built2move
allied health

Built2News #10

By: Benjamin Lazarro - AEP

WHAT IS WORKCOVER?

WorkCover is the general name used in Australia for **state-based workers' compensation** schemes that provide insurance and support if someone is injured or becomes ill because of their work.

Each state and territory has its own WorkCover (or equivalent authority) that manages:

- **Workers' compensation insurance** – Employers must hold this to cover employees.
- **Injury support and payments** – Workers may receive weekly wage replacement, medical expenses, rehab, and sometimes lump sum payments.
- **Return-to-work programs** – Helping injured workers safely get back to their job.
- **Workplace health and safety regulation** – Inspecting workplaces and enforcing safe practices.

WHAT ARE SOME OF THE NORMAL STAGES OF WORKCOVER?

Most WorkCover claims across Australia follow a fairly standard pathway, though the details can vary by state. Here are the normal stages of WorkCover in simple terms:

1. Injury or Illness Occurs

- A worker gets injured at work (physical or psychological), or develops a work-related illness.
- They should **report it to their employer** as soon as possible.

2. Medical Assessment & Certificate

- The worker sees a **doctor or allied health professional,** who provides a **Work Capacity/Certificate of Capacity** (sometimes called a WorkCover Medical Certificate).
- This document outlines diagnosis, treatment, and whether the worker can do full duties, modified duties, or no work.

3. Lodging the Claim

- The worker (or employer on their behalf) **submits a WorkCover claim** to the insurer (e.g., WorkSafe VIC, WorkCover QLD, icare NSW).
- The employer must also **notify the insurer** of the injury.

4. Insurer Review & Decision

- The WorkCover insurer **reviews the claim** (medical evidence, workplace reports, sometimes interviews).
- A decision is made to **accept or deny the claim** (usually within 21–28 days depending on the state).
-

5. Compensation & Support

If the claim is accepted, the worker may receive:

- **Weekly payments** (if they can't work or are on reduced hours).
- **Medical expenses** (GP, specialists, physio, psychology, medication, surgery).
- **Rehabilitation support** (treatment programs, equipment, etc.).

6. Return to Work (RTW) Planning

- A **Return-to-Work plan** is developed with input from the worker, employer, treating practitioners, and sometimes an occupational rehab provider.
- Focus is on **safe and gradual return** to suitable duties, then back to full duties if possible.

7. Monitoring & Review

- The insurer regularly reviews progress, medical reports, and work capacity.
- Payments and treatment approvals may continue, change, or reduce depending on recovery.

8. Resolution / Claim Closure

- The claim may end when the worker has:
  - Returned to full work, or
  - Reached **maximum medical improvement (MMI).**
- In some cases, the worker may be assessed for **permanent impairment** and could receive a **lump sum payment.**

So, the journey usually looks like:

Injury → Report → Medical certificate → Claim lodged → Insurer decision → Payments/treatment → RTW support → Claim closure (or long-term management).

HOW DOES EXERCISE PHYSIOLOGY COME INTO PLAY IN A WORKCOVER CLAIM?

Exercise Physiology (EP) is often a key part of **rehabilitation under WorkCover,** especially for musculoskeletal injuries and sometimes psychological claims. Here's how it usually fits into the **WorkCover process:**

Role of Exercise Physiology in WorkCover

1. Referral & Approval

- Once a worker is injured and their claim is accepted, their **GP or treating specialist** may refer them to an Accredited Exercise Physiologist (AEP).
- The WorkCover insurer usually needs to **approve sessions** before they begin (except in some early intervention programs).

2. Assessment

- The EP conducts a **comprehensive assessment of:**
  - Injury/condition (e.g. back pain, shoulder injury, knee surgery recovery).
  - Functional capacity (strength, mobility, endurance).
  - Work demands (lifting, standing, repetitive tasks, driving, etc.).
  - Psychosocial barriers (fear avoidance, low confidence, deconditioning).

3. Individualised Exercise Program

- EP designs a program to:
  - Improve **strength, mobility, endurance, flexibility**.
  - Rebuild **capacity for work-specific tasks** (lifting, bending, kneeling, etc.).
  - Address **pain management** through graded exposure.
  - Support **mental health** via safe physical activity.

4. Return-to-Work (RTW) Support

- EP sessions often link directly with the worker's **RTW plan**.
- The EP might include **work-simulated tasks** (e.g. lifting boxes, repetitive reaching, climbing ladders).
- Regular progress updates are sent to the GP, insurer, and employer.

5. Ongoing Monitoring

- EP tracks improvements in:
    - Pain levels
    - Function
    - Work capacity
    - Confidence with movement
- Reports are submitted to WorkCover to justify continuation or discharge.

6. Discharge / Claim Closure

- Once the worker achieves **functional independence** and is safe to return to work, EP involvement usually winds down.
- Sometimes, if the worker has **long-term restrictions**, the EP may provide a **maintenance program**.

Typical Injuries Where EP is Used

- Lower back injuries
- Shoulder injuries (rotator cuff, frozen shoulder, impingement)
- Knee injuries (ligament, cartilage, post-surgery)
- Chronic pain conditions
- Deconditioning after long periods off work
- Psychological injuries (exercise for anxiety, depression, stress management, under GP guidance)

Exercise physiology in **WorkCover** helps bridge the gap between medical recovery and real-world work capacity, by restoring physical function and confidence to get workers safely back on the job.