



Saskatchewan
Workers'
Compensation
Board

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OTP

Occupational Therapist's Progress/Discharge Report

WCB Claim No: _____

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

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

Employer Name: _____

OT's Name, Address, Postal Code

Worker's Name, Address, Postal Code

Clinic Name: _____

REQUEST FOR EXTENSION DENIED CES/CM

Date: _____

1. Current Diagnosis: _____ 2. Body areas being treated: _____

3. Subjective Complaints: _____

4. Objective findings: _____

5. Assessment of recovery (0-10) initial _____ current _____ 0 = none, 10 = preinjury

Explain any delay in recovery: _____

6. Discharged yes, date: _____ no, requires a Request for Extension of Treatment(complete #7 - 18)

7. Restrictions include: Subjective Measured

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

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

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

Client and Practitioner agreed Yes no (explain in comments)

8. Have you advised the patient to be off work due to the injury? yes no (if yes, complete #9 - 18)

If no, is the patient to be working with restrictions? yes no (if yes, complete #9 - 18)

9. Self report (Initial/Current) Roland Morris _____ / Quick Dash _____ / QD Work module _____ / NDI _____ / LEFS _____ /

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

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

other _____

11. Frequency of treatment _____ per week 12. Expected number of weeks to discharge _____

13. Are you aware of other health or non-health factors affecting recovery no yes (if yes, add to comments)

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

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

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

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

18. Comments: _____

Signature: _____ Date: _____ Copy to: _____