A phone call from the insurance adjuster can feel harmless. They sound polite. They say they just need a few details to “move your claim along.” Then the questions Georgia Workers' Compensation start to narrow. Before long, injured workers find themselves agreeing to things that are not quite accurate, or answering in ways that later get used against them. I have watched perfectly valid claims stall for months because of six careless words: “I’m feeling better, it’s fine.”

You do not need to be combative. You do not need to be a legal scholar. You do need to understand how your words can shape, and sometimes shrink, your claim. Insurance carriers are paid to evaluate and limit risk, not to advocate for you. That does not make them villains. It does mean you should be intentional every time you speak with them.

Below is pragmatic, experience-tested guidance on what not to say, why it matters, and how to protect your claim without exaggeration or hostility. I will share common traps, the language that causes trouble, and what to say instead.

Why your words carry outsized weight

Workers compensation claims live and die on a short list of issues: was this a work injury, how serious is it, is treatment necessary and related, and how long will it keep you from working. Every statement you make can be slotted into one of these boxes. Because the system runs on documents, your phone conversation becomes a “statement,” your casual text becomes “evidence,” and your medical visit notes become the “record.” When an adjuster hears you say “it’s not that bad,” they do not hear kindness or stoicism. They hear grounds to limit medical authorization or contest time off work.

I have seen adjusters quote a single sentence from a 45 minute call and the judge nod along. That is the environment you are in. You are not paranoid to be careful. You are prudent.

The recorded statement dilemma

Adjusters often ask for a recorded statement early. They present it as a routine step, and in many jurisdictions, they are allowed to ask. Whether you must agree depends on your state. In some places, refusing can delay your benefits. In others, you can condition the statement on having a workers compensation lawyer present. The problem is not the recording itself. It is the way questions get layered in a way that invites missteps.

Example from an actual transcript: “So, you’ve been lifting boxes like that for years without a problem, right?” Many workers nod along, trying to be helpful. The follow-up reads: “So this was not really different from your normal routine.” That framing can convert an acute injury into a gradual one in the adjuster’s summary, which may trigger a different standard of proof.

If you must give a recorded statement, pause before each answer. Keep responses short and factual. Avoid discussing medical conclusions, job politics, or opinions about fault. If the question is unclear, say so. “I am not sure I understand. Are you asking what I lifted that day or what I usually lift?” Precision is your friend.

Five phrases that quietly damage valid claims

- “It’s my fault.”
- “I’ve had this before.”
- “I’m fine to work light duty no matter what.”

- “I don’t need a doctor.”
- “It didn’t really happen at work.”

Those lines look harmless. Here is how each one gets misused, and what to say instead.

When you say “It’s my fault,” you may think you are being honest about a mistake. In most workers compensation systems, fault does not control eligibility. You could have misjudged a step, tripped, or failed to use perfect technique, and you still may have a compensable injury. Admitting fault tempts the adjuster to explore “willful misconduct” or safety violations, and it often triggers additional investigation that slows everything. A better approach is to describe what happened without character labels. “I was on the third rung, turned to my left to place a box on the shelf, my foot slipped, and I landed on my right hip.”

When you say “I’ve had this before,” context matters. If you had a similar body part injury years ago, it does not erase a new work injury. But the insurer will chase prior records and argue this is all preexisting. If prior issues exist, acknowledge them accurately and with dates. Then be clear about what changed on the injury date. “I had a mild low back strain in 2019 that resolved after physical therapy. Since last Tuesday when I lifted the compressor, I have had constant right-sided pain that goes down my leg, which I did not have before.”

When you say “I’m fine to work light duty no matter what,” you mean you want to get back to work and do your part. Insurers sometimes hear you volunteering to return to any position, at any pace, even if it is unsafe. The safer articulation is to defer to your doctor’s restrictions. “I want to work. I will follow whatever restrictions my doctor gives me. If you have a light duty position within those limits, I am open to it.”

When you say “I don’t need a doctor,” you might mean you want to try ice, rest, and common sense. The insurer hears that you are declining medical documentation, which they rely on to approve wage loss and treatment. If you are in pain, or if the injury could be more than a bruise, see a provider promptly. Your pain on day one is not a prediction of day seven. A short clinic note is worth more than a long story later.

When you say “It didn’t really happen at work,” you might be downplaying so you do not look like a complainer. But if a work activity precipitated the injury, give the event its full weight. “I was unloading pallets at 6:30 a.m. My left knee buckled stepping off the dock to the ground. I felt immediate pain.” Doubt in the first report becomes skepticism throughout the case.

How insurers use casual language against you

Adjusters are trained to identify inconsistencies. Their files flag certain words and conditions. If you tell your supervisor the injury happened on Thursday but tell the clinic it started Sunday, that inconsistency will lead to questions. If you say the pain is “not that bad” on the call, but you rate it at an eight with the doctor, expect pushback on whether your pain increased later or whether you are exaggerating. This is not about lying. It is about being consistent and measured.

Temperature check statements also cause problems. “I’m better” can mean the swelling is down. The insurer may treat it as full recovery. I prefer “I’ve had some improvement, but I still have limits. I am following my doctor’s plan.”

The danger of guessing

Speculation is a quiet claim killer. I have heard smart, honest people try to be helpful, only to hurt themselves. When asked “how much did the package weigh,” they guess. “Maybe 70 pounds.” Later, the employer produces documentation that those boxes are 42 pounds. The adjuster will suggest you are not credible. It is perfectly fine

to say “I don’t know,” “I do not recall,” or “I would need to check.” That answer is more accurate than a guess that turns out wrong.

This also applies to medical labels. Do not diagnose yourself. “I think I tore my rotator cuff” becomes a defense exhibit when imaging shows something different. Stick with symptoms. “I feel deep shoulder pain when I reach overhead, and my strength is reduced.”

Medical authorizations and how much to share

Early in the claim, carriers may send broad medical releases that allow them to collect records from years before the injury. Read them closely. In many states, the insurer is entitled to records related to the body part at issue, not your entire medical history. A general release can expose old, irrelevant issues that complicate your claim. You can ask for a tailored release limited to relevant body parts and a reasonable time window, often two to five years depending on the case.

When talking with adjusters, keep medical updates simple. “My doctor placed me on no lifting over 10 pounds, no overhead reaching, and prescribed physical therapy twice per week for four weeks.” Forward the actual restrictions document. Let the records do the talking.

Social media, texts, and casual surveillance

Insurers routinely check public social media. If your settings are open, assume someone at the carrier will see it. I have seen claims questioned based on a single photograph that lacked context. A worker with a knee injury posted a picture smiling at a nephew’s birthday party with a caption, “Best day.” The insurer argued that the worker was participating in activities inconsistent with claimed limitations. We had to explain that a snapshot does not show how much time he sat, whether he wore a brace, or how he felt later. It is easier to prevent that fight than to win it.

Also assume you may be under limited video surveillance if your claim involves extended time off. Investigators look for contrasts between your reported limits and your daily activity. You do not need to live in fear. You do need to live consistent with your restrictions, not what you can grit through for an hour on a good day.

How to talk about pain and function

Pain scales are blunt instruments, but they are part of the system. The question is not simply “What is your pain, zero to ten.” It is also “What activities trigger it, how long does it last, and what improves it.” A useful pattern: rest baseline, activity spike, recovery time. “At rest my low back is a two. When I bend or lift over 10 pounds, it spikes to a seven for about an hour. Ice brings it down to a three.”

Function often matters more than raw pain numbers. “I can stand for 15 minutes before my knee locks up. I need to sit and elevate for 20 minutes to settle it.” This kind of detail helps your doctor set restrictions and gives the adjuster less room to claim you are fine.

Reporting the injury and the calendar problem

Timeliness is one of the top three reasons claims get denied. Most states require you to report a work injury to your employer within a short window, commonly 24 to 30 days. Some require immediate notice. Report as soon as you can, and do it in writing if possible. If you delayed because you thought it was minor, say that. “I thought it was a simple strain and would resolve. When it did not, I reported it.”

For cumulative or repetitive trauma, such as carpal tunnel or tendonitis, the injury date can be the day you first sought treatment or were first disabled by the condition. If that applies to you, be cautious about statements that make it sound like you have had the symptoms forever without telling anyone. Instead, explain the recent change. “My hands have tingled off and on for months, but over the last three weeks the numbness has been constant and I dropped two trays at work.”

Preexisting conditions and what not to say

Preexisting conditions are not poison. Many people have some wear and tear. What undermines a claim is vague language that blurs old and new. Avoid “my back always hurts.” That gives the insurer a path to argue your current limitations are unrelated. Try “I had occasional lower back stiffness after long shifts, but I could always shake it off. Since the fall from the truck bed on May 3, I have daily right-sided pain radiating to my calf.”

If the insurer asks about old injuries, answer truthfully and with dates. Do not omit material facts. Omissions look worse than the truth.

Light duty offers and slippery phrases

When the employer offers light duty, it must match your medical restrictions. Do not agree to “help out a little” if the tasks exceed those limits. If they say “we will keep it easy,” ask for a description in writing and bring it to your doctor. If the adjuster insists the job fits your restrictions and you disagree, loop in your provider quickly. Do not say “I refuse to work.” Say “I want to work within my restrictions. The tasks described exceed those limits. I will discuss with my doctor and respond.”

An email trail matters. If the employer says the job will involve “some light cleaning,” and that turns out to be hours of mopping and carrying supplies up stairs, document that mismatch after the first shift. Small, prompt notes prevent large credibility fights later.

Nurse case managers and boundaries

Some claims include a nurse case manager who attends appointments or coordinates care. Good ones can speed approvals and avoid miscommunication. Poor ones can steer conversations away from your symptoms and toward cost. You are allowed to set boundaries. If a nurse manager starts asking you questions in the exam room, it is fine to say, “I would like to speak with my doctor privately first.” Share your full symptom history directly with your provider. The nurse manager can get the plan afterward.

If you feel pressured to downplay limits, say less. “I will follow my doctor’s advice” is a complete sentence.

When the adjuster asks about outside work and hobbies

Side gigs, second jobs, sports, and heavy hobbies all matter to insurers. If the question comes up, answer with clarity. The issue is not whether you have a life outside work. It is whether those activities contradict your reported limitations. If you used to coach soccer and cannot now, say that. If you still attend games but sit on the sidelines, say that too. “I used to run 10 miles per week. I have not run since the injury.” That is more useful than “I don’t really run much.”

Do not volunteer that you will push through an activity because your cousin is in town. Pain tolerance is not a defense to re-injury.

The employer relationship and how to keep it steady

Plenty of injured workers want to protect their employer. That instinct is human. You can be loyal, and still remember that your statements go into a claim file, not a friendly chat. Avoid casual apologies that sound like admissions of wrongdoing. Keep tone neutral and focused on facts. “I wanted to let you know I was hurt lifting the top beam at 10 a.m. I reported it to the foreman. I am going to the clinic now.”

If a supervisor suggests keeping it off the books or paying your wages under the table while you recover, stop. That can jeopardize your benefits and your job. A short, respectful line works: “I appreciate the support, but I need to report this properly.” Then do it in writing.

What to say when you do not know the answer

“I don’t know” can be the most accurate, protective answer you have. It is not evasive if true. If pressed, add what you will do next. “I don’t recall the exact date. I can check the schedule and follow up.” If asked a multi-part or confusing question, break it apart. “I can answer the first part about where I was standing. I cannot answer the second because I did not see it.”

I coach clients to use pauses. You do not need to fill silence. If the adjuster repeats the same question in a slightly different way, repeat your answer. Consistency is credibility.

Before you talk to the insurer, do these five things

- Write down a simple timeline: date, time, what you were doing, how it happened, who you told.
- List your current symptoms and limits in plain language.
- Gather names of any witnesses and your supervisor.
- Check your doctor’s current restrictions and keep a copy handy.
- Decide your boundaries: what you will answer, and what you will defer until you speak with a workers compensation lawyer.

These steps take 20 to 30 minutes and can save months of friction later. Having the facts in front of you reduces the temptation to guess.

Special traps for specific injuries

Shoulder injuries invite disputes about impingement versus acute tears. Be precise about the triggering motion and immediate symptoms. If it was a pop while lifting a box to chest height at 9 a.m., say that, not just “sore shoulder.”

Back injuries raise questions about radiating pain and prior episodes. Note new neurologic symptoms and functional limits. If your toes are numb, say which ones. Details matter.

Knee injuries often get pegged as degenerative. If your knee buckled or you felt a distinct shift or click, record that fact at the first medical visit. If stairs now cause sharp pain, write that down.

Hand and wrist injuries run into arguments about repetitive strain. The more you can pin down when symptoms tipped from occasional to constant, the cleaner your claim will be.

Head injuries and concussions present a different challenge. People minimize headaches and fog. If you hit your head, report it right away, even if you did not black out. Note light sensitivity, nausea, or irritability, and how it

affects work tasks like screen time or machine operation.

The doctor’s note that protects you

One or two sentences in a medical note can carry your claim through rough waters. Ask your provider to include three things when accurate: mechanism of injury, diagnosis, and work status. A *Georgia workers' comp law* gold-standard line looks like this: “Patient reports acute right shoulder pain after lifting 50 pound box at work on 6/14, exam consistent with rotator cuff strain. Recommend no overhead work, no lifting over 10 pounds, and physical therapy twice weekly for four weeks.” That note can unlock treatment authorization and guide safe light duty.

If your doctor is rushed, hand them a short written note at check-in with your mechanism and key symptoms. Providers are human. Small aids help them capture the facts that matter.

What if you already said the wrong thing

Do not panic. Most mistakes can be corrected with prompt, factual clarification. If you told the adjuster you were “fine,” but your doctor later placed serious restrictions, send the note and add a line: “Earlier I said I was feeling better. After evaluation, my provider placed me on the attached restrictions. I will follow this plan.”

If you misstated a date, correct it in writing. “I previously said Thursday. Reviewing my schedule, it occurred Wednesday at 2 p.m.” Precision now beats a bruising credibility fight later.

If you signed a very broad medical release, you can ask to revoke it and replace it with a targeted release. Keep the tone respectful. You are not hiding. You are shaping the inquiry to what is relevant.

How a workers compensation lawyer changes the conversation

An experienced workers compensation lawyer does not just file forms. We train you to communicate clearly, we screen the adjuster’s questions, and we create a written record that reflects the reality of your injury. In many cases, we can attend recorded statements, propose written questions instead of live calls, or limit the scope of inquiries to what is appropriate. We also identify when a seemingly simple claim is about to become complex, for example when the employer disputes notice, when surveillance appears, or when a nurse case manager crosses boundaries.

We translate doctor-speak into restrictions that make sense for your job. We push back when the insurer cherry-picks one optimistic comment and ignores the rest of the record. And we bring your story back to the center: a person who wants to heal and work, following medical advice in good faith.

The mindset that serves you best

Think like a narrator, not an advocate. Your job is to tell what happened and what you can and cannot do, as accurately and consistently as possible. Avoid conclusions and labels. Avoid jokes that can be misread in print. Be patient with yourself. Injuries are messy. Symptoms fluctuate. Calendars blur. You are allowed to slow down and answer carefully. You are allowed to ask for time to check records. You are allowed to say you prefer to consult with a lawyer before answering a question that feels off.

A short script for common moments

When the adjuster asks for a recorded statement right now: “I am willing to cooperate. I would like to schedule this so I can have my notes and, if needed, speak with a workers compensation lawyer.”

When asked to rate your pain and you worry about sounding dramatic: “At rest it is a three. With lifting or bending it jumps to a seven for about an hour. I am following my doctor’s plan.”

When the employer offers light duty but you are unsure: “Thank you for the offer. Can you send the job tasks in writing? I will review with my doctor to make sure it fits my restrictions.”

When you genuinely do not know: “I am not sure. I will check the schedule and follow up this afternoon.”

When you feel pressured to agree that it was minor or not work related: “I was injured while performing my work duties. I am following the reporting process and my doctor’s guidance.”

The long game

Insurance files tell a story. If your story is steady, detailed where it counts, and grounded in medical notes, it becomes hard to derail. If it zigzags, or if your kindness reads as concession, the file grows thorns. You do not need to memorize legal treatises. You need a few habits.

Tell the truth, without embellishment. Describe events and limitations, not opinions about fault. Do not guess. Keep private life private when it is not relevant. Put important things in writing. When in doubt, pause, consult your doctor, or reach out to a lawyer who spends every week in this world.

Workers compensation is not designed to reward bravado or punishment. It is a machine that moves on consistent facts. Feed it the right ones, and you give yourself the best chance to heal, work safely, and be treated fairly.