



**Accreditation Standards and Service Provider Guidelines for Exercise Therapists
Providing Primary Level Services to Saskatchewan Workers' Compensation Board
Clients.**

Effective Date August 1, 2015

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Intent

This document sets out the following information for exercise therapists providing services to WCB customers:

- Accreditation standards.
- Service provider guidelines.

Introduction

1. The Saskatchewan Workers' Compensation Board (WCB) and the Saskatchewan Kinesiology and Exercise Science Association (SKESA) have signed a relationship agreement whereby WCB will receive input regarding exercise therapy interventions for injured workers from the professional association. The Practice Standards for Exercise Therapists providing Primary Level Services to WCB clients (Practice Standards) and the Service Fees and Fee Codes for WCB Exercise Therapists Providing Primary Level Services to WCB clients (Fee Schedule) document the standards of care, scope of services, and fees endorsed by the WCB subsequent to that input.
2. Therapists seeking accreditation with the WCB for the treatment of injured workers will commit to compliance with these documents. Further, therapists will signal their commitment to any revised future versions by providing further care to injured workers after the date the revised documents are published.
3. Compliance with these practice standards may be evaluated through a survey process that will be performed jointly by the WCB and professional representatives of SKESA.
4. Exercise therapists must comply with all codes of ethics and bylaws of the professional association, as well as the practice standards.

Professional Affiliation and WCB Accreditation Requirements

5. All care providers providing exercise therapy services to WCB customers must:
 - a. Hold a degree in exercise physiology or equivalent as determined by SKESA.
 - b. Hold the designation of Certified Exercise Physiologist (CEP) plus SKESA.
 - c. Be registered and in good standing with the Canadian Society for Exercise Physiology (CSEP) (or equivalent as determined by SKESA) and SKESA.
 - d. Be accredited by the WCB, and
 - e. Demonstrate public liability and property damage insurance against claims for personal injury, death, or damage to property in an amount not less than one million.

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6. As well, the care providers must practice:
 - a. Within the scope of services identified by the WCB in the Exercise Therapy fee schedule.
 - b. Within a facility that includes licensed biomechanical providers on staff who will perform a biomechanical assessment prior to the initiation of exercise therapy services and provide indirect supervision, and
 - c. In compliance with the Practice Standards for Exercise Therapy providing services to WCB Customers.
 7. Exercise therapists performing any of the following services must also have completed the appropriate post-graduate training for the service through a recognized training provider (i.e., Roy Matheson and Associates Inc., WorkWell, etc.):
 - a. Return to work (RTW) planning,
 - b. Functional conditioning, or
 - c. Job site evaluation (for identifying the job duties).

Practice Guidelines

Scheduling Patients

8. Exercise therapy services will be provided to Saskatchewan WCB customers only upon referral by a licensed practitioner who identifies the medical diagnosis, contraindications, and objectives of treatment. Treatment will be provided in concert with the in-house licensed biomechanical provider. The in-house biomechanical provider will provide an intake biomechanical examination and ensure that WCB funding is in place. The customer will be discharged when a level of function consistent with the pre-injury job has been achieved. To prevent financial hardship to the injured worker, the clinic will ensure direct billing of the WCB, rather than the worker, occurs.
9. There will be a sufficient number of exercise therapists on staff to provide constant supervision of all WCB customers, to ensure efficient and effective services, and to provide care that encourages the customer's active, rather than passive, involvement. In programs involving strength training, the staff/customer supervision ratio will not exceed one to six. In non-strength training programs, the staff/customer ratio will not exceed one to 12.
10. Documentation will be available to indicate the total number of professional staff hours worked per month and the total number of non-professional staff hours worked per month, excluding reception and office staff. This could be indicated as full-time equivalents of 40 hours per week.

Customer Management

11. The exercise therapist will manage customers using the following guidelines:

- a. Initial Visit
 - i. In addition to biomechanical assessment by the licensed in-house biomechanical care provider, the components of the initial visit will include:
 - (a) Patient history and pre-screening (i.e., Physical Activity Readiness Questionnaire (PAR-Q), resting heart rate, blood pressure, and risk factor analysis).
 - (b) Physiological and performance assessment (i.e., either fitness and/or function).
 - (c) Educating the customer regarding results of any testing completed, and
 - (d) Development of a treatment plan.
- b. Subsequent Visits
 - i. The components of subsequent visits may include the following, as determined by the WCB's Soft Tissue Treatment guidelines or as authorized by the WCB:
 - (a) Follow-up on issues related to pre-screening and risk factors as necessary.
 - (b) Regional conditioning.
 - (c) Aerobic strengthening and conditioning.
 - (d) Functional conditioning.
 - (e) A conditioning component to increase blood flow and stimulate a positive adaptive cardiovascular response to physical activity.
 - (f) Customer education regarding the benefits of physical activity on recovery.
 - (g) One-to-one physical training.
 - (h) Group supervised exercise, and
 - (i) RTW planning or monitoring.
- c. Service List
 - i. Services which may be provided with direct supervision of a CEP include:
 - (a) Aerobic assessment and conditioning will be conducted with direct supervision of a CEP and with indirect supervision by an onsite biomechanical provider. Indirect supervision involves an in-house biomechanical provider accessible and on site, but not necessarily in direct visual proximity of the CEP and injured worker. Accessible implies that the licensed biomechanical provider would be in the same room or on the same floor and so could make himself or herself available within a few minutes.
 - (b) Regional assessment and conditioning will be conducted with direct supervision of the CEP and indirect supervision by an on-site biomechanical provider.
 - (c) Functional testing and conditioning will be conducted with direct supervision by the CEP and indirect supervision by an on-site biomechanical provider, who will establish the initial limits and guide the progressions. In order to conduct functional testing, the CEP will require the completion of a post-graduation program offered by a WCB recognized training provider.

- (d) Work site visits to confirm job requirements.
 - (e) Care providers will conduct work site visits after completion of a post-graduation program offered by a WCB recognized training provider. Pre-authorization from the Case Manager is required to prevent duplication of services. Work site visits are intended to identify the job functions, and are not for the purposes of ergonomics or work place accommodation.
 - (f) RTW arrangements require creation with and sign off by the in-house biomechanical provider.
 - (g) Education.
- d. Timelines for Implementation of Conditioning Services
- i. Aerobic exercise prescription is rehabilitative conditioning exercise to maintain or increase oxygenated and nutrient rich blood to the body (injured tissue) and to provide a mechanism for by-products of tissue healing to be removed from the body. This conditioning may only be provided once the injured worker is away from work or performing accommodated work that does not maintain aerobic capacity for a period of at least five weeks.
 - ii. Regional and Core Conditioning is rehabilitative exercise therapy to regain range of motion (ROM), flexibility and strength specific to the work injury. This intervention may be provided in the first week post injury and upon referral and recommendation from the biomechanical provider in the clinic.
 - iii. Functional conditioning may begin on referral of the in-house biomechanical provider once there has been sufficient time to allow for the early stages of tissue healing (i.e., acute phase of the neuromusculoskeletal injury) and once biomechanical restoration has been initiated by the treatment team. The functional conditioning timeline would depend on the severity of the injury and is not required if the injured worker is working their regular duties.
 - iv. Functional testing may be invoiced only once following four weeks away from regular job duties, and only if necessary to plan the RTW.

Fees for Service

Section 103(1) of *The Workers' Compensation Act, 2013* states:

Every worker who is entitled to compensation or who is disabled only on the day of the injury is entitled without charge to:

- (a) any medical aid that may be necessary as a result of the injury;
- (b) any other treatment by a health care professional.

12. Exercise Therapy is considered a component of the Physical Therapy and/or Chiropractic services offered by a clinic in which the Physical Therapist or Chiropractor has obtained WCB authorization to treat and invoice (i.e., the negative response system, initiated by the

PTI and CHI forms, is used to confirm authorization). The WCB will be invoiced using the Exercise Therapy fee schedule. The WCB may refuse payment where conditioning has been provided prior to the timelines specified in Section 11(d) above.

13. The injured worker and/or employer will not be invoiced for any services.

Duty to Report Work Injury

Section 55 of *The Workers Compensation Act, 2013* states:

Any health care professional who attends to or is consulted with respect to an injury to a worker shall:

- (a) furnish the board with any reports respect to the examination or treatment of the worker that are relevant to the injury for which compensation is claimed;
- (b) give all reasonable and necessary information, advice and assistance to the injured worker or the worker's dependants in making an application for compensation; and furnish any certificates and proofs that the board may require.

Record Keeping and Reporting

14. It is required that there is a written record for each customer that will include the following:

- a. The licensed biomechanical practitioner's referral.
- b. Assessment findings, goals and objectives of treatment, and treatment plan.
- c. Daily charting and progress notes that include the treatment provided and periodic assessment.
- d. Documentation of any communication between the exercise therapist and the referring practitioner regarding assessment and/or treatment of the customer, and
- e. The discharge summary.

15. Any exercise therapist who is aware of a WCB customer sustaining injury during the course of treatment will immediately telephone the Manager of WCB Health Care Services to apprise him/her of the injury and, using incident/injury documentation forms available in their clinic, provide a written report to the WCB within 24 hours of the injury.

WCB Forms

16. The WCB report forms available on the WCB website will be used for reporting to the WCB. All reports will indicate progress towards the goals and objectives of treatment as outlined by the referring practitioner and the customer's ability to meet the physical demands of the pre-injury job. Where reporting does not meet the standards and requirements of the WCB, WCB may not fund treatment provided.
17. Initial assessment reports will be sent to WCB within three working days of assessment and will include the goals and objectives of treatment along with the anticipated discharge date.
18. Progress reports (TXP) will only be sent if there is a deviation from the treatment plan and anticipated discharge date. Pertinent additional progress information will be provided to the referring practitioner who will report any relevant progress information.
19. A discharge summary (TXD) will be sent within three days of discharge.

Confidentiality Requirements

20. All health-related and personal information received during the course of treatment of a WCB customer will be treated in a confidential manner, and no information will be revealed to any person or party other than those persons to whom reports are to be made or to such other persons as may, from time to time, be designated by the WCB. Information pertaining to functional ability may be provided to the employer for purposes of establishing a RTW arrangement.

Facility Guidelines

21. In consideration of the many years lead time already provided by the WCB, current providers of exercise therapy programming will provide evidence of facility accreditation within 30 days of WCB endorsement of this document. Newly accredited clinics will do so within one year of achieving WCB treader status. Accreditation with the CSEP, Commission for Accreditation of Rehabilitation Facilities (CARF), hospital, or physiotherapy accreditation are all acceptable.
22. The space used for program delivery will be dedicated solely to that purpose during the program delivery.
23. There will be adequate space, facilities, and equipment to fulfill the needs of the service, and accessibility will be adequate for the types of clients serviced.

Continuing Education

24. There will be a planned orientation program attended by all new staff, including training in emergency procedures where more than one exercise therapist provides services in a facility.
25. All exercise therapists will be encouraged to participate in continuing education programs and will have knowledge of current exercise therapy practice and treatment protocols. They will also meet all standards of continuing education and continued professional development requirements as set out by SKESA and the CSEP.
26. All exercise therapists providing service or supervision to Saskatchewan WCB customers will hold cardiopulmonary resuscitation (CPR) certification and will renew it annually.

Quality Assurance and Performance Evaluation Measures

27. Within each clinic there will be a program to evaluate the quality and quantity of care provided. The evaluation will include an evaluation of outcomes.
28. Should any situation arise in which alleged misconduct by an exercise therapist is reported, this matter will be referred to the Disciplinary Board of SKESA for review and recommended action.
29. WCB may also conduct clinic surveys using peer surveyors.

Marketing of Services

30. Marketing of exercise therapy services may not include any reference to or allude to any relationship between the WCB and the exercise therapy services offered. Exercise therapy services may be marketed as treating “work related injury” with no reference to the WCB.

Conflict of Interest

31. Where the exercise therapist has a financial relationship with the worker’s employer, that relationship will be disclosed to the worker prior to the beginning of treatment, allowing the worker to make an informed choice regarding care providers.

Term of Agreement

32. The practice standards and fee schedule are effective August 1, 2015. SKESA will review these standards annually and provide the WCB with any proposed changes or amendments to the practice standards not less than three months prior to this end date. If no changes or recommendations are proposed, the practice standards term will automatically carry forward for one more year with the 2017 fees remaining static for one year. This carry forward may not occur more than one time before a new practice standards agreement is signed.
33. WCB and SKESA will also maintain a current agreement confirming the relationship between the WCB and the professional association.