

# RTW Barriers Perceived By The Physician

P-B

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

What are the most important barriers, obstacles, problems that keep the injured worker from returning to work? (*Pain? Physical Factors? Work Demands? Relationships at Work? Stress at Work / Home / Family?*)

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Psychosocial	Yes	No	Notes (Attached FABQ, Oswestry, Zung, APGAR)
Fear of Re-Injury			
Catastrophizing			
Depressed Mood			
Negative Expectation			
Activity Avoidance			
Pain Focused			
Lack of Social Network (family, friends, coworkers)			
VAS			
Oswestry			
FABQ			
Oswestry			
APGAR			
Zung			

Has the injured worker commented on any of the following during your treatment?

Psychosocial	Yes	No	Notes (Attached FABQ, Oswestry, Zung, APGAR)
Workplace			
Work Satisfaction			
High Physical Load			
Low Job Control			
Low Supervisor / Co-Worker Support			
Unsafe Work / Ergonomic Concerns			
High Stress / Pace / Demand			
Other Issues			

What are the Physician's recommendations that address the barriers noted above?

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Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- Forms and questionnaires should be attached to this form when meeting with the Disability Management Coordinator. (i.e. Oswestry LBP Questionnaire, FABQ, Zung, APGAR, Physician RTW Form, Tests for Physical Demands, limitations, Occupational Factors Questionnaire, QCE Examination form and other pertinent information deemed appropriate.)