

Workers' Compensation Return to Work Resource Guide



2025



TEXAS ASSOCIATION *of* COUNTIES
RISK MANAGEMENT POOL

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INTRODUCTION

Return to Work: A Win-Win Approach

Understanding the importance and impact of Return to Work, its tangible benefits, such as cost savings, and intangible benefits of morale improvement and increased productivity is essential for any employer. While the process may be time-consuming to create and formalize a Return to Work program, the benefits far outweigh the costs. As evidenced later in this Guide, you will see an employer can save 10-40% on each claim where a modified duty job was offered. Consistent and effective Return to Work programs provide not only cost-containment for the employer, but peace of mind and faster recovery for employees.

The Texas Association of Counties Risk Management Pool (TAC RMP), along with four other risk pools, contract with the [Political Subdivision Workers' Compensation Alliance](#) (Alliance), to provide medical treatment for injured workers of member counties. While participation is not mandatory, TAC RMP does highly encourage participation due to several benefits, including discounted coverage costs. Treating doctors in the Alliance are trained specifically and have agreed to make safe and swift Return to Work their priority. In the last Workers' Compensation Medical Network Report Card issued by the Division of Workers' Compensation, the Alliance boasted a 97% return-to-work rate.

To understand your role as an employer and develop an internal program aimed at managing workers' compensation risk with post-loss reduction, TAC RMP invites you to use this *Return to Work Resource Guide*. The main goal of the Guide is to educate you on the importance and benefits of early Return to Work, the steps you must take to create a program and how to offer modified duty to eliminate unnecessary lost time. The Guide covers the basic components necessary for successful Return to Work efforts. A Toolkit is included with templates, sample forms and letters to get you started.

WHO TO CONTACT

We do know that the "one-size fits all" theory does not apply to Texas counties and related entities. Therefore, it is always best to consult with your county's [TAC Risk Control Consultant](#) for specific needs on how to best identify Return to Work opportunities and temporary job assignments. Any information in this Guide may be copied or changed to fit the needs of your county.

You are encouraged to consult your county attorney and internal policies when making decisions related to individual employment decisions such as hiring and terminating employees who have a workers' compensation claim on modified duty or off of work completely. Other state and federal laws may apply with regard to paid and unpaid leave and benefits not related to workers' compensation. [TAC Human Resources Consultants](#) can assist with these types of questions.

**For information and questions concerning this Guide, contact Stacy Corluccio, Claims
Manager at Stacyc@county.org.**

For claims-specific information, contact your TAC RMP claims examiner at 800-752-6301.

The Texas Workers' Compensation Act

Before you get started developing a Return to Work program, it is necessary to review and understand applicable law. Below are excerpts from the law that define the intent of the Act, the employer's responsibility and TAC RMP's responsibility. While Return to Work programs are not mandatory under the Act, they are highly encouraged. Refer to the Texas Labor Code below.

(83rd Legislature, 2011)

"Sec. 402.021 GOALS; LEGISLATIVE INTENT; GENERAL WORKERS' COMPENSATION MISSION OF DEPARTMENT.

- (a) *The basic goals of the workers' compensation system of this state are as follows...*
 - (4) *each injured employee shall receive services to facilitate the employee's return to employment as soon as it is considered safe and appropriate by the employee's health care provider.*
- (b) *It is the intent of the legislature that, in implementing the goals described by subsection (a), the workers' compensation system of this state must...*
 - (2) *encourage the safe and timely return of injured employees to productive roles in the workplace...*

Employer's Responsibility

The county's role in Return to Work is also stipulated in the Act where employers are required to notify all system participants of the existence of an informal or formal Return to Work program. See below in **Texas Labor Code §409.005(j)**.

*"(j) The employer shall, on the **written request of the employee, a doctor, the insurance carrier, or the division**, notify the employee, the employee's treating doctor if known to the employer, and the insurance carrier of the existence or absence of opportunities for modified duty or a modified duty Return to Work program available through the employer. If those opportunities or that program exists, the employer shall identify the employer's contact person and provide other information to assist the doctor, the employee, and the insurance carrier to assess modified duty or Return to Work options."*

You will notice (j) above refers to a specific contact person responsible for disseminating information concerning Return to Work. That will be addressed in more detail later on in the Guide.

TAC RMP's Responsibility

TAC RMP has the following responsibilities to provide Return to Work coordination services as provided by **Texas Labor Code §413.021**.

"(a) An insurance carrier shall, with the agreement of a participating employer, provide the employer with Return to Work coordination services on an ongoing basis as necessary to facilitate an employee's return to employment, including on receipt of a notice that an injured employee is eligible to receive temporary income benefits. ...

- (b) *Return to Work coordination services under this section may include:*
 - (1) **job analysis** to identify the physical demands of a job;
 - (2) **job modification and restructuring assessments** as necessary to match job requirements with the functional capacity of an employee; and
 - (3) **medical or vocational case management** to coordinate the efforts of the employer, the treating doctor, and the injured employee to achieve timely Return to Work.

(c) An insurance carrier is not required to provide physical workplace modifications under this section and is not liable for the cost of modifications made under this section to facilitate an employee's return to employment."

Even though TAC RMP is not considered an insurance carrier, the legal requirement to provide Return to Work coordination services is the same. As indicated in the Introduction of this Guide, TAC RMP claims examiners and TAC Risk Control Consultants can assist your county with all the services mentioned above.

SECTION I: COMMITMENT

Now that the law has been presented, the second biggest challenge must be addressed – that is a real commitment to creating, implementing and monitoring a Return to Work program. It starts at the top, but everyone must participate. You, your co-workers and all supervisors must be equally committed to supporting Return to Work efforts.

Essentially the county must do its best to provide appropriate work for employees while they are recovering from a work-related illness or an injury that complies with medical restrictions and instructions.

Employee Expectations

Even if an employee has medical restrictions, he or she can usually continue to do some kind of work that has value to the county. Some injured workers can continue to do at least part of the regular work that they do every day. You may not be able to provide work that fits the doctor's restrictions every day; however, employees should expect you to be consistent and diligent in continuous efforts to find suitable work throughout the duration of their recovery. **As part of the county's work culture, employees should expect that they will be brought back to work as soon as possible after an injury.** Commitment is the first step in creating this healthy culture. The value of having a trained, experienced employee continue to contribute to the success of county operations is immeasurable compared to having that same employee stay off work unnecessarily.

Policy: Always Write it Down

Having a written policy statement reinforces the county's commitment. This will help create and enforce the expectation of returning to work after an injury. Have employees sign and date a policy statement and retain it in personnel files. Talk about Return to Work often. Keep Return to Work at the forefront. [A sample policy statement](#) is contained in the Toolkit of this document.

Reinforce the county's commitment with electronic communications and posters. Also discuss the policy at employee meetings, and include information about Return to Work in new hire orientations, in newsletters

or by other means. **A Return to Work program is a benefit you can be proud to provide.** It should never be construed as a punishment for being injured.

Involving employees in the creation of Return to Work procedures, in developing job tasks analysis information, in finding work assignments, and in discussions will encourage employee support for the policy and help to ensure the success of each modified duty assignment.

Supervisors and department heads, as well as Human Resources staff, must understand the importance of Return to Work to the county as well as to the employees. Hold supervisory staff accountable for providing work assignments, whenever possible, to make efforts to get employees back to work. Reducing workers' compensation costs can free up funds for other important things such as safety equipment, benefits, salaries and even job retention.

What's in it for Employers?

It is evident that workers' compensation costs as a whole are significantly reduced when Temporary Income Benefits (TIBs) cease to be paid or are reduced when an injured employee works during recovery. Take a look at other advantages of having a Return to Work program below:

- Medical and disability costs may be lower and recovery time may be shortened;
- Employers benefit from decreased loss ratios and experience modifiers, which help to reduce contributions;
- Retention of a trained workforce is improved and turnover reduced;
- Employers avoid recruiting and training costs with regard to hiring replacement employees;
- Wages are paid for work instead of TAC RMP paying benefits; and
- Morale improves as non-injured workers are not overburdened with extra work.

The specific financial impact of a Return to Work program mentioned above can be easily demonstrated from a claims perspective. Take a look at some examples

of cost savings (below) in which total incurred reserves (outstanding + paid) have decreased.

- Building/Maintenance Worker: TIB Rate = \$374 per week - sprain/strain
 - \$374 x 6 weeks= \$2,244; 12 weeks = \$4,488
 - Total incurred \$26,529 - \$4,488 = \$22,041
 - **17% savings if RTW offered**
- Tax Assessor: TIB rate = \$646.22 - multiple injuries - MVA
 - \$646.22 x 6 weeks = \$3,877.32; \$646.22 x 12 weeks = \$7,754.64
 - Total incurred: \$62,987 - \$7,754.64 = \$55,232.36
 - **12% savings if RTW offered**
- Road and Bridge Employee: TIB Rate = \$486.64 - fracture
 - \$486.64 x 6 weeks = \$2,919.84; 486.64 x 12 weeks = \$5,839.68
 - Total Incurred = \$15,467 - \$5,839.68 = \$9,807.32
 - **37% savings if RTW offered**

What's in it for Employees?

There are as many, if not more, tangible and intangible benefits for employees as there are for the county. Most employees who are not seriously injured want to work rather than convalesce at home. Staying connected with the work place ensures the sense of pride in one's work and identity. These points are illustrated below and show the value of a Return to Work program:

- Recovery time may be shortened;
- Concerns about continued employment may be eliminated;
- Loss of physical fitness due to inactivity may be averted;
- Full or partial wages are earned, bringing the injured employee's income closer to pre-injury wages;
- Employee may retain job skills;
- Employee is less likely to experience secondary complications, such as depression, that may delay recovery;
- Permanent disability associated with the injury is more likely to be reduced. Work is therapy in many instances;
- County benefits are maintained;

- Employee may require less medical care and medication;
- Family and social lifestyles may be better maintained; and
- Worker may avoid financial difficulties.

Bureau of Labor Statistics studies show that employees who miss work for six months because of a job-related injury have only a 50 percent chance of ever returning to work. Employees who continue to do medically appropriate work while they are recovering are more likely to remain employable throughout their lifetime. The longer an employee is away from work, the more difficult returning to work becomes.

Developing a Policy and Making Staff Accountable

As mentioned earlier in the Guide, Labor Code 409.005(j) requires a designated contact person to coordinate Return to Work activities. This person ensures that information is received and disseminated to the correct individuals; answers questions; works with the claims examiners, doctors, injured employees and supervisors; and generally coordinates a successful Return to Work result. Make sure that everyone knows who the responsible person is and how to communicate with him or her. Everyone should clearly understand the duties and responsibilities of the designated contact. While the designated contact is necessary, the old adage "It takes a village" truly represents the entire Return to Work process and success resulting from an effective Return to Work program. Knowing where to start can be challenging. Refer to the Toolkit for sample [Procedures and a sample Statement of Responsibilities](#).

Safety and Loss Prevention

Reducing accidents helps to reduce and control the county's workers' compensation costs. All managers and employees should be held accountable for working safely and maintaining a safe workplace.

TAC RMP has extensive resources to help you create or fine tune safety and loss prevention and risk control policies, provide training, consultations, publications and much more. Be sure to review all Risk Control services and resources. Counties can take advantage of a diverse variety of resources from risk management surveys and onsite training to the many videos available from Risk Control and [Risk Management on Demand](#).

SECTION II: EDUCATION

Before any injury occurs, all employees must understand the county's Return to Work policy, why early Return to Work is important, what to do, and what to expect. The more employees know about Return to Work, the more successful efforts will be. Eliminate surprises and opportunities for misunderstanding by providing information before it is needed. Involve employees as often as possible in the development and implementation of the county's policy.

What to Do Before the Injury Occurs

You may want to have employee meetings to discuss the policy. If you have a newsletter, include articles about Return to Work and the county's procedures. It is essential that employees know and understand why Return to Work is important to them and to the county. The more employees are involved and understand, the more supportive they will be.

The law requires you to provide employees with basic information about workers' compensation benefits and the workers' compensation system. There is information available on the [Texas Department of Insurance](#) website in the [For Injured Employees](#) section. The [Injured Employee Rights and Responsibilities](#) brochure is also a good resource on the [Office of Injured Employee Counsel \(OIEC\) website](#). While the brochure is required to be sent to the injured workers when an injury occurs, it is also a good document to use in new employee orientation. This will alleviate misconceptions and unfounded expectations.

Working With the Claims Examiner

Explain the county's availability for modified duty to the TAC RMP claims examiner and clarify the county's expectations for their support in getting injured employees back into the workplace. Discuss what is needed and what might be effective with the claims

examiner when you have an injured employee who is losing time. The claims examiner is required to review claims to determine whether a disability management nurse (DMN) would help facilitate Return to Work. TAC RMP has a dedicated DMN. If one is assigned to the claim, make sure you are in communication with him or her to help facilitate the employee's Return to Work.

Talking With Doctors

Be sure that doctors working with employees are aware of the county's Return to Work policy and the county's desire to work with them and the injured employees to minimize time away from work. Time permitting, consider going to visit the doctors and/or the doctors' staff to make sure they have a clear understanding of your intentions. Most of the time the only information the doctor has about the county, the workplace and job duties comes from the injured employee. Often a visit to the doctor's office can greatly improve the working relationship and communication. Accompanying an injured employee to a doctor's appointment can provide the opportunity to immediately discuss Return to Work possibilities. It is best to inform employees ahead of time that this may occur.

More information about communicating with treating doctors, the requirements and privacy restrictions is provided in Section III: COMMUNICATION of this Guide.

Division of Workers' Compensation Return to Work Resources

Before beginning any program within the county, always be sure to check the [DWC web site](#) for additional resources and form changes, such as the DWC-74: Description of Employee's Employment. DWC hosts an array of resources for injured workers, employers and health care providers to include sample forms, check lists and training.

SECTION III: COMMUNICATION

Poor communication or lack of communication is a primary barrier to a successful Return to Work program. Below are some suggestions for ensuring a smooth Return to Work transition.

Maintaining the Employer-Employee Relationship

It is easy for an injured employee who cannot immediately Return to Work to become “disemployed” or disconnected from their employer. The longer an injured employee remains off work, the more probable that he or she will not return to gainful employment. Maintaining regular supportive and caring communication will help reduce the probability of unnecessary and lengthy lost time.

Coordinate between the employee’s supervisor and the designated contact person to assure that regular positive communication occurs throughout the duration of lost time. Expressions of sincere regard for the employee’s quick recovery help the employee feel valued and missed. Let employees know that they are missed and discuss possibilities for returning to work.

Work is important to all of us. Much of an individual’s self-esteem comes from their work and ability to be productive. Helping injured employees remain in contact with fellow employees and with the workplace can encourage an employee to return faster and helps maintain a positive frame of mind regarding returning to the work environment.

Regular communication with the injured employee can include:

- notices about company events,
- news about awards,
- birthday and get well cards, etc., and
- invitations to events such as picnics and birthday celebrations.

Be sure to ask the employee if they have any questions or if any assistance is needed. Always make sure they know how to contact the claims examiner, and ask whether the claims examiner has been in contact with them.

Involve workers in their own recovery by involving them in decisions that affect them. Ask what they believe could be done with their job or workplace that would enable them to return or to continue to work while they recover from their injury. Discuss and consider offering a temporary part-time schedule or temporarily reduced production requirements.

After the injured employee returns to work, it is important to continue regular communication. Visit their worksites regularly. This is an opportunity to reassure them that you continue to be interested in their recovery and that you want to make sure that they are not feeling pressured to do more than their doctor has recommended. Recognize that there may be good days and not-so-good days when an employee may need to briefly reduce some activity. As recovery progresses, you and the employee can work together with the doctor to help the employee transition back to pre-injury work.

Job Descriptions: the DWC-74 Form

The first order of business is to let the doctor know what the injured worker’s normal job duties consist of by submitting a [DWC Form-074: Description of Injured Employee’s Employment](#). This form contains detailed information about the employee’s regular work requirements. It is important to remember to send this information as soon as an injury occurs and not wait until a doctor requests it. Without the DWC-74, the injured worker’s verbal account of his or her duties may be the only job description the doctor receives. This can be an incomplete representation and result in missed opportunities for Return to Work. Sending this information immediately to the treating doctor can eliminate unnecessary lost time and assist the doctor in making a well-informed Return to Work decision.

The Doctor’s Responsibility

The doctor is required to provide you with a completed [DWC Form-073: Work Status Report](#) after you send the DWC-74 mentioned above. The doctor is also required to send you a copy of the DWC-73 after the first visit with the employee and when there is a change in work status. The DWC-73 should clearly define what the

employee can do and what they should not do while recovering. Compare the information from the doctor to the employee's regular Job Tasks Analysis (SECTION IV: WORK ASSIGNMENTS) to determine if there are parts of their regular work they could still perform. The best option is to return the employee to their regular work environment as often as possible.

When Modified Duty Has Not Been Certified

If the DWC-73 does not indicate a release to Return to Work, conversations between you and the doctor may be necessary to assure a clear understanding about the employee's capabilities and limitations. Tell the doctor that you are interested in providing a transitional Return to Work opportunity for the employee. Discuss the possibility of part-time work or other work options with the doctor. Even if the doctor has specified that the employee should be completely off work, ask for

information about the employee's capabilities and restrictions to see if you have appropriate work available.

Medical Reports

Employers are not entitled to all health-related information from the doctors treating their employees. However, clearly understanding any limitations and the capabilities, as determined by the doctor, is essential so that you can make appropriate work assignments. Some doctors may be reluctant to provide information to you by citing the Health Insurance Portability and Accountability Act (HIPAA) privacy restrictions. **The exchange of workers' compensation-related medical information is exempted by HIPAA;** however, to avoid delay, you may want to have the employee sign a Release of Medical Information pertaining directly to the specific injury. You will find a sample release of Medical information in the Toolkit of this Guide.

Texas Department of Insurance
 Division of Workers' Compensation
 7551 Metro Center Dr., Ste 100
 Austin, TX 78744-1609
 (512) 804-4000 (512) 804-4378 fax www.tdi.texas.gov

Treating Doctor Name
 Treating Doctor Telephone Number
 Treating Doctor Fax Number
 Treating Doctor E-mail

DESCRIPTION OF INJURED EMPLOYEE'S EMPLOYMENT (DWC Form-074)
 Send the completed DWC Form-074 to the requestor. Do not send a copy to TDI-DWC.

I. CONTACT INFORMATION

1. Injured Employee Name (First, Last, M.I.)
 2. Date of Injury (mm/dd/yyyy)
 3. Social Security Number (last four digits) XXX-XX-XXXX

4. Employer Name
 5. Employer Mailing Address
 6. Employer Telephone Number
 7. Name of employer's contact person
 8. Employer contact person's schedule (availability to speak to the doctor)
 9. Employer contact person's telephone number
 10. Employer contact person's fax number
 11. Employer contact person's e-mail address

II. DESCRIPTION OF THE INJURED EMPLOYEE'S JOB FUNCTIONS AND DUTIES, SPECIFIC TASKS, WORK ACTIVITIES AND PHYSICAL RESPONSIBILITIES, AT TIME OF INJURY. TO BE COMPLETED BY EMPLOYER REPRESENTATIVE WHO HAS KNOWLEDGE OF THE INJURED EMPLOYEE'S JOB.

1. Employee's Occupation/Job Title
 2. Would you, the employer, consider providing modifications to current job, as described above, including schedule changes, part-time work and reduced production requirements, as well as providing alternate work assignments in accordance with the treating doctor's instructions (Yes/No) (By complying with this request, the employer is not making a request for return to work, a job offer or admitting compensability.)

3. POSTURE
 Max Hours per day: 0 2 4 6 8
 Standing
 Sitting
 Kneeling/Squatting
 Bending/Stooping
 Pushing/Pulling
 Twisting

4. MOTION
 Max Hours per day: 0 2 4 6 8
 Walking
 Climbing stairs/ladders
 Grasping/squeezing
 Wrist flexion/extension
 Reaching

5. LIFT/CARRY REQUIREMENTS
 Lifts or carries objects weighing _____ lbs. per day, week or month
 Performs no lifting/carrying

6. TOOLS/EQUIPMENT OR MACHINERY
 Frequency of use: N/A Occasional Frequent Constant
 Hand tools, manual
 Hand tools, power
 Fork lift / other heavy machinery

7. ENVIRONMENT
 Frequency of exposure (hours per day): 0 2 4
 Heat Noise
 Cold Other
 Vibration

8. Additional information (include specific tasks, etc.; employer may attach additional information describing job functions and specific tasks, work activities and physical responsibilities of the job or any other jobs that might be available for the employee.)

9. Date description of employment requested
 10. Date sent to treating doctor/requestor

DWC074 Rev. 09/09

DWC Form-074: Description of Injured Employee's Employment

TEXAS WORKERS' COMPENSATION WORK STATUS REPORT

PART I: GENERAL INFORMATION

1. Injured Employee's Name
 2. Date of Injury
 3. Social Security Number (last 4) XXX-XX-XXXX
 4. Employee's Description of Injury/Accident
 5. Doctor's Name and Degree
 6. Clinic/Facility Name
 7. Clinic/Facility/Doctor Phone & Fax
 8. Clinic/Facility/Doctor Address (street address)
 9. Employer's Name
 10. Employer's Fax # or Email Address (if known)
 11. Insurance Carrier
 12. Carrier's Fax # or Email Address (if known)

PART II: WORK STATUS INFORMATION (FULLY COMPLETE ONE INCLUDING ESTIMATED DATES AND DESCRIPTION IN 13(c) AS APPLICABLE)

13. The injured employee's medical condition resulting from the workers' compensation injury:
 (a) will allow the employee to return to work as of _____ (date) without restrictions.
 (b) will allow the employee to return to work as of _____ (date) with the restrictions identified in PART III, which are expected to last through _____ (date).
 (c) has prevented and still prevents the employee from returning to work as of _____ (date) and is expected to continue through _____ (date).
 The following describes how this injury prevents the employee from returning to work:

PART III: ACTIVITY RESTRICTIONS* (ONLY COMPLETE IF BOX 13(b) IS CHECKED)

14. POSTURE RESTRICTIONS (if any):
 Max Hours per day: 0 2 4 6 8 Other
 Standing
 Sitting
 Kneeling/Squatting
 Bending/Stooping
 Pushing/Pulling
 Twisting

15. RESTRICTIONS SPECIFIC TO (if applicable):
 Left Hand/Wrist Left Leg
 Right Hand/Wrist Right Leg
 Left Arm Back
 Right Arm Left Foot/Ankle
 Neck Right Foot/Ankle

16. OTHER RESTRICTIONS (if any):
 Other: _____

17. MOTION RESTRICTIONS (if any):
 Max Hours per day: 0 2 4 6 8 Other
 Walking
 Climbing stairs/ladders
 Grasping/Squeezing
 Wrist flexion/extension
 Reaching
 Overhead Reaching
 Keyboarding

18. LIFT/CARRY RESTRICTIONS (if any):
 May not lift/carry objects more than _____ lbs. for more than _____ hours per day
 May not perform any lifting/carrying

19. MISC. RESTRICTIONS (if any):
 Max hours per day of work: _____ per _____
 Stretch breaks of _____ per _____
 Must wear splint/cast at work
 Must use crutches at all times
 No driving/operating heavy equipment
 Can only drive automatic transmission
 No work _____ hours/day work
 In extreme hot/cold environments
 at heights or on scaffolding
 Must keep _____ elevated _____ clean & dry
 No skin contact with: _____
 Dressing changes necessary at work
 No running
 Must take prescription medication(s)
 Advised to take over-the-counter meds
 Medication may make drowsy (possible safety/driving issues)

PART IV: TREATMENT/FOLLOW-UP APPOINTMENT INFORMATION

21. Work Injury Diagnosis Information:
 Evaluation by the treating doctor on _____ (date) at _____ am/pm
 Referral to/Consult with _____ (date) at _____ am/pm
 Physical medicine _____ X per week for _____ weeks starting on _____ (date) at _____ am/pm
 Special studies (list): _____ (date) at _____ am/pm
 None. This is the last scheduled visit for this problem. At this time, no further medical care is anticipated.

22. Expected Follow-up Services Include:
 Initial Board of Doctor
 Follow-up Designated doctor
 Treating doctor DWC-Selected RME
 Preferred doctor Other doctor
 Consulting doctor

EMPLOYEE'S SIGNATURE
 DOCTOR'S SIGNATURE

Discharge Time
 Date / Time of Visit

DWC FORM-73 (Rev. 02/11) Page 1

DWC Form-073: Work Status Report

SECTION IV: WORK ASSIGNMENTS

Real Work, Modified, Not “Light Duty”

The primary goal is to return the injured employee to his or her original job as soon as possible. The majority of injuries are sprains, strains and bruises. These injuries heal over time and rarely result in the complete inability to perform any type of work. This is a situation where employers can make a difference.

Determine the maximum length of time you will be able to provide, offer and/or consider providing modified work so that you can be as consistent as possible with injured employees. Remember, modified duty is a **temporary assignment** prior to a full-duty release. Avoid open-ended modified duty assignments.

Be sure to consider and coordinate with other policies such as attendance, leave of absence and the Family and Medical Leave Act, ADAAA or other requirements when establishing timelines. Every employee should clearly understand the county’s policies.

An appropriate work assignment contributes to the employee’s recovery by keeping the employee productive, socially involved and active. Work becomes an important part of their medical treatment. Work can be therapy! Assignments must be in accordance with the doctor’s instructions and should be productive, useful work.

Job Tasks Analysis

Prepare ahead by developing a Job Tasks Analysis for jobs that most frequently have injuries so that it is ready should an injury occur. This analysis is located in the Toolkit section of the Guide. Having a Job Tasks Analysis already prepared will help you quickly determine the tasks and functions required to perform various jobs and make it easier to determine what work might be available should the injured employee be unable to perform his or her regular job.

Step 1: Identify and review the actual task requirements of the employee’s regular job.

Every job consists of a series of tasks or functions. Involve employees in developing the Job Tasks Analysis. They know the most about what is required to do the work and probably have ideas about how to improve those requirements. Their involvement also helps focus on safety and prevention.

Temporary alternative work assignments can be the bridge back to regular employment. Temporary modifications to their regular job such as schedule changes, reduced hours or sharing parts of work with other employees are effective considerations. Alternate assignments must be productive. Demeaning or “make work” assignments will defeat the purpose and could be interpreted as punishment.

Step 2: Consider jobs or tasks that need to be done, but rarely are accomplished due to lack of time or personnel.

Consider the injured employee’s past experience and skills. Alternate assignments are excellent opportunities to provide cross training to employees. Cross training provides the county with flexibility by expanding expertise and know-how throughout the staff. Perhaps someone is absent. Consider whether the injured employee can do some or that entire job until the absent employee returns. Temporary transfer to another regular position that meets the injured employee’s medical restrictions is another choice.

Step 3: Ask the injured worker and other staff members.

One of the best sources for determining work assignments is the injured employee. Ask what they think could be done with their job so that they can continue to work. They know more about their job requirements than anyone. The employee may have ideas about adjustments that could be made to their work station or the manner in which the work is normally done. There may be more than one way to do a job. Just because the work has “always” been done a certain way does not mean there are not viable alternatives.

Involve other employees. Ask them what the injured employee could do to help them do their jobs so that they can be free to do the parts of the injured employee’s job that he or she is unable to do while they are healing. The more involved employees are, the more they will support the policy. Employees can help identify possible modifications or changes leading to improved safety by identifying potential hazards and ways to prevent them. Having this information prepared prior to injury will expedite the determination of appropriate assignments and facilitate Return to Work.

Tools for Making Appropriate Work Assignments

The following pages provide information and tools to help you begin to focus on and identify the various tasks that make up a particular job.

Using the Physical Demands Task Analysis

Having a **Job Tasks Analysis** available will help you make quick determinations about work assignments. Many types of assessment and analysis tools are available. This assessment asks you to describe each task required to do a job and identify physical demands and environmental conditions. Once you have the task requirements identified, be sure to review them periodically to keep them updated. Employees can assist you in keeping up with any changes in the way their jobs are done.

Follow these steps for completing the analysis and assessment:

1. Use these definitions to complete the top of the form:

Task title: Name of the task being assessed.

Date: Date the form is completed.

Task duration: Length of time or hours the employee spends doing this task in one day.

With breaks: Does the employee take breaks? State length of breaks and frequency.

Overtime: Average hours of overtime employee typically works per day/week.

Task description: Brief description of task. (Use Task Inventory Form to list the steps for each task.)

2. Fill in Sections 1 through 5 and make comments.

1. Postures: Observe the employee's postures (standing, sitting, walking or driving) during the task. First, circle the number of hours or length of time the employee stays in the posture without changing. Second, circle the total (cumulative) number of hours or length of time that the employee is in a posture while doing this task during the day.

2. Lifting and Carrying: Observe any manual lifting and carrying during the task. For each category of weight, mark how frequently the weight must be lifted or carried. If the employee never lifts this amount of weight, mark

"0 percent". If the employee lifts this weight less than one-third of the day, mark "occasionally"; between one-third and two-thirds of the day, mark "frequently"; and more than two-thirds, mark "constantly". For each weight, note how high the load must be lifted and how far the weight is carried.

3. Actions and Motions: Observe the different actions and motions during the task. Write a description that explains why the employee must take the action or motion. Show total amount of time during the day the employee spends performing each action or motion using the following definitions.

- Pushing:** Moving an object away from you, including kicking, slapping, pressing and striking an object. Example: Pushing a dolly.
- Pulling:** Moving an object toward you, including jerking or sliding an object. Example: Dragging a box across the floor.
- Climbing:** Using legs, arms, hands or feet to move up or down a structure such as stairs, ladders, scaffolds and ramps. Example: Climbing a telephone pole.
- Balancing:** Moving in a manner that requires you to keep from falling because of unstable surfaces such as slippery, moving or narrow spaces.
- Bending:** Using your back and legs to bend forward and downward. Example: Leaning over a car engine to do a repair.
- Twisting:** Rotating your upper body in a different direction than your lower body. Example: Reaching behind you to pick up parts.
- Squatting:** Lowering your body by bending at knees.
- Crawling:** Moving forward while on your hands and knees.
- Kneeling:** Lowering your body onto one knee or both knees.

Reaching:	Moving your hands and arms toward an object at arms length in any direction from the body.
Handling:	Using hands to hold, grasp, grip or turn an object.
Fingering:	Using your fingers to pinch, pick or manipulate objects, especially small ones.
Feeling:	Using hands and fingers to perceive the shape, size, texture, temperature or other characteristic of an object.
Repetitive:	Using your feet, legs, hands, arms, etc., continuously in the same motion or motions.

4. Equipment: Observe any equipment, tools or machinery the employee uses during the task. Describe the name or type of each tool or piece of equipment. Mark how often it is used: never, occasionally, frequently or constantly. Note any information about the physical demands of operating the tools or equipment.

5. Environmental Conditions: Observe the environment the employee is exposed to during the task such as vibration, noise, heat or cold. For each condition, describe the specific type of environmental condition and list the frequency or exposure. Note any other information about the physical demands of working in this environmental condition.

Redesigning Tasks for Return to Work and Injury Prevention

As mentioned earlier, changes often can be made in the way a job is performed so that an injured employee can return to work. When unsafe aspects of a task are identified, the task should be redesigned to prevent injury. Solutions are often simple and inexpensive. Ask employees for recommendations and suggestions. Remember, just because a task or job has been done a particular way in the past, does not mean there is only one way to get the work done.

Most changes are inexpensive or cost nothing; however, sometimes the cost of different equipment is offset by preventing future injury and the costs associated with workers' compensation claims. You may want to consult with a rehabilitation or ergonomics specialist.

The [TAC Risk Control Consultant](#) assigned to the county can help you identify resources. The following are examples for employers to explore in considering possible changes:

Minimize significant body motions

- **Minimize bending motions**
 - Use lift tables, work dispensers or similar mechanical aids
 - Raise work level to appropriate height
 - Lower Employee Work Level to appropriate height
 - Provide materials at work level
 - Keep materials that must be lifted later at work level
- **Reduce twisting motions**
 - Place all materials and tools in front of the employee, or move to another side
 - Use conveyors, chutes, slides, lifts and turntables to change the direction of material flow
 - Provide an adjustable swivel chair for seated employee
 - Provide sufficient workspace for the whole body to turn
 - Improve layout of work area
- **Reduce reaching motions**
 - Provide tools and machine controls close to the employee to eliminate horizontal reaches over 16 inches
 - Place materials, work pieces and heavy objects as near to the employee as possible
 - Reduce the size and weight of cartons or objects being loaded, or allow the employee to walk around and rotate them
 - Allow object to be kept close to the body

Reduce object lifting forces

- **Reduce the need to lift or lower**
 - Use lift tables, lift trucks, cranes, hoists, drum and barrel dumpers, work dispensers, elevating conveyors and similar mechanical aids
 - Raise work level
 - Lower work level
 - Use gravity dumps and chutes
 - Alternate sitting and standing

- **Reduce the hand distance**
 - Change shape of object
 - Provide grips or handles
 - Provide better access to objects
 - Improve layout of work area

Reduce object pushing or pulling

- **Eliminate need to push or pull**
 - Use powered conveyors
 - Use powered trucks
 - Use slides and chutes
- **Reduce required force**
 - Reduce weight of load
 - Use non-powered conveyors, air bearings, ball caster tables, monorails and similar aids
 - Use four-wheel hand trucks and dollies with large diameter casters and good bearings
 - Treat surfaces to reduce friction
 - Provide good maintenance of hand trucks, floor surfaces and other work surfaces
 - Use air cylinder pushers and pullers
- **Reduce distance of push or pull**
 - Move work stations closer or further way

Making a Bona Fide Offer of Employment

Once alternate jobs available for modified duty and associated tasks have been defined, the next priority is to create a valid and legal Bona Fide Offer of Employment. To ensure this, the offer must be consistent with the doctor's restrictions and instructions. Offering modified duty that is not really modified and consists of the employee's regular duties can result in re-injury and/or an injured worker being taken off of work completely for an indefinite period of time.

When the injured worker has been released to some sort of modified duty, you will need to make a **written** Bona Fide Offer of Employment (BFOE). For an offer to be considered to be "bona fide," all required information as specified by **DWC Rule 129.6** must be included. The offer must include the following elements **and** a copy of the DWC-73 form:

1. the location at which the employee will be working;

2. the schedule the employee will be working;
3. the wages the employee will be paid;
4. a description of the physical and time requirements that the position will entail; and
5. a statement that the employer will only assign tasks consistent with the employee's physical abilities, knowledge and skills, and will provide training, if necessary.

The location of the position must be "geographically accessible" to the employee in order for it to be a valid BFOE. A sample [Bona Fide Offer of Employment](#) can be found in the Toolkit of this document.

DWC Rule 129.6 defines "**geographic accessibility**" of a modified duty position. In evaluating a Bona Fide Offer, TAC RMP is, at minimum, required to consider:

1. the effect the employee's physical limitations have on the employee's ability to travel;
2. the distance the employee will have to travel;
3. the availability of transportation; and
4. whether the offered work schedule is similar to the employee's work schedule prior to the injury.

What happens if the injured worker does not respond to or refuses the offer?

If an injured employee ignores or refuses a written BFOE, benefits may be reduced or suspended by TAC RMP, depending on the amount of wages offered. Before making a Bona Fide job offer, coordinate with the claims examiner to make sure all requirements are met, and that TAC RMP is aware of the BFOE and when it was accepted or refused by the injured worker.

What if no Bona Fide Offer of Employment is made?

Finding the time to create this type of offer can be challenging. However, if you decide not to create a written BFOE and simply place injured workers on modified duty, this *may* result in higher indemnity and medical costs on the claim. Without written proof of an offer, if there is a dispute, the injured worker may be eligible for Temporary Income Benefits.

SECTION V: RESOURCES FOR SERIOUSLY INJURED EMPLOYEES

On rare occasions, an employee may experience an injury that prevents him or her from returning to work without additional assistance. In addition to field case managers that TAC RMP will provide on these claims, there are other resources to assist employees.

The Department of Assistive and Rehabilitative Services (DARS) is a state agency that provides vocational rehabilitation services. DARS can assist with many different types of services, including case management, vocational assessment, retraining and Job Tasks Analysis, as discussed in Section IV. Injured workers can apply to DARS for services at any time during their claim. However, they must meet DARS eligibility

criteria. To help the employee find a DARS office, call 1-800-628-5115.

The claims examiner and/or case manager is another resource for the county. TAC RMP may offer vocational rehabilitation.

Another resource available for the employee is the local Texas Workforce Commission (TWC), which may be able to provide retraining and job search assistance services. For current information on TWC, visit the website at <http://www.twc.texas.gov/> or contact the nearest TWC office or Work Source Center.

The screenshot shows the Texas Workforce Commission (TWC) website. At the top, there is a navigation bar with links for 'About Us', 'Contact Us', 'Find Locations', 'FAQ', 'En Español', and 'Tiếng Việt', along with a search bar labeled 'Search TWC'. Below this is a large blue banner with the TWC logo and the text 'Welcome, we're here to help. Resources, tips and tools to build a stronger Texas workforce.' To the right of the banner are 'Quick Links' for 'WorkInTexas.com', 'Unemployment Benefits Services', 'Unemployment Tax Services', 'Employer Unemployment Benefits Services', and 'Labor Market & Career Information'. The main content area is organized into six categories, each with a representative image and a green label: 'JOB SEEKERS & EMPLOYEES', 'BUSINESSES & EMPLOYERS', 'COMMUNITY & WORKFORCE PARTNERS', 'STUDENTS, PARENTS & EDUCATORS', and 'TWC AGENCY INFORMATION'. Below these is a 'Spotlight' section with several featured articles and programs, including 'Careers in Texas Industries Week', 'Vocational Rehabilitation Services', 'Meet the Challenge!', 'Tri-Agency Report to the Governor', 'We Hire Vets', and 'Skills Development Fund Employee Training Grants'. To the right of the spotlight is a 'News' section with a list of recent news items and a 'Sign up to receive workforce updates you can use.' form with an email input field and a 'Submit' button.

SECTION VI: UNDERSTANDING HOW RETURN TO WORK RELATES TO THE ADA, FMLA AND PAID LEAVE

The Texas Workers' Compensation Act (WC Act) was enacted to provide the mechanism for an injured employee who sustains a compensable injury in the course and scope of employment to receive medical treatment and income replacement benefits for those who cannot earn pre-injury wages due to the compensable injury. Under the WC Act, this inability to earn preinjury wages is defined as "disability."

The WC Act (Chapter 451) also prohibits discrimination against any employee for filing a claim under the workers' compensation system. If you are considering termination of an employee who has a workers' compensation claim, we strongly urge you to consult with the county's internal legal counsel before doing so. The Americans with Disabilities Act (ADA) was enacted to protect people from discrimination on the basis of disability. Disability, as defined under the WC Act, and ADA are not the same. The WC Act definition of disability, as stated above, is an economic definition; whereas the ADA definition has medical meaning.

The FMLA was enacted to provide job security to employees who have serious medical conditions or for those who must meet personal and family obligations and tend to vital needs at home. This is an unpaid leave that may be coordinated concurrently with workers' compensation.

These laws serve different purposes; however, they interrelate in a Return to Work context when an employee with a compensable injury also meets the criteria for protections under ADA and FMLA.

Counties can seek assistance on how leaves interact with workers' compensation internally from their own HR personnel or from a [TAC Human Resources Consultant](#). It is recommended to seek advice from internal county legal counsel for specific employment situations, especially those involving any employment law. Consistent application of Return to Work policies can alleviate concerns of disparate or discriminatory treatment of employees.



TOOLKIT

Templates,
Sample Forms and Letters

SAMPLES: RETURN TO WORK POLICY STATEMENT

The following statements can be inserted into new hire paperwork.

A. *(County letterhead)*

To All Employees:

(County name) is committed to providing a safe workplace for our employees. Preventing workplace injuries is one of our primary goals.

If an injury should occur, our policy is to provide opportunities for every employee to remain at work or to return to work as soon as medically possible following an injury. If you are not able to do all or part of your regular work while you are recovering, we will attempt to provide other work assignments in accordance with your doctor's restriction and instructions.

Employees are urged to talk with their supervisor to determine what opportunities there are to continue working or what might be done that would allow return to work following an injury.

(Signature of Judge)

(Title)

(Date)

B. *(County Letterhead)*

To All Employees of *(county name)*:

(County name) will make every reasonable effort to provide suitable Return to Work opportunities for every employee who is unable to perform his or her regular job due to a work-related injury. Work assignments provided for an employee while recovering will be made in accordance with information provided by the employee's treating doctor.

Assignments may include modifying the employee's regular job or assignments to other duties, depending on the injured employee's capabilities. Only work that is considered productive and meaningful will be assigned.

(Signature of Judge)

(Title)

(Date)



Texas Department Of Insurance

Division of Workers' Compensation

7551 Metro Center Dr., Ste.100
Austin, TX 78744-1609
(512) 804-4000 (512) 804-4378 fax www.tdi.texas.gov

Treating Doctor Name
Treating Doctor Telephone Number
Treating Doctor Fax Number
Treating Doctor E-mail

DESCRIPTION OF INJURED EMPLOYEE'S EMPLOYMENT (DWC Form-074)

Send the completed DWC Form-074 to the requestor. Do not send a copy to TDI-DWC.

I. CONTACT INFORMATION

1. Injured Employee Name (First, Last, M.I.)	2. Date of Injury (mm/dd/yyyy)	3. Social Security Number (last four digits) XXX-XX-
4. Employer Name	5. Employer Mailing Address	
6. Employer Telephone Number	7. Name of employer's contact person	
8. Employer contact person's schedule (availability to speak to the doctor)		9. Employer contact person's telephone number
10. Employer contact person's fax number	11. Employer contact person's e-mail address	

II. DESCRIPTION of the injured employee's job functions and duties, specific tasks, work activities and physical responsibilities, at time of injury. To be completed by employer representative who has knowledge of the injured employee's job.

1. Employee's Occupation/Job Title

2. Would you, the employer, consider providing modifications to current job, as described above, including schedule changes, part-time work, and reduced production requirements, as well as providing alternate work assignments in accordance with the treating doctor's instructions?
 Yes No (By complying with this request, the employer is not making a request for return to work, a job offer or admitting compensability.)

3. POSTURE		4. MOTION		5. LIFT/CARRY REQUIREMENTS	
Max Hours per day:	0 2 4 6 8	Max Hours per day:	0 2 4 6 8	Max Hours per day:	0 2 4 6 8
Standing	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Walking	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Overhead reaching	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Sitting	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Climbing stairs/ladders	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Keyboarding / mouse	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Kneeling/Squatting	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Grasping/squeezing	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Driving	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Bending/Stooping	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Wrist flexion/extension	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Lifts or carries objects weighing _____ lbs. _____ x per day, week or month <input type="checkbox"/> Performs no lifting/carrying	
Pushing/Pulling	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Reaching	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Twisting	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				

6. TOOLS/EQUIPMENT OR MACHINERY					7. ENVIRONMENT					
Frequency of use	N/A	Occasional	Frequent	Constant	Frequency of exposure (hours per day)					
Hand tools, manual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 2 4 6 8					
Hand tools, power	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heat	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Noise	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Fork lift / other heavy machinery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cold	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vibration	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				

8. Additional information (include specific tasks, etc.; employer may attach additional information describing job functions and duties, specific tasks, work activities and physical responsibilities of the job or any other jobs that might be available for the employee.)

Employers may be eligible for reimbursement for expenses they incur to return employees to work. Information about the Employer Return-to-Work Reimbursement program is available at <http://www.tdi.texas.gov/wc/rtw/>.

9. Date description of employment requested	10. Date sent to treating doctor/requestor
---	--

Instructions for Completing DESCRIPTION OF INJURED EMPLOYEE EMPLOYMENT (DWC Form-074)

What is the purpose of the DWC Form-074, *Description of Injured Employee Employment*?

The purpose of the form is to facilitate the exchange of information between the employer and injured employee's treating doctor regarding the job functions and duties, specific tasks, work activities and physical responsibilities of an injured employee's job at the time of injury and return the injured employee to employment as soon as it is considered safe and appropriate by the treating doctor.

Who should complete the DWC-074?

The form should be completed by an employer representative who has actual knowledge of the injured employee's job requirements, job functions and physical responsibilities.

Where does the employer send the completed form?

The employer should send the completed DWC Form-074 to the treating doctor or originating requestor. The employer should retain a copy of the completed form for their records. *Do not send a copy of the completed DWC-Form 074 to the Texas Department of Insurance, Division of Workers' Compensation (TDI-DWC).*

Does completing the DWC Form-074 constitute a request to return to work, a job offer, or an admission of compensability?

No, by completing and returning the DWC- Form 074 to the treating doctor or originating requestor, the employer is not making a request to return to work, a job offer, or admitting compensability.

Can the employer provide additional information along with the DWC Form-074 in responding to a request for description of an injured employee's employment?

Yes, when completing the DWC Form-074, the employer is encouraged to provide additional information that they would like the treating doctor to consider in Box 8, including information about the job the employee had at the time of the injury, and also any other jobs that the employer may have to offer. The employer may attach a job description identifying job functions and physical responsibilities or any other related documentation to the form.

NOTE: With few exceptions, you are entitled on request to be informed about the information that TDI-DWC collects about you. Under Texas Government Code §552.021 and §552.023 of the Texas Government Code, you are entitled to receive and review the information. Under §559.004 of the Texas Government Code you are entitled to have TDI-DWC correct information about you that is incorrect. For more information, call your local TDI-DWC field office at 800-252-7031.



Employee - You are required to report your injury to your employer within 30 days if your employer has workers' compensation insurance. You have the right to free assistance from the Texas Department of Insurance, Division of Workers' Compensation (DWC) and may be entitled to certain medical and income benefits. For further information call DWC at 800-252-7031

Empleado - Es requerido que usted reporte su lesión a su empleador dentro de 30 días si es que su empleador cuenta con un seguro de compensación para trabajadores. Usted tiene derecho a recibir asistencia gratuita por parte del Departamento de Seguros de Texas, División de Compensación para Trabajadores (DWC), y es posible que tenga derecho a recibir ciertos beneficios médicos y de ingresos. Para obtener más información llame a DWC al 800-252-7031.

Texas Workers' Compensation Work Status Report

I. GENERAL INFORMATION			Date Sent (for transmission purposes only): _____		
1. Injured Employee's Name		5a. Doctor's/Delegating Doctor's Name and Degree		5b. PA / APRN Name (if completing form)	
2. Date of Injury	3. Social Security Number (last four) XXX-XX-	6. Facility Name		9. Employer's Name	
4. Employee's Description of Injury/Accident		7. Facility/Doctor Phone and Fax Numbers		10. Employer's Fax Number or Email Address (if known)	
		8. Facility/Doctor Address (Street, City, State, ZIP Code)		11. Insurance Carrier	
				12. Carrier's Fax Number or Email Address (if known)	

II. WORK STATUS INFORMATION (Fully complete one box including estimated dates, and a description in 13c, if applicable)	
13. The injured employee's medical condition resulting from the workers' compensation injury:	
<input type="checkbox"/> a) will allow the employee to return to work as of ___/___/___ without restrictions; OR <input type="checkbox"/> b) will allow the employee to return to work as of ___/___/___ with the restrictions identified in PART III, which are expected to last through ___/___/___; OR <input type="checkbox"/> c) has prevented and still prevents the employee from returning to work as of ___/___/___ and is expected to continue through ___/___/___	
The following describes how this injury prevents the employee from returning to work: _____ _____ _____	

III. ACTIVITY RESTRICTIONS (Only complete if box 13b is checked)		
14. Posture Restrictions (if any):	17. Motion Restrictions (if any):	19. Misc. Restrictions (if any):
Max hours per day: 0 2 4 6 8 Other: _____	Max hours per day: 0 2 4 6 8 Other: _____	Max hours per day of work: _____
Standing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Walking <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Sit/stretch breaks of _____ per _____
Sitting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Climbing stairs/ladders <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Must wear splint/cast at work
Kneeling/squatting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Grasping/squeezing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Must use crutches at all times
Bending/stooping <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Wrist flexion/extension <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> No driving/operating heavy equipment
Pushing/pulling <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Reaching <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Can only drive automatic transmission
Twisting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Overhead reaching <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> No skin contact with: _____
Other: _____	Keyboarding <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> No running
15. Restrictions Specific To (if applicable):	Other: _____	<input type="checkbox"/> Dressing changes necessary at work
<input type="checkbox"/> Left hand/wrist <input type="checkbox"/> Left leg	18. Lift/Carry Restrictions (if any):	<input type="checkbox"/> No work / _____ hours/day work:
<input type="checkbox"/> Right hand/wrist <input type="checkbox"/> Right leg		<input type="checkbox"/> in extreme hot/cold environments
<input type="checkbox"/> Left arm <input type="checkbox"/> Back		<input type="checkbox"/> at heights or on scaffolding
<input type="checkbox"/> Right arm <input type="checkbox"/> Left foot/ankle	<input type="checkbox"/> May not lift/carry objects more than _____ lbs. for more than _____ hours per day.	<input type="checkbox"/> Must keep _____
<input type="checkbox"/> Neck <input type="checkbox"/> Right foot/ankle	<input type="checkbox"/> May not perform any lifting/carrying.	<input type="checkbox"/> elevated <input type="checkbox"/> clean & dry
Other: _____	Other: _____	
16. Other Restrictions (if any)		20. Medication Restrictions (if any):
_____		<input type="checkbox"/> Must take prescription medication(s)
		<input type="checkbox"/> Advised to take over-the-counter meds
		<input type="checkbox"/> Medication may make drowsy (possible safety/driving issues)

IV: TREATMENT/FOLLOW-UP APPOINTMENT INFORMATION			
21. Work Injury Diagnosis Information:		22. Expected Follow-up Services Include:	
		<input type="checkbox"/> Evaluation by the treating doctor on ___/___/___ at _____ a.m./p.m.	
		<input type="checkbox"/> Referral to/consult with _____ on ___/___/___ at _____ a.m./p.m.	
		<input type="checkbox"/> Physical medicine _____ X per week for _____ weeks starting on ___/___/___ at _____ a.m./p.m.	
		<input type="checkbox"/> Special studies (list): _____ on ___/___/___ at _____ a.m./p.m.	
		<input type="checkbox"/> None. This is the last scheduled visit for this problem. At this time, no further medical care is anticipated.	
Date /Time of Visit:	Employee's Signature	Visit Type:	Role of Health Care Practitioner:
		<input type="checkbox"/> Initial	<input type="checkbox"/> Treating doctor <input type="checkbox"/> Consulting doctor <input type="checkbox"/> Designated doctor
Discharge Time:	Health Care Practitioner's Signature /License #	<input type="checkbox"/> Follow-up	<input type="checkbox"/> Referral doctor <input type="checkbox"/> PA <input type="checkbox"/> Other doctor
			<input type="checkbox"/> RME doctor <input type="checkbox"/> APRN



Frequently Asked Questions Work Status Report (DWC Form-073)

Under what circumstances am I required to file DWC Form-073?

Filing requirements for DWC Form-073 vary depending on the type of doctor filing the Work Status Report. The specific requirements are shown in the chart below.

Type of Doctor	When to File DWC Form-073	Where to File	Delivery Method	Deadline
Treating Doctor Referral Doctor Delegated Physician Assistant (PA) or Delegated Advanced Practice Registered Nurse (APRN)	<ul style="list-style-type: none"> after the initial examination of the injured employee, regardless of the employee's work status when there is a change in the injured employee's work status when there is a substantial change in the injured employee's activity restrictions on a schedule requested by the insurance carrier as long as it is based on the injured employee's scheduled appointments with the doctor (not to exceed one report every two weeks) 	<ul style="list-style-type: none"> injured employee 	hand deliver; electronic transmission, with agreement (fax, email, or similar method)	at the time of the examination
		<ul style="list-style-type: none"> insurance carrier 	electronic transmission	within 2 working days of the examination
		<ul style="list-style-type: none"> employer 	electronic transmission unless recipient has not provided a fax number or email address; then by personal delivery or mail	
		<ul style="list-style-type: none"> after receiving a set of functional job descriptions from the employer or insurance carrier listing modified duty positions, including the physical and time requirements of the positions, that the employer has available for the injured employee to work after receiving a DWC Form-073 from a required medical exam (RME) doctor that indicates the injured employee can return to work with or without restrictions 	<ul style="list-style-type: none"> injured employee 	hand deliver unless no appointment is scheduled before deadline; then electronic transmission unless recipient has not provided a fax number or email address; then by mail
<ul style="list-style-type: none"> insurance carrier employer 	electronic transmission			
Designated Doctor	<ul style="list-style-type: none"> after examination of an injured employee to address any question relating to return to work <p>NOTE: The designated doctor must file a narrative report along with DWC Form-073.</p>	<ul style="list-style-type: none"> injured employee injured employee's representative (if any) 	electronic transmission unless recipient has not provided a fax number or email address; then by other verifiable means	within 7 working days of the examination
		<ul style="list-style-type: none"> insurance carrier treating doctor 	electronic transmission	
		<ul style="list-style-type: none"> division 	fax to 512-490-1047	
RME Doctor	<ul style="list-style-type: none"> after examination of an injured employee (subsequent to a Designated Doctor's examination), if the RME doctor determines that the injured employee can return to work immediately with or without restrictions 	<ul style="list-style-type: none"> injured employee injured employee's representative (if any) 	electronic transmission unless recipient has not provided a fax number or email address; then by other verifiable means	within 7 days of the examination
		<ul style="list-style-type: none"> insurance carrier treating doctor 	electronic transmission	

Where can I find more information about DWC Form-073?

For complete requirements regarding the filing of this report, see 28 Texas Administrative Code §§126.6, 127.10, and 129.5. These rules are available on the TDI website at <http://www.tdi.texas.gov/wc/rules/index.html>. If you have additional questions, call *Comp Connection for Health Care Providers* at 1-800-372-7713 (512-804-4000 in the Austin area) and select option 3.

NOTE: With few exceptions, upon your request, you are entitled to be informed about the information DWC collects about you; to get and review the information (Government Code §§552.021 and 552.023); and to have DWC correct information that is incorrect (Government Code, §559.004). For more information, contact agencycounsel@tdi.texas.gov or you may refer to the [Corrections Procedure](#) section at www.tdi.texas.gov.

SAMPLE: EMPLOYER PROCEDURES FOR THE RETURN TO WORK PROCESS

Follow these procedures when an employee is injured on the job:

1. Get prompt medical attention for the injured employee, if necessary.
2. An employee who is injured must immediately report the injury or incident to a supervisor or an appropriate person in management.
3. The supervisor or Return to Work coordinator is responsible for:
 - following our requirements for reporting injuries and illnesses,
 - completing an incident investigation record for every report of injury, whether or not medical attention is needed, and
 - keeping a record of the injury five years from the last day of the year in which the injury occurred.
4. If the injured employee needs medical attention, when possible the supervisor should go with the employee to the doctor or other medical provider. When possible, the employee or supervisor should provide the doctor with the injured employee's job description and an introductory letter explaining the county's Return to Work process. The supervisor can also ask to speak to the doctor after the visit.
5. If the county participates in the Alliance (medical network of doctors), the injured workers must be treated by an Alliance doctor. There are certain exceptions to this rule, including emergency situations.
6. If the doctor restricts the employee from work, a contact person (the supervisor or Return to Work coordinator) should communicate regularly with the employee and treating doctor. The contact person should talk with the employee on the day of the injury and once a week until the employee returns to work. The contact person should check with the treating doctor whenever the employee has a follow-up visit.
7. When the treating doctor releases the employee to modified duty, the supervisor should attempt to identify an alternative assignment. Every assignment must meet the doctor's restrictions as specified on Form DWC-73. The employer should make every effort to develop alternative productive work.
8. The supervisor must keep a copy of the DWC-73 each time the doctor completes one. The Texas Department of Insurance, Division of Workers' Compensation (DWC), requires the doctor to complete a DWC-73 when the injured workers' work status changes, or upon the employer's or carrier's request, but not more than once every two weeks. The employer must give the doctor a copy of the employee's job description when requesting a DWC-73.
9. The supervisor must follow up with the employee on a regular basis after the employee returns to work.

**SAMPLE:
BONA FIDE OFFER OF EMPLOYMENT**

[EMPLOYER LETTERHEAD]

[DATE]

[CLAIMANT ADDRESS]

Dear [CLAIMANT]:

[EMPLOYER] is in receipt of a report dated _____ from Dr. _____ relating to your current medical condition and your ability to work. A copy of that report is enclosed with this letter. [EMPLOYER] has used guidelines provided by the physician to identify an appropriate modified duty position for you. [EMPLOYER] hereby extends to you a Bona Fide Offer of Employment pursuant to DWC Rule 129.6.

You will be expected to Return to Work on [DATE EMPLOYMENT IS TO BEGIN] at [ADDRESS AND LOCATION OF EMPLOYMENT, WHICH SHOULD BE GEOGRAPHICALLY ACCESSIBLE TO EMPLOYEE]. Your work schedule will be as follows: [DETAIL DAILY/WEEKLY HOURS OF WORK]. Your wages will be as follows: [DETAIL HOURLY/WEEKLY WAGES OR SALARY].

This position will entail these specific physical and time requirements: [SPECIFY IN DETAIL THE PHYSICAL REQUIREMENTS OF THE JOB, THE AMOUNT OF TIME TO BE SPENT DOING EACH, SCHEDULED BREAKS, ETC.]

Please be assured that [EMPLOYER] will only assign you tasks consistent with your physical abilities, knowledge and skills, and will provide you training, if necessary.

If you accept this offer, please indicate by signing and dating your name below and returning this to the undersigned. If [EMPLOYER] does not receive this back from you within seven (7) days of receipt, [EMPLOYER] will assume you have rejected this offer.

_____ _____
NAME DATE

Please contact the undersigned with any questions you might have.

Sincerely,

[EMPLOYER]

Enclosure: DWC-73 of Dr. _____ dated _____

SAMPLE: STATEMENT OF RETURN TO WORK RESPONSIBILITIES

Employee responsibilities:

- Make sure you understand your county's procedure for reporting injuries.
- If you are injured, tell your doctor that alternative work is available. Your supervisor may ask you to take a letter to your doctor explaining your county's Return to Work process.
- If a doctor restricts you from working, call your employer once a week to let them know how you are doing.
- If a doctor releases you to work full duty, return to work on the next scheduled shift.
- If a doctor gives you medical restrictions for a modified duty assignment, consult with your county to determine what your temporary job will entail.
- If the county requires participation in the Alliance (medical network of doctors), you must be treated by an Alliance doctor. There are certain exceptions, including emergency situations. Visit www.pswca.org for a list of doctors near you.

Supervisor responsibilities:

- Train employees on proper reporting of incidents and injuries, as well as Return to Work procedures.
- When possible, go with the injured employee to the doctor.
- Tell the doctor about the county's Return to Work process, and provide the doctor with an explanatory letter.
- Use Form DWC-74 to describe the injured worker's duties to the doctor.
- Contact the injured employee once a week, and make sure all necessary forms are completed and returned.
- Express concern for the employee's health and recovery.
- Provide information to the county's Return to Work coordinator.
- Help create modified duty assignments that are meaningful.
- Make sure the injured employee follows the doctor's restrictions as specified in Form DWC-73.
- Check the employee's condition regularly to help get the employee back to the original job.

Health care provider responsibilities:

- Provide immediate and appropriate medical care to the injured employee.
- Assess the injured employee's abilities, and become familiar with operations at the employee's work place.
- Provide information regarding the injured employee's physical restrictions and work capabilities on Form DWC-73.
- Ask the employer to complete Form DWC-74, which describes the injured worker's job duties.

Return to Work coordinator responsibilities:

- Act as the employer's representative.
- Maintain contact with the health care provider, TAC RMP, the injured employee and the employee's supervisor.
- Develop and maintain recordkeeping and reporting systems for incidents and injuries.

TAC Risk Management Pool responsibilities:

- Assign a claims examiner to make a "three-point" contact with the injured employee, doctor and employer.
- Provide workers' compensation benefits to the injured employee.
- Provide information about the Return to Work process.
- Provide Return to Work Coordination Services through the Risk Control Services Department.

SAMPLE: RELEASE OF MEDICAL INFORMATION

I, (employee's complete name), am requesting my treating doctor, (doctor's name) to provide my employer, (employer name), with information pertaining to my work-related injury that occurred on (date of injury).

This information will be helpful in facilitating my return to appropriate productive work as soon as I am able.

No other confidential information may be released without my written consent. This release of information is valid until I am released from treatment for this injury or fully released to Return to Work.

(employee signature)

Date:

(date of birth)

(name of employer)

(address of employer)

(contact information for employer)

(signature and title of employer)

Date:

SAMPLE: LETTER FOR THE TREATING DOCTOR

Use this letter when asking for the doctor's recommendations for returning the employee to regular duties.

Dear (Doctor):

This letter provides important information about employees who work for (county name). You may verify coverage by calling the TAC Risk Management Pool at (800) 752-6301. Our member number is _____.

We have a Return to Work program designed to return employees to work as safe and soon as medically reasonable. We would like to work with you on this process.

Please provide your recommendations for returning this employee to work. We have attached a DWC-74 form (job description and task analysis) for this employee's regular duties and a medical release form.

If the employee is unable to return to regular duties, we can provide alternative, modified duty. We can also coordinate work schedules around diagnostic or treatment appointments.

Please call me at the number below if you have any questions. Thank you in advance for your assistance.

Sincerely,
(County's representative)

(Title)

(County name)

(Phone number)

SAMPLE: IDENTIFYING TASK DEMANDS

Task Title:

Date:

Duration of task (hrs/day):

Breaks:

Average Overtime (day/wk):

Task description:

1. Postures

Posture	1/2	1	2	3	4	5	6	7	8	8+
Stand: at one time	1/2	1	2	3	4	5	6	7	8	8+
Stand: total hours per day	1/2	1	2	3	4	5	6	7	8	8+
Sit: at one time	1/2	1	2	3	4	5	6	7	8	8+
Sit: total hours per day	1/2	1	2	3	4	5	6	7	8	8+
Walk: at one time	1/2	1	2	3	4	5	6	7	8	8+
Walk: total hours per day	1/2	1	2	3	4	5	6	7	8	8+
Drive: at one time	1/2	1	2	3	4	5	6	7	8	8+
Drive: total hours per day	1/2	1	2	3	4	5	6	7	8	8+

Comments:

2. Lifting/Carrying

Weight	Not present 0%	Occasionally 0%-33%	Frequently 34%-66%	Constantly 67%-100%	Height of Lift	Distance of Carry
1-10 lbs.						
11-20 lbs.						
21-50 lbs.						
51-100 lbs.						
100+ lbs.						

Comments:

3. Actions and motions

Actions or Motion	Not present 0%	Occasionally 0%-33%	Frequently 34%-66%	Constantly 67%-100%	Description
Pushing					
Pulling					
Climbing					
Balancing					
Bending					
Twisting					
Squatting					
Crawling					
Kneeling					
Reaching					
Handling					
Fingering					
Feeling					
Repetitive					
Hand motion					
Foot motion					
Other					

Comments:

4. Equipment

Equipment	Not present 0%	Occasionally 0%-33%	Frequently 34%-66%	Constantly 67%-100%	Description
Tools					
Machinery					
Equipment					

Comments:

5. Environmental conditions

Environmental Condition	Not present 0%	Occasionally 0%-33%	Frequently 34%-66%	Constantly 67%-100%	Description
Vibration					
Noise					
Heat					
Cold					
Wet/humid					
Extremely dry					
Moving parts					
Chemicals					
Electricity					
Radiation					
Other					

Comments:



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