WORK COMP CHEAT SHEET

QUICK REFERENCE FOR OCCUPATIONAL INJURIES

ELITE CLINICAL PARTNERS

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1. INITIAL QUESTIONS (ALWAYS ASK)

- ☐ What happened? (How did the injury occur?)
- ☐ Date & exact time of injury
- ☐ Body part(s) involved
- ☐ What were you doing at the time?
- ☐ Immediate symptoms?
- ☐ Previous injury to same body part?
- ☐ Right or left hand dominant? *(Upper-extremity injuries only)*

2. RED FLAGS – IMMEDIATE ED REFERRAL

- Open fracture
- Obvious deformity
- Neurovascular compromise
- Compartment syndrome
- Cauda equina symptoms
- Loss of consciousness or concerning findings
- Severe eye injury/chemical burn
- Penetrating injury
- Severe burns
- Uncontrolled bleeding
- Chest pain/SOB after injury
- High-energy trauma

3. EVERY EXAM SHOULD INCLUDE

Inspection	Swelling, bruising, deformity, skin changes, wounds
Palpation	Point tenderness, crepitus, warmth, muscle spasm
Range of Motion	Active, passive (if appropriate)
Strength	0–5 scale
Neurovascular	Sensation, pulses, capillary refill, motor function

4. ASK YOURSELF

Could this be:

- Fracture
- Dislocation
- Tendon rupture
- Ligament injury
- Muscle strain
- Contusion
- Nerve injury
- Infection
- Other

5. IMAGING – CONSIDER WHEN CLINICALLY INDICATED

X-RAY – Consider if:

- ✓ Focal bony tenderness
- ✓ Deformity
- ✓ Suspected fracture/dislocation
- ✓ Unable to bear weight
- ✓ High-risk mechanism
- ✓ Positive Ottawa Ankle/Knee Rules (when applicable)
- ✓ Foreign body suspected
- ✓ Persistent or worsening symptoms

MRI – Consider if:

- ✓ Persistent pain despite conservative treatment
- ✓ Ligament tear
- ✓ Tendon rupture
- ✓ Rotator cuff injury
- ✓ Meniscus injury
- ✓ Neurologic deficit
- ✓ Surgical planning

CLINICAL PEARL

Pain alone is not an indication for routine radiography. Imaging should be based on history, examination findings, mechanism of injury, and validated clinical decision rules.

6. TREATMENT

- ☐ Ice
- ☐ Heat (after acute phase)
- ☐ NSAIDs (if appropriate)
- ☐ Acetaminophen
- ☐ Muscle relaxer
- ☐ Splint/Brace
- ☐ Sling
- ☐ Crutches
- ☐ Wound care
- ☐ Tdap update
- ☐ Antibiotics (if indicated)

7. WORK RESTRICTIONS BY INJURY

INJURY / DIAGNOSIS	POSSIBLE RESTRICTIONS (EXAMPLES)
Lumbar strain, back pain	• No lifting >10–20 lbs • No repetitive bending/twisting • No climbing ladders • Limited standing (15–30 min at a time) • Alternate sitting/standing • Sedentary duty
Cervical strain	• No overhead work • No lifting >10 lbs • Limited neck rotation/extension • Sedentary duty
Shoulder strain, (rotator cuff), impingement	• No overhead reaching • Lift ≤10–15 lbs • No repetitive reaching • Light duty
Elbow strain, tendonitis (e.g., lateral epicondylitis)	• No lifting >5–10 lbs • No repetitive gripping • No forceful pushing/pulling • One-handed work only if needed
Wrist sprain, wrist fracture, tendonitis	• No lifting >5–10 lbs • No repetitive gripping or keyboarding • No forceful twisting • One-handed work only
Hand/finger fracture, sprain, laceration	• No gripping or forceful grasp • No lifting >5 lbs • No fine motor work • Buddy taping/splint as needed • One-handed work only
Knee sprain, contusion, meniscus injury	• No climbing ladders • No squatting or kneeling • No lifting >15–20 lbs • Limited standing/walking • Sedentary or light duty
Ankle sprain	• No climbing ladders • Limited standing/walking • No lifting >15–20 lbs • Sedentary or light duty
Lower extremity fracture	• Non-weight bearing / TTWB / WBAT as directed • No climbing ladders • Sedentary duty
Laceration (hand/arm)	• Keep clean and dry • No lifting >5–10 lbs • No submerging wound • One-handed work only

* Restrictions are examples. Adjust based on severity, job demands, and clinical judgment.

8. FOLLOW-UP TIMELINE (RECOMMENDED)

Minor strain	3–7 days
Sprain	5–10 days
Laceration (suture removal)	See suture guide
Burn	2–5 days
Eye injury	24–48 hrs
Back strain	3–7 days
Fracture / Severe injury	Ortho / Specialist

RETURN IMMEDIATELY IF...

- Numbness or tingling
- Increasing weakness
- Severe swelling
- Fingers/toes become cold or blue
- Fever or worsening redness
- Severe uncontrolled pain
- New bowel/bladder dysfunction

9. DOCUMENTATION PEARLS

- ✓ Mechanism of injury
- ✓ Objective findings
- ✓ Neurovascular status
- ✓ Range of motion
- ✓ Functional limitations
- ✓ Imaging reviewed
- ✓ Treatment provided
- ✓ Work restrictions given
- ✓ Follow-up plan

REFERENCES

1. American College of Occupational and Environmental Medicine (ACOEM). Initial Approaches to Treatment of Acute Work-Related Musculoskeletal Disorders. 2026.
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3. Stiell IG, et al. Implementation of the Ottawa Ankle Rules. JAMA. 1997;278(24):2075-2079.
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5. Stiell IG, et al. The Canadian C-Spine Rule versus the NEXUS Low-Risk Criteria in patients with trauma. N Engl J Med. 2003;349(26):2510-2518.

This guide is intended as a clinical reference and does not replace professional judgment.