

PHYSIOTHERAPY MANAGEMENT PLAN

A copy of this form has been sent to (please tick):

☐ WorkSafe Agent/Self-Insurer ☐ Employer ☐ Medical Practitioner

1. WORKER DETAILS

Worker's name		Claim number
<input type="text"/>		<input type="text"/>
Date of birth	Date of injury	
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Employer	Occupation	
<input type="text"/>	<input type="text"/>	
Date of initial physiotherapy treatment		
<input type="text"/>		

2. CLINICAL ASSESSMENT

Diagnosis

Area/s treated

3. WORK STATUS

Hours

Pre-injury hours at work per week

Current hours at work per week

Current Duties

Pre-injury duties ☐

Alternative/modified duties ☐

Not working ☐

4. RETURN TO WORK PROGRESSION *Do not complete this section if the worker has resumed pre-injury hours and duties.*

Has the worker's hours and/or duties progressed in the last 6 weeks? ☐ Yes ☐ No

Please describe

Is the worker likely to return to their pre-injury hours and duties?

☐ Yes By When? / /

☐ No If no, please comment

5. CLINICAL PROGRESSION

Outcome Measures

List the worker's outcome and impairment measures.

Date	Outcome/Impairment measure	Baseline score

Barriers

Specify any physical, personal and/or environmental barriers that may influence the worker's return to work and recovery.

6. PROPOSED MANAGEMENT PLAN

Goals should be Specific, Measurable, Achievable, Relevant and Timed (SMART) and relate to the worker's pre-injury work activities and/or return to work plan. Goals should be developed in collaboration with the worker.

Work and functional goals	Estimated date of achievement
1.	/ /
2.	/ /
3.	/ /

Treatment methods and self management strategies

Proposed total number of services over number of weeks (maximum of 3 months)

From / / to / /

Anticipated discharge date / /

7. TREATING PHYSIOTHERAPIST'S DETAILS

Name and address (use practice stamp where possible)

Telephone number

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Fax number

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Time/Availability for discussion

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Treating Physiotherapist's Signature

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Date

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8. CONSENT

I consent to the collection and use of personal and health information about me by WorkSafe Victoria (WorkSafe), its Authorised Agents and self insurers for the purposes outlined in the statement entitled 'Collection of Personal and Health Information' included with this form and I authorise WorkSafe, its Authorised Agents and self insurers to disclose such information to the types of organisations listed in the statement for any of those purposes.

Signature of patient, parent or guardian

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Date

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Full name (please print)

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COLLECTION OF PERSONAL AND HEALTH INFORMATION

Personal and Health information collected on this form and in the course of providing the treatment or other service is collected for the purposes of managing your claim, monitoring the treatment that you are receiving and assessing your future treatment needs. It may also be used for other purposes related, or in the case of health information, directly related, to these purposes, including for the purposes of legal proceedings arising out of the Victorian workers compensation legislation.

Personal and health information collected about you may be disclosed by WorkSafe Victoria; its Authorised Agents or self insurer; to their contractors, agents and legal practitioners; to medical or legal practitioners treating or acting for you in relation to your claim; to a court or tribunal in the course of any proceedings under the legislation; and to any person or organisation authorised by you, or by law, to obtain it.

PHYSIOTHERAPY MANAGEMENT PLAN

This form must be completed by a physiotherapist providing treatment to workers with a work-related injury or illness. This form must be sent, by the 5th consultation, to the WorkSafe Agent or self-insurer, employer and treating medical practitioner to notify them of the commencement of physiotherapy services and the proposed management plan. All sections must be completed. Incomplete plans will be returned to you and invoices will not be processed. For further information please refer to the explanatory notes on the rear of the form.

NOTES

Physiotherapists are expected to integrate the principles of the WorkSafe Victoria *Clinical Framework for the Delivery of Health Services to Injured Workers* (Clinical Framework) in their daily practice and reflect these principles within this management plan. More information about the WorkSafe Victoria Clinical Framework can be found on our website at worksafe.vic.gov.au

3. WORK STATUS

- Modified duties: refers to any changes or restrictions that are applied to a worker's pre-injury duties.
- Alternative duties: refers to different duties from those performed prior to the injury.

5. CLINICAL PROGRESSION

- Standardised outcome measures must be used to demonstrate the effectiveness of treatment across the participation and activity domains. All management plans should include a standardised outcome measures. Examples of standardised outcome measurement tools: *Oswestry Disability Questionnaire*, *Neck Disability Index*.
- Impairment measures should be used to demonstrate the effectiveness of treatment across the body functions and body structure domains.
- Baseline outcome and impairment measurements should be completed by the 5th service, and reviewed on a monthly basis (where clinically appropriate).
- Frequently used measures are available on our website at worksafe.vic.gov.au.

Date	Outcome/Impairment measure	Baseline score
12/11/07	Oswestry	52%
12/11/07	ROM - R knee	0-80°

Specify any physical, personal and/or environmental barriers influencing the worker's progression?

Physical barriers may include: co-morbidities, pending surgery and non-united fractures. Personal and environmental factors may include: employer/workplace issues, transport difficulties, fear avoidance behaviours, litigation issues, anxiety and depression.

6. PROPOSED MANAGEMENT PLAN

Work and functional goals	Estimated date of achievement
1. Walking independently without gait aids at work.	30 / 12 / 07
2. Operate hand tools in standing for 4 hours per day.	30 / 1 / 08

8. CONSENT INFORMATION

If the worker declines to sign this form and thus prevents the disclosure of information, difficulties may arise regarding ongoing payment for services. This issue should be discussed with the worker and their WorkSafe Agent.