



APPENDIX 1: BARRIERS TO RETURN TO WORK

Please attach this completed Appendix to the Initial Assessment Report,
Progress Report, or Discharge Report if applicable.

401 Strickland Street, Whitehorse, Yukon, Y1A 5N8, **Telephone:** (867) 667-5645, **Toll free:** 1-800-661-0443, **Fax:** (867) 667-8740, **Web:** www.wcb.yk.ca

WORKER INFORMATION

Full Name	Worker has filed a claim with WSCB Yes No
Date of injury (d/m/y)	Claim #
Part of body (if no Claim #)	

BARRIERS FOR RETURN TO WORK

Injury related: Issues related to the nature & severity of the injury. Severity Concurrent condition Multiple prior injuries Advice of extended rest off work Deconditioned Other	Pain related: Maladaptive attitudes, beliefs & behaviours in relation to pain Fear avoidance High pain sensitivity Catastrophizing High intake of medications Other	Work related: Issues related to the ergonomic or psychosocial aspects of work Not job attached Lack of suitable modified work Poor work relationships Heavy job demands Fear that work is harmful Other	WSCB related: Issues related to WSCB & case management Conflict towards WSCB Poor attendance Poor compliance Other
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Please describe other

Signature _____ Date (d/m/y) _____