Australian Government
Comcare

# Physiotherapy treatment plan

## Privacy

Your privacy is important to us. For information about how we handle your personal information, please visit www.comcare.gov.au/privacy or contact us on 1300 366 979 and request a copy of our Privacy Policy.

Please refer to the notes below for assistance in completing this form.

You can submit this form by:

Email: general.enquiries@comcare.gov.au
Post: GPO Box 9905, Canberra 2601
Fax: 1300 196 971

## Treatment plan request (please tick most appropriate)

Initial ☐ Review ☐

## Employee details

Employee name _____ Claim number _____

Date of birth / / Occupation _____

## Injury details

Diagnosis (areas being treated, directly related to compensable condition)

## Work status

**Hours**

Pre-injury hours at work _____ per week

Current hours at work _____ per week

**Current duties**

Pre-injury duties ☐ Not working ☐

Alternative/modified duties ☐

## 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 employee's return to work and recovery.

# 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. | |

# Proposed treatment plan

Proposed total number of services _____ over _____ number of weeks

From ___/___/___ to ___/___/___ Anticipated discharge date ___/___/___

# Proposed treatment methods

Treatment details

Self management – indicate strategies that the employee will use to manage their condition

# Treating physiotherapist details

I currently have registration with Australian Health Practitioner Regulation Agency Yes ☐ No ☐

Name

Address Phone no

Email Days/times available

Treating Physiotherapist's signature Date ___/___/___

# Consent

I _____ (please print your name) hereby authorise you to supply Comcare with information requested on this form and to discuss the contents of this form and any ongoing issues of my treatment, with officers or representatives of Comcare.

Signature of employee or guardian Date ___/___/___

# A guide to using the physiotherapy treatment plan form

Comcare expects treatment providers to deliver services in line with the Clinical Framework for the Delivery of Health Services. The Clinical Framework provides guidance on helping employees recover and return to work following a workplace injury or disease.

Comcare requires a physiotherapy treatment plan to be submitted when:

- > treating an injured employee for the first time, where more than 5 sessions are required
- > when there has been a gap in physiotherapy treatment of greater than 12 months
- > the injured employee has changed physiotherapy clinics.

Please ensure you discuss and develop this physiotherapy treatment plan with the employee before they sign the plan.

## Injury details

Provide an anatomical diagnosis where possible, not just symptoms (e.g. left rotator cuff tear instead of left shoulder pain).

## Work status

**Alternative/Modified duties:** the employee 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 employee has either no capacity to work and is unfit for any duties, or suitable duties are not available.

## Assessment

Standardised outcome measures help determine whether the employee's condition is improving, worsening or stable/unchanged. Evaluating the employee's progress over time can help guide future management (see Principle 1 in the Clinical Framework – "Measure and demonstrate the effectiveness of treatment").

Please specify the standardised outcome measure used, indicating the initial and review scores with the respective dates.

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, which is available for free online.

## Barriers

In order of priority, please list any biopsychosocial barriers to recovery or to an early, safe and durable return to work (see Principle 2 in the Clinical Framework – "Adopt a biopsychosocial approach"). Early identification and management of these barriers can assist in optimising outcomes and reduce the risk of long-term disability.

## Current activity/functional goals

Goals must be related to function and return to work. The goals should be Specific, Measurable, Achievable, Relevant and Timed (SMART) and should be developed in collaboration with the employee (see Principle 4 in the Clinical Framework – "Implement goals focused on optimising function, participation and return to work").

## Proposed treatment plan and methods

Please list all treatment methods you will use to achieve the employee's goals (see Principle 5 in the Clinical Framework – "Base treatment on the best available research evidence").

Self-management strategies should be established during initial treatment and developed throughout the course of treatment (see Principle 3 in the Clinical Framework – "Empower the injured person to manage their injury").

## Consent information

The treating practitioner is legally responsible for obtaining the patient's consent for disclosure of information where necessary.

The fee schedule has been developed to ensure this plan is completed as part of a consultation with the employee. Comcare will not fund more than one session per day.