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THE OCCUPATIONAL THERAPY UNIT,  
HOSPITAL SULTANAH BAHIYAH, ALOR SETAR, KEDAH.  
AND  
MALAYSIAN OCCUPATIONAL THERAPY ASSOCIATION

# RETURN TO WORK COURSE

## DATE :

13–14 NOV 2011  
(SUNDAY & MONDAY)

## TIME :

8.00 am – 5.00 pm

## VENUE :

BILIK SEMINAR 2  
HOSPITAL  
SULTANAH BAHIYAH

## ABOUT SPEAKER

MR. SULAIMAN MURAD  
UITM LECTURER  
PhD candidate  
( MONASH UNIVERSITY,  
AUSTRALIA )

**Further  
information .Please  
contact:**

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Sellathurai Pathar  
Pn Siti Ramlah Sulaiman  
Pn Hamizah Ismail

OCCUPATIONAL  
THERAPY UNIT  
REHABILITATION  
DEPARTMENT  
HOSPITAL SULTANAH  
BAHIYAH

Phone: 04-7406233  
ext- 6126 / 6131  
No Fax : 04-7350232

## COURSE OUTLINE

1. An occupational therapist provides return to work service ( RTW) that enables the reintegration of individuals into the workplace following disruption due to physical or mental health issues.
2. Return to work involves work conditioning and work hardening program. In OT perspective:
  - Work conditioning is used to restore cardiovascular and musculoskeletal functions and enhance the client's physical capacity to RTW.
  - Work hardening includes increasing physical capacity in relation to client job demands such as strength training, job simulation and body mechanics training.

## Topics will be cover

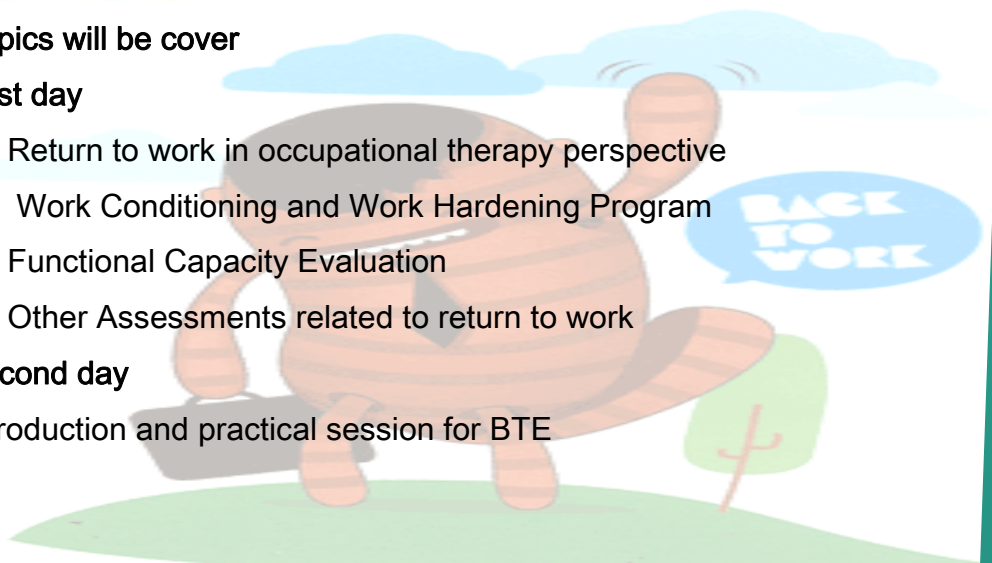
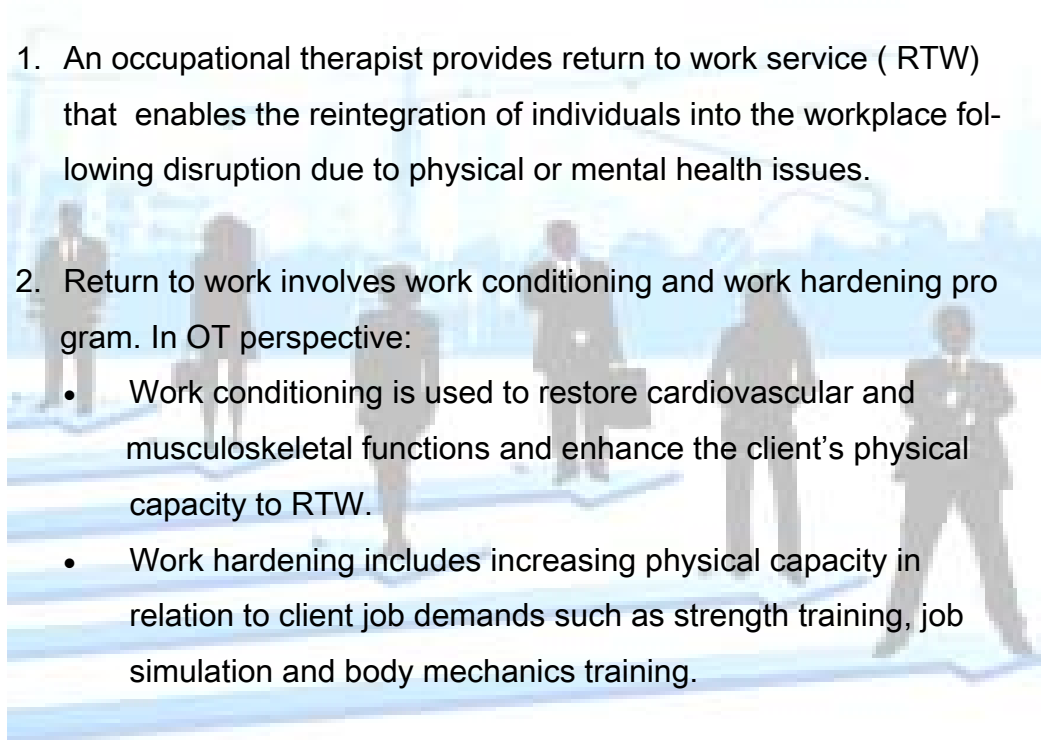
### First day

1. Return to work in occupational therapy perspective
2. Work Conditioning and Work Hardening Program
3. Functional Capacity Evaluation
4. Other Assessments related to return to work

### Second day

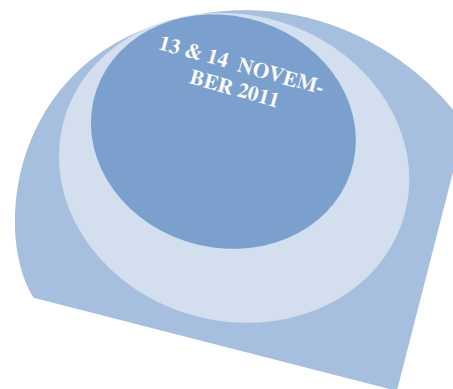
Introduction and practical session for BTE

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# RETURN TO WORK COURSE

## Registration Form



Full Name:

\_\_\_\_\_

Mycard / I.C. No.:

\_\_\_\_\_

Hospital/Department/Institution:

Profession :

Contact Information:

Office phone no.: \_\_\_\_\_ Mobile phone no.: \_\_\_\_\_

Fax: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

OCCUPATIONAL THERAPY UNIT  
REHABILITATION DEPARMENT  
HOSPITAL SULTANAH BAHYAH  
05400 ALOR SETAR , KEDAH.  
Phone: 04-7406233 ext: 6126/6127  
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**\*Mode of Payment:**

Cheque  L.O.

**\*Cheque OR LO made payable to**

PERSATUAN TERAPI CARAKERJA MALAYSIA  
P.O. BOX 11715, 50754 KUALA LUMPUR

Bank : Maybank Berhad

Branch : Kampung Baru, KL.

Account No: 564098-209257

OR ONLINE REGISTRATION: [www.occupational-therapy.org.my](http://www.occupational-therapy.org.my)

**REGIATRATION FEES**

MOTA MEMBERS: RM 100

NON MOTA MEMBER :RM300

**Secretariat use only**

Registration No. \_\_\_\_\_

Date: \_\_\_\_\_

*\* Payment upon confirmation of application : CLOSING DATE 8 NOVEMBER, 2011*