

# Allied health treatment request

To be used by allied health practitioners working with NSW workers compensation (WC) and motor accidents (CTP) injury claims.

## How do I complete this form?

1. Fill out form with the injured person. All sections should be completed
2. Sign form
3. Submit form to the injured person's insurer

Once submitted, insurers have:

- 21 days to respond to requests for treatment in the WC scheme (except for services specified in Table 4.1 of the *Workers compensation guidelines*: [sira.nsw.gov.au/workers-compensation-claims-guide/legislation-and-regulatory-instruments/guidelines/workers-compensation-guidelines](http://sira.nsw.gov.au/workers-compensation-claims-guide/legislation-and-regulatory-instruments/guidelines/workers-compensation-guidelines))
- 10 days in the CTP scheme.

## Where do I go for help?

Read the Allied health treatment request explanatory notes at: [sira.nsw.gov.au/ahtr](http://sira.nsw.gov.au/ahtr)

Request number	<input type="text" value="2"/>	Date of request (DD/MM/YYYY)	<input type="text" value="25/04/2023"/>
This is the number of request forms submitted			
Date services first commenced (DD/MM/YYYY)	<input type="text" value="18/03/2023"/>	Total number of consultations to date	<input type="text" value="6"/>
Your allied health discipline	<input type="text" value="Accredited Exercise Physiologist"/>	Other	<input type="text"/>
Referred by	<input type="text" value="Dr Kumar"/>	Phone number	<input type="text" value="0400 400 400"/>

## Section 1: Injured person details

Name	<input type="text" value="John Smith"/>	Date of birth (DD/MM/YYYY)	<input type="text" value="10/09/1982"/>
Pre-injury occupation	<input type="text" value="Plumber"/>	Pre-injury work hours/week (average)	<input type="text" value="40"/>
Claim number	<input type="text" value="1000000"/>	Date of injury/accident (DD/MM/YYYY)	<input type="text" value="21/12/2022"/>

## Section 2: Your clinical assessment

Compensable injury/illness

Current clinical signs and symptoms

### Risk screening

Have you applied a risk screening tool in your assessment?  Yes  No

e.g., OMPSQ-SF, Keele STarT Back, Whip-Predict, K10 etc

Name of risk screening tool  Date administered (DD/MM/YYYY)

Score/comment

Details of any pre-existing conditions directly relevant to the compensable injury

## Capacity

Do you have a copy of the position description/work duties (WC and where relevant CTP)

Yes  No If no, insurer to provide.

Pre-injury capacity Describe what the person did before the injury(s) related to this claim		Current capacity Describe what the person can do now
<b>Work</b> occupation, tasks, days/hours worked	Plumber working (8 hours per day, 5 days per week) plus often additional Saturday work. Lift up to 20 kgs from floor to shoulder height. Carrying up to 20 kg over 50 m. Work in sustained deep squatting and kneeling positions for up to 30 minutes. Ability to use ladders and stairs on a regular basis throughout a working day.	Plumber working (8 hours per day, 5 days per week) lighter work duties. No overtime on Saturdays. Lift up to 10 kg from knee to shoulder height. Carrying up to 12.5 kg over 50 m. Able to squat to ¾ range for 2 minutes. Inability to kneel or deep squat at present. Use of ladders and stairs on infrequent basis with a 'step to' approach.
<b>Usual activities</b> activities of daily living, driving, transport, leisure	Independent with self-care tasks. Independent with all domestic duties. Standing and walking with no limitation. Enjoyed playing golf, bike riding and walking his dog for 1 hour.	Independent with self-care tasks. Limited ability with sweeping and vacuuming. Limited ability with lawn mowing and use of the brush cutter - required to pace each task. Standing/walking for 45 mins – pain 3/10. Has resumed walking the dog for 30 minutes. Has not resumed playing golf or bike riding.

## Standardised Outcome Measures (SOM) – At least one measure to be reported

Measure	Initial score		Previous score		Current score	
	Date and score of the first SOM completed		Date and score of the SOM completed for submission of the previous AHTR		Date and score of the latest SOM completed	
	Date	Score	Date	Score	Date	Score
e.g. Neck Disability Index	1/02/23	21/50	N/A	N/A	26/03/23	14/50
e.g. DASS	1/02/23	Depression =24 Anxiety=19 Stress=33	22/03/23	Depression=19 Anxiety=15 Stress=28	21/07/23	Depression=15 Anxiety=11 Stress=22
1. Lower Extremity Functional Scale (LEFS)	18/03/2023	38/80	N/A	N/A	25/04/2023	52/80
2. Timed up and go test (TUG)	18/03/2023	13 secs	N/A	N/A	25/04/2023	8 secs
3.						

Interpretation of score(s)

The LEFS has increased by 14 points, which indicates a clinically significant level of progression from the original measure. The improvement in the timed up and go test also demonstrates a good level of progression.

## Section 3: Barriers to recovery and strategies to address

Barriers to recovery identified through your screening and assessment

Reports feeling tense and anxious over his working situation. Concern he won't be back to his pre-injury role in 3 months.

Strategies to address barriers to recovery (may include actions to be taken by you/injured person, strategies agreed with others in treating team, referral to other services, etc):

Education and reassurance of the post-operative protocol and expectation setting regarding usual recovery time frames. Acknowledge achievements of progression over the course of management. Develop plan to gradually resume pre-injury exercise and social activity. Consider referral to workplace rehabilitation provider to develop a graded return to work plan.

Would you like any of the following assistance?

Direct contact from the insurer  Yes

Case conference  Yes, who with

Collaborative case review with an independent consultant?  Yes

## Section 4: Treatment plan

Has the injured person achieved the goals from the last treatment plan?

Yes  No  Partially  N/A

### Injured person goals

(Goals should be Specific, Measurable, Achievable, Realistic, Timed (SMART))

e.g. To return to my usual job as a retail assistant by 4 August; To drive for an hour to my parent's home by 6 July; To return to training my kid's soccer team by 3 October.

1. Work goal  
or activity goal if not working at time of injury

To  by

2. Activity or participation goal

To  by

Injured person's self-management (what techniques/strategies/exercises are they completing between sessions?)

Develop understanding of post-operative protocol and expected recovery milestones and pain/swelling response. Increase awareness of work as a form of work conditioning. Increase awareness of the purpose and benefits of prescribed exercises and awareness of barriers to ongoing self-management. Progress with tailored exercise and activity program to address remaining deficits in lower limb functional capacity. Additional resumption of home and community-based activities.

### Your intervention

Further education and reassurance to address remaining barriers to recovery and return to work. Progress exercise and activity strategies to assist with a resumption of the pre-injury role. Upgrade home exercise program to assist with self-management and independence. Further develop pacing strategies to assist with managing upgrades with work duties. Liaison with the NTD/insurer to determine a staged approach to resumption of pre-injury role.

Outline the rationale for the services you are requesting

Continued progression of graded exercise and activity approaches to assist with increasing work-related capacities and tolerances to enable a return to the pre-injury role.

How many additional sessions do you anticipate before discharge?

Anticipated discharge date (DD/MM/YYYY)

If this date has changed since the last plan, please explain why

Did you collaboratively develop this treatment plan with the injured person?  Yes  No

If No, please explain why

## Section 5: Service requested

Service type include consultation type, other services e.g., aids/equipment	Number of sessions or hours if case conferencing	Frequency/ timeframe e.g., 1 consultation/week	Service code where applicable	Cost per session/item	Total cost
Exercise Physiology	8	Weekly for 4 weeks then fortnightly	EPA002	\$ 87.80	\$ 702.40
Case Conference	1 hour	2 x 30 minute sessions	EPA006	\$ 204.00	\$ 204.00
					\$ 0.00
					\$ 0.00
					\$ 0.00
				Overall total	\$ 906.40

## Section 6: Your details

Treating practitioner name			Practice email		
Mr Bill Strong			reception@fitforall.com		
AHPRA number			Best time/day to contact		
ESSA 4321			10-12pm		
Practice name			SIRA approval number (WC only)		
Fit for all			5673		
Suburb	State	Postcode	Treating practitioner email		
Sydney	NSW	2000	bstrong@fitforall.com		
Phone number	Fax	Signature			
9999 0000	N/A				

## Section 7: Insurer decision

Approved  Approval of some services only  Declined  More information required

An explanation must be provided below if the insurer's decision is 'Approval of some services only', 'Declined' or 'More information required'.

Insurers note: You must provide additional documentation to support the decision to decline any services. This must be in line with legislative obligations.

Explanation

Contact name

Phone number

Email

Signature

Date (DD/MM/YYYY)