



Saskatchewan
Workers'
Compensation
Board

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OTI

Occupational Therapist's Initial Report

WCB Claim No: _____

Clinic No.: _____ OT No.: _____ Personal Health No.: _____

Phone No.: _____ Fax No.: _____ Date of Birth: _____ Phone No.: _____

Employer Name: _____

OT's Name, Address, Postal Code

Worker's Name, Address, Postal Code

Clinic Name: _____

1. Injury Date: _____

2. Date of initial exam _____

3. Part of body injured: _____

4. Diagnosis _____

5. Mechanism of injury: _____

6. Subjective Complaints: _____

7. Objective findings: _____

8. Treatment goals: _____

9. Assessment of recovery status(0-10) _____ 0 = none, 10 = preinjury

10. Intensity score 0 1

11. Treatment plan: chiropractor massage biomechanical electrophysical physical therapy splinting

regional conditioning, supervised _____ home _____ supervised global conditioning transitional RTW

other _____

12. Frequency of treatment _____ per week

13. Expected number of weeks to discharge _____

14. Have you advised the patient to be off work due to the injury? yes no

If no, is the patient to be working with restrictions? yes no

15. Are you aware of previous injury/treatment for this area no yes, time frame(s) _____

16. Self report (Score) Roland Morris _____ Quick Dash _____ QD Work module _____ NDI _____ LEFS _____

17. Restrictions include: Subjective Measured

lifting (~ # of lbs) _____ lbs pushing/pulling (~ # of lbs) _____ lbs reaching overhead reaching turning

walking _____ stairs _____ ladders _____ standing (~ # of hrs) _____

sitting (~ # of hrs) _____ environment: _____ other: _____

Client and Practitioner agreed Yes no (explain in comments)

18. Effects of the injury may affect activity for: _____ # of days if <8 days 8-14 days 15-21 days > 21 days RTW date: _____

19. Has transitional RTW been discussed with the worker? yes no the employer? yes no

20. Has a transitional RTW been arranged? yes TRTW start date: _____ no (explain in comments)

21. Are there any specific safety or medication concerns in a TRTW? no yes (explain in comments)

22. Comments: _____

Signature: _____ Date: _____ Copy to: _____