

CONTACT DETAILS

# PHYSIOTHERAPY TREATMENT MANAGEMENT PLAN

Health care providers should deliver services according to the principles outlined in the <u>Clinical Framework</u> for the <u>Delivery of Health Services</u> (the Framework). The Treatment Management Plan (TMP) is an important communication tool that requires physiotherapists to demonstrate they are adopting the principles of the Framework in the treatment of the worker's injuries.

Worker's nam	e:					$\overline{}$	Date of birt	h:	
Occupation:							Claim No.:		
Employer:							Insurer:		
Referring med									
Workplace rehabilitation provider (if applicable):									
CLINICAL ASSESSMENT									
Date of injury:			Date of initia			itial	consultation	:	
Number of cor	Number of consults to date:		Number of c			of co	onsults since last surgery:		
Physiotherapis									
Area(s) treate	d:								
Screening tools/questionnaires: (e.g. Orebro – DD/MM/YYYY; Initial score – 76; High risk of long-term disability and failed return to work).									
Tool	Date administered		Initial I score		Interpretation of results		Date re- ministered	Subsequent score	Outcome
	easures (select Okg floor to wais			-		n, mo	oderate inter	nsity, limited due	e to pain).
Functional activity			Initial / as last reported			ed			goal (within timeframe)
☐ lifting – floor to waist									·
☐ lifting – waist to shoulder height									
☐ working above shoulder height									
	□ sitting								
□ standing									
□ walking									
<ul><li>□ pushing / pulling</li><li>□ bending / twisting / squatting</li></ul>									
☐ driving									
☐ other (specify)									
Briefly comment on the worker's adherence to treatment:									
Directly Collins	on the work	vei a an	. 161 611	UG IU	a cauncil.	•			

BIOPSYCHOSO	CIAL FACTORS				
Have you identifie	ed, or are you aware of, any	factors tha	t may impact the worke	r's return to work?	
Biological	factors		☐ Yes ☐ No		
Psychoso	cial factors			☐ Yes ☐ No	
Other				□ Yes □ No	
recommendations	fied any factors that may imposite for addressing them? (e.g. and treatment expectations, we have the second treatment expectations).	diagnostic	imaging, specialist refe	o you have any rral, reassurance, education	
CURRENT WOR	K STATUS				
Hours:	Pre-injury hours	at work:		per week	
	Current hours a	t work:		per week	
Current duties:	☐ Pre-injury du	ties 🗆 .	Alternative / modified du	ıties ☐ Not working	
	ore information about the dut / available duties.	ies and the	e associated physical de	mands of the worker's pre-	
RETURN-TO-WC	RK PROGRESSION				
Have the worker's	s hours and/or duties progre	ssed in the	e last six weeks?	☐ Yes ☐ No	
Provide details:					
Is the worker likel	y to return to the functional o	capacity re	quired to perform their p	re-injury duties?	
☐ Yes	Anticipated timeframe:				
□ No	Comment:				
☐ Unsure	Comment:				
	comments to assist the med rent functional measures, m			the worker?	
PROPOSED MAI	NAGEMENT PLAN				
☐ Physiotherapy	consultations				
	ent sessions proposed: codes PB001, PC001 or PG	001, as pe	To be conducted over the WorkCover WA rate		
Treatment propos	sed:				

	gram programs require a cost proposal for fees and payments for exercise-bas	•	insurer. Refer to the
Have self-managemen	nt strategies been implemented?		☐ Yes ☐ No
PHYSIOTHERAPIST'S	S DETAILS		
Name:		Practice:	
Email:		Phone:	
Signature:		Date:	
A copy of this form has	s been sent to (please tick):		
☐ Insurer / Self-insure	er ☐ Medical Practitioner	□ Other (specify)	
INSURER APPROVAL			
Note to insurer: It is ex days of receipt of this	spected a response be provided to th TMP.	e physiotherapist with	nin three to five business
☐ Approved ☐ Not	Approved   Further information	required (specify)	
Insurer contact name:		Phone:	
Signature:		Date:	

## **EXPLANATORY NOTES AND ADDITIONAL INFORMATION**

The TMP is intended to provide greater clarity about future treatment options for workers who are likely to require more than 10 physiotherapy consultations. It will also provide approved insurers and self-insurers with a mechanism to determine whether the treatment and costs are reasonable under the workers compensation legislation.

#### **Notes for Physiotherapists**

- A TMP may be requested or required when the physiotherapist is of the view that treatment will be required beyond 10 consultations.
- The TMP may be initiated by a physiotherapist or requested by an approved insurer or self-insurer.
  - Note: there is a maximum combined total of three reports permitted without prior approval from insurer or self-insurer.
- A copy of the TMP should be provided to the worker, treating medical practitioner and insurer / self-insurer.
- All sections of the TMP should be completed.
- Completion of the TMP is a billable item refer to item PR003 of the <u>WorkCover WA rates, fees, and payments</u> for physiotherapy.
- 'Physiotherapist's diagnosis' may differ from the medical practitioner's injury description on a certificate of capacity. This information will assist the claims management process by highlighting the need to obtain clarity around the diagnosis.
- You are not required to elaborate on the self-management strategies you have implemented. It is expected you empower the worker to manage their injury through education, setting expectations, developing self-management strategies, and promoting independence from treatment.

### **Notes for Insurers and Self-insurers**

 Insurers and self-insurers have a responsibility to determine whether treatment for workers is 'reasonable' (pursuant to section 72 of the Workers Compensation and Injury Management Act 2023).

- The TMP may be used as a mechanism to assist in determining whether any treatment proposed by a physiotherapist is a 'reasonable' expense.
- It is desirable that insurers and self-insurers respond to physiotherapists in a timely manner. To avoid potential delays in physiotherapy treatment, the benchmark for responding to physiotherapists is within three to five business days from receipt of the TMP.

## Links to screening tools:

- Orebro (Long-Form, Short-Form)
- STarT Back