

Occupational Therapy and Physical Therapy Work Conditioning and Work Hardening Program Agreement

The success of this work conditioning/hardening program requires all parties to have a clear understanding of their responsibilities. This program has been developed to provide you with instruction and an opportunity to regain physical tolerances in preparation for your return to work. Please understand that your insurer expects you to be compliant with the treatment prescribed by your attending physician. You will be evaluated on your physical performance, work behaviors, and compliance.

- Be on time each work day, and return from breaks and lunches promptly.
- Arrange medical or other appointments before or after program hours if possible.
- Schedule absences the first day of treatment, otherwise plan to attend daily. If absent 2 or more consecutive days, you will need a note from your doctor to return to the program.
- Prior to missing a treatment session, call your vocational counselor and/or claims manager as well as the clinic to explain why. If you are experiencing increased symptoms due to treatment, we would prefer to see you to help you control your symptoms and work through these challenges.
- Smoking is permitted 25ft. outside the building during breaks. Use of alcohol or illegal substances or attending under the influence during clinic hours is prohibited and could result in discharge from the program. Weapons such as guns, knives, etc. are not allowed on the premises.
- Children are not allowed in the clinic treatment areas. Please arrange for daycare.
- Use of the phone should be limited to breaks or lunch times unless it is an emergency.
- Threatening acts or behaviors, direct or indirect, that are interpreted by clients or staff will be grounds for immediate discharge from the program.
- Realize that the clinic is not a gymnasium. The weight machines, cardiovascular exercises, material handling and work simulation tasks each have a specific therapeutic purpose in mind for your particular injury and return to work goal. Help us and yourself by making changes in your program ONLY after consulting with your therapists.
- Beginning a new exercise program can be associated with increased symptoms. This is a normal part of the recuperating process. Be responsible and share this information with your therapists so that symptoms can be managed in a constructive manner and not become a barrier to the recuperation process. If you feel your symptoms need to be treated by a physician, you can call them at any time during the program.
- Understand your feelings; please try not to unload anger and frustration on your therapist. We are here to listen and help with your concerns and find solutions.
- Recuperating from an injury should be reviewed as a team effort; communication is the key to a successful program. Try to give feedback in a productive manner. Ask questions, set goals and be involved in your recovery.

- Clients are required to be here during their scheduled time unless pre-arranged with a staff member. Inability to arrive at your scheduled time is viewed as noncompliance and can be grounds for discharge.

Responsibilities of Your Therapist Include:

- Designing a treatment plan specifically for your injury and return to work goal in mind.
- Encouraging and supporting you to progress toward your goals in a safe and realistic manner. This includes instructing you in techniques that assist you in managing your symptoms.
- Communicating regularly with you to monitor your progress, provide instruction, offer feedback and discuss problems or concerns as they arise.
- Conducting progress sessions with you and providing reports of progress to those involved in your claim including physicians, claims managers and vocational counselors.
- Unscheduled absences are reported to those involved in your claim. Unscheduled absences may hinder continuation in the program.
- Providing a safe environment for you to regain control over your life, focus away from pain and onto functional and more positive aspects of your life and return to work.

I have read the above and understand the information. My signature below indicates that I agree to follow the requirements of the Work Conditioning / Work Hardening Program.

Worker

Date

Therapist

Date

Name: *(Please print)* _____