

Chiropractor/Physical Therapist (CHP/PTP) Progress/Discharge Report 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.

Page (Tab) 3 - Clinical

1. Date of exam

2. 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.

3. Diagnosis menus

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

4. Subjective complaints

Include where possible quantifiable measures that are comparable with subsequent reports i.e. Numerical Pain Scale Rating. This information should be presented in similar format to previous reports.

5. 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. This information should be presented in similar format to previous reports.

6. Self-report (Roland Morris/DASH/QD Work module/NDI/LEFS) – initial vs. current

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. Values entered in the current evaluation should be included, as well as the score on the initial evaluation for comparison of change.

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 21.

7. 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, 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.

8. Discharge of treatment

You will be asked to answer "yes" or "no."

If "no," you will then need to fill out the remainder of the form.

If "yes," you will be asked if the worker has returned to regular work duties, "yes" or "no."

- a. If "yes," the form will advance directly to the Signature section, sign and submit.
- b. If "no," you will need to fill out the remainder of the form because there will be circumstances where the patient needs to continue with management elsewhere after you have completed treatment.

Page (Tab 4) – Management

9. Results of diagnostics since previous report if applicable.

Include information in open field as appropriate.

10. 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, e.g. Orthopedic Surgeon. If the worker has been referred for an MATR, please clarify in the "Other" field.

11. 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.

12. Frequency of treatments and expected date of discharge

13. Are you aware of other health or non-health factors affecting recovery?

14. Would you like the WCB to arrange/expedite?

You will be provided with the options of diagnostic, specialist or Assessment Team Review. If diagnostic or specialist is chosen, clarification of type of diagnostic or specialist should be identified in the open field.

15. Have you contacted the employer regarding current restrictions?

If “no,” indicate why and 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 return to work, clarify in the Comment Section.

Page (Tab) 5 – Return to work

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

If “yes,” you will be asked three related questions (and will not be required to answer Question 18 regarding work restrictions):

- a) Who advised the worker to be off work? i.e. Chiropractor, physical therapist, medical doctor or worker has taken themselves off work.
- 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).
- c) Has return to work been arranged? Yes or no? If “no,” continue the form and add details in the “Explain” box.

The 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 “yes,” you will be asked another question:

- a) Who arranged the RTW? i.e. chiropractor, physical therapist, medical doctor, employer.

17. Return-to-work date

Include the return-to-work date based on the available information. 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. If the worker is at work, are they currently working with restrictions?

If “yes,” you will be asked how long the restrictions are expected to remain. If known, you have 3 options to provide this information:

- a) How long are restrictions expected to remain? Enter the number of days/weeks expected.
- b) Other
- c) Anticipated date of full hours/duties

If “no” and the worker is currently at work with no restrictions and full duties, the care provider will check off “no restrictions working full hours and duties” in Question 19.

19. 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.

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

If “yes,” this form will display and can be completed with this current form.

21. Comments on RTW

Include general comments regarding the worker not outlined within the body of the report.

Page (Tab) 6 - Signature

General Comments:

If you are aware of ongoing treatment such as movement to tertiary or if the worker is discharged from your care but moving to other care, please include in this section.