rs-Grtw



Tool for Supporting the **G**radual

Return

To

Work

Instruction Guide (2023)







Authors-First version 2018

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Background

This tool is derived from innovative studies led by Marie-José Durand that identified the marginof-manœuvre (MM) concept as a vital principle in the success of the return-to-work process¹. The MM concept formed the cornerstone for the first version of the TS-GRTW (2018)². This 2023 version of the TS-GRTW is an adaptation of the 2018 guide and has a broader scope. **Intended** for workplaces, this tool's purpose is to support the gradual RTW process based on the RTW plan prescribed by the employee's physician. More specifically, it helps users to spell out the work schedule, the work tasks to be performed, and possible ways to provide returning employees with a sufficient margin of manoeuvre that they are able to reach their productivity objectives without compromising their health. As a support tool for carrying out weekly follow-up and documenting key elements in the gradual RTW, it encourages both employees and their direct supervisors to commit to and actively participate in the process.

In short, using this tool offers several advantages. It helps:

- clarify each party's expectations,
- facilitate communication, and
- prevent relapses.

¹ Durand MJ, Vézina N, Baril R, Loisel P, Richard MC, Ngomo S. (2009) Margin of Manœuvre Indicators in the Workplace During the Rehabilitation Process: A Qualitative Analysis. Journal of Occupational Rehabilitation 19(2):194-202.

² Bouffard J, Durand MJ, Coutu MF. (2019) Adaptation of a Guide to Equip Employers to Manage the Gradual Return to Work of Individuals with a Musculoskeletal Disorder. Journal of Occupational Rehabilitation, 29(3):625-635.

At a glance

Systematic follow-up of a gradual RTW according to specific guidelines facilitates a sustainable return. Intended for use by workplaces, this tool will help users put in place winning conditions to ensure a successful RTW for all parties concerned.

Theoretical foundations of the tool

A gradual return to work after a long-term absence poses challenges for the employee involved, but also for their direct supervisor and co-workers. The choice of tasks to be performed during the initial weeks after the return is critical: the tasks must be suitable for the injured worker if they are to prevent a relapse, but must also take into account the workplace constraints (e.g. productivity goals; impact on co-workers' workload). To achieve this requires creating a sufficient margin of manoeuvre for the employee.

What does "margin of manoeuvre" mean?

The opportunity or freedom given to an employee to develop different ways of working in order to meet productivity objectives without having adverse effects on their health³.

By definition, the margin of manoeuvre at work is dynamic, as all its components – i.e. work demands, means available, and the worker's condition – vary over time. The margin of manoeuvre is **sufficient** when the work demands, and the means made available to the employee allow them to maintain a balance between meeting productivity objectives and maintaining their health³. It is therefore important to re-evaluate frequently how well this balance is maintained.

For whom is this tool intended?

It is intended for individuals in the workplace who are involved in coordinating and following up on the gradual RTW of employees who have been absent for a health problem⁴. It can therefore be used by the personnel of a company's health office or Human Resources Department or by the absent employee's direct supervisor.

³ Coutaral, F et al. (2015). Marge de manœuvre situationnelle et pouvoir d'agir: des concepts à l'intervention ergonomique. *Travail Humain*, vol. 78, 9-29.

⁴ This may involve a musculoskeletal health problem (e.g. a problem with muscles, tendons or joints that causes pain or limitations) or a mental health problem (e.g. affecting concentration, mood, irritability).

When should it be used?

From the beginning to the end of the gradual return-to-work process. It may also be useful to help the worker stay on the job.

How?

Based on the return-to-work plan prescribed by the treating physician and on any restrictions and recommendations issued, this tool enables users to anticipate obstacles and difficulties that the employee may face during their gradual return to work. It can also be used to identify ways that allow the person a sufficient margin of manoeuvre to promote a successful RTW process.

Why?

To facilitate the work of Human Resources departments and direct supervisors responsible for welcoming back an employee following a work absence for a musculoskeletal disorder or a mental health problem.

To provide a framework for the process and ensure adequate follow-up of the employee as they resume their tasks.

To encourage the commitment and active participation of the stakeholders concerned, namely, the employee, their direct supervisor, and Human Resources personnel if applicable.

Cautionary note

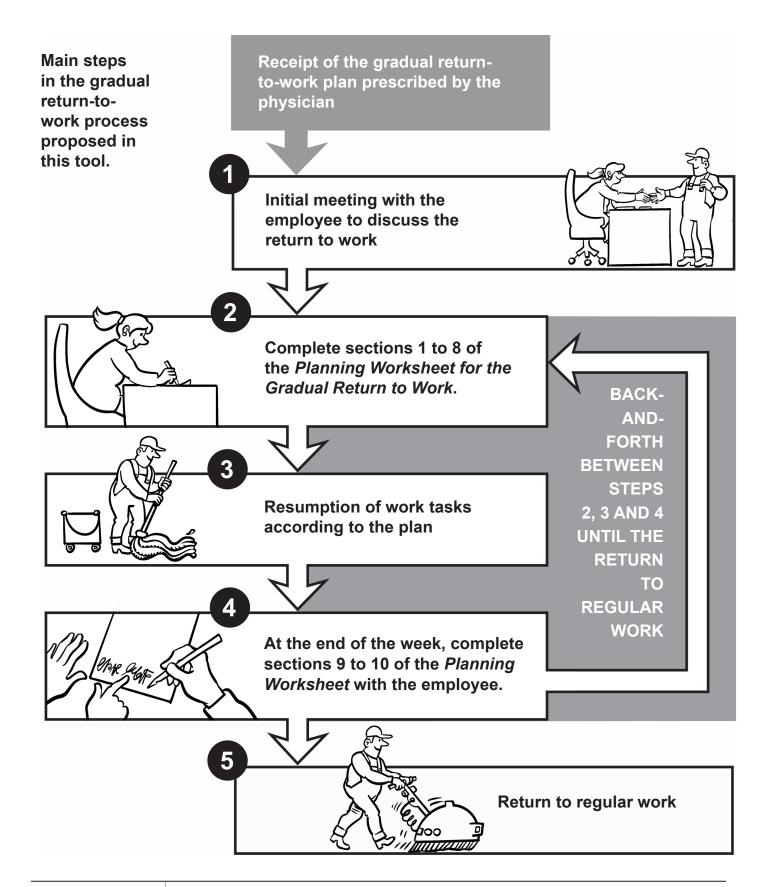
This tool will be useful to workplaces when following up on many employees who are returning to work in accordance with their treating physician's recommendations.

It reflects a collaborative approach and requires the mutual involvement of both the employee and their direct supervisor.

It is not designed for performing an ergonomic analysis of the work.

If, along the way, the employee experiences major difficulties in resuming their tasks, it may be necessary to enlist the services of a work rehabilitation professional such as an occupational therapist to supervise the process.

Overview of the gradual return to work





Step 1: Hold the initial meeting

After receiving the return-to-work plan prescribed by the employee's physician, a meeting should be held between a Human Resources representative, the employee, and their direct supervisor to discuss the return to work. If relevant, any other key actor such as a union representative, an occupational health and safety representative, a representative of the insurer, or a health professional could be invited to join in the meeting. Someone should also be designated as responsible for completing the *Planning Worksheet for the Gradual Return to Work* and following up with the employee.



The initial meeting with the employee offers an ideal time to inquire about their health and build a climate of trust. Getting off on the right foot will help create the cooperative spirit needed to use this guide effectively. First, it is important to ensure that the person thoroughly understands the language and vocabulary used. It is further suggested that the employee be told that the TS-GRTW tool is used with all individuals who are in the process of returning to work, regardless of their diagnosis, age, ethnocultural origin, or gender.

This meeting also provides a good opportunity for talking with the employee about how their return should be announced to their work team. What do they want to share about the reasons for their absence and the conditions of their return to work? The fact of clarifying these issues frankly with the employee and of clearly and openly informing co-workers of the returning employee's capacities and limitations can often help prevent misunderstandings. Above all, it is important to respect the employee's right to confidentiality and to reach an agreement with them about what they want their co-workers to be told or not.

Here are two examples of what a direct supervisor could say, with the consent of the employee concerned:

"Alice will be starting back to work gradually as of next week. She has given me permission to tell you that she was off work for a strained back. She has spent the last few weeks recovering from her injury by participating in a rehabilitation program. She's doing better, but she still has some restrictions. For example, she has a hard time standing up for long periods of time. To make it easier for her to return, she will be allowed to use a stool to perform her work. I realize that this can have an impact on your work, and I'm available to discuss that with you. I'm counting on you to give her a warm welcome back and to help her out if necessary."

"Nicholas will be starting back to work gradually next week after several months' absence. He has given me permission to tell you that he's doing better, but that he still has problems concentrating, which makes it hard for him to work in a noisy environment or to perform tasks when there are lots of interruptions. So we've reorganized the work spaces in a way that allows him to resume his tasks. I realize that this can have an impact on your work, and I'm available to discuss that with you. I'm counting on you to welcome him back and help him out if necessary."

Step 2: Complete the Worksheet

The *Planning Worksheet for the Gradual Return to Work* appears in the appendix of this document. You will also find sample worksheets that have been completed for two fictitious cases to help you better understand how the tool works.

This worksheet can be used starting at the initial meeting in step 1, or alternatively, at the beginning of the first week of the gradual return. However, it must be used before the employee officially starts their gradual return to work. Sections 1 to 8 should be completed every week or every two weeks. The completed worksheet becomes the work plan for the target period



To make it easier to organize the return to work, a period of 24 to 48 hours should be left between the time when the planning worksheet is completed and the actual start of the gradual return to work.



1- Restrictions/recommendations issued by the treating physician

If the physician has issued physical restrictions (for example, do not lift loads weighing more than 15 kg, avoid working with clients, avoid working in a noisy environment), enter them in the appropriate box on the worksheet. This will make it easier to put your finger on them when it comes time to identify the work tasks to be performed for the week ahead



It is important to note that the restrictions may change over the course of the gradual return to work.

2- Planned work schedule

If the physician has given no specific instructions regarding the work schedule for the gradual return, take the time to determine, with the employee, the days and hours that they will work.



Ask the employee about the time of day when they have the most energy or the fewest **symptoms**⁵. The fact of taking the variation in their symptoms into account when planning their work schedule will help them succeed in their gradual return to work.



It is recommended that work periods be alternated with rest periods and that shift changes (day/afternoon/evening) be avoided during the gradual return to work. These practices promote the employee's recovery.

⁵ Symptoms: What the person feels in relation to their health problem, such as pain, numbness, fatigue, weakness, a sensation of burning or heaviness, irritability, difficulty concentrating, or agitation.



3- Work tasks proposed

After determining the work schedule, the next step consists of identifying the work tasks that will have to be performed by the employee. The worksheet provides one line for each task in some cases, the tasks to be performed will vary, depending on the work schedule retained (for example, morning versus afternoon) or on the days worked, which is why it is important to determine the work schedule first.

4- Productivity expected

It may be useful to discuss and clarify the level of productivity expected or desired for each task. The level must be realistic in terms of the employee's capacities and the work context. For example, it may be a question of defining the number of parts to be assembled, the territory to be covered, or the number of clients to be served. If the nature of the work is such that the expected productivity cannot be quantified, an objective (such as "answer calls") could be defined, or quite simply, nothing could be written.



The fact of reducing the level of productivity expected during the first few weeks back at work may help increase the employee's margin of manoeuvre and reassure them.

5- Difficulties anticipated

The employee and their direct supervisor should discuss the difficulties anticipated during performance of the tasks planned for the week. For example, the employee could be asked, "What are the main difficulties you think you will have to face during the period covered by this worksheet?"



In addition to the difficulties identified in the workplace (such as tasks, equipment, or schedules) this is the time to ask the employee about any other factors that could make the return to work harder. For example, the following question could be asked: "Do you see any other factors outside of work (such as medical appointments or transportation) that could complicate your return?"





Asking the person about the main difficulties that were present at work prior to their sick leave can also help to plan the return to work more effectively. As some people find it hard, for different reasons, to talk about the difficulties encountered at work, you could ask them, "To help us plan your return to work more effectively, could you tell me about things you usually find difficult in your work?"

6- Ways to offset the difficulties

Given that many employees have a hard time identifying what would help them do their work, it is essential to talk with them about means that might help them maintain a sufficient margin of manoeuvre. You could ask them, "What would help you do your work?" The means retained must be sufficient to allow the person to perform their tasks without significantly increasing their symptoms. These means may be personal (e.g. adapting their work posture, taking micro-breaks, deactivating notifications on computer applications) or organizational (e.g. rotating between different work stations, reducing the work pace, using hoisting equipment, re-examining the time management strategy and priorities with the manager).



The means retained for offsetting potential difficulties must be seen positively by the employee. Otherwise, they risk not using them.

A list of possible ways to give the employee a sufficient margin of manoeuvre is provided on pages 14 and 15. Some may be needed during the first few weeks only, while others may be needed on a long-term basis.



7- Employee's level of confidence in the work plan retained for the week

In light of the means identified and the productivity expected, the individual will be asked to say if they feel capable of doing their work using the means proposed for the week. They will do so by indicating whether they feel "confident" or "not confident."

For example, you could ask the following: "How do you feel about this work plan?" This step provides an opportunity for the employee to express their fears and to renegotiate the terms of the work plan if they are not confident enough about their ability to carry it out. The goal at this stage is to successfully plan a **sufficient** margin of manoeuvre, i.e. to ensure that the means made available to the employee will allow them to attain a realistic level of expected productivity, without significantly increasing their symptoms.



An employee who is "not confident" is probably uncomfortable about the work plan. This situation should lead to an open discussion about the reasons why they feel this way. For example, you could ask, "What would it take to make you feel more confident?" To improve the employee's level of confidence, it may be necessary to re-examine the expected productivity and the means or strategies available to ensure that they have a sufficient margin of manoeuvre.

8- Signatures

The signature of each person who participated in developing the work plan signifies their agreement with the plan retained, and should not be used for any other purpose than this, in order to avoid undermining the climate of trust.



Step 3: Carry out the work plan

The employee carries out the work plan defined for the week.



It may be appropriate to do a short, informal follow-up with the employee, especially during the first few days of the gradual return to work. If the person is experiencing major difficulties, it is important to proceed to Step 4 immediately, even if the week is not over.



It is perfectly normal to experience symptoms during the gradual return to work: it's a bit like when you go back to the gym after a long period of not going or when you start a new job. However, if the symptoms persist or increase, it may be a sign that the planned margin of manoeuvre is insufficient. The work plan should then be reviewed or an appointment scheduled with the treating physician.



Step 4: Review the work week

Follow-up should be done with the employee every week or every two weeks by completing sections 9 and 10 at the bottom of the *Planning Worksheet for the Gradual Return to Work*.



Weekly follow-ups help to prevent misunderstandings about the expectations, take into account any variation in the work demands, and allow quick adjustments to be made to the work plan in the case of difficulties. For example, it may be appropriate to remove one of the planned tasks or to add a new means to facilitate the work.



9- Attainment of the productivity objectives

At the end of the week, the employee and their supervisor should assess the level of attainment of the productivity objectives, by indicating which objectives were "not at all attained," "partially attained," or "totally attained."

10- Symptoms

Also at the end of the week, the employee should be asked about the impact that carrying out the work plan had on their symptoms. They should indicate whether their symptoms are "reduced," "unchanged," "slightly increased," "moderately increased," or "greatly increased."



A big increase in symptoms and/or a low attainment of productivity objectives may mean an **insufficient margin of manoeuvre**. Reducing the productivity expected and/or identifying other means of offsetting the difficulties encountered may help provide a sufficient margin of manoeuvre.



By contrast, if the employee attained the productivity objectives with no major increase in symptoms, this is a sign that the objectives may be revised upward or that the means identified may be reduced.

After completing the weekly follow-up with the employee, it is time to take a new planning worksheet for the following week. The procedure described in step 2 should be repeated, taking into account the points discussed above. In other words, the planning for the following week should include adjustments to ensure a sufficient margin of manoeuvre for the work plan retained. It may be useful to ask the employee what tasks they think could be added for the week ahead.



Step 5: Return to regular work

When the treating physician authorizes the return to regular work or when the employee has resumed all of their tasks and is back to their regular work schedule, it is no longer necessary to use the Planning Worksheet for the Gradual Return to Work. However, if it appears difficult for them to continue working, the worksheet could be used again to look for solutions.

Examples of Ways to Increase the Margin of Manoeuvre (1/2)

The following list provides examples of ways to increase the employee's margin of manoeuvre in the context of a gradual return to work. The user should feel free to be creative when it comes to identifying ways to facilitate the return to work, while taking into account the possibilities available in the workplace, as well as the constraints imposed.

Planning the work schedule outside the most demanding periods or offering the possibility of telework.

The fact of integrating the employee back into work outside the hours when the work demands are very heavy during the first few days of their gradual return helps reduce stress and lower the expected productivity. Telework also reduces stress and fatigue.

Offering a flexible work schedule.

Propose a specific number of hours per day or per week to be worked instead of a fixed work schedule. This strategy can be particularly useful in the case of fatigue or difficulty recovering, or when issues of work/ life balance are involved.

Having the employee work as a supernumerary or in pairs.

The employee is added to the regular team (supernumerary) or may be paired with a co-worker to work in tandem. This solution helps reduce the work demands, and allows the person to withdraw if they experience difficulty, without impacting production.

Allowing the employee to take breaks adapted to their health needs.

Adapting the frequency and/or length of the person's breaks can make it easier for the employee to manage their symptoms. For example, some may find it more beneficial to take longer breaks to catch their breath or recharge their battery, while others may

benefit more from taking very short microbreaks in order to change positions, do stretching exercises, self-massage, or deep breathing exercises, or to apply ice or heat.

Offering the employee training.

Any types of training (e.g. Web capsules, mentoring, group training) that better equip the employee to perform their work can help them manage their symptoms.

Offering the employee coaching.

Coaching from the manager during an employee's gradual return to work helps strengthen their relationship in a way that facilitates problem solving.

Offering the possibility of becoming a mentor.

An experienced employee can become a guide/trainer for some co-workers during their gradual return to work, which can, in turn, help reduce their work demands.

Breaking a task down into smaller tasks.

When a task appears too demanding and too difficult to perform, breaking it down into smaller tasks makes it easier for the returning employee to organize themselves according to a time sequence, reduce the efforts involved in each step, and allow for recovery periods.

Examples of Ways to Increase the Margin of Manoeuvre (2/2)

Rotating the employee between different tasks.

This option is particularly worthwhile when the tasks are repetitive and physically or mentally demanding. Performing tasks with varying demands (mental and physical) allows some recovery time and helps limit fatigue.

Using adapted tools or techniques.

Using tools can reduce the physical and mental demands of the work. For example, the use of tools such as a hoist, winch, dolly, wheeled trolley, or patient lifter — even if it takes longer to perform the task — helps reduce the effort required, and thus, the risk of injury associated with materials handling. Similarly, the use of an electronic organizer or task and priority management software can facilitate the work. The same applies to certain work techniques, such as dividing up the loads to be lifted or transported.

Implementing strategies to reduce distractions.

Putting in place conditions to reduce work interruptions will have an impact on fatigue and can help the person regain confidence in their work capacities. For example, using a quiet office or wearing noise-reduction earmuffs are strategies that reduce distractions and promote better concentration.

Ensuring that the employee uses adapted work equipment.

Any equipment that promotes optimal body posture or that reduces the physical demands should be favoured to prevent the onset or aggravation of symptoms associated with musculoskeletal disorders. Examples include a platform to avoid having to work above shoulder height, knee pads, anti-vibration gloves, an anti-fatigue mat, an ergonomic chair, or a headset.

Ensuring that the employee alternates between sitting and standing positions.

This solution can be implemented by providing a stool or chair. Various types of stools can be adapted to different contexts (sit/stand work stool, saddle seat stool, fixed or wheeled stool, etc.). The employee could also be provided with a surface where they can work in a standing position. The important point is to allow the employee to alternate between the two positions.

Ensuring that tools are properly maintained.

Properly sharpened knives or scissors, well-inflated tires, and well-oiled tools can, for example, help reduce the efforts required.

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