



Preparing injury management plans

This information sheet is aimed at those involved in preparing injury management plans. It describes the type of information that is typically found in these plans.

When is an injury management plan required?

An injury management plan is required where a worker is likely to be incapacitated for work for 28 days or more. An injury management plan must be prepared within five days of the worker becoming incapacitated for more than 28 days (i.e. 33 days after the worker becoming incapacitated). Applying the principle of early intervention, it is best practice to ensure that injury management plans are prepared as soon as possible.

Injury management plans are to be prepared regardless of whether the employer has accepted or disputed liability for a worker's workers compensation claim.

While it is not a legislative requirement, it is considered best practice for a return to work plan to also be prepared where return to work arrangements are required as part of an injury management plan.

What information should be included in an injury management plan?

An injury management plan consists of three individual components: treatment, rehabilitation and return to work. Strategies addressing these components may be prepared simultaneously or consecutively depending on the injured worker's circumstances.

1. Treatment strategy

An injured worker's treatment is the responsibility of the Primary Treating Medical Practitioner (treating doctor). Treatment aims to alleviate, cure or manage an injury or condition; it includes making a diagnosis, treating symptoms and exploring treatment options, with the ultimate goal of optimising function, participation and returning the injured worker to work.

The treatment strategy should recognise and reflect the significant health benefits of work and empower the injured worker to return to work. The injured worker should be encouraged to return to work during the treatment or rehabilitation process, wherever it is safe to do so.

Treatment goals

Set out the goals for the treatment of the injury or condition. Treatment goals are the desired outcomes of the medical and clinical management of the injury or condition. These goals will usually be set and managed by the treating doctor.

Treatment goals should:

- be set in consultation with the injured worker, as they will be more empowered to participate in their own recovery
- focus on restoring and optimising function (e.g. returning a limb to full range of motion)
- have an overall objective of returning the injured worker to work, not just the alleviation of symptoms
- be functional and SMART - specific, measurable, attainable, realistic and with timeframes for achievement; and
- be set in both the short and long term (e.g. short term goal to reduce strength of pain relievers, long term goal to cease medicated pain relief).

Using the example of workplace-related osteoarthritis, (basic) treatment goals could include:

- reduce joint pain and inflammation
- improve and maintain joint function
- delay damage to joints

Treatment goals should emphasise the importance of keeping life as normal as possible for the injured worker by keeping them at work or safely returning them to appropriate work as soon as possible. An injured worker's progress towards achieving the treatment goals should be regularly assessed and reviewed to ensure treatment is effective and modified if necessary.

Treatment information may be available from the medical certificate but you may need to contact the treating doctor to provide more information about treatment goals or to confirm goals are appropriate.

Treatment arrangements

Details of any current or planned treatment arrangements that will help reach the goals set.

Treatment arrangements may include measures such as:

- elective surgery
- medication
- radiology/imaging
- diet/exercise/lifestyle changes

This information may be available from the medical certificate, but you may need to contact the treating doctor to confirm treatment arrangements.

The treating doctor may work with other healthcare professionals to deliver treatment so you will need to note any referrals to other providers or specialists, including the name of provider and the service being provided. Any information required from specialists will need to be accessed through the treating doctor.

Treatment strategies and arrangements should be based on evidence. MD Guidelines is an online database of medical information (evidence) designed to assist healthcare professionals and participants involved in workers compensation, injury management and the return to work process. MDGuidelines provides advice and guidance on injuries and conditions in the following areas:

- Diagnosis
- Treatment

- // Prognosis
- // Complications
- // Possible return to work restrictions or accommodations
- // Reasons for failure to recover
- // Length of disability and factors influencing duration

Treatment outcome measures

Details of how the effectiveness of any treatment will be measured. Defining treatment outcome measures helps evaluate the worker's progress and recovery and helps determine if the treatment for the injury or condition has been successful, is reasonable and necessary, and whether it should continue. It is also empowering for an injured worker to be able to monitor the progress of their recovery.

You will need to contact the treating doctor to discuss appropriate outcome measures, which will vary depending on individual circumstances and the nature of the injury or condition.

As a guide, treatment outcome measures should be:

- // measurably beneficial to the injured worker and relate to treatment goals
- // identified and developed collaboratively between the treating doctor and the injured worker
- // specific, reliable, valid and sensitive to change; and
- // as best practice, adhere to any relevant standardised measures (such as the MDGuidelines) and address the relevant components of the World Health Organisation International Classification of Functioning, Disability and Health.

For example, a treatment outcome measure for an upper limb injury may be an improvement in the rating of an injured worker's perception of pain over time. Those involved in the management of the worker's injury are encouraged to refer to the MDGuidelines for expected treatment outcomes. For example, when treating Carpal Tunnel Syndrome via surgery, the patient is expected to be permanently relieved of symptoms, however, residual numbness, pain or weakness can be expected in some cases.

MDGuidelines also provides a predictive model for the expected duration of a worker's injury or condition. Users can input specific information about the nature of the worker's injury/condition and other details, such as age, gender, job class or co-existing medical conditions and MDGuidelines will predict the amount of lost time for the given scenario. This information can then be used as a guide to establishing and monitoring progress.

2. Rehabilitation strategy

Rehabilitation has a broader scope than treatment and focuses on restoring or improving an injured worker's physical and mental capabilities that may have been lost due to their injury or condition. Various allied health professionals may be involved in an injured worker's rehabilitation, such as physiotherapists or occupational therapists.

An employer may also choose to engage a Workplace Rehabilitation Provider to assist the injured worker return to work and develop the rehabilitation strategy. A Workplace Rehabilitation Provider helps injured worker's return to work by providing expert advice and services in consultation with employers, insurers, treating doctors and other providers, and that are tailored to their specific circumstances. A Workplace Rehabilitation Provider identifies and addresses the critical physical, psychological, social, environmental and organisational risk factors which may have an impact on an injured worker's ability to successfully return to work.

The following information sets out what may be included in a rehabilitation strategy.

Rehabilitation goals

This section should set out the goals of rehabilitation. These goals describe the intended results of rehabilitation undertaken to help the injured worker return to their pre-injury employment. Setting goals also allows the effectiveness of the rehabilitation process to be monitored.

Rehabilitation goals should:

- help the injured worker return to their pre-injury employment and compensate for any loss of physical or mental capabilities caused by the injury or condition.
- be SMART, as for treatment goals. For example, a 'SMART' rehabilitation goal for an injured worker with mobility issues could be to walk 1km in 30 minutes by the end of 3 months.
- minimise the risk of re-injury and injury to others in the workplace
- take into account the severity of the injury or condition. Suitable goals for less severe injuries may be a durable return to work, while for more severe injuries a suitable rehabilitation goal may focus more on developing self-management strategies in order to return to a functioning lifestyle (i.e. building resilience and tolerance).

An example of a rehabilitation goal for physiotherapy related to a knee injury could be:

- improve range of motion in left knee by 10 degrees
- regain a normal walking (gait) pattern

Rehabilitation goals will usually be set by allied health professionals involved in the recovery of the injured worker, for example a physiotherapist, or by the Workplace Rehabilitation Provider. You may need to contact them or the treating doctor to confirm or discuss appropriate rehabilitation goals.

Rehabilitation arrangements

Detail any current or planned rehabilitation arrangements, including the name of the rehabilitation provider and type of service provided. Remember that the injured worker does not necessarily need to have completed treatment for rehabilitation to begin (or at least planned for).

Rehabilitation arrangements could include activities such as physiotherapy, speech therapy or occupational therapy etc. Be specific about rehabilitation arrangements; for example, outline the number and frequency of rehabilitation sessions over the duration of the plan (e.g. two physiotherapy sessions a week for a month).

Remember that returning to some form of work should almost always be considered as part of the rehabilitation process (this is considered as part of the return to work strategy, see item 3 below).

Rehabilitation arrangements will need to be discussed with the injured worker's health and rehabilitation providers.

Rehabilitation outcome measures

Outline how the success of any rehabilitation activities will be measured. Rehabilitation outcome measures are diagnostic tools and systems to measure the performance, ability, or function of an injured worker. These measures will need to be determined in consultation with the worker's rehabilitation providers.

Rehabilitation outcome measures will evaluate an injured worker's progress in their recovery over a period of time, usually starting from a baseline measurement. They should generally follow the same principles as set out above for treatment, but specific outcome measures will depend on the nature of the injury or condition and the type of rehabilitation provided.

For example, if physiotherapy is provided, outcome measures may focus on:

- the degree of difficulty experienced while carrying out a set of tasks/activities and how this changes over time; or
- the degree to which pain affects certain aspects of everyday life and how this changes over time.

One significant outcome measure that should be considered for most injuries or condition (depending on severity) is the ability for the injured worker to successfully participate in a durable return to work, a key goal of the rehabilitation process.

Other information relevant to both treatment and rehabilitation strategies

The following information may be included as part of the overall treatment and rehabilitation strategy.

Barriers to recovery	<p>Detail any identified barriers to recovery including workeral, social, behavioural, occupational and environmental. Barriers to recovery may include, for example, the fear of re-injury or the continued certification of an injured worker as totally unfit for work despite physical progress being made.</p> <p>Strategies for addressing overcoming barriers to recovery should also be noted. It is possible that barriers identified may not have immediate solutions and that mechanisms to address these are likely to extend beyond what can be addressed by the Workplace Rehabilitation Provider or Injury Management Co-ordinator within the treatment and rehabilitation strategy.</p>
Self-management strategies	<p>Detail any self-management strategies that the worker has been taught and is applying. For example, training may have been provided in pain self-management and coping strategies. The treating doctor and/or Workplace Rehabilitation Provider will be able to assist in developing self-management strategies.</p>
Communication	<p>Detail the names of parties that have or will be communicated with about the injured worker’s treatment and/or rehabilitation. Include any other communication that may need to be provided by other parties.</p> <p>Maintaining the worker’s privacy is critical. For example, the worker’s supervisor will need information about restrictions on duties and required breaks – but they should not need medical information relating to the injury. For this reason, only communicate information that is essential to help the injured worker’s return to work.</p> <p>Copies of treatment and rehabilitation strategies must only be made available to the primary treating medical practitioner and not the employer.</p>
Other assistance	<p>Other assistance may include the need to involve a Workplace Rehabilitation Provider, or an independent medical examiner or any action that may be required by other parties such as the insurer.</p>
Review	<p>Plans should be continually monitored, reviewed and updated, with timeframes for review outlined in the plan. Ongoing monitoring and review helps support an injured worker and ensure arrangements are consistent with their capacity. It also ensures adjustments are identified and implemented as required.</p>
Contact details	<p>The contact details of key parties involved in the injury management process should be documented within the strategy.</p>
Agreement to strategy	<p>It is considered best practice for agreement to be sought from both the injured worker and the primary treating medical practitioner on treatment and rehabilitation strategies. Given the sensitive and sometimes confidential nature of information contained within these strategies it is not necessary for agreement to be sought from the employer.</p> <p>Once an injury management plan is effective, the injured worker and employer must take all reasonable steps to carry out what has been agreed to in the plan.</p>
Supplementary information	<p>This is likely to include information on:</p> <ul style="list-style-type: none"> ▀ roles and responsibilities of parties involved in the injury management process such as the injured worker, supervisors, managers, Injury Management Co-ordinator or co-workers; ▀ the process for dispute resolution; ▀ the process for disclosing information.

3. Return to work strategy

A return to work strategy is prepared as part of an injury management plan and essentially consists of similar information to a return to work plan (required where a worker is incapacitated for greater than five days but less than 28). For more information about the type of information that is typically found in return to work strategies, see the information sheet 'Preparing Return to Work Plans'.

The key difference between a return to work strategy prepared as part of an injury management plan and a stand-alone return to work plan is the severity of the injury the plans address. In a return to work strategy, complex and/or severe injuries will probably require the return to work hierarchy to be considered and outlined. Employers should attempt to apply the return to work hierarchy as closely to that set out below:

- same organisation – same or modified job
- same organisation – new job
- new organisation – similar job
- new organisation – new job

The aim should be for the injured worker to return to full-time work or to their pre-injury work hours wherever possible. Arrangements for retraining and/or redeployment should also be considered and outlined in the return to work strategy if required, for example where the injured worker is unable to return to their pre-injury employer. It is important that the return to work strategy recognise and reflect the significant health benefits to injured workers of returning to work, and empower the injured worker to return to work.

Seeking agreement on the return to work strategy from other parties, such as the treating doctor, is also encouraged and considered best practice. The return to work strategy is to be consented to by both the injured worker and their employer, and copies of the strategy should be made available to all parties.



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