

ALLIED HEALTH RECOVERY REQUEST – PHYSICAL EXAMPLE 1

PETER EDGE:

Peter is employed full time as a carpenter. His employer provides commercial fit outs and larger residential construction projects. Peter is an active volunteer with his local surf lifesaving club and competes in the summer months in the ocean ski paddling events. Peter also coaches his son's soccer team.

Peter slipped on a wet floor surface on 13 January 2017, falling heavily onto his right side and sustained a soft tissue injury to his right shoulder and right cervical spine. Peter is right hand dominant.

Peter is motivated to return to his usual job as a carpenter and to also return to competitive ocean ski paddling.

Peter has progressed well with treatment that has initially been directed at both the right shoulder and the right cervical spine. The physiotherapist has developed the initial AHRR in consultation with Peter over the 6th and 7th treatment sessions.

It is anticipated that Peter will continue to improve with manual treatment and will be able to further progress with his home program of strengthening and stabilisation exercises, with treatment tapering appropriately in frequency and moving from 2 areas to one area prior to discharge.

Peter has developed specific client steps and actions in consultation with the physiotherapist in order to achieve his SMART Client Goals.

The physiotherapist has not requested any time for case conferencing on AHRR #1. As a SIRA approved physical practitioner the physiotherapist has pre-approval for 2 hours case conferencing per claim⁽¹⁾. The physiotherapist does not anticipate that he will require any more than 2 hours prior to completing treatment.

⁽¹⁾ *Guidelines for claiming workers compensation*

Allied health recovery request

For use with NSW CTP personal injury and workers compensation injury claims.

AHRR number	Date of request (DD/MM/YYYY)			
<input type="text" value="1"/>	<input type="text" value="13/02/2017"/>			
<input checked="" type="checkbox"/> Physiotherapist	<input type="checkbox"/> Psychologist	<input type="checkbox"/> Counsellor	<input type="checkbox"/> Osteopath	<input type="checkbox"/> Chiropractor
<input type="checkbox"/> Accredited exercise physiologist	<input type="checkbox"/> Other:	<input type="text"/>		
Referred by (where relevant)	Phone number			
<input type="text" value="Dr Smart"/>	<input type="text" value="0123456789"/>			

Section 1: Client details

Client name	
<input type="text" value="Peter Edge"/>	
Date of birth (DD/MM/YYYY)	Phone number
<input type="text" value="05/05/1980"/>	<input type="text" value="0237989865"/>

Claim information

Insurer	
<input type="text" value="Back to Work Insurance"/>	
Claim number	Date of injury/accident (DD/MM/YYYY)
<input type="text" value="BZ90809098"/>	<input type="text" value="13/01/2017"/>

Section 2: Clinical assessment

Diagnosis
<input type="text" value="Soft tissue injury to right shoulder and right cervical spine"/>

Have you liaised with the treating medical practitioner? Yes No

Is your diagnosis consistent with the medical practitioner's diagnosis of the compensable injury?

Yes Unknown No (if no, please provide details in the last box in section 2)

Clinical assessment continued over...

Current signs and symptoms – include reported/observed and relevant objective measures

Gradual Increase In neck pain (R>L) during the day with activity.
 Intermittent headache into back of head, radiating into the forehead.
 Neck forward flexion to 3/4 range, pain 4/10
 Neck extension to 1/2 range with pain in neck at 5/10 with some occipital headache.
 Right neck rotation 3/4 range, pain 4/10.
 Able to lift 10 kgs with both hands below shoulder height and 5 kgs above shoulder height before neck pain increases
 Right shoulder flexion to 150 degrees, pain 3/10
 Right shoulder abduction to 130 degrees, pain 4/10.

Cervical spine x-ray dated 15/06/2016 - normal study

Details of any pre-existing factor(s) directly relevant to the compensable injury

Nil known

Details of any other providers treating the client and whether you have liaised with them

- I have been liaising with NTD, Dr Smart
 - Radiologist, Dr Sinclair. No direct liaison but x-ray results provided.

Workers compensation: Do you have a copy of the position description/work duties?

Yes No If no, contact the insurer

Section 3: Capacity

	Pre-injury capacity (describe what the client did before the injury(s) related to this claim)	Capacity at initial assessment or last AHRR (whichever is most recent)	Current capacity (describe what the client can do now)
Work (occupation, tasks, days/ hours worked)	Works full time - 40 hours per week as a carpenter. Repeated lifting of materials up to 20 kgs from floor to shoulder, and 15 kgs above shoulder/ head height. Repeated neck extension when working overhead.	Working part time 20 hrs per week (4 hrs per day / 5 days per week) assisting with quotes and general administrative duties Lift capacity to 4 kgs below shoulder height. No capacity to lift weight with right arm above shoulder height. Unable to sustain cervical extension for > 10 seconds	Working reduced hours, 28 hours per week (6 hrs per day Mon, Wed and Friday; 5 hrs per day Tuesday and Thursday). Bilateral lift (lift object with both hands) capacity is 10 kgs below shoulder height, 5 kgs above shoulder height. Able to sustain cervical extension for 25 seconds. Mainly working on fit outs below shoulder height.
Home (self care, domestic, caring)	Independent with self care. Active father with 3 teenage children. Participates around the home with domestic chores (cooking, cleaning and gardening).	Independent with self care. Some light cleaning and helping with cooking at home but not currently working in garden.	Independent with self care. Cooking as per pre-injury participation level and light cleaning duties at home. Able to mow flat lawn and do light trimming and hedging at/below shoulder height.
Community (driving, transport, leisure)	Drives children to training and sport during the week and games on the weekend. Coaches son's soccer team and volunteers with the local surf life saving club where he also competes as an ocean paddler.	Only able to drive short distances on the weekend. Currently gets a lift to work with a colleague (current job is > 1 hour from home) Ceased coaching pro-term. No volunteer work at surf life saving club or ocean / flat water paddling.	Independent again with all driving. Back coaching son's soccer team. 50% of volunteer duties in an admin capacity. Paddling on flat water for 15 minutes at a time.

Are there any factors that have impacted on progress since treatment commenced or may impact on future recovery? If so, what are your recommendations to address these barriers (specific management strategies, referral to other services)?

Peter suffered an aggravation 2 weeks ago when he slipped in the workplace. This has settled with conservative measures. Will continue to monitor progress and liaise with Dr Smart if there are any concerns regarding progress.

Section 4: Recovery plan

Date your services

first commenced (DD/MM/YYYY)

16/01/2017

Number of sessions provided to date

7

AHRR start date (DD/MM/YYYY)

27/02/2017

AHRR end date (DD/MM/YYYY)

01/05/2017

GOALS: must focus on work or functional outcomes to provide the direction for treatment and recovery and may carry over more than one AHRR. They must also be SMART.

CLIENT GOAL 1

To return to my full time job as a carpenter with no restrictions by 28 April 2017.

STEPS: are activities/behaviours the client needs to be able to do to achieve their goal. The steps and actions listed are intended to be achieved in this AHRR period.

Client steps (to achieve in this AHRR period)	Client action plan (self management strategies)	Service provider's action plan
To work within my current functional capacity at/below shoulder height as recommended. Gradually increase height of work duties and hours under the direction of the physio. Gradually increase lift capacity from 10 kgs to 20 kgs below shoulder height, and 5kgs to 15 kgs above shoulder height.	Perform stretches and stabilisation and strengthening exercises for the neck and shoulder 3 times per day. Perform postural correction exercises hourly in the workplace. Employ self pacing to ensure that I do not work too fast or do one activity for prolonged periods. Relaxation techniques at the end of the day.	Neck and shoulder mobilisation. Teach self management techniques with stretching and stabilisation exercise for cervical spine and right shoulder. Education regarding self-pacing in the workplace.

CLIENT GOAL 2

To return to ocean paddling for 1 hour per session with no restrictions by 1 May 2017.

STEPS: are activities/behaviours the client needs to be able to do to achieve their goal. The steps and actions listed are intended to be achieved in this AHRR period.

Client steps (to achieve in this AHRR period)	Client action plan (self management strategies)	Service provider's action plan
Gradually increase paddling time from 15 to 45 minutes on flat water. Introduce ocean paddling for 15 minutes once able to tolerate 30 minutes of flat water paddling. Graduated increase with ocean paddling to 30 minutes. Participate in upgrades at work with increased physical capacities at/above shoulder height	Perform stretches and stabilisation and strengthening exercises for the neck and shoulder 3 times per day. Employ self pacing techniques during upgrades in paddling schedule. Stretch and warm up/down with paddling sessions.	Neck and shoulder mobilisation. Teach self management techniques with stretching and stabilisation exercise for cervical spine and right shoulder. Step client through graduated upgrades in training intensity.

This request was completed in consultation with the client who agreed to the recovery plan:

Yes No Date (DD/MM/YYYY)

Section 5: Services requested

Service type (include consultation type and other services - eg aids/equipment)	Number of sessions	Frequency/timeframe (eg 1 x week for six weeks)	Service code (if applicable)	Unit cost/specify	Total
Standard consultation - 2 areas	4	1 x/week for 4 weeks	PTA004	\$118.00	\$472.00
Standard consultation - 1 area	2	1x/fortnight for 4 weeks	PTA002	\$78.20	\$156.40
					\$628.40

Client name
Peter Edge

Claim number
BZ90809098

AHRR number
1

Case conferencing only	Number of hours	Frequency/timeframe	Service code (if applicable)	Unit cost/specify	Total
Case conferencing					
Overall total (total of all cells above)					\$628.40

Workers compensation: Would you like the assistance of an Independent Consultant?

Yes No

Rationale for services requested (include/attach additional information to assist insurer decision making)

Peter has progressed well to date despite an aggravation in symptoms following a fall at work. The plan is to see Peter on a weekly basis to release tightness and mobilise the upper cervical spine, mobilise and stretch the right shoulder, and progress his self management program of exercises and stretches for the neck and shoulder.

Over the final month of rehabilitation I am planning to review Peter on a fortnightly basis to further upgrade his exercises / self-management program. It is envisaged that these last 2 sessions will be directed at the shoulder (one area) with the view to discharge in the first week of May 2017.

Anticipated date of discharge (DD/MM/YYYY)

01/05/2017

Section 6: Service provider details

Service provider name

Stuart Stewart

Practice name

Recover and Return Physiotherapy

Suburb

Homeville

State

NSW

Postcode

6963

Phone number

02344044044

Fax number

Email

StuStew@optusnet.com.au

Best time/day to contact

1pm: Mon, Wed and Fri

SIRA (formerly known as WorkCover)

workers compensation approval number (if relevant)

54321

Note: All SIRA approved practitioners must ensure their contact details with SIRA are up to date. Email your current details to compliance.info@sira.nsw.gov.au

Signature

Provider stamp (if available)

Section 7: Insurer decision

Approved Declined Partially approved

Workers compensation: An Independent Consultant review to be arranged: Yes No

If declined or partially approved please provide reasons

Decision maker's name

Phone number

Signature

Date (DD/MM/YYYY)

INSURER UNLOCK

CC: treating medical practitioner and other treatment practitioners where involved

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INSURER LOCK

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