

Are YOU Ready To Return To Work?



A SELF ASSESSMENT GUIDE FOR PEOPLE WITH STROKE.

This Guide was developed for people recovering from stroke who are considering part-time, full-time, self-employment or volunteer opportunities. It is designed to support you as you consider all the important parts of a successful return to work plan.



The Guide is to be completed by you, with input from family members, physicians, health care providers and your employer, as needed.

Use this Guide as many times as you need to. What you learn along the way will help you focus your rehabilitation / recovery efforts and make the most of your current abilities for a safe return to work. Remember, use of compensatory strategies and aids/devices may increase your success for an earlier return to work.

With this Guide, you will assess five critical areas to returning to work. Completing this guide requires self-awareness of your current abilities. You need to consider your abilities and compare them against the demands of the job you hope to return to or begin. An understanding of your current abilities, in relation to what is expected of you on the job, is critical to having a successful return to work.

THE FIVE CRITICAL AREAS TO RETURNING TO WORK ARE:

- **PHYSICAL ABILITY**
- **COMMUNICATION**
- **THINKING SKILLS**
- **EMOTIONS**
- **DRIVING/TRANSPORTATION**

Good luck and continued success with your recovery and return to work.

Remember: The highest reward for good work is the ability to do better!

FOR RATING YOUR CURRENT LEVEL OF FUNCTIONING, USE THIS SCALE:

In each of the five areas, you will rate your current abilities and the importance of that ability while performing tasks at work (Job Demands). For rating your current level of functioning, use this scale (depicted below):

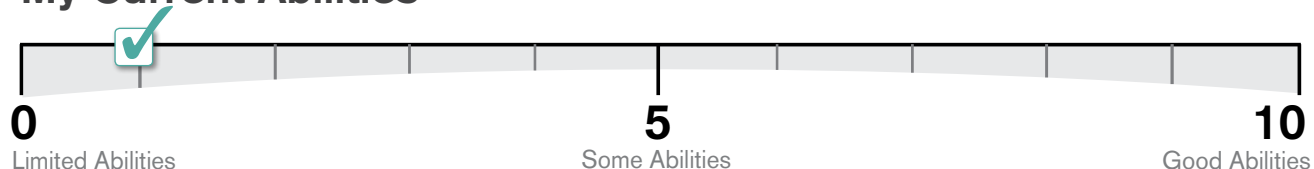
- | | |
|--|--|
| 0 – means you have limited abilities as the stroke affected this function | 0 – means this task or job demand is not important to doing your job |
| 5 – means you have some abilities despite the stroke affecting this function | 5 – means this task or job demand is somewhat important to doing your job |
| 10 – means you have good abilities as the stroke did not affect this function or you have recovered fully (with or without the use of aids/devices or strategies) in this area. | 10 – means this task or job demand is very important to doing your job |

Example: The stroke that Sally experienced resulted in her having very limited use of her right arm. Sally's job was a data entry clerk for the government. Her ratings would likely be:

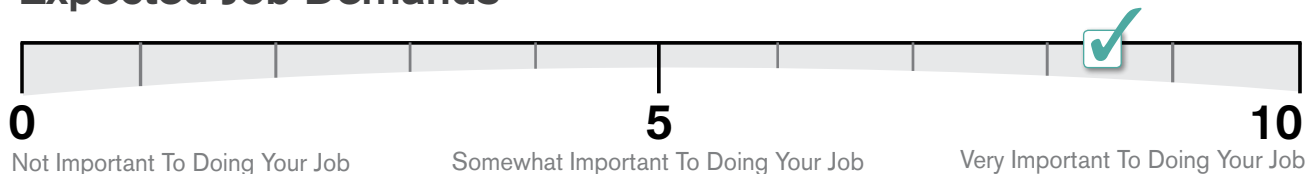
USE OF ARMS:

- A)** Consider activities including: reaching, lifting, grasping, strength, coordination, writing, keyboarding and fine motor skills.

My Current Abilities



Expected Job Demands



Sally's right arm has limited use (**scored a 1 on Abilities**) and her job requires significant use of her arms (**scored a 9 on Job Demands**). Based on this score, Sally would have difficulty performing tasks that required use of her right arm. Further rehabilitation, use of aids or devices such as "voice to text" software or a change in job tasks would be required for Sally to return to work at this time.

Ideally, your current abilities will be close to or greater than the tasks or physical demands of your intended job. If not, you can refocus your rehabilitation/recovery efforts and re-assess your abilities again later. Remember, your employer may also be able to change the tasks of your job to match your current abilities. We hope that using this Guide will help you understand your current abilities, make you think about the tasks or demands of your job and develop a plan to return to work. Each time you complete the self assessment, it will lead to useful discussion among the people supporting you and your return to work efforts.

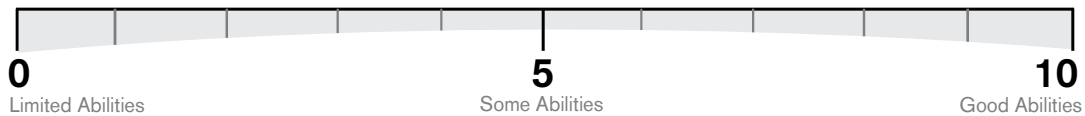
PHYSICAL ABILITY:

Note: Please rate your current abilities considering any aids/ devices or strategies that may improve your job performance.

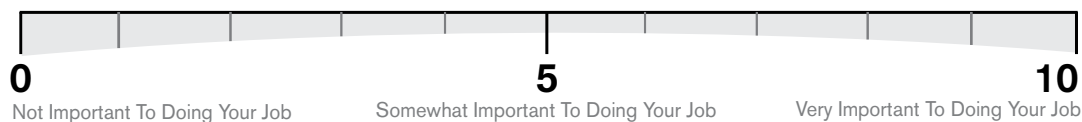
1. USE OF ARMS:

- A)** Consider activities including: reaching, lifting, grasping, strength, coordination, writing, keyboarding and fine motor skills.

My Current Abilities

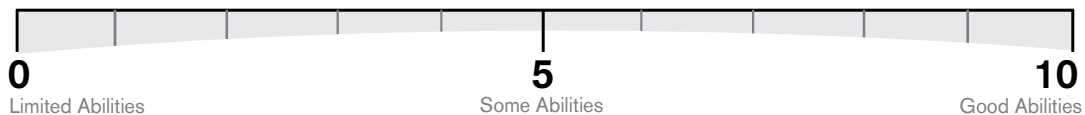


Expected Job Demands

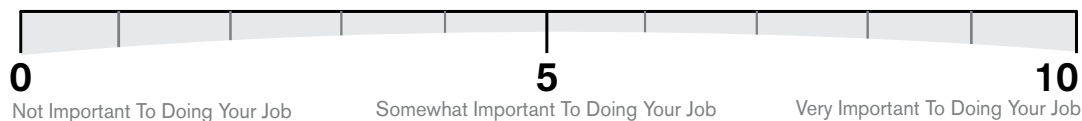


- B)** In general, do you have the ability to perform *repeated* reaching, lifting, grasping, strength, coordination, writing, keyboarding and fine motor skills?

My Current Abilities



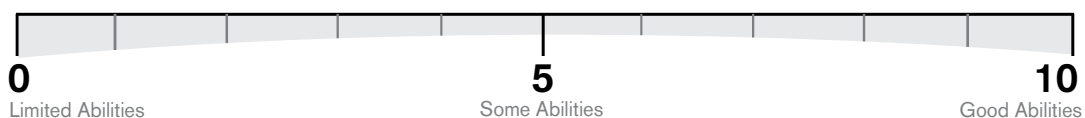
Expected Job Demands



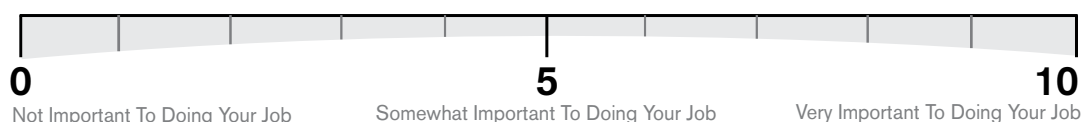
2. USE OF LEGS:

- A)** Consider activities including: balance, coordination, strength, walking, standing, stairway use, bending, squatting, kneeling, climbing and mobility.

My Current Abilities

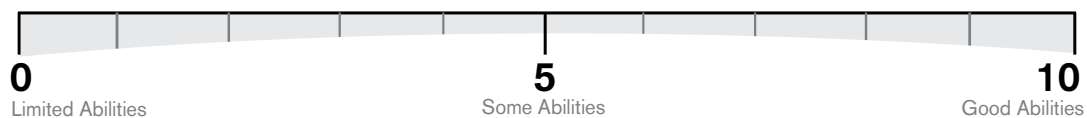


Expected Job Demands

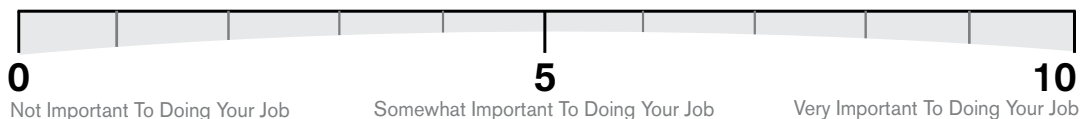


- B)** In general, do you have the ability to perform *repeated* bending, kneeling, stooping, walking and stair climbing without getting tired quickly?

My Current Abilities



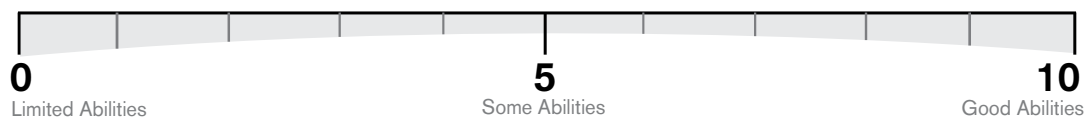
Expected Job Demands



3. VISION:

How good is your vision?

My Current Abilities



Expected Job Demands



IN SUMMARY

In summary, I feel my most significant **Physical strengths and challenges** are:

Strengths	Challenges

COMMUNICATION:

Note: Please rate your current abilities considering any aids/ devices or strategies that may improve your job performance.

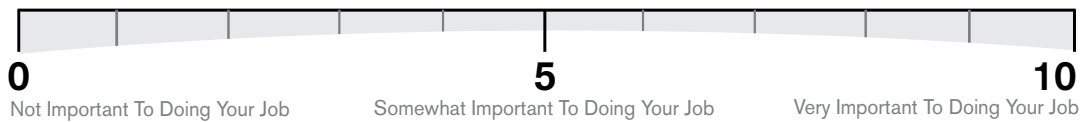
1. EXPRESSION:

Can you express your needs? Can other people understand what you are communicating?

My Current Abilities



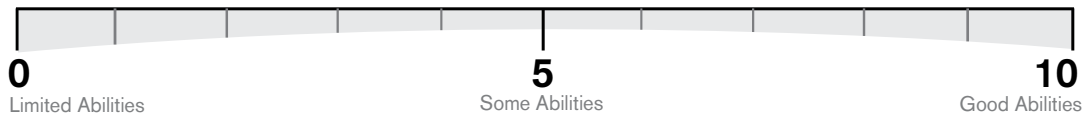
Expected Job Demands



2. WRITING:

Can you write sentences that are clearly understood by others?

My Current Abilities



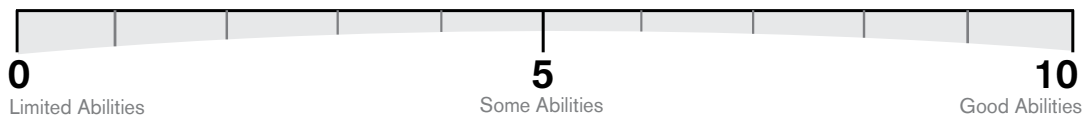
Expected Job Demands



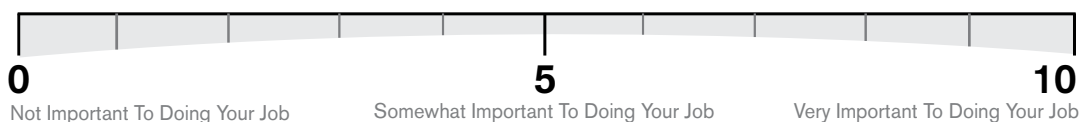
3. UNDERSTANDING:

Can you follow conversations?

My Current Abilities



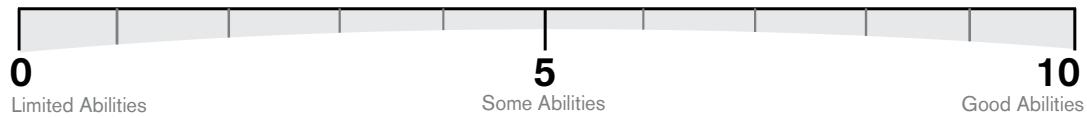
Expected Job Demands



4. READING:

Can you read and understand a written document?

My Current Abilities



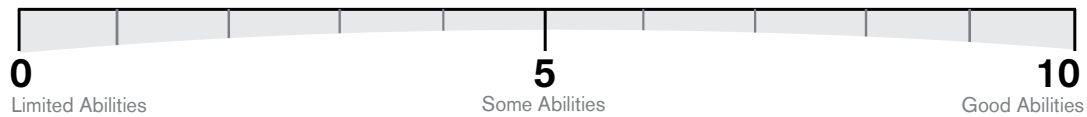
Expected Job Demands



5. LISTENING/SPEAKING SKILLS:

Can you join in conversations (listening and speaking) as you need to?

My Current Abilities



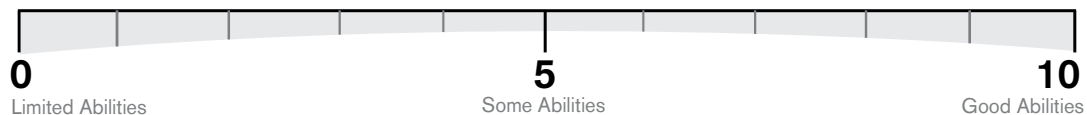
Expected Job Demands



6. READING/WRITING SKILLS:

Can you read and write as you need to?

My Current Abilities



Expected Job Demands



IN SUMMARY

In summary, I feel my most significant **Communication strengths and challenges** are:

Strengths	Challenges

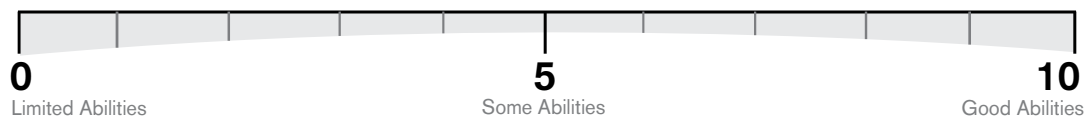
THINKING SKILLS:

Note: Please rate your current abilities considering any aids/ devices or strategies that may improve your job performance.

1. MEMORY:

How well can you remember things (e.g. names, appointments, objects, or information)?

My Current Abilities



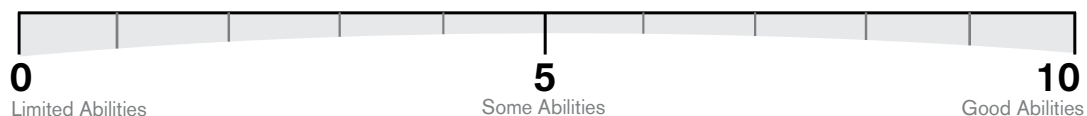
Expected Job Demands



2. ATTENTION/CONCENTRATION:

How good is your attention and concentration? Can you stay focused and not be distracted?

My Current Abilities



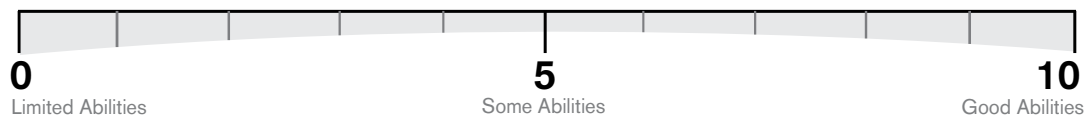
Expected Job Demands



3. PROBLEM SOLVING:

Can you complete simple tasks such as meal planning or paying bills on time?

My Current Abilities



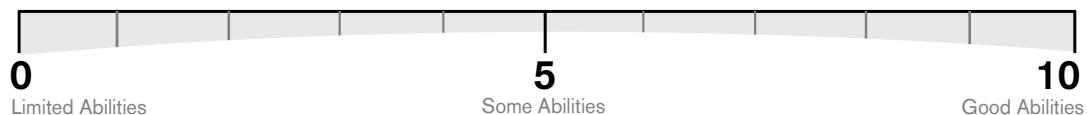
Expected Job Demands



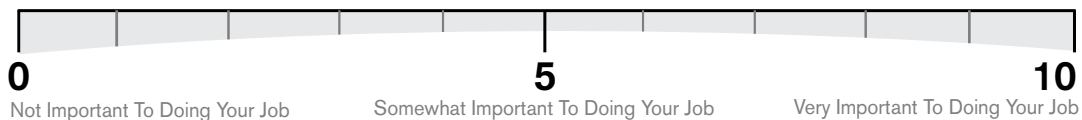
4. THINKING SPEED:

Can you handle multiple requests and respond?

My Current Abilities



Expected Job Demands



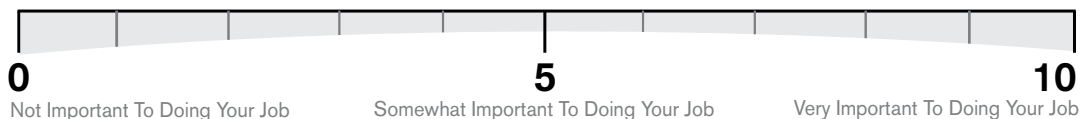
5. MENTAL FATIGUE:

Can you maintain your focus and concentration throughout the day?

My Current Abilities



Expected Job Demands

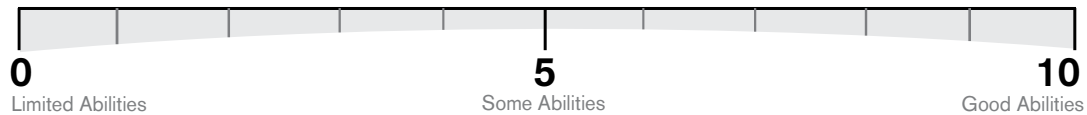


6. PLANNING/ORGANIZING:

Do you have the ability to:

- focus your attention on details?
- understand the steps required to perform a task?
- effectively schedule people/events?
- anticipate future tasks, events and deadlines?

My Current Abilities



Expected Job Demands



IN SUMMARY

In summary, I feel my most significant **Thinking strengths and challenges** are:

Strengths	Challenges

EMOTIONS:

Note: Please rate your current abilities considering any aids/ devices or strategies that may improve your job performance.

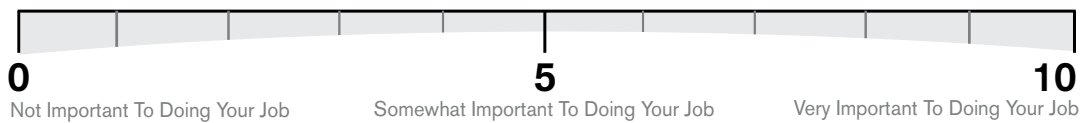
1. FRUSTRATION TOLERANCE:

Can you stay calm in difficult situations?

My Current Abilities



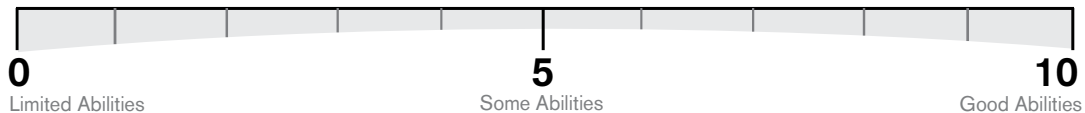
Expected Job Demands



2. STRESS:

Can you manage your stress?

My Current Abilities



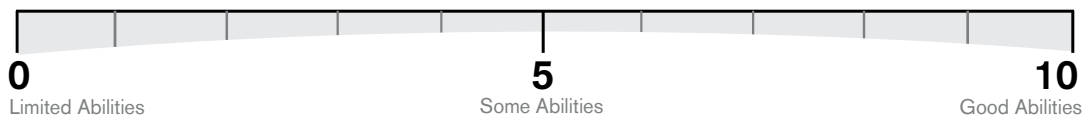
Expected Job Demands



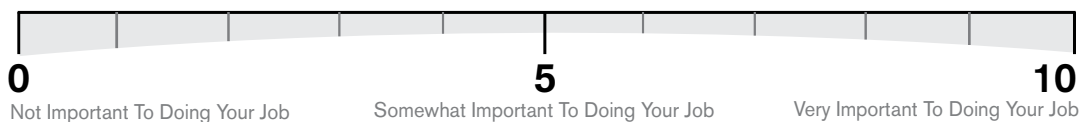
3. INTERPERSONAL SKILLS:

Can you interact appropriately with family members, friends and people in your community?

My Current Abilities



Expected Job Demands



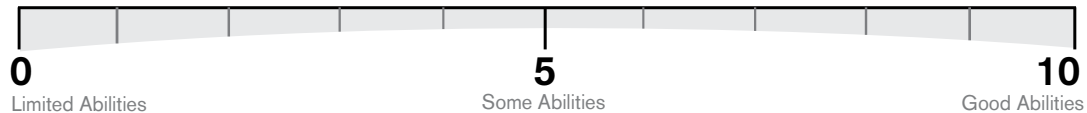
4. COPING ABILITIES:

Do you experience any of these symptoms?

- depressed mood most of the day Yes___ No___
- crying often or the inability to cry Yes___ No___
- less interest in activities that you used to enjoy Yes___ No___
- significant weight loss or gain Yes___ No___
- difficulty sleeping or sleeping too much Yes___ No___
- thinking about death or suicide Yes___ No___
- feelings of hopelessness, worthlessness or guilt Yes___ No___
- poor concentration or indecisiveness Yes___ No___
- lack of motivation Yes___ No___

For the boxes that you marked “yes”, do they interfere with your activities of daily living?

My Current Abilities



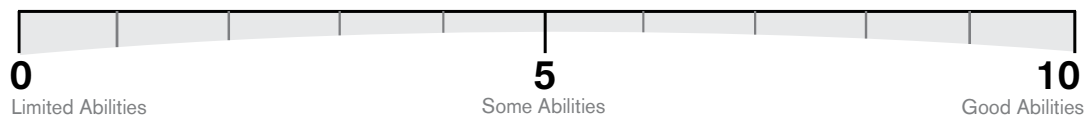
Expected Job Demands



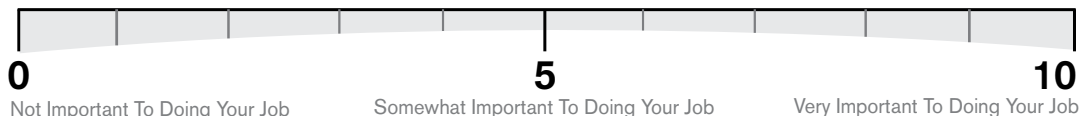
5. CONFIDENCE:

Overall, do you have confidence in your abilities?

My Current Abilities



Expected Job Demands



IN SUMMARY

In summary, I feel my most significant **Emotional strengths and challenges** are:

Strengths	Challenges

DRIVING/TRANSPORTATION:

Note: Please rate your current abilities considering any aids/ devices or strategies that may improve your job performance.

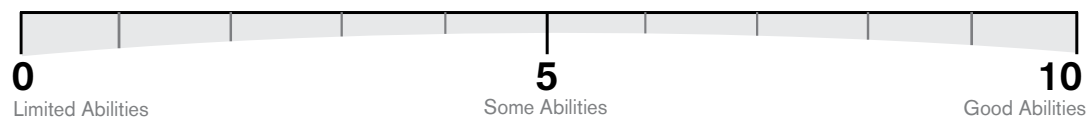
1. DRIVING ABILITY:

Are you currently a licensed driver? Yes ____ No ____

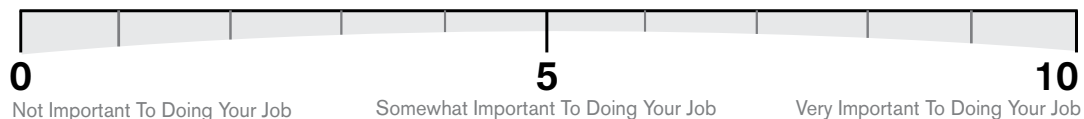
Are you required to be able to drive for your work? Yes ____ No ____

Do you currently feel capable of driving safely? Yes ____ No ____

My Current Abilities



Expected Job Demands

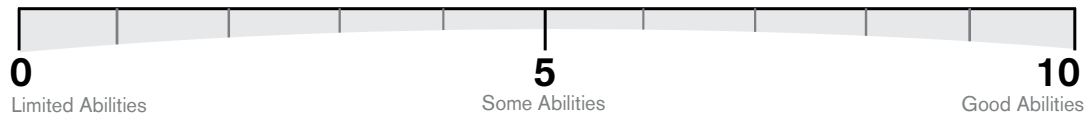


2. TRANSPORTATION SUPPORTS:

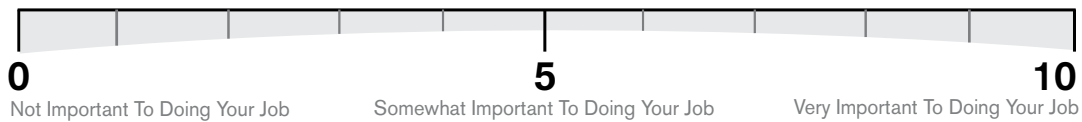
If you are not driving, do you currently have another way to get to and from work?
For example: colleagues, family or bus?

Yes _____ No _____

My Current Abilities



Expected Job Demands



IN SUMMARY

In summary, I feel my most significant **Transportation strengths and challenges** are:

Strengths	Challenges

RETURN TO WORK SUMMARY:

Overall, after reviewing my answers in this guide, I feel my most significant strengths and challenges related to returning to work are:

Strengths	Challenges

To achieve an effective return to work, I want to focus my rehabilitation / recovery efforts on:

Comments:

Comments:

Client Name: _____ **Date:** _____



London Health Sciences Centre

University Hospital - Room B10 - 104 | 339 Windemere Road London, ON N6A 5A5
519-685 8500 x 32462 | swostrokestrategy@lhsc.on.ca

www.swostroke.ca

Developed by the Return to Work after Stroke Working Group of the Southwestern Ontario Stroke Network.
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