

Chiropractor/Physical Therapist (CHI/PTI) Initial Assessment User Manual

Once you have finished a screen, move to another screen using the “next” button. The information will be saved **if the information in the mandatory fields is entered.**

Page (Tab) 1 – Chiropractor/Physical Therapist

Provide clinic information here.

Page (Tab) 2 - Worker

This window will ask for information about the worker. A claims look-up feature allows you to search for the worker’s claim number if it has been assigned by the WCB.

Recurrent treatment

A “yes” or “no” question regarding recurrent treatment will appear on this page. If “**yes,**” the WCB will pay for the initial evaluation, but treatment cannot commence until the case manager has confirmed that ongoing treatment is supported. If you have not received approval with a decision regarding care within 5 business days, please call the WCB to ask for clarification regarding ongoing care.

Page (Tab) 3 - Clinical

1. Date of injury

Date of injury is based on WCB file information or worker’s recollection.

2. Date of this exam

3. Part of body injured

The drop-down menu asks for the body part(s) injured. You can add up to 2 additional body part(s) injured.

4. Diagnosis menus

This section will have up to two drop-down menus for each body part diagnosed.

5. Mechanism of injury

Be as specific as possible: Include a moment in time where applicable and the circumstances surrounding the injury. If this is a recurrent injury, please explain the circumstances surrounding the recurrence.

6. Subjective complaints

Include quantifiable measures that are comparable with subsequent reports i.e. Numerical Pain Scale Rating.

7. Objective clinical findings

Include quantifiable measures that are comparable with subsequent reports i.e. ROM (degrees or descriptor mild/moderate/severe), Manual Muscle Testing (Grade of strength), SLR in degrees etc.

8. Functional outcome measures (Roland Morris/DASH/QD Work module/NDI/LEFS)

The instruments listed are based on the body parts being treated. Cervical Spine – NDI, Thoracic and Lumbar Spine – Roland Morris, Upper Quadrant Injuries – DASH, Lower Quadrant – LEFS. Include the numerical raw score when entering information.

If the functional outcome measure was not completed in the initial examination, place number “0” in the initial box and explain why it was not completed in the ‘Comments RTW’ Question 22.

9. Assessment of recovery status

The assessment of recovery is a measure that asks the care provider to summarize available information to provide an estimate of the current level of recovery within typical primary timelines. Please incorporate clinical findings, self-reported measure change and objective functional change where testing is appropriate, as well as possible psychosocial issues.

A score between 0 and 10, with 0 representing no recovery and 10 representing recovery to pre-injury status, is established. This score will represent the practitioners’ assessment of the complexity of this worker’s presentation and potential for recovery.

10. Intensity score

0 = A worker who presents with medical and psychosocial factors that would allow for a successful outcome with an average level of primary resources.

1 = A worker who presents with complex medical and psychosocial factors that require a greater than average level of primary resources to result in a successful outcome.

11. Are you aware of previous injury/treatment for the area?

Include information based on the worker’s report if no additional information on a previous injury is available at the time of reporting.

If “yes,” you will be asked for a previous injury date and will be provided with an open field to provide additional information **for both WCB and non-WCB injuries to the involved area.**

Page (Tab 4) – Management

12. Investigations ordered, if applicable (X-ray/CT/MRI/other)

If you are aware of an investigation that is pending and has been ordered by the primary practitioner, or that you have ordered, mark the appropriate button.

13. Management plan (medication/chiro/physicaltherapist/massage/specialist/other/surgery/secondary-tertiary treatment)

This section is meant to communicate the services that you understand to be part of the treatment plan. If the name of the clinic or practitioner is known, an open field allows this

information to be added. If a specialist appointment is pending, please include the type of specialist if known ie. Orthopaedic Surgeon. **If the worker has been referred for an MDA please clarify in the “Other” field.**

14. Treatment plan

(biomechanical/ electrophysical agent/ regional conditioning/ supervised global conditioning/ education/ transitional RTW/other)

Mark the appropriate button summarizing services you are delivering to the worker.

15. Frequency of treatments and expected date of discharge.

You will be provided with a drop-down menu that asks for frequency per week or other.

16. Have you contacted the employer regarding current restrictions?

If “**Yes,**” you will be asked for the “date of contact” as well as “contact name” of who was contacted.

If “**No,**” you will be asked when you will be contacting the employer. It is expected in *The Standards of Care* that all care providers will initiate communication regarding return to work. If another care provider has initiated a return to work, clarify in the Comment Section.

Page (Tab) 5 – Return to work

17. Is this worker off work as a result of the work injury?

If “**Yes,**” you will be asked three related questions:

- a) Who advised the worker to be off work? i.e. chiropractor, physical therapist, medical doctor or worker has taken themselves off work. If “**yes,**” you will **not** be required to answer question 19 regarding work restrictions.
- b) If off of work, how long do you anticipate the worker to be off work? (This information would be determined by discussion with the worker and your clinical expectation taking into account your assessment of the injury). Has return to work been arranged? Yes or no?

If “**no,**” you have an expectation that a return-to-work date will be entered except where a worker:

- Has been deemed unemployable by the WCB;
- Is awaiting surgery and no accommodated duties are available;
- Is awaiting an MDA where no accommodated duties are available;
- Has a non-WCB permanent disability;
- Never missed time from work;
- Is retired; or
- Has no job to return to.

If the worker was off work but has returned to work, input the date that they returned. If the worker was never off of work as a result of the work injury, place the injury date as the date of return to work.

18. Return-to-work date

Include the return-to-work date based on the available information.

19. If the worker is at work, are they currently working with restrictions?

If “**yes**,” you have two options to provide this information:

- a) How long are restrictions expected to remain? Enter the number of days/weeks expected.
- b) Other

If “**no**” as the worker is currently at work on full duties with no restrictions, then Question 20 will not need to be completed.

20. Estimated current restrictions

(Lifting/pushing/pulling/reaching/overhead reaching/turning/walking/stairs/ladders/standing/sitting/environment/other)

The work restrictions may be determined based on clinical findings and the patient report of tolerances by the care provider and patient. In this case, the **Subjective** button should be marked.

If the restrictions are determined by functional testing, as outlined in the standards of care document and the soft tissue guidelines document, then the **Objective** button should be marked.

Material handling restrictions such as lift/carry/push/pull will have a window for specific amounts in pounds or kilograms. Postural requirements will have a window to include time spent in a position or frequency of the position.

21. Would you like to complete the electronic return-to-work form (PRTW)?

If the information is available to develop the return to work, select “**yes**” and this form can be developed and submitted with the CHI/PTI report.

22. Comments on RTW

There may be additional information that further clarifies issues not already addressed in the CHI/PTI.

Page (Tab) 6 - Signature

General Comments:

This section is to allow room for additional information.