

## Vocational rehabilitation: A collaborative return-to-work process

**T**he objective of WorkSafeBC’s vocational rehabilitation programs and services is timely and safe return to work following a workplace injury or the onset of an occupational disease. A successful return to work benefits not only injured workers and their families, but employers, co-workers, and communities. And a successful return to work requires the collaborative efforts of all involved.

Physicians treating injured workers play a key role in establishing reasonable patient expectations, helping their patients understand the benefits of a timely return to work, and communicating their patients’ medical restrictions or limitations to those involved in return-to-work planning.

Once a WorkSafeBC case manager refers an injured worker for vocational rehabilitation assistance, a vocational rehabilitation consultant (VRC) assesses the individual’s education, training, skills, and work experience; considers the medical restrictions or limitations resulting from the workplace injury or occupational disease; and identifies all other factors that might impact the worker’s return to suitable work.

While the best possible outcome is returning injured workers to their pre-injury job with the same employer, that may not always be possible. The VRC uses a five-phase process to assess each worker’s circumstances, identify suitable return-to-work options, and then provide assistance to help the person succeed.

Vocational rehabilitation services and benefits are discretionary, which

means that workers are not automatically entitled to receive all types of benefits. VRCs work within their scope to provide rehabilitation services that are reasonably necessary to help injured workers return to suitable work, in keeping with the vocational rehabilitation process.

Understanding the five sequential phases of the vocational rehabilitation process may help physicians establish

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reasonable expectations for their patients from the outset. The WorkSafeBC VRC works collaboratively with the injured worker, employer, and others to develop a suitable return-to-work plan. The VRC determines which phase of the vocational rehabilitation process applies, based on an individualized assessment of the worker, including his or her compensable medical restrictions or limitations. For this reason, not all injured workers require or are eligible to receive Phase V assistance (see below), which physicians often refer to as “retraining.” It’s important to understand these factors when setting expectations for your patients.

**Phase I:** We endeavor to help the worker return to the same job with the same employer.

**Phase II:** If the worker cannot return to the same job, we look for opportunities to modify the job/workplace or to accommodate the worker in a different job with the same employer.

**Phase III:** If the employer is unable to accommodate the worker, we look for other suitable occupations—in the same or a related industry—where the worker’s skills are directly transferable.

**Phase IV:** If the worker is unable to return to alternative employment in the same or a related industry, we look for suitable occupations in all industries, taking into consideration the worker’s transferable skills, aptitudes, and interests.

**Phase V:** If the worker doesn’t have the skills to obtain suitable employment, we may provide assistance to help the worker develop new occupational skills.

Physicians can be a powerful influence in motivating their injured worker patients to take initiative and active interest in their own rehabilitation, and managing their return-to-work expectations.

### For more information

If you have questions regarding vocational rehabilitation for an injured worker patient, please call a medical advisor in your nearest WorkSafeBC office. For more general information about WorkSafeBC’s vocational rehabilitation programs and services, or the vocational rehabilitation process, call toll free 866 266-9404.

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*This article is the opinion of WorkSafeBC and has not been peer reviewed by the BCMJ Editorial Board.*