



Support Package for Chiropractors & Physical Therapists

Please note

This manual contains information from various sources. Some documents have been used for a long time and their source is unknown.

We wish to give proper credit to those who created these valuable tools. If you can identify the source of any of these documents, please email [Health Care Services](#). We will make every effort to update the source notations.

Preface

The Saskatchewan Workers' Compensation Board (WCB) recognizes the important role chiropractors and physical therapists play in diagnosing, treating and assisting injured workers in safe and timely return to work. For this reason, the WCB has signed relationship agreements with the [Saskatchewan Physiotherapy Association](#) (SPA) and the [Chiropractors' Association of Saskatchewan](#) (CAS) that defines how the agencies and the WCB can work together.

In addition, both associations hold seats on the WCB's Health Care Advisory Committee, which advises the WCB on health-related issues. The committee also includes an injured worker, employer and representatives from physician, chiropractor, physical and occupational therapist care provider groups. The WCB also employs two chiropractic and two physical therapy consultants to assist in file review, liaise with practitioners and provide input for program and policy development.

The WCB encourages use of its Integrated Partnership Model, for the treatment and return to work of injured workers. This model (shown on page 1) requires all partners in the return-to-work process – the primary and other care providers, the injured worker, the employer and the WCB – to work together to promote recovery and return to work.

This support package was prepared with input from the CAS and SPA to help practicing chiropractors and physical therapists manage a worker's recovery and return to work following an injury or illness.

Terms and abbreviations

CAS	Chiropractors' Association of Saskatchewan
CHI	Chiropractor's Initial Report
CHP	Chiropractor's Progress/Discharge Report
CPRCS	Coalition of Physical Rehabilitation Centres of Saskatchewan
Disability	A disability stems from the interaction between impairment and external requirements, such as the capacity to meet personal, social or occupational demands, or statutory or regulatory requirements.
EIP	Early intervention program (more recently, referred to continuum of care)
FOM	Functional outcome measures tests help identify those injured workers who may be at risk for prolonged recovery and who would benefit from more intensive treatments.
GRTW	Graduated return to work
Impairment	Derangement of body part or system with function limitation (any anatomic, physiologic or psychological abnormality or loss). This is not the inability to do a specific task (see disability).
LEFS	Lower extremity functional scale
NDI	Neck disability index
PFCE	Physical functional capacity evaluation
PFI	Permanent functional impairment
PRTW	Practitioner's Return to Work Report
PTI	Physiotherapist's Initial Report
PTP	Physiotherapist's Progress/Discharge Report
RTW	Return to work
SPA	Saskatchewan Physiotherapy Association
SPSS	The composite index scoring tool used to evaluate the performance of treatment centres
TRTW	Transitional return to work
WCB	The Saskatchewan Workers' Compensation Board

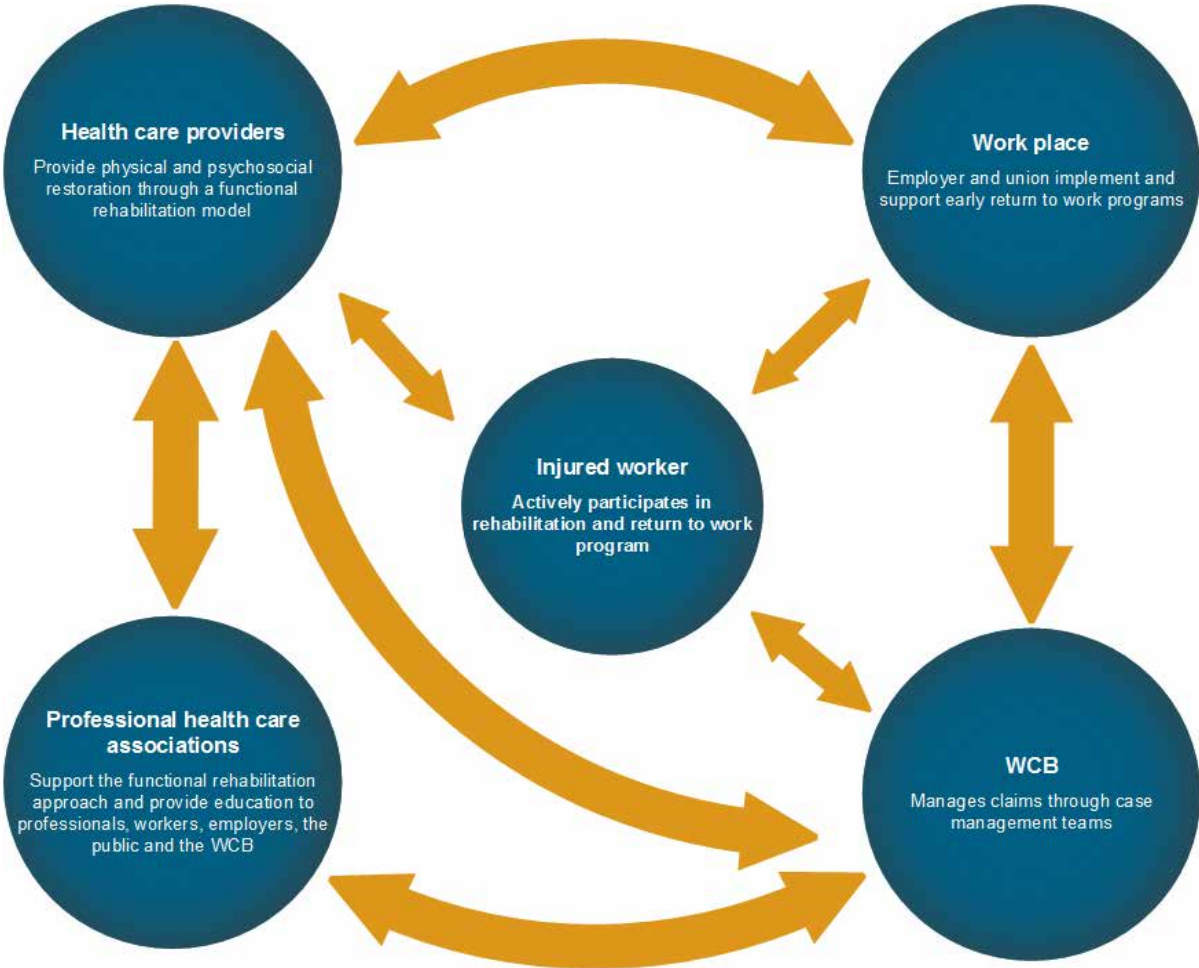
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Integrated partnership model

Returning an injured worker to work requires open, ongoing communication and cooperation by all the partners – the primary and other care providers, the injured worker, the employer and the WCB – and awareness of the role each plays in the process.



The following is a summary of the steps in this document that will help chiropractors and physical therapists manage the care and return to work of injured workers:

1. Post a sign in your reception area asking patients who have been injured on the job to identify themselves to your office staff.
2. Compile a detailed history of the present injury and past history, make a diagnosis and establish a treatment plan. Explain the benefits of the functional rehabilitation model and early return to work if appropriate.
3. Report the injury. Log in to your Online Services account and use the online form to submit the Chiropractor's Initial Report (CHI) or the Physiotherapist's Initial Report (PTI) to the WCB within three days of the initial visit.
4. Educate the injured worker regarding the diagnosis, nature of the injury, prognosis and treatment plan, including timeline for transitional return to work and expected amount of time before the injured worker can return to full work hours and duties.
5. Evaluate the risks to co-workers and the public if the injured worker returns to work with restrictions.
6. Initiate the RTW process with the injured worker within the first week of contact by identifying work abilities first and then restrictions for their pre-injury job. Make contact with the employer to discuss the injured worker's restrictions and a RTW plan.

Log in to your Online Services account and use the Physiotherapist's Progress/Discharge Report (PTP) or Chiropractor's Progress/Discharge Report (CHP) to create and submit the Practitioner's Return to Work Report (PRTW). Discuss with the injured worker their functional abilities, what they should expect on returning to modified duties and the RTW plan.

Note: Once you have created the PRTW online, submit updates using the [PRTW form](#).

7. Make and maintain detailed notes on the injured worker's condition. Assess the injured worker clinically throughout the return to work. If symptoms are present without objective signs of harm, educate the injured worker that these findings are a normal part of tissue adaptation and are expected while progressing through the return to work.

8. Monitor for any risk factors for chronic disability. If the injured worker does not appear to be responding to the initial treatment plan, log in to your Online Services account and use the online form to submit a Physiotherapist's Progress/Discharge Report (PTP) or Chiropractor's Progress/Discharge Report (CHP) and indicate in the comments that an assessment or alternate form of treatment needs to be considered.
9. Ask the WCB to expedite appointments for advanced diagnostic tests, assessments and treatment based on your professional judgment and clinical findings.
10. Advise the WCB (and the primary care provider if not you) whenever you think multidisciplinary assessment or treatment is needed. WCB staff will also consider this as part of their regular file review.

Take the time to familiarize yourself with the reporting frequency for your care provider group. Establish a system that ensures you send progress reports to the WCB regularly to prevent service and payment delays.

The workers' compensation system

[The Saskatchewan Workers' Compensation Act, 2013](#) (the Act) provides no-fault coverage for Saskatchewan workers in case of workplace-related injury. A work injury is one that:

- occurs at work, on company property or on company business;
- requires the attention of a health care provider; and
- may or may not need time away from work.

The WCB uses the premiums it collects from employers to provide health care and benefits to injured workers, and to promote safety and injury prevention in Saskatchewan workplaces. Workers do not pay for the benefits and protection they receive under the Act and employers are protected against lawsuits.

Care providers are required to report all work injuries to the WCB. After reviewing the care provider's report, along with reports from the employer and the injured worker, the WCB decides whether or not to accept the claim based on established WCB policy.

If an injured worker disagrees with a WCB decision involving a claim, a request can be made to have that decision reviewed. Health care information is a vital part of many appeals. For more information on the review and appeal process, see *Appendix 2: Appealing a WCB decision*.

Cost of health care for injured workers

The WCB is exempt from the [Canada Health Act](#) and, therefore treatment of injured workers is not billed to Saskatchewan Health. The WCB pays all health care costs for injured workers. The service fees paid to care providers by the WCB are negotiated with their respective professional associations.

The WCB's mission is, in part, to provide the right service, at the right time, and be cost-effective in our processes. To accomplish this, the WCB must ensure injured workers receive prompt, evidence-based, effective health care so they can return to work as soon as it is medically safe.

Benefits for injured workers

In addition to medical costs, the WCB may also compensate injured workers for:

- lost wages due to their injuries;
- health care supplies; and
- cost of travel to health care appointments in excess of usual employment travel costs.

Additional support may be available if the injured worker is permanently impaired.

For more information on WCB benefits, see *Appendix I: Compensation benefits for injured workers* or visit [Benefits for Injured Workers](#) under Workers on the WCB website.

The WCB's health care program

Integrated model of recovery and return to work

The WCB has adopted an integrated partnership model within which injured workers, employers, care providers, union representatives and the WCB employ strategies that:

- ensure adequate and timely health care;
- support the timely recovery of injured workers;
- integrate RTW programs in the work place with appropriate and timely health care, and claims management processes;
- hold all partners accountable for their roles of returning injured workers to safe and sustained employment; and
- encourage active treatment at the primary level, with timely access to secondary and tertiary services where required.

The WCB's philosophy of care

The WCB supports the functional rehabilitation model, which uses the restoration of function as a very important measure of treatment success. There is a significant body of evidence-based literature to support this model.

This model encourages care providers and injured workers to recognize that successful long-term recovery is associated with return to function, even in the presence of increasing subjective symptoms where there are no objective signs of harm.

Symptomatic care is discouraged in the functional rehabilitation model because it can promote unnecessary reliance on passive care and the false premise that removal of symptoms is a requirement prior to return to function, including return to work. Studies show this type of care may contribute to the development of chronic disability.

WCB services to care providers

Upon request, the WCB supports care providers treating injured workers by:

- arranging expedited services such as specialist consultations in some specialties. MRIs, CT scans, diagnostic ultrasound, EMG or other diagnostics, and expedited day surgeries;
- arranging multidisciplinary assessment and treatment;
- hosting conferences and workshops to foster common understanding and efficient processes for treatment and return to work for injured workers; and
- facilitating, in certain circumstances, a return to work when an employer can accommodate restrictions provided by a care provider.

Levels of care

The WCB's functional rehabilitation model allows for assessment and treatment to be delivered at three levels (primary, secondary and tertiary) differentiated by complexity, scope and resources.

Primary assessment and treatment

Following an injury, treatment is generally provided by a physician, chiropractor or physical therapist. Approximately 90 percent of workplace injuries are resolved at the primary level.

The majority of injuries seen during primary treatment are soft tissue injuries. Treatment is often delivered by a single service provider, although concurrent care providers can be involved. The WCB uses the [Primary Chiropractic and Physical Therapy Soft Tissue Treatment Guidelines](#) as the model of care in primary treatment. Care providers are expected to follow these guidelines in the treatment of injured workers at the primary level. The emphasis is on early education, facilitation of return to work, along with introduction of conditioning at clearly defined timelines based on the stages of soft tissue healing. In most circumstances, the injured worker is able to return to the workplace in a timely fashion using a GRTW program during primary treatment.

The [Primary Chiropractic and Physical Therapy Soft Tissue Treatment Guidelines](#) for the care of soft tissue injuries at the primary level have been developed by the WCB, in conjunction with the Saskatchewan physiotherapy and chiropractic associations, and can be found at www.wcbask.com.

Interdisciplinary assessment

If the injured worker is not progressing along expected timelines and if there is not a clear plan to return to full work duties, the injured worker will be referred for an interdisciplinary assessment. See *Advanced assessment and treatment* on page 23 for more information about assessments.

Secondary treatment

Secondary treatment programs are designed for injured workers who:

- have not made a timely recovery within typical primary time frames; but
- can be expected to return to the duties they performed at the time of their injury without permanent disability.

Treatment is provided by a multidisciplinary team of health care professionals. Increased resources are required to initiate global and functional conditioning in order to better prepare the injury for the typical stresses associated within the workplace. Additional time and treatment are required to assist with tissue accommodation prior to returning to work.

Tertiary treatment

Tertiary treatment programs are designed for injured workers who may require:

- a wider range of treatment;
- additional conditioning or education;
- RTW planning and monitoring; and
- management of psychosocial and pain management issues.

Treatment is provided by a multidisciplinary team of health care professionals with expertise in the management of injuries. These injuries may have permanent impairment or functional work restrictions or significant associated psychosocial and pain management issues.

The typical course of recovery is more intense due to a range of associated issues or the severity of the injury. A coordinated multidisciplinary approach is required to ensure all injury-related issues are addressed.

Treatment at a primary level while the injured worker is in a secondary or tertiary treatment program

If you are the primary provider for an injured worker attending secondary or tertiary level treatment, you are asked to review the worker regularly (every two to three weeks) and provide a review of their progress, encourage them to participate in the treatment and act as a facilitator to mediate any concerns that they may have with their treatment team. To this end, you may need to contact the treatment team and get any information necessary to deal with the injured worker's concerns. **The WCB asks that you do not provide passive treatment to the injured worker, as all treatment should be provided at a secondary or tertiary treatment centre.** If the assessment report recommended a specialized intervention (i.e., manipulation), the injured worker will be sent to a centre which has staff to provide this type of treatment, in conjunction with the other interventions recommended in the assessment report.

If you are not the primary provider, then funding for your treatment will not be covered by the WCB while the injured worker is in secondary or tertiary treatment.

Accreditation

Chiropractors

Chiropractors are automatically accredited with the WCB through the Saskatchewan Medical Services Branch (MSB). Chiropractors use their MSB billing number to bill the WCB for service to injured workers.

Physical therapists

A physical therapist must be a member in good standing with the Saskatchewan College of Physical Therapists. Physical therapists must be accredited by the WCB before they can provide physical therapy to injured workers. Physical therapists bill the WCB directly for their services.

To apply for accreditation with the WCB:

- read the WCB [Physical Therapy Practice Standards](#) carefully;
- complete the [Accreditation Request – Primary Level Services](#) form, print and sign it.
- attach evidence of your educational credentials;
- attach evidence of current licensure with your licensing body;
- attach evidence of additional educational credentials if you are applying for aerobic assessment and treatment accreditation; and
- mail the completed form and attached documents to the WCB Health Care Services department. Please note: The WCB cannot process incomplete applications.

The WCB's Health Care Services department will:

- review your credentials against the requirements listed in the WCB [Physical Therapy Practice Standards](#);
- notify you by mail as to whether your accreditation request has been accepted or rejected; and if accepted:
 - add your name to the WCB's Approved Providers List; and
 - mail to you a WCB billing number that allows you to bill the WCB directly for your services to injured workers. Once you have a billing number, you can apply to receive payments by [direct deposit](#).

Accreditation is specific to clinics

Your WCB accreditation is non-transferable. The WCB will accredit you for work in all the clinics you listed on your application. The WCB cannot issue payment for care at a clinic where the provider is not accredited prior to that care being provided.

If you add a clinic to your portfolio or if your clinic changes location, you must submit a separate accreditation request.

WCB standards

When treating injured workers, health care providers assume certain roles and responsibilities. The WCB relies on all health care providers to ensure that:

- all workplace injuries requiring health care are reported promptly;
- all treatment is necessary and consistent with established agreements;
- all invoices are appropriate.

When treating injured workers, the WCB asks that you:

- familiarize yourself and comply with the practice standards and fee schedule established by the WCB with your professional associations, and all requirements of your licensing body;
- demonstrate ethical practice standards on a day-to-day basis, including disclosure to any injured worker of any business relationship you may have with their employer (this allows the injured worker to make an informed decision regarding their choice of care provider); and
- refrain from using your affiliation with the WCB in any advertising.

Compliance surveys

If you supply physical therapy services to injured workers you will be required to participate in compliance surveys to ensure that practice standards and fee schedules are followed. Treatment centres, clinics and individual practitioners will be notified two weeks before the survey is sent. You can prepare for the survey by reviewing the survey form and guidelines in advance. Surveys take approximately 1.5 hours and will be conducted by physical therapists or WCB representatives.

Authorization to treat

Injured workers have direct access to treatment at a licensed chiropractor or at an accredited physical therapist. The WCB uses a negative-response system to confirm funding of chiropractic or physical therapy care:

- Within three days of your initial assessment of an injured worker requesting work-injury-related treatment, you need to submit an initial report (CHI or PTI) online detailing your initial findings and functional outcome measures (FOM) scores.
- If the injury claim is disallowed or benefits terminated, you will be notified that the WCB cannot pay for further assessment or treatment. You will be paid for:
 - the intake assessment;
 - the initial report and any treatment given up to the date of notification of non-coverage; and
 - any reporting fees to date of notice.
- Until WCB advises of non-coverage, do not bill the provincial Medical Services Plan, other insurers and/or the injured worker for any treatment or portion of treatment.

If the injured worker's recovery does not progress and if you are the primary care provider, it is your responsibility to seek expedited appointments, or advanced assessment or treatment on behalf of your patient. If you are not the injured worker's primary care provider, contact the primary care provider to discuss advanced assessment, treatment or expedited appointments. See also: [Disability Duration Guidelines](#) under Care Provider Forms & Fact Sheets on the WCB website.

Generally, return to work should be part of each injured worker's treatment plan. For more information, see our [Recovery and Return to Work](#) brochure.

If you refer injured workers to certain allied health care providers, such as massage therapists or exercise therapists, the providers must contact the WCB for authorization to treat the referred injured workers on a case-by-case basis. Referrals to allied health care providers do not constitute authorization to treat.

The role of the chiropractor and physical therapist

Standards of care for chiropractors and physical therapists are developed with input from the [Chiropractors' Association of Saskatchewan](#) and [Saskatchewan Physiotherapy Association](#). These standards underscore the importance of evidence-based care that uses a functional rehabilitation approach.

The fees that the WCB negotiates with the chiropractic and physiotherapy associations reflect the level of service required to help injured workers not only recover from a work injury, but also return to work as soon as safely possible in either a modified capacity or gradual progression to full function.

Recovery is best achieved by active treatment at the primary level, integrated with transitional return to work as soon as appropriate, and timely access to secondary and tertiary services where required.

In addition to the assessment and treatment of the work injury, a chiropractor or physical therapist should provide an update of the injured worker's current functional abilities and work restrictions. The initial determination of these functional abilities typically is made through history taking, questioning the injured worker about specifics of the job and evaluating the clinical objective findings in relation to this information. This information will be the basis of the RTW component of the treatment plan. Functional testing in the first four weeks of treatment is not typically necessary and is not supported in the [Primary Chiropractic and Physical Therapy Soft Tissue Treatment Guidelines](#). In circumstances where there is substantial discrepancy with the perceived functional abilities that the injured worker reports and the practitioner's expectations based on the clinical examination, a functional abilities evaluation may be required. This typically is only done on one occasion.

As the injured worker's chiropractor or physical therapist, you have a responsibility to maintain communication with the injured worker and the WCB about the extent of their injury and the expected recovery timeline. Within the first couple of appointments, please submit information about the injured worker's current functional abilities as they relate to their pre-injury work requirements to:

- the WCB;
- the primary care provider (if other than yourself); and
- the employer (via the injured worker or directly to the employer).

In almost all circumstances, functional abilities should be provided as soon as possible, unless the injured worker is hospitalized or housebound. The list of functional abilities allows the employer to identify if appropriate work is available for the injured worker while they recover. The onus is on the employer to match work to the functional abilities identified by the care provider.

WCB consultants

The WCB employs chiropractic and physical therapy consultants who:

- provide input into WCB programs;
- provide information to their peers via WCB-funded conferences and newsletters;
- are available for file-specific discussions;
- provide input in program evaluation; and
- assess and evaluate injured workers for permanent impairment.

WCB consultants may contact you if an injured worker does not appear to be progressing. As professionals, you will review the situation, discuss the problem and identify possible treatment(s) that offer the best progress to return the injured worker to their pre-injury functional levels.

Quality assurance program

In consultation with provincial chiropractic and physical therapy associations, the WCB developed a review process that demonstrates accountability to injured workers, employers who fund the recovery, and chiropractors and physical therapists.

The primary care provider review allows health care providers to compare their treatment outcomes with the average of their peers.

Assessment and diagnosis

It is important to identify injured workers during their first visit. Post a sign in your waiting room asking patients to identify that they have a work-related injury.

Carefully document the injured worker's condition at the first visit and throughout recovery, and complete all WCB report forms. This information is valuable to the WCB, other health care professionals and to the injured worker. Prompt reporting allows for:

- timely WCB decisions;
- timely access to treatment; and
- prompt payment of benefits.

A thorough and accurate initial assessment and diagnosis is important for full and successful recovery. Extra care is needed at the initial visit(s) to ensure that the injured worker has an accurate understanding of the prognosis for recovery.

Explain the benefits of functional rehabilitation and early return to work

During an injured worker's initial visit(s), you can prevent many worries they may have about their condition by:

- stressing the importance of being as active as possible with the functional abilities they may have; and
- reassuring them that discomfort from recommended activity is a normal part of the recovery process.

Treatment

The WCB has adopted an integrated partnership model to treat injured workers that requires timely and appropriate communication between the WCB, the injured worker, the employer and health care providers. See *Integrated partnership model* on page 1 for more information.

The functional rehabilitation model supported by the WCB requires all partners to work together in order to facilitate the recovery of the injured worker based on his physical abilities. This model is based on evidence and adheres to best practice guidelines for treating soft tissue injuries that occur in the workplace. More information about the functional rehabilitation model is found on page 6.

The WCB supports evidence-based treatment provided by chiropractors and physical therapists. Functional restoration of the injured worker requires the health care provider to encourage the injured worker to return to typical daily living and work-related activities in a timely manner. This return to activity is based on the stages of soft tissue healing and not on the injured worker's subjective reports of pain and symptoms.

In its service contracts, the WCB has a provision for the use of concurrent therapies, such as conditioning therapy. The use of the concurrent therapies needs to be evidence-based. For example, to improve an injured worker's overall fitness level, global conditioning is supported after four weeks off work from the date of injury. The evidence would not support loss of fitness levels if the injured worker is able to maintain some meaningful work.

Most injured workers need only primary level care. However, when an injured worker's recovery does not proceed as expected, the WCB can support care providers by arranging for advanced assessment, treatment, referrals and other special requests.

Assessment team reviews

There is little benefit in continuing a current level of treatment when the injured worker is not improving; however, requesting an [Assessment Team Review](#) to identify and suggest more comprehensive treatment(s) or investigations have proven effective and efficient.

Where improvement of a specific injury does not occur and more resources are required to resolve the injury, the WCB or you, as a primary care provider, may request an assessment team review. The review will identify and suggest more comprehensive treatment or further investigation.

If you are not the primary care provider, talk to the injured worker's primary care provider to determine if further diagnostics or specialist consultations are required.

Additional information about assessment teams can be found in *Advanced assessment and treatment* on page 23.

Specialists, diagnostic services and expedited appointments

If you, as the primary care provider, determine specialist and diagnostic services are required, you can contact the WCB to request help in arranging diagnostic services, specialist appointments or advanced treatment.

If there is waiting list for the health service required by the injured worker (e.g., MRI, CT scan or other diagnostic; day surgery; and some types of specialist appointments), the WCB can often help arrange expedited service.

If you are not the primary care provider, the WCB will forward your request to the primary care provider to be completed.

Additional information about specialists, diagnostic services and expedited appointments can be found in *Arranging advanced treatment* on page 25.

Referrals

The WCB respects the knowledge and diagnostic acumen of health care providers who provide service to injured workers. Any health care practitioner who has privileges to request a specialist referral to arrange MRIs, CT scans or other diagnostic tests may do so.

If you do not have these privileges, please contact the injured worker's physician or the WCB to request the diagnostic or consultant referral. Where you are not the primary care provider, the WCB will confer with that person regarding your suggestions.

Special requests

Requests for unusual devices, treatment or diagnostic tests by any care provider may require discussion with a WCB health care consultant. The WCB and WCB health care consultants try to ensure that the approval of special requests are supported by sound clinical reasoning, or evidence supporting the use of the device to assist in reaching the goal of returning the injured worker to their pre-injury functional levels.

Evaluate any risks involved in return to work

In most cases, returning to accommodated work has a positive impact on the injured worker's recovery. However, sometimes a worker's injury or illness, or the effects of medication prescribed for the injury or illness, may impair judgment or balance and pose a safety risk to the injured worker or others. Chiropractors and physiotherapists should consider such impairments when identifying the functional abilities of an injured worker.

Communicate functional abilities

In addition to the normal information about the recommended course of treatment and the expected recovery time, you will need to advise injured workers about their current functional abilities (also known as restrictions.) The primary care provider (if not you) should be aware of, and in agreement with, the injured worker's functional abilities.

Usually, injured workers can return to work in some capacity if they are not hospitalized or housebound. Rather than authorizing absence from work, you should provide the injured worker with a list of current functional abilities that can be safely performed while taking into account the injury.

This list of functional abilities should be shared with the employer (preferably by telephone communication and supported by the [PRTW](#) report). You should always assume that employers can and will accommodate the functional abilities of their injured worker.

The list of functional abilities will be based, as much as possible, on objective clinical findings, the injured worker's perception and the practitioner's expertise. Occasionally, objective measurement of the functional abilities is required.

The list should include:

- the frequency, duration and intensity (e.g., pounds, steps, length) of the activity;

- the postural positions the activity can be performed in; and
- the approximate period of time for which accommodated duties will be required.

Functional testing

Functional testing may be required to educate the injured worker and ensure the recommended functional abilities are safe when the injured worker's perception significantly differs from the conclusions that you came to as a result of physical examination and history.

In situations where more than one component of functional testing is required to progress return to work, consider whether the resources available at the primary level are enough to resolve the injury. The injured worker may benefit from an assessment team review and access to more resources at a higher level of treatment.

Injury in treatment

Where a worker reports an injury within or from treatment, the [Report of Injury in Treatment](#) is completed by the chiropractor or physical therapist. This form is not necessary for reactivation symptoms; only where the worker feels an injury has occurred.

Return to work

If the injured worker's employer has a RTW program in place, the injured worker may bring a copy of a RTW form to be completed. This form may be used, but the [PRTW](#) report is preferred. Forward copies of the [PRTW](#), or the list of the injured worker's functional abilities to:

- the employer (via the injured worker or directly to the employer);
- the WCB; and
- the primary care provider (if not you).

You may find that a telephone call to the employer can clarify or answer any questions the employer has which, in turn, helps ensure all members of the integrated partnership are involved.

Once the injured worker or the practitioner, provides the employer with a [PRTW](#) or list of functional abilities, the employer can consult with the worker or care provider to determine if the worker's duties can be modified or other accommodations made

to allow return to work. If the employer cannot accommodate the injured worker's functional abilities, then absence from work may be the only option (even though return to the workplace in any capacity has been shown to have positive effects on recovery).

During each visit, you should review the list of functional abilities. As the injured worker's condition improves, you should:

- discuss any changes to these abilities with the injured worker;
- update the [PRTW](#) or list of functional abilities and provide this to the employer directly or through the injured worker; and
- forward a copy of these documents to the primary care provider (if not you) and the WCB.

Injured workers are encouraged to forward copies of their [PRTW](#) or list of functional abilities to their employer because it encourages both parties to keep the dialogue open regarding accommodation. Continuing communication between the care provider, injured worker and employer is a vital part of successful recovery and return to work.

Report to the WCB

Every work injury that needs health care must be reported to the WCB. Reports can be submitted online, by mail or fax.

Under [Sections 55-57](#) of the Act, care providers do not require a signed release from the injured worker to submit reports to the WCB. Early and regular care provider reports are important to the injured worker and the WCB for two reasons:

1. The WCB requires injured workers' health records to process claims and appeals; and
2. The WCB may need to provide copies of reports to other health care providers (i.e., assessment teams, treatment centres and specialists) to help obtain the best possible assessments and treatments for injured workers.

Questions that may arise from the injured worker in regards to access of their health records by other parties, such as employers, in the event of an appeal, should be directed to the case manager.

Submit reports online

If you have a WCB billing number, you can apply for a WCB Online Services account to allow you to access and submit WCB forms online. To apply for an Online Services account or to access forms:

1. Go to www.wcbsask.com.
2. Click on Secure Login in the upper right corner of the home page.
3. Follow the instructions to request an account or access forms.

Please make sure your notes are typewritten if you use paper forms.

With your WCB billing number, you can apply to receive payments by [direct deposit](#).

Report forms

Use the following forms to provide information about treatment, functional recovery and response to treatment. **Please fill out the online reports completely and submit them to the WCB as quickly as possible.** The WCB cannot pay for incomplete reports.

Self-reported functional outcome measures

Administer the appropriate self-reported FOM tests to injured workers as soon as possible to help identify those who may be at risk for prolonged recovery and who would benefit from more intensive treatment. These tests include:

- [Lower Extremity Functional Scale \(LEFS\)](#)
- [Neck Disability Index \(NDI\)](#)
- [QuickDASH and Work Module for upper extremities](#)
- [Roland Morris for backs](#)

Only submit the FOM score to the WCB, not the form itself. Report the score on the initial report (CHI or PTI) and [PRTW](#).

Initial report

You are required to submit an initial report (CHI or PTI) online within three days of the initial visit for every injured worker that you treat, whether the employer or worker

has initiated a WCB claim or not. The report should include the appropriate FOM score for all injuries, including those that do not result in time off work. Where the injured worker loses time from work because of an injury, the initial report provides confirmation of disability and allows the WCB to arrange timely payment of benefits to injured workers. Prompt reporting is important to prevent financial hardship for the injured worker and family. Go to www.wcbsask.com and log in to your Online Services account for forms and relevant user manuals.

Progress and discharge reports

A progress report (CHP or PTP), which includes the appropriate updated FOM score, should be completed after each block of treatments (six treatments for chiropractors and ten treatments for physical therapists) unless the injured worker has been discharged. If the injured worker has been discharged, the PTP should be submitted within three days. Go to www.wcbsask.com and log in to your Online Services account for forms and relevant user manuals.

Return-to-work report

Once a RTW plan has been agreed upon, submit a PRTW by logging into your Online Services account and submit a progress report (CHP or PTP). This report confirms the hours of work and current functional abilities.

Other reports

Copies of special reports (e.g., diagnostic, operative) should always be forwarded to the WCB. These reports provide the WCB with relevant information and save the attending practitioner from preparing a separate report.

Reporting schedule

Chiropractors are to submit a CHP report after every six treatments; physical therapists are to submit and a PTP report after every ten treatments.

Failure to report:

- can seriously delay an injured worker's claims process;
- may increase costs to employers;
- may result in delays or non-payment to the provider;

- can affect the implementation of treatment plans negatively and ultimately delay the recovery of the injured worker; and
- can make a care provider a party to claim suppression, an illegal activity.

Reporting fees

The WCB issues payment when the care provider invoices the appropriate fee (See [Chiropractors fee schedule](#) and [Physical Therapists fee schedule](#)).

There is a two-tier fee for initial and progress reports:

1. fee for reports that include FOM scores (both professional associations deem FOM scores to be extremely helpful in ensuring the injured worker is progressing); and
2. a lower fee for those that do not include FOM scores.

If more than one report is received for the same day, only one reporting fee is paid.

Note: WCB reports and phone inquiries are billable items for WCB claims.

Monitor return to work

As the injured worker's condition improves, the chiropractor or physical therapist should:

- revise the injured worker's functional abilities and convey this information in progress reports or subsequent RTW reports to:
 - the employer;
 - the primary care provider (if not you); and
 - the WCB.
- reassure the injured worker that some increase in discomfort is normal and expected during return to work (unless there are objective clinical signs to suggest injury progression;)
- discuss modifications to the RTW plan with other involved health care professionals;
- modify the RTW plan if necessary, but do not stop return to work unless continuing presents a clear danger to the injured worker (rest from return to work rarely leads to improvement except immediately after acute injuries).

Advanced assessment and treatment

You, as a primary care provider, or the WCB may ask for an [Assessment Team Review](#) when:

- the injured worker is not working and has no confirmed RTW date;
- the expected recovery date has been exceeded;
- significant risk factors for chronic disability have been identified (See Appendix 4);
- the injured worker continues in employment but has not returned to full duties and/or full hours of work after the work injury; or
- an active treatment plan is not in place.

The WCB established the following guidelines to help identify injured workers in need of advanced assessment and treatment. The WCB may automatically refer the injured worker for assessment when these time frames have been exceeded and the worker has not returned to work.

Type of Injury	Referral to Assessment
Soft Tissue Injury (STI)	7 weeks
Non-STI – Neck and Spine (fractures/surgeries)	12 weeks
Non-STI – Upper Extremity (includes non arthroscopic surgery)	12 weeks
Non-STI – Others (includes all non arthroscopic surgery)	12 weeks
All arthroscopic surgeries	6 weeks
Lower Extremity (fractures/surgeries)	16 weeks
All other complex/multiple fractures	16 weeks
Amputation (lower or complex)	26 weeks
Spinal fusion	26 weeks
Psychological	4 weeks

The WCB, in conjunction with the chiropractic and physiotherapy associations, has developed a guide for treatment of soft tissue injuries at the primary level. The guidelines within this document outline the maximal number of treatment sessions, the duration of treatment and the parameters for when an injured worker should be referred for advanced assessment and possible treatment.

The [Soft Tissue Guidelines](#) are available at www.wcbsask.com/care-providers/physical-therapists under Treatment.

Multidisciplinary assessment

The assessment team will confirm diagnosis and make recommendations appropriate to the injured worker's condition such as:

- further primary treatment (in rare cases), secondary or tertiary care;
- specialist and diagnostic services to occur consecutively or concurrently with other treatment;
- timeline for RTW planning, which may include an immediate return to work; and
- an indication of whether the injured worker has pathology to permanently preclude their return to the job they held at the time of the injury.

Assessment teams

Assessment teams are composed of multidisciplinary health care professionals at both secondary and tertiary levels. The WCB selects the appropriate assessment team based on the length of time the injured worker has been away from regular job duties, the presence of psychosocial and pain management issues, the type of injury and/or any special needs the worker may have.

The WCB may add specialists to the assessment teams if there are issues involved that are beyond the scope of practice of the typical team (i.e., physician, chiropractor and physiotherapist). Mental health assessments are also arranged by the WCB when appropriate.

Assessment reports

The assessment team will forward:

- a summary report, within two days for secondary assessments and four or five days for tertiary assessments, of the assessment to the primary care provider, the chiropractor or physical therapist (even if not acting as the primary provider), and to the WCB; and
- a comprehensive report, within two weeks, of the assessment to the primary care provider, surgeon and the WCB only.

The assessment team and the WCB will tell the injured worker that all reports have been sent to the primary care provider. The injured worker should arrange an appointment with the primary care provider within two business days of the date the report will be forwarded to the primary practitioner, to discuss the assessment team's report and any recommended changes to treatment and/or return to work.

If the injured worker has not contacted the primary care provider (if not you) in the days immediately following the assessment, you should urge them to do so. The primary practitioner will have three to four days to respond to the report. Without response, the WCB will implement the recommendations of the assessment team as per information that was provided to the primary practitioner before the assessment date.

Arranging advanced treatment

If you, as the primary care provider, agree to a recommendation for secondary or tertiary treatment, you may either:

- make a direct referral to a WCB approved clinic; or
- ask the WCB to make a referral or appointment on your behalf.

Where specialist/diagnostic appointments are recommended, the WCB will offer to arrange these.

You should encourage the injured worker to consider advanced treatment as similar to work and that their full effort, promptness and attendance are expected.

When a referral is made to a treatment centre, the centre will contact the injured worker to:

- arrange for intake within one week of referral date; and
- advise the injured worker of the daily time commitment required (Most secondary programs involve three to five hours of treatment per day, while tertiary programs require four to six hours. Where the worksite can be used to make functional progressions, less treatment centre time may be indicated).

Once the injured worker is in treatment, secondary and tertiary treatment centres will:

- deliver the treatment recommended by the assessment team;
- provide reports to the primary care provider and the WCB regarding progress, including functional gains;
- establish a RTW plan using functional testing as one indicator of ability;

- advise the primary care provider and the WCB of the details of the plan;
- monitor the RTW plan, working closely with the injured worker, employer, the WCB and primary care provider; and
- provide a Physical/Functional Capacity Evaluation (PFCE) that catalogues residual capacities and guides re-employment planning where permanent restrictions to the pre-injury job exist.

Successful outcomes are achieved where all care providers support the functional rehabilitation approach, even in the presence of subjective complaints.

Return to work

Total disability is rare. Most injured workers benefit from transitional return to work (see below) while they recover. Being at work:

- helps maintain their self-esteem and connection with the workplace;
- helps alleviate concerns about job security;
- allows continuing contributions to workplace benefit and pension plans; and
- provides activity that enhances the healing process (See: [Recovery and Return to Work for Injured Workers](#) brochure).

Employers have a duty to accommodate

[Saskatchewan Human Rights legislation](#) and [The Saskatchewan Worker's Compensation Act, 2013](#) requires all employers to accommodate injured workers to allow them to return to work as soon as medically safe. However, in the absence of a collective agreement, the [Saskatchewan Employment Act](#) only protects a worker's employment for 26 weeks of absence due to work injury.

The list of functional abilities you supply is crucial to the employer's ability to accommodate the injured worker as soon as possible to avoid job loss and other negative consequences of absence from the workplace.

Return-to-work process

Early return to work helps maintain the injured worker's link to the workplace and serves a therapeutic role. Return to work should be incorporated into the treatment plan within one week of the initial assessment (or on the day of the initial assessment if you are the primary practitioner) by completing a [PRTW](#) report to define the injured worker's abilities, so the employer can arrange for modified duties.

There are three RTW plans that can be used and adapted as the injured worker's condition improves:

1. Return-to-work plan

This plan is the documented, planned process implemented by the employer for managing work absences due to injury or illness-related disabilities. It can include modified jobs, tasks, equipment, hours of work, and work schedule based on medical recommendations and work requirements. The program is designed to assist the employee's rehabilitation.

2. Transitional return-to-work plan

This plan includes any combination of a gradual increase in hours of work and/or work activities designed to return the injured worker to the job they had at the time of their injury. Where appropriate, transitional return to work is followed by full return to the job the injured worker had at the time of the injury. This plan may involve two components often referred to as Transitional Return to Work (first component) and Graduated Return to Work (second component):

Transitional return to work

The first component, usually implemented as soon as possible after the injury, may involve tasks not part of the pre-injury job, and typically does not progress the injured worker's duties in the workplace. This initial component of the plan is to ensure the injured worker returns to the workplace to help maintain their self-esteem and connection with the workplace, help alleviate concerns about job security, and allow continuing contributions to workplace benefit and pension plans.

Graduated return to work

The second component is designed to progressively increase the injured worker's duties and/or capacity to regular duties/hours in the workplace. This component uses functional activities within the workplace to increase the stress on the injured tissue, allowing for continual rehabilitation of the injury.

At the primary level, it is unusual for this component to take longer than four weeks. Typically, it can be completed in a much shorter time frame, dependent on the injury and the pathology to the injured tissue.

3. Maintenance return-to-work plan

This plan includes any combination of hours of work and/or work activities designed to maintain the function of an injured worker awaiting treatment and/or surgery.

Return to work with permanent impairment

Full RTW planning normally involves the employer, injured worker and a union representative if requested by the injured worker. This generally occurs within a tertiary treatment program and involves a PFCE. The tertiary treatment team will establish and monitor a RTW plan, progressing up to, and including, permanent return to accommodated work.

Vocational assistance may be available for injured workers who cannot return to their previous jobs. The goal is to return the injured worker to their previous earning capacity.

The WCB is not responsible for finding jobs for injured workers with permanent restrictions resulting from work injuries, but may help with job searches, resumes and training.

Preventative job change

Regardless of the risk of re-injury, the WCB's responsibilities end when the worker has recovered from the work injury sufficiently to return to the job they had before their injury. Preventative job change is beyond the mandate of the WCB and is a point of discussion for the injured worker and employer.

Factors affecting return to work/function

There are many factors that may affect the worker's return to work/function. While some factors may be related to the nature of the injury, others are not. For a worker whose disability is not explained by the nature of the injury, an extended recovery time may be the first sign of chronic disability.

Timely health care, return to work and vocational services are vital to the prevention of chronic disability. The first few months are critical; the risk of an injured worker becoming chronically disabled increases rapidly with time away from the workplace unrelated to the nature of the injury.

WCB treatment programs are available for injured workers at increased risk of prolonged recovery or chronic disability. The following may help care providers identify those workers who may need these services.

Symptoms of increased risk of chronic disability

The following symptoms may help you identify those workers who may show an increased risk of chronic disability:

- diminished or no interest in actively participating in their recovery;
- a negative attitude about returning to work;
- believe they are disabled and that they are entitled to financial benefits, whether they are receiving them or not; or
- complaints that cannot be verified and that are out of proportion to the nature or severity of their injury.

Experienced health care professionals will often have intuitive concerns about their patients. These feelings should not be ignored even in the absence of other risk factors. These concerns should be reported to the WCB as early as possible so arrangement for advanced assessment and treatment can be made.

For more information on the risk factors for chronic disability, see *Appendix 4: Risk factors for chronic disability*.

See page 23 *Advanced Assessment and Treatment* for information on the services available for workers at increased risk.

Employment and personal factors

For a list of positive and negative employment and personal factors that may affect an injured workers return to work, see *Appendix 3: Positive and negative factors for return to work/function*.

Permanent functional impairment

When an injured worker has reached maximum improvement (MMI) and a part of their body still does not function as it did before the injury, they may be entitled to a permanent functional impairment (PFI) award.

PFI benefit

A PFI payment is a one-time monetary payment based on a percent of whole body impairment. The award's dollar amount is a percentage of amounts established under [the Act](#).

The rating is done through the WCB's Health Care Services based on the AMA's Guides to the Evaluation of Permanent Impairment. The rating is a percentage determined by review of the file, including all medical records and examination findings provided by the injured worker's community-based care providers.

Please note that an impairment rating is different than a disability rating:

- A functional impairment is a deviation from normal in a body part or system and its functioning.
- Disability arises out of the interaction between impairment and external requirements such as the capacity to meet personal, social or occupational demands, or statutory or regulatory requirements.

A PFI payment does not affect any wage-loss, vocational or other benefits the worker may receive.

Independence allowance

The WCB may also provide an allowance to help qualified impaired workers live independently. This allowance may cover expenses such as lawn care, snow shoveling and transportation.

Workers with injury-related disability

Permanent impairments can lead to disabilities that have serious implications for injured workers and their families. To minimize the effects of these disabilities, you (as the primary care provider) should encourage injured workers to:

- accept accommodated employment with the employer, as established and monitored by the treatment team; and
- cooperate with WCB vocational services in cases where the employer cannot accommodate.

Conclusion

In addition to the enormous economic and social impact, work-related illness and injury can devastate individuals, their families and their workplace. To be an effective health advocate for the injured worker and to lessen the burden of work injuries to society, the treating chiropractor or physical therapist will need to address many modifiable factors to assist in an early and safe return to work/function. Integrating return to work with clinical care is of primary importance in returning injured workers to work/function and overall well-being.

Appendix 1

Compensation benefits for injured workers

When the WCB accepts a worker's injury claim that worker may be entitled to a variety of benefits as set out in WCB legislation and policy. These benefits may include:

Wage loss

Workers, who are injured at work and off work beyond the day they were injured, may be entitled to receive wage-loss benefits. In most cases, this benefit may be equal to 90 percent of their probable take-home pay. Benefit payments usually begin on the day of first wage loss after the date of injury, with the initial payment normally made within 14 days.

Permanent impairment

If a work injury results in a permanent impairment such as the loss of a limb, the injured worker may receive a lump sum payment. This payment is in addition to wage-loss compensation, if applicable, or in some cases, even if there was no wage loss. The lump sum is dependent on a percentage of impairment. If a work injury results in a severe functional impairment, the WCB may also provide an annual independence allowance to assist in maintaining an independent lifestyle.

Long-term benefits

Wage-loss benefits may continue for as long as the injured worker experiences total or partial loss of earning capacity due to the injury. Benefits usually end at age 65. To protect wage-loss benefits from the effects of inflation, they are reviewed annually based on changes in the Consumer Price Index.

Death benefits

In cases where a worker dies on the job, the WCB makes an immediate lump sum burial payment, and may pay the cost of transportation of the deceased to their home within Canada. In addition, the WCB pays compensation benefits to the surviving spouse and any dependent children.

Benefits to surviving spouse

A dependent spouse receives monthly benefits equal to 90 percent of the deceased worker's probable net earnings. These benefits are payable for five years, or until the youngest child reaches age 16, regardless of other earnings. If there is a dependent child in full-time attendance at a secondary or post-secondary educational institution, benefit payments continue until that child is 18.

Benefits for dependent children

At age 18, each dependent child who is in full-time attendance at a secondary or post-secondary school will be eligible to receive a monthly allowance plus an amount equal to the cost of tuition, books and other required educational fees.

The WCB will pay a dependent child's educational fees, plus allowance and other expenses as specified above, for a maximum of three years between the ages of 18 and 25. Compensation to survivors may be extended beyond the above time period, depending on individual circumstances.

Relocation

WCB benefits, health care and rehabilitation may be affected if the worker relocates. View the [Voluntary Relocation Outside Canada](#) fact sheet, available at www.wcbask.com/workers/worker-resources.

Appendix 2

Appealing a WCB decision

Both workers and employers can ask for a review or appeal of any WCB decision.

Worker appeals

If an injured worker disagrees with a WCB decision on a claim, they can:

- ask the WCB staff member who made the decision to review their file (many disputes can be resolved at this point);
- contact the WCB's Fair Practices Officer, who will review the file and may make recommendations; or
- contact the Saskatchewan Office of the Worker's Advocate for assistance.

The WCB also provides an appeal process for injured workers. There are three levels of appeal that must be accessed consecutively:

1. Appeals Department review

The injured worker can ask that the Appeals Department review their claim file. The Appeals Department should provide a decision within 30 days. The WCB Operations Division must follow the instructions outlined in the appeal decision.

Appeals officers will review the claim file and gather any additional information they feel is necessary to come to a fair and reasonable resolution.

2. Board Member review

If the injured worker disagrees with the decision of the Appeals officer, they may request a further review by the WCB Board Members, giving reasons for the review and documentation to support the request. In most cases, this is the final level of appeal.

3. Medical Review Panel

When a bona fide health care question exists, the injured worker may request a review by a Medical Review Panel. (A bona fide health care question exists when a physician or chiropractor disagrees with a position taken by the WCB. This results in two conflicting health care positions).

A Medical Review Panel consists of a Chair selected by the WCB, and the injured worker's choice of either:

- two specialists; or
- a specialist and a chiropractor

The decision of the Medical Review Panel is final and binding on all parties.

To initiate a Medical Review Panel, the injured worker's primary physician or a chiropractor must sign an enabling certificate outlining which of WCB's medical positions the care provider disagrees with and setting out the reasons why. Enabling certificates are available from the WCB's Medical Services or Board Services departments.

Employer appeals

Employers who disagree with a WCB decision on an injured worker's injury claim can:

- ask the WCB staff member who made the decision to review the file (many disputes can be resolved at this point);
- contact the WCB's Fair Practices Officer, who will review the file and may make recommendations; or
- follow an appeal process for employers, which is similar to the process described for workers above. There are two levels of appeal that can be accessed consecutively, the Appeal Department review and Board Members review.

Positive and negative factors for return to work/function

Positive factors for return to work/function

Positive employment situation

The likelihood for successful return to work/function is better when the injured worker:

- has a good relationship with their employer;
- has an employer who is willing to accommodate their injury;
- has good support in the workplace;
- is satisfied with the job;
- has control over the job; and
- has social support (i.e. family, friends, etc.).

Positive health care situations

An injured worker's likelihood for successful return to work/function is better when the primary care provider:

- actively manages the case;
- uses current best practices;
- works cooperatively with the employer, WCB and other health care professionals;
- provides complete and specific details of the injured worker's abilities and restrictions; and
- updates the employer and the WCB regularly as the injured worker's condition changes.

Negative factors affecting return to work/function

When the injured worker's employment or personal situation is less positive, the likelihood to return to work can be seriously impaired.

Negative employment situations

The injured worker's likelihood for successful return to work/function is worse when:

- an adversarial relationship exists between the worker and employer;
- there is real or perceived harassment or stress;
- there is little workplace support;
- no accommodation program is in place;
- the physical environment and ergonomic conditions need improvement;
- the job is subjectively monotonous;
- the physical or mental job demands are not fulfilling;
- the worker is not happy at the job;
- the worker has little control on the job;
- the worker is labeled;
- there have been other lengthy absences in the past;
- the worker attributes the cause of the illness/injury to the workplace; or
- the injury occurs during the boom periods of the business cycle;

Negative personal or emotional situations

The likelihood for successful return to work/function is worse when:

- the injured worker has emotional distress;
- the self-rated symptoms are severe;
- the personal dynamics of the home foster an invalid or victim role;
- there are adverse social circumstances outside work (e.g., financial difficulty);
or
- the injured worker has problems with alcohol and drug abuse.

Resource: [Injury/Illness and Return to Work/Function, A Practical guide for Physicians](#). Used with permission of the [Workplace Safety and Insurance Board of Ontario](#).

Appendix 4

Risk factors for chronic disability

Injured worker

- Age – older workers may have difficulty finding jobs because of their age.
- Place of residence – rural workers may have more difficulty finding other employment if they are unable to return to their pre-injury jobs.
- Education – jobs with fewer educational requirements usually involve more physical activity.
- Language – English as a second language may limit their ability to find work.
- Lack of mobility – if their spouse has a job in the community, or if they have lived there a long time, they may not want to move and this will limit their ability to find work.
- Opinion as to the degree of disability is out of proportion to the nature of the injury.
- History of drug or alcohol abuse.
- Financial problems reduce the ability to focus on return to work as a priority.
- Family problems such as separation, divorce, serious illness or death.
- Injured worker cannot be reached when case manager calls or tries to arrange a meeting.
- Injured worker relies on a third party (spouse or parent) to communicate with the WCB.
- Injured worker has a significant number of prior claims with the WCB.

Employment

- Employment history – length of employment with employer of record, seasonal work, issued a layoff, uncertainly about having a job to return to.
- Nature of employment – no light duties available, employer small in size.
- History of poor performance on the job – employer doesn't want worker to return to work.

- Excuses for not returning to work – no transportation, unreasonable demand for light duties.
- Little or no contact with employer after injury.
- Rate of compensation provides a sense of security, especially if pre-injury income was uncertain, sporadic or seasonal.
- Dissatisfaction with the job.
- Lack of job opportunities because of economic conditions within usual field of employment.

Health

- Period of disability exceeds expected recovery time for the injury.
- Injured worker has other health problems at the same time as the injury.
- Lack of physical findings on health care reports to support a delay in returning to work.
- Injured worker frequently changes primary care providers.
- Past related problems in same body area of the injury.
- Expansion or change in location of symptoms from those of the original injury.
- Injured worker does not participate in treatment, misses appointments, makes excuses for nonattendance, and has only vague recollection of primary care provider's advice.

Appendix 5 Report of injury in treatment

Where a worker reports an injury within or from treatment, the Worker Report of Injury in Treatment (on the next two pages) is completed by the chiropractor or physical therapist. This form is not necessary for reactivation symptoms; only where the worker feels an injury has occurred.



Worker Report of Potential Incident/Injury

TX

Clinic name: _____

A. Worker information

1. Name of injured worker: _____
2. WCB claim number: _____
3. Level of care: Primary Secondary Tertiary

B. Incident reporting information

1. Who first reported the incident to you?
 - WCB client WCB
 - Other (please specify): _____
2. Date/time of incident: _____
3. Date/time reported to you: _____
4. Did the injured worker report the incident to clinic staff: Yes No
 If yes, to whom? _____
5. Details of injured worker's report of incident (e.g., activity at time of incident, symptoms noted, etc.):

C. Examination

1. Date/time of examination: _____
2. Subjective complaints:



Injured worker: _____

Claim no: _____

3. Physical findings:

D. Other information and opinions

1. What activity was the worker involved in between the time of the incident and your examination (list functional testing done and results, give specifics of exercise programs, home activity, level of workplace activity)?

2. In your professional opinion, did the physical findings confirm that an injury occurred?

Yes No

a. If no, please explain your rationale (e.g., reactivation discomfort, etc.).

b. If yes, when do you expect the injury to resolve?

c. If yes, please describe the impact, if any, on recovery or the current treatment plan.

3. Other comments:

Completed by: _____ Signature: _____
Name (please print)

Date report completed: _____

If program is secondary or tertiary level, please sign below and submit to the WCB, Attn: Health care facilitator.

Clinic coordinator: _____ Signature: _____
Name (please print)

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