There are a range of factors to consider when an injured worker is remaining or returning to work or study. There needs to be adequate assessment and treatment (refer to Flowchart: First Presentation – Shoulder Pain and Flowchart: Review – Post 4-6 weeks). The management plan includes treatments provided by health care providers and which usually occur concurrently with the return to work program. (Refer to the Explanatory Notes for further information regarding each point).
General Practitioner Guide – Return to Work

Explanatory Notes

1. Make early contact with the employer where possible.

It is beneficial for the GP to discuss the patient’s return to work with the employer.

2. Provide the Rotator Cuff Syndrome Information Sheet to the injured worker (see Resources section of the guidelines).

3. Be aware of barriers and facilitators to effective return to work programs.

The person’s injury (health condition) is only one aspect to be considered. The context of a return to work intervention significantly affects the progress and the outcome of a return to work program.

4. Check that the injured worker has an income.

This may be from the employer, the workers compensation insurer or social security. Any concerns about income can result in additional stress and complicate recovery. If the worker does not have an income, advise them to contact their employer or social security.

5. Work with the team. A return to work program involves a team of people with different skills.

Engage with employers, injured worker, health care providers including physiotherapists, return to work providers and coordinators, and the workers compensation insurer.

6. Maintain communication and provide clear information to all stakeholders.

Use any or all methods of communication such as telephone, email, fax, face-to-face communications and letters.

7. Make sure the return to work program is based at the workplace, starts as early as possible and involves meaningful and value-added work at every stage.

8. Arrange for a workplace assessment.

Understanding the physical, psychological, cognitive, perceptual and sensory demands of a job demands specific skills. Identifying the risk factors for the injured worker and the workplace also involves specific skills.

9. Use well thought-out graded return to work programs to help the injured worker’s recovery.

The return to work program can be upgraded through planned changes in hours, pace or productivity or work tasks, or a combination of these. These changes are also measures of progress and outcome:

- hours (number of hours, hours per day/week, shift times or time work is performed (morning/afternoon/evening), rest breaks (fixed or self-determined)
- pace of work or productivity: whether it is self-paced or regulated, machine-paced, less productivity demands or opt in/out of a bonus system
- work tasks: task demands (physical, cognitive), gradual increase in task demands, routine or variable tasks, simultaneous, competing or singular tasks, responsibility involved in tasks.

10. Use a range of workplace accommodations to meet injured worker and workplace needs.

Workplace accommodations might involve:

- suitable, meaningful duties: some of the pre-injury duties or shorter term alternative duties
- graded return to work
- ergonomic modifications:
  - task elimination
  - task redesign or sequence of task (changing task order or process)
- workstation redesign including structural changes, provision of equipment
- administrative controls (e.g. education, training or personal protective equipment).

All interaction between the injured worker and/or employer and/or health care provider is covered by the NSW and Federal Privacy Acts.


Privacy Commissioner’s office: The Privacy Hotline 1300 363 992

Contextual Factors

The GP should be aware of the contextual factors and whether these are helping or hindering the return to work program (barrier or facilitator).

The environmental factors that can be barriers or facilitators include: services and systems policies; at the workplace, health services, workers compensation; support and relationships; co-workers, people in positions of authority, health professionals, family and friends; attitudes: those people listed above in ‘support and relationships’; products and technology: for communication, or at the workplace (including workplace accommodations); natural and the built environment: includes a broad range of issues such as physical geography, the climate or the workplace building and structures that may influence the return to work intervention (WHO, 2011[18]).

The personal factors might include: personality and coping style of any and all of the stakeholders; injured workers pre-injury medical history; education, understanding and skill of the health professionals and the key personnel involved at the workplace; education and understanding of the injured worker and their level of perceived transferrable skills; cultural issues (WHO, 2011[18]).