WCB SASKATCHEWAN WORKERS' COMPENSATION BOARD
200 - 1881 Scarth Street
Regina SK S4P 4L1
Phone: 787-4370 Toll Free: 1-800-667-7590
Fax: 787-4311 Toll Free: 1-888-844-7773

CHI

Chiropractor's Initial Report **WCB Claim #** ___________________________________

Clinic # _________________ **Chiro #** _________________ **Personal Health #**_________________________________

Phone # ________________ **Fax #** __________________ **Date of Birth** _______________ **Phone #** ______________

Chiropractor's Name, Address, Postal code

Employer Name __________________________________

Worker Name, Address, Postal Code

Print/stamp/sticker

Print/stamp/sticker

Clinic Name _____________________________________

(The employer to be included in above should be the pre-injury employer. It is understood that there may be some instances where the current employer is different from the pre-injury employer. It is requested that this section only include the pre-injury employer)

1. Date of injury: __________d/m/y____________ **2. Date of initial Exam:** __________d/m/y__________

3. Part of Body Injured: *(i.e. Shoulder, neck, leg)* **4. Diagnosis:** *(Be specific i.e. Grade 2 LBP)*

5. Mechanism of injury: *(Where possible please be as specific as possible)*

6. Subjective complaints: *(Include quantifiable measures where possible i.e. Numeric pain scale rating)*

7. Objective Findings: *(Include quantifiable measures where possible i.e. Range of motion, straight leg raise testing, manual muscle testing, deep tendon reflex testing.)*

8. Investigations ordered: ☐ **xray** ☐ **other** *(If previous pertinent diagnostic reports are available attach to CHI or CHP)*

9. Assessment of recovery status (0-10): ______ **0 = none, 10 = preinjury** *(The assessment of recovery is a measure that asks the provider to summarize available information to provide an estimate of the expectation of recovery within typical primary timelines. The clinician is asked to incorporate clinical findings, self-report measure change, objective functional change where testing is appropriate as well as possible psychosocial issues. A score between 0 and 10 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 on initial presentation and potential for recovery.)*

10. Intensity Score: ☐ **0** ☐ **1** *(An Intensity score is the Chiropractor's clinical opinion based on the case history and physical examination whether given a normal primary treatment program the injured worker will make a successful recovery = 0. A high intensity or complex case which may require more multidisciplinary or comprehensive primary treatment for a successful recovery = 1).*

11. Treatment Plan: ☐ **Physical Therapist*** ☐ **Massage*** ☐ **Specialist*** ☐ **Hospitalized*** ☐ **Education** ☐ **Biomechanical** ☐**Electrophysical** ☐ **Regional conditioning, Supervised** ___ **Home** ___ ☐ **Supervised global conditioning** ☐ **Transitional RTW** ***Please name(med., caregiver)**____

(This section is meant to communicate services that you have included in your treatment plan. Also, please identify if you are aware of other caregivers who are involved in the care of the worker even if you didn't refer to these practitioners.)

12. Frequency of treatment: ______ **per week** **13. Expected number of weeks to discharge** *(This should represent the total expected number of weeks to discharge)*

14. Have you advised the patient to be off work due to the injury ☐ **Yes** ☐ **No (if yes, complete #15 – 22)**

If NO, is the patient to be working with restrictions ☐ **Yes** ☐ **No (if yes, complete #15 – 22)**

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15. Are you aware of previous injury/treatment for this area ☐ **No** ☐ **Yes Date(s):** *(This is dependant on the worker's recall of previous injuries. Therefore, the year of injury is satisfactory. Please include details of his/her previous injuries in the comments section including time loss, type and length of treatment.)*

16. Self Report (score)   Roland Morris _____ Quick Dash _____ QD Work module ______ NDI ______ LEFS _____

(The self-report measures have been developed based on instruments that were reviewed at the WCB Outcome Measures Workshop. The instruments chosen are based on body parts involved i.e. Roland Morris for thoracic and lumbar spine, Quick Dash for upper quadrant, and NDI for cervical spine and LEFS for lower quadrant injuries. It is mandatory to use the instruments described above. Please include the raw score for the initial measure when providing the information about the self-report measure)

17. Estimated physical restrictions include ☐ lifting (~ # of lbs .) ____ ☐ pushing/pulling (~ # of lbs) ____ ☐ reaching ☐ overhead reaching ☐ turning ☐ walking ______☐ stairs ☐ ladders ☐ standing (~ # of hrs) ____ ☐ sitting (~ # of hrs) ____ ☐ environment ___________________________☐ other ________*(Provide the restrictions based on best clinical judgment and available information i.e. functional testing where appropriate. It does not ask for confirmed capacities but asks the practitioner to provide functional levels based on available information so that return to work parameters can be established.)*

18. Effects of the injury may affect work activity for: # of days <7____ ☐ 8-14 ☐ 15-21 RTW Date ________

(Based on your examination and management/treatment plan when would the worker be capable of Transitional or RTW)

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 barriers in Comments)

21. Are there any specific safety or medication concerns in a TRTW ☐ No ☐ Yes (If Yes, explain in Comments)

22. Comments ____

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(Please use the comments section to include any concerns with the severity of injury, treatment, psychosocial or work issues which may delay recovery).

Signature ___________________________ Date: _________ Copy to ________________________________

Revised 02 2008