

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)
- 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

Request number	<input type="text" value="1"/>	Date of request (DD/MM/YYYY)	<input type="text" value="04/06/2023"/>
This is the number of request forms submitted			
Date services first commenced (DD/MM/YYYY)	<input type="text" value="12/04/2023"/>	Total number of consultations to date	<input type="text" value="7"/>
Your allied health discipline	<input type="text" value="Physiotherapist"/>	Other	<input type="text"/>
Referred by	<input type="text" value="Dr Orange"/>	Phone number	<input type="text" value="4343 4343"/>

Section 1: Injured person details

Name	<input type="text" value="Ian Ines"/>	Date of birth (DD/MM/YYYY)	<input type="text" value="01/06/1981"/>
Pre-injury occupation	<input type="text" value="Carpenter"/>	Pre-injury work hours/week (average)	<input type="text" value="40"/>
Claim number	<input type="text" value="12345678"/>	Date of injury/accident (DD/MM/YYYY)	<input type="text" value="01/04/2023"/>

Section 2: Your clinical assessment

Compensable injury/illness

Current clinical signs and symptoms

Right shoulder pain with range of motion above 90 degrees shoulder abduction and 120 degrees forward flexion.

Positive response Neer's test for impingement

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

Previous right rotator cuff repair eight years ago. Mr Ines recovered from the surgery without complication. He reports having restored his full functional strength and range of movement after his previous surgery.

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
Work occupation, tasks, days/hours worked	8 hours per day, 5 days per week. Works as a carpenter building decks and stairs. Lifting up to 20 kg from floor to above head height. Repetitive use of a drill and impact driver.	8 hours per day, 5 days per week. Suitable duties. 10kg lifting from floor to chest height. No work above chest height. Drill and impact driver use for 2 x 30 minutes per shift.
Usual activities activities of daily living, driving, transport, leisure	Lives by himself in an apartment. Needs to access overhead cupboards in the kitchen. Relies on a clothes dryer mounted at shoulder height to do laundry. His major hobby is playing online computer games.	Uses his left (non-dominant) hand only to access the overhead cupboards in the kitchen and to load the clothes dryer. Able to participate in pre injury level of online gaming.

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. SPADI Pain	12/04/2023	76%	N/A	N/A	04/06/2023	42%
Disability	12/04/2023	42.5%			04/06/2023	36%
2.						
3.						
Interpretation of score(s) Mr Ines' scores demonstrate he has achieved some improvements in his shoulder function through a combination of small increases in pain free range of movement and learning to adapt to the current impact his shoulder symptoms are having on his functional capacity.						

Section 3: Barriers to recovery and strategies to address

Barriers to recovery identified through your screening and assessment

Pain and weakness when lifting the right arm above 90 degrees abduction or 120 degrees forward flexion. Mr Ines' only recreational activity of computer gaming does not provide opportunities to gradually restore his functional tolerances that relate to his work demands and are not helpful in consolidating gains achieved with treatment.

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):

Physiotherapy support during Mr Ines' participation in his recovery through work program to address job specific challenges likely to emerge as he upgrades to his pre-injury work. There are elements of Mr Ines' pre-injury duties that are more repetitive and forceful than activities outside work. A graduated program of self directed exercises will assist increase range and strength as well as improve independence.

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
To return to using a drill and impact driver above shoulder height for 15 minutes of every hour by 4 August 2023.

2. Activity or participation goal

To by
To be able to unload the dishwasher into overhead cupboards using the right hand only by 7 July 2023.

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

To adhere to prescribed home exercise program
To follow upgrades at work as per recovery through work program
Maintain an exercise diary.

Your intervention

A combination of manual therapy to increase range of movement and prescription of exercise to consolidate gains. Ongoing education and guidance on manual handling and load management strategies during Mr Ines' rehabilitation. Physiotherapist will continue to complete capacity certification to facilitate upgrades in suitable duties as capacity increases.

Outline the rationale for the services you are requesting

The emergence of an associated adhesive capsulitis has delayed recovery. Further physiotherapy intervention is required to restore full shoulder range and gradually increase strength and endurance, particularly given Mr Ines' activities outside work are not physical in nature. Contact to be maintained with Mr Ines' employer and case manager to ensure relevant upgrades in capacity.

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
Consultation A - subsequent	8	1 x week	PTA002	\$ 87.70	\$ 701.60
Case conference	1	15 minutes fortnightly	PTA015	\$ 204.00	\$ 204.00
					\$ 0.00
					\$ 0.00
					\$ 0.00
Overall total					\$ 905.60

Section 6: Your details

Treating practitioner name			Practice email		
Megan Brown			reception@alpineriversphysio.com.au		
AHPRA number			Best time/day to contact		
PT00002229090			Anytime		
Practice name			SIRA approval number (WC only)		
Alpine Rivers Physiotherapy			54312		
Suburb	State	Postcode	Treating practitioner email		
Platypus Creek	NSW	2889	megan.b@alpineriversphysio.com.au		
Phone number	Fax	Signature			
02 4343 4444					

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)