Work Ability and Return to Work, 2nd edition (2011)

FUNCTIONAL CAPACITY EVALUATION:

MOBILITY	☐
Walking	☐
Crawling	☐
Ladder climbing	☐
Repetitive trunk rotation in standing	☐
Repetitive trunk rotation in sitting	☐
BALANCE	☐
Balance beam forward walk	☐
Balance beam backward walk	☐
Unilateral balancing	☐
COORDINATION	☐
Finger to nose	☐
Response time	☐
Alternate hand slapping	☐
Hand/eye/foot coordination	☐
UPPER EXTERMITY/ FINE MOTOR	☐
Isometric grip strength	☐
Modified Purdue Pegboard test	☐
O'Conner Tweezer dexterity test	☐
Minnesota dexterity test	☐
Hand tool dexterity test	☐

DYNAMIC STRENGTH	☐
Floor to waist lift	☐
Stairs climbing	☐
Repetitive climbing	☐
Repetitive squat	☐
Waist to eye level lift	☐
Bilateral carrying	☐
Unilateral carrying	☐
Dynamic pushing	☐
Dynamic pulling	☐
POSITION TOLERANCE	☐
Sitting tolerance	☐
Standing tolerance	☐
Elevated work	☐
Lowered work in standing	☐
Kneeling	☐
Lowered work in sitting	☐
Squatting	☐
Recline reach	☐
ENDURANCE (3hours)	☐
- Floor to waist lift - Stairs climbing - Repetitive squatting	

SECTION III - MOBILITY

QUALITY OF PERFORMANCE (Deviations):

Within Normal Limits - Subject demonstrates no deviations from the normal expected movement pattern(s) in his/her performance of the task. Could perform this movement pattern for work activity without limitations (67% to 100% of the work day).

Minimal Deviations - Subject demonstrates some slight deviations from the normal expected movement pattern in order to perform the task, but overall performance is not impaired. Could perform this movement pattern for productive work activity frequently (34% to 66% of the work day), but should not be expected to perform the movement constantly.

Moderate Deviations - Subject demonstrates significant deviations from the normal expected movement pattern. An adapted movement pattern must be used to perform the task. Overall performance seems awkward. Could be expected to perform the movement pattern occasionally (up to 33% of the work day), but should not be expected to perform the movement pattern frequently or constantly.

Severe Deviations - Subject demonstrates dramatic deviations from the normal expected movement pattern in order to perform the task. An adapted movement pattern must be used to perform the task. Overall performance is very awkward. Should not be expected to perform this movement pattern for work activity.

Resting Heart Rate (Standing) _____ Beats/Minute

TASK 22. WALKING (500 FEET)

JOB DEMAND: C F O N

SCORING CRITERIA AND OBSERVATIONS	LEVEL OF FREQUENCY			
	CONSTANTLY All Reps/Distance HR ≤ 60% of Max Pain Score ≤ 3 WNL	FREQUENTLY All Reps/Distance HR 61-80% Max Pain Score ≤ 5 Minimal Deviation	OCCASIONALLY ≥ 50% Reps/Dist HR 81-95% Max Pain Score ≤ 8 Moderate Deviation	NEVER < 50% Reps/Dist HR 96-100% Max Pain Score > 8 Severe Deviation
Repetitions Completed	N/A			
Heart Rate				
Pain Score				
Deviations				
OVERALL SCORE				
Willingness to Continue				
SA Score				
Pain Location				
Total Time				

Limiting Factor(s): _____

Some Possible Deviations:

1. Trendelenburg
2. Antalgic Gait
3. Decreased Hip Flexion
4. Decreased Hip Extension
5. Decreased Knee Flexion
6. Decreased Knee Extension
7. Decreased Ankle Dorsiflexion
8. Decreased Ankle Plantar Flexion
9. Other _____

Case 2: Return to Work after Acute Injury

Ms Y is a radiographer working in the hospital.

She had come to see you after a workplace injury

- her upper limb and wrist was caught in an extended position when she was performing an ultrasound scan for an obese patient (the patient had unexpectedly leaned back against her hand)

- You diagnosed her with a wrist and shoulder sprain and have prescribed her analgesics.

- Two weeks later, she comes back with persistent shoulder pain and cites difficulties at work.

What are the considerations when making recommendations to return Ms Y to work?

Case 2: Return to Work after Acute Injury

1. What is the **job** in question?

Having adequate job description, with information from both patient and employer.



2. What is the patient's **medical condition**(s)? e.g. objective signs, symptoms
Permanent or temporary? Improvable with time or intervention



3. Any partial or total **disability**



4. Is there significant risk of substantial **harm** (and not merely an increase in existing symptoms) with work activity?

- Yes → Work restrictions on the basis of risk
- No → Assess current ability



5. Is the patient **able to physically perform the task** (taking into account primarily ability, not symptoms)?

- Yes → Assess tolerance
- No → State the reason as a work limitation

Occupational History

Radiographer (inpatient radiography)

- Worked around 5 years
- Rotations: Doing XR; US, ESWL across one week
- US will need to use US probe with R wrist
- XR/ESWL - typically need to help with assisting and transfer of patients

Job demands:

- Using gross motor strength to support and position patients
- Control of radiological equipment

Medical Condition

R wrist and shoulder sprain

Nil acute #

XR: Normal

? Extent of soft tissue injury

Wrist ROM full

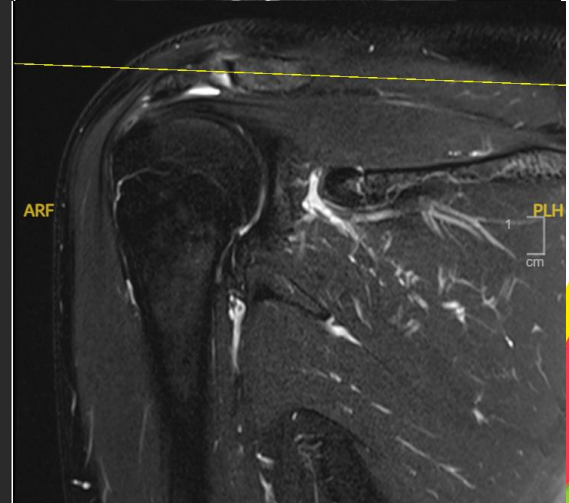
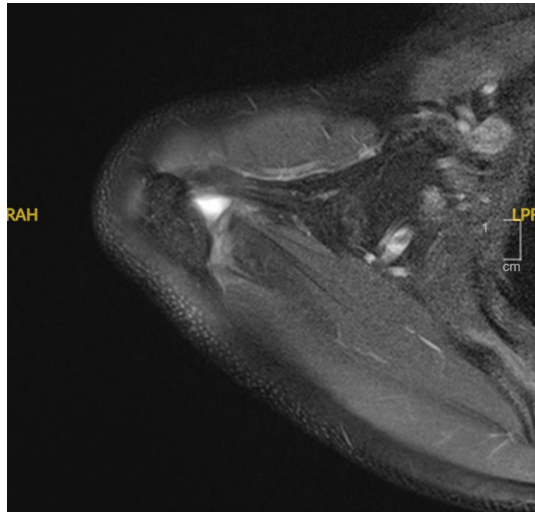
Pain on extremes of ROM at shoulder

Nil tenderness on palpation

Imp: ? Shoulder RC injury

MRI Shoulder

- Sprain of ACJ
- SASD Bursitis



Case 2: Return to Work after Acute Injury

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Possible risk of exacerbating injury
Possible patient safety risk if required to support patients



5. Is the patient able to physically perform the task (taking into account primarily ability, not symptoms)?

- Yes → Assess tolerance
- No → State the reason as a work limitation

Workplace assessments can be helpful to provide information for the doctor to assess capacity to perform the task

Workplace Assessment

3 main duties – ESWL, Ultrasonography and X-rays

ESWL

Requires radiography to position both patient and machine

May need assistance to transfer patients

Ultrasonography

Requires good ROM over shoulder to manipulate US probe

X-Ray

Requires overhead arm movement to position XR machine

Case 2: Putting it together

1. What is the **job** in question?

Having adequate job description, with information from both patient and employer.

Radiographer (inpatient radiography)

- Doing XR; US, ESWL

2. What is the patient's **medical condition**(s)? e.g. objective signs, symptoms
Permanent or temporary? Improvable with time or intervention

Acromioclavicular joint sprain

Subacromial-subdeltoid bursitis

3. Any partial or total **disability**

Limited flexion and abduction of shoulder
limited by pain

4. Is there significant risk of substantial **harm** (and not merely an increase in existing symptoms) with work activity?

- Yes → Work restrictions on the basis of risk
- No → Assess current ability

Risk of exacerbating injury

Risk of patient safety

5. Is the patient **able to physically perform the task** (taking into account primarily ability, not symptoms)?

- Yes → Assess tolerance
- No → State the reason as a work limitation

May face difficulties with functioning independently at XR, US and ESWL stations

Tips for return to work assessment - 2

1. Focus on the function, not the diagnosis
2. Consider various guidelines and objective assessment tools
3. **Leverage on tools to understand workplace environment better**
 - Detailed occupational history
 - Workplace visit
 - Technology e.g. Google, Google Translate, Chatgpt or other AI bots

1. A detailed occupational history includes:

- work process (e.g., work tasks, tools used);
- exposure to hazards (e.g., dust, fumes, radiation, chemicals, biological, physical hazards);
- route of exposure (e.g., inhalation, skin, ingestion);
- frequency, duration and intensity of exposure;
- use of personal protective equipment (e.g., gloves, respirators);
- presence of engineering control (e.g., process enclosure, local exhaust ventilation, general ventilation); and
- work organisation (e.g., work hours, breaks, overtime).

2. Correlate the occupational history with symptoms in relation to:

- the onset and duration of symptoms (temporal relationship between exposure and onset of symptoms);
- aggravating factors;
- effects of off-days and holidays; and
- other workers affected.

3. Ask for the worker's past work history and any relevant information for previous jobs held.

Source: Workplace Safety and Health Guidelines. Diagnosis and Management of Occupational Diseases
(<https://www.tal.sg/wshc/resources/publications/wsh-guidelines/wsh-guidelines-on-diagnosis-and-management-of-occupational-diseases>)

Case 3: Carpenter

- 39 year old Bangladesh male, referred by Ortho for return to work management
- Sustained L MF and RF DIPJ amputation from a work-related saw injury in Dec 2024
- Medically – underwent successful operation in Dec
- Current issues:
 - Decreased grip strength of R hand
 - Hypersensitivity over injured area
- Works as carpenter in a renovation company
 - Does measurement and cutting of timber panels using a electric cutter



Online picture similar to actual work process
(Source: <https://www.istockphoto.com/photos/electric-jig-saw/>)

How do we return this patient back to work?

5 Aspects of RTW Management



Clinical Follow-up & Rehabilitation

- Continue Ortho and OT follow-up
- Worked with Ortho to manage MC/light duty certification



Assessing Fitness to Work

- Currently – unsafe to work due to risk of re-injury



Employer Collaboration

- Called employer to discuss alternative work duty arrangements
- Supervisor able to assign him non-carpentry duties, e.g. doing cleaning of work sites such as sweeping, wiping



Addressing RTW Barriers

- Regarding finances, confirmed employer has reported this case to MOM, and hence patient entitled to WICA
- Patient is concerned re: job security. Explained importance of doing alternative job tasks until the patient is fit to perform carpentry work



Vocational Rehabilitation Support

N.A.

Tips for return to work assessment - 3

1. Focus on the function, not the diagnosis
2. Consider various guidelines and objective assessment tools
3. Leverage on tools to understand workplace environment better
 - Detailed occupational history
 - Workplace visit
 - Technology e.g. Google, Google Translate, Chatgpt or other AI bots
4. **Partner with return to work programmes**
 - Programmes that help injured employees returns to work safely during his recovery period
 - Assist employer in making adjustments to the workplace to facilitate the rehabilitation of your injured employee
 - Address concerns and challenges faced by injured employees and employers

Return to Work programmes have been found to result in improved patient outcomes in local studies

Industrial Health 2023, 61, 269–274

Short Communication

Improvements were reported in patient-reported health outcomes:

- Work ability
- Perceived health status
- Pain score
- Self-efficacy

A hospital-based return-to-work programme in Singapore

Mei Ling TAN^{1,5*}, Elliot EU¹, Benjamin Wei DA YAP², Wei Xiang ER³,
Su Xian TAN⁴, John Wah LIM⁵ and Wee Hoe GAN⁵

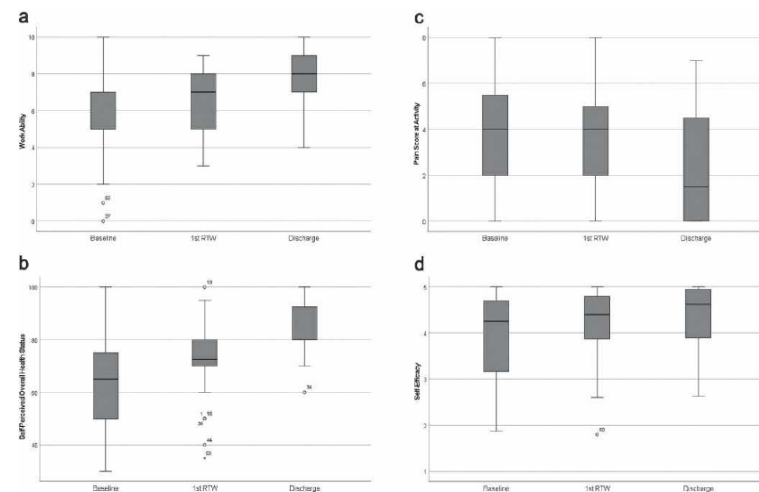


Fig. 2. a. Changes in health-related outcomes over the RTW programme, from baseline to first RTW to discharge—work ability. b. Changes in health-related outcomes over the RTW programme, from baseline to first RTW to discharge—self-perceived overall health status. c. Changes in health-related outcomes over the RTW programme, from baseline to first RTW to discharge—pain score at activity. d. Changes in health-related outcomes over the RTW programme, from baseline to first RTW to discharge—self-efficacy. RTW: return to work.

Return to Work Programmes

- Voluntary programme that helps your injured employee return to work safely during his recovery period and assists you in making adjustments to the workplaces and jobs to facilitate the rehabilitation of your injured employee.
- Costs can be fully covered under the **Work Injury Compensation Act (WICA)** if the injury arose due to work
- The programme covers:
 - Case Management
 - Assessment of the employee's condition and fitness to work
 - Worksite Assessment and Functional Capacity Evaluation (if needed)
 - Personalised RTW plan and training to prevent re-injury
 - Recommendation of modified work duties



Available return to work services and programs



1. WH RTW Program

Led by Occupational Medicine in collaboration with Rehab.
Fully funded by WICA

Similar program in other hospitals too



2. SG Enable Hospital-to-Work Program

SG Enable's initiative connects hospital patients with employment opportunities, providing necessary training and support for a successful transition.



3. MOH Bounce Back Lab (YH/TTSH)

Ongoing pilot at YH/TTSH for hospital patients, collaborating with Workforce SG, to help individuals return to work after significant medical challenges

THE RTW JOURNEY



WORKER GETS INJURED

- Seek medical help immediately.
- Inform employer where possible.



DOCTOR GIVES MEDICAL HELP AND ASSESSMENT

- Treat worker, provide diagnosis, prognosis.
- Recommend RTW if medical condition is stable.



RTW COORDINATOR EXAMINES THE CASE

- Understand worker's condition from doctor.
- Understand worker's job duties and work environment from employer.



RTW COORDINATOR WORKS WITH DOCTOR, WORKER AND EMPLOYER

- Works with doctor and employer to carry out a personalised plan.
- Works with employer on job re-design to help worker return to work.
- Update employer about recovery and plans for RTW.

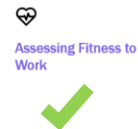


DISCHARGE FROM PROGRAMME

- Worker returns to work with same or different employer doing pre-injury or modified pre-injury work or different work.
- If worker is unable to return to pre-injury work, he or she will be referred to government employment centres or community services for vocational training or job placement.

[Return to Work program brochure in English \(tal.sg\)](#)

1. WH RTW Programme (by Occ Med)



Main Services

Setting and implementing a personalized RTW plan for patients, e.g. recommendation of MC/LD duration and appropriate work modifications or excuses

Worksite assessment and functional capacity assessment as needed



Cost Details

About \$1k for a 6-month programme covering Occ Med clinical consults and RTW coordination

Fully funded by WICA



Eligibility Criteria

Patients who are under WICA for a work injury
(i.e. must be employed)



Target Participants

Suitable for patients who require support in returning back to work with the same employer



To note

Occ Med can accept non-WICA cases as well (chargeable to patient)

Occ Med would also refer patients for vocational services if they are unfit to return to same employer

2. SG Enable Hospital-to-Work



What is the Hospital-to-Work (H2W) Programme?

After a life-altering event such as an accident or a serious medical condition, people may acquire disabilities. They often have to re-assess their capabilities and explore alternative career options. The H2W Programme provides transition-to-work support during this difficult period.



Explore Your Capabilities

- Identify your strengths and skills
- Understand your job preferences
- Explore job opportunities



Become Work-Ready

- Discover training courses to stay employable
- Build up or enhance your resume
- Strengthen your interview skills



Succeed At Work

- Secure suitable jobs
- Adapt and integrate into a new work environment
- Collaborate with colleagues to create a supportive setting with reasonable accommodations



Eligibility Criteria

SG/PRs who are certified fit for work, and have an acquired permanent disability (physical, hearing, vision, intellectual)



Main Services

Case management services related to employment support, including guidance on career and training progression, and job matching / placement / support



Target Participants

Patients who require support finding alternative jobs or re-entering the workforce after an injury or illness



Cost Details

FOC for participants



To note

SG Enable has existing partnerships with SPD and Able for vocational rehabilitation services

Referral by email: employment@sgenable.sg



Clinical Follow-up & Rehabilitation



Assessing Fitness to Work



Employer Collaboration



Addressing RTW Barriers



Vocational Rehabilitation Support

Summary - Tips for return to work assessment

1. Focus on the **function**, not the diagnosis
2. Consider various **guidelines** and **objective assessment tools**
3. Leverage on **tools** to understand workplace environment better
 - Detailed **occupational history**
 - **Workplace visit**
 - **Technology** e.g. Google, Google Translate, Chatgpt or other AI bots
4. **Partner with return to work programmes**
 - Programmes that help injured employees returns to work safely during his recovery period
 - Assist employer in making adjustments to the workplace to facilitate the rehabilitation of your injured employee
 - Address concerns and challenges faced by injured employees and employers

Introduction to Woodlands Health

VISION

Adding years of healthy life

MISSION

Everything we do is about caring for and improving the lives of our patients, community and healthcare family

BRAND PROMISE

Better Health. With You.

A member of the National Healthcare Group

WH Occupational Medicine Team



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Director, Clinical Ops (Integrated Care)
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Dr Rosman Bin Surie
Resident Physician, Preventive Health & Occupational Medicine
Woodlands Health

Overview of Occupational Medicine

Who We Are

Clinical specialty that focuses on **diagnosis, management, and prevention** of work-related injuries and illnesses.



What We Do

We provide

- Direct specialty care**, e.g. management of occupational diseases and return-to-work management
- Preventive health programs**, and
- Workplace safety and health **consultancy services**

When to Look for Us

When a patient has:

- a suspected work-related disease,
 - needs reintegration into the workforce after a medical condition,
- or

When there are workplace health and safety concerns.

Example of cases that WH Occupational Medicine manages

Fitness to return to work assessment

1. **Fitness to work with firearms** for a security officer after a finger amputation
2. **Fitness to drive for a bus driver** after an episode of alcohol intoxication
3. **Fitness to drive for a bus driver** with suspected post-traumatic stress disorder after a bus accident
4. **Fitness to work as a vocational driver** for a patient after stroke
5. **Fitness to work as a childcare teacher** after a road traffic accident
6. **Fitness to work as a forklift driver** after a TIA
7. Return to work management of a **carpenter with finger amputation**

Occupational Diseases

1. Student intern at a restaurant with **hand dermatitis**

Referral criteria and process

Criteria

1. Diagnosis and management of suspected **occupational and work-related diseases**, e.g. skin conditions, hearing loss, musculoskeletal injuries
2. **Return to work services** for patients with either work injuries or non-work injuries
 - Includes management and coordination of return to work, fitness to work evaluations, and disability assessment
 - For work injuries: eligible for work injury compensation (WICA)
3. Assessment of **fitness to work issues** related to chronic medical conditions
4. Statutory medical examinations and other employment-related examinations
5. Vaccination services for work
6. Employee health screening
7. **Travel Clinic (2H 2025)** e.g. yellow fever vaccine

Ways to refer to WH Occupational Medicine

1. For HealthierSG GPs – refer via HSG compatible **Clinic Management System**
2. **Online form:**
<https://for.sg/gpsocreferrals>
3. Email: appt@wh.com.sg
4. Primary Care Partners hotline: 6363 3131
5. Fax: 6361 1980

For direct Occ Med enquiries: email us
occupational_med@wh.com.sg

Appointments to be given as early as possible, ~ 2 weeks

WH Vaccination and Travel Clinic (starting from May 2025)

Accepting GP referrals now!

Suitable patients for referral include those with:

1. **Complex medical issues** that require assessment of suitability of vaccines
2. **Complex travel itineraries** (e.g. multiple countries, travel duration over 2 weeks, high risk activities, high altitude)
3. Requiring **specific vaccines** that GPs may not have (e.g. yellow fever)
4. Sustained **animal bites** (e.g. for rabies prophylaxis follow-up)

To refer, you may email occupational_med@wh.com.sg, or use generic patient referral methods under WH

Travel Safely

Woodlands Health
Vaccination and Travel Medicine Clinic

As we enjoy our holidays, we can be exposed to various infections that we are rarely exposed to in Singapore.

It is therefore important to vaccinate before your travels to protect yourself and your loved ones.

Our Services

- Consultation and health risk assessment from our specialist doctors and nurses before your travel
- Mandatory vaccinations for travel, e.g. yellow fever, meningococcal vaccination
- Prevention of travel-related illnesses, e.g. altitude sickness, malaria

FOR ENQUIRIES



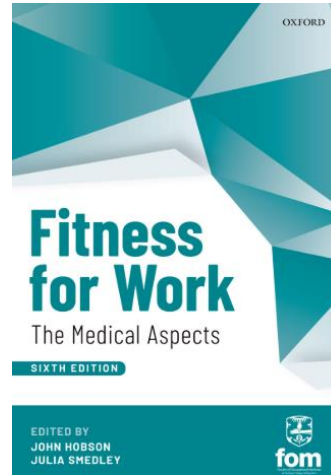
BOOK AN APPOINTMENT



Thank you

Resources

- Books
- Websites (e.g. MOM)
- Articles
- Occupational Medicine Clinics
- Occupational_med@wh.com.sg



Education

Singapore Med J 1997; Vol 38(8):399-401

What You Need To Know: Fitness for Work

C S Lai

INTRODUCTION

The assessment of fitness for work is one of the most common procedures that doctors are called upon to do. The issuing of a medical certificate excusing a patient from work is a declaration that he is temporarily unfit for work. While it is evident in many cases that the patient is really unfit for whatever job he may be in, quite often the doctor needs to know the nature of his patient's work in order properly to assess his fitness to do it.

There are therefore two aspects to the assessment of fitness for work. The first is purely medical, to determine his physical and mental condition. The second is to determine or to obtain information on the nature of the patient's work and working environment. It is only by matching these two aspects of the assessment that a proper evaluation can be made as to whether or not a person is fit for work.

Situations when assessments are needed

Assessments for fitness for work are not confined to the clinical situation when a person falls ill or is injured. More often in fact, assessments are requested by a third party outside the doctor-patient relationship. Such situations include -

- before taking up employment,
- before being transferred to another job or another location,
- before returning to work after a long absence from illness or injury,
- statutory requirement,
- medico-legal cases involving litigation.

In these situations, the doctor acts as an independent medical examiner, reporting to a third party his opinion on the examinee's fitness for work. Although the doctor is assumed by the third party

medical condition, which although not presently affecting his fitness for work, it would be prudent for the doctor to disclose this with the examinee's consent.

Pre-placement medical examinations

Pre-placement medical examinations and examinations done before a person is transferred to another job or to another location, especially before a cross-posting overseas.

In all these cases, it is essential that the requirements for the job are known. And of course, the nature of the examination and the extent of the ancillary tests to be done will need to vary with the job requirements. It is a mockery to have one standard medical examination for all jobs within a company, and even worse, to perform a pre-employment examination without knowing what job the examinee is applying for. There are pre-employment examination protocols in which the job is not even stated.

Some companies provide a job description, or even a profile of job requirements when an applicant or employee goes for fitness for work assessment.

The determination of fitness depends on whether the examinee is able to fulfill the job requirements without risk to the health and safety of himself and of others. If these conditions are satisfied, there is no good reason to declare a person unfit for work even though he may have some chronic illness that requires treatment. Guidance on fitness for work in the presence of various medical conditions can be found in *Fitness for Work - The Medical Aspects*, in which each chapter is jointly written by an occupational physician and a practising clinician in the various specialties.

List of Occupational Medicine Clinics

The list below is for reference only and inclusion of these clinics does not in any way imply recommendation, endorsement or warranty of any kind whatsoever on the part of the Ministry of their services. It is not exhaustive and will be updated from time to time.

Name of Occupational Medicine Clinic	Suspected Medical Condition or Disease	Address	Contact Please contact the clinic directly for enquiries
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[list-of-occupational-medicine-clinics.pdf](#)