

Allied Health Recovery Management Plan



General information and instructions

This plan must be completed in full and submitted to the Agent by the 5th consultation. A subsequent plan is only to be submitted on request by the injured worker's Employer, WorkSafe Authorised Agent or Self Insurer to notify them of the proposed management plan.

- Visit** Initial visit Follow-up/subsequent visit
- Discipline** Physiotherapy Osteopathy Chiropractic
 Podiatry EIPF Physiotherapy

Please Note A medical practitioner referral is required before provision of the services listed below
 Occupational Therapist Exercise Physiologist

1. Worker's details

Worker's name		Date of birth
<input type="text"/>		<input type="text"/>
Occupation	Date of injury	Claim number
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Injury details

Diagnosis (areas being treated)

3. Work status

Hours	Current duties
Pre-injury hours at work <input type="text"/> per week	Pre-injury duties <input type="checkbox"/> Not working <input type="checkbox"/>
Current hours at work <input type="text"/> per week	Alternative/modified duties <input type="checkbox"/>

4. Assessment

Standardised outcome measures	Initial score		Review score		Review score	
	Date	Score	Date	Score	Date	Score
Risk measures	Initial score		Review score		Review score	
	Date	Score	Date	Score	Date	Score

Barriers

Specify any physical, personal and/or environmental barriers that may influence the worker's return to work and recovery.

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5. List current activity/functional limitations and related goals

Current activity/functional limitations	Related activity goals (include ADL and work/travel goals)	Estimated date of achievement
1.	1.	
2.	2.	
3.	3.	

6. Proposed treatment plan

Proposed total number of services	<input type="text"/>	over	<input type="text"/>	number of weeks	Anticipated discharge date
From	<input type="text"/>	to	<input type="text"/>		<input type="text"/>

7. Proposed treatment methods

Treatment details

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Self management - indicate strategies that the worker will use to manage their condition

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8. Provider details

Treating provider's name	Treating provider's address	Email address
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone	Facsimile	WorkSafe provider number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Treating provider's signature	Date	
<input type="text"/>	<input type="text"/>	

Time/availability for discussion

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9. Consent

I consent to the collection and use of personal and health information about me by WorkSafe Victoria (WorkSafe), its Authorised Agents and self insurers for the purposes outlined in the statement entitled 'Collection of Personal and Health Information' included with this form and I authorise WorkSafe, its Authorised Agents and self insurers to disclose such information to the types of organisations listed in the statement for any of those purposes.

Signature of patient, parent or guardian	Date
<input type="text"/>	<input type="text"/>

Full name (please print)

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How to use the Allied Health Recovery Management Plan form

This plan must be completed in full and submitted to the Agent by the 5th consultation. A subsequent plan is only to be submitted on request by the injured worker's Employer, WorkSafe Authorised Agent or Self Insurer to notify them of the proposed management plan. The Clinical Framework for the Delivery of Health Services can be found on the WorkSafe website:

www.worksafe.vic.gov.au.

Injury details

Provide an anatomical diagnosis where possible, such as (L) rotator cuff tear rather than one that is based on symptoms, such as (L) shoulder pain.

Work status

Alternative/Modified duties: the worker is working at a limited capacity, which may involve doing the same job in a different way or completing different duties/jobs

Not working: the worker has either no capacity to work and is unfit for any duties, or suitable duties are not available.

Assessment

The serial use of relevant Standardised Outcome Measures will provide you, the worker, the employer, other healthcare professionals, WorkSafe and its Agents information to establish progress over time. Determining whether the worker is improving, worsening or not changing over time can assist in guiding future management.

Standardised Outcome Measures are preferred as they are reliable, valid and sensitive to change. If a Standardised Outcome Measure is not available for the condition being seen or the goals being set, consider using the Patient Specific Functional Scale.

Please specify the Standardised Outcome Measure used, indicating the initial and review scores with the respective dates.

Some frequently used standardised outcome measures are available from the WorkSafe website www.worksafe.vic.gov.au.

Refer to Principle 1, "Measure and demonstrate the effectiveness of treatment" in the "Clinical Framework" for further information.

Refer to Principle 2, "Adopt a biopsychosocial approach" in the "Clinical Framework" for further information to assist you in completing the Risk Measures.

For example:

Outcome measure	Initial score		Subsequent score	
	Date	Score	Date	Score
Neck Disability Index	25/5/2019	56%	26/7/2019	24%
Upper Extremity Functional Index	25/5/2019	20/80	26/7/2019	64/80

Barriers

Please indicate any physical, psychological, or social factors that may be barriers to recovery or to an early, safe and durable return to work. Early identification and management of these barriers can assist in optimising outcomes and reduce the risk of long term disability.

Refer to Principle 2, "Adopt a biopsychosocial approach" in the "Clinical Framework" for further information.

Current activity/functional goals

Goals must be related to function and return to work. The goals should be Specific, Measureable, Achievable, Relevant and Timed (SMART) and should be developed in collaboration with the worker.

Principle 4, "Implement goals focused on optimising function, participation and return to work" in the "Clinical Framework" for further information.

For example:

Current activity/functional limitation	SMART goals	Estimated date of achievement
Unable to walk 100m	Walk tolerance to increase to 500m	1/6/2019
Not working	Return to work for 2 days, undertaking modified duties	10/6/2019

Proposed treatment plan and methods:

Please ensure you indicate the number of services and duration for the treatment plan, as well as the date when you anticipate the worker will be discharged from your care.

If you require restricted or extended consultations you must apply to the Worker's Agent for prior approval. Refer to Restricted Consultation application form on the WorkSafe website for further information.

Please ensure you indicate the treatment methods that you will be using to achieve the workers goals. Refer to Principle 5, "Base treatment on the best available research evidence" in the "Clinical Framework" for further information

Please indicate the self management strategies that the worker will use to manage their condition. It is expected that self management strategies will be initiated at the initial treatment and developed throughout the course of treatment.

Refer to Principle 3, “Empower the injured person to manage their injury” in the “Clinical Framework” for further information.

Consent information

The treating practitioner is legally responsible for obtaining the patients consent for disclosure information where necessary. Maintain an open channel of communication between Agent, patient and practitioner is crucial to achieving the best outcome possible for the patient. The treating practitioner plays a vital role in helping their patient understand this concept. If your patient refuses to sign this form and thus prevents the disclosure of information, difficulties may arise regarding ongoing payment for services. This issue should be discussed with your patient. The relevant Agent should then be notified.

Collection of personal and health information

Personal and health information collected on this form and in the course of providing the treatment or other service is collected for the purposes of managing your claim, monitoring the treatment that you are receiving and assessing your future treatment needs. It may also be used for other purposes related, or in the case of health information, directly related, to these purposes, including for the purposes of legal proceedings arising out of the Workplace Injury Rehabilitation & Compensation Act 2013.

Personal and health information collected about you may be disclosed to WorkSafe, its Authorised Agent or self insurer, to their contractors, agents and legal practitioners, to medical or legal practitioners treating or acting for you in relation to your claim, to a court or tribunal in the course of any proceedings under the Act, and to any person or organisation authorised by you, or by law, to obtain it.