

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="2"/>	Date of request (DD/MM/YYYY)	<input type="text" value="24/07/2023"/>
This is the number of request forms submitted			
Date services first commenced (DD/MM/YYYY)	<input type="text" value="27/05/2023"/>	Total number of consultations to date	<input type="text" value="14"/>
Your allied health discipline	<input type="text" value="Osteopath"/>	Other	<input type="text"/>
Referred by	<input type="text" value="Dr. Chiew"/>	Phone number	<input type="text" value="02 8338 8338"/>

Section 1: Injured person details

Name	<input type="text" value="Mr Ford"/>	Date of birth (DD/MM/YYYY)	<input type="text" value="03/03/1983"/>
Pre-injury occupation	<input type="text" value="Painter"/>	Pre-injury work hours/week (average)	<input type="text" value="50"/>
Claim number	<input type="text" value="123456"/>	Date of injury/accident (DD/MM/YYYY)	<input type="text" value="25/05/2023"/>

Section 2: Your clinical assessment

Compensable injury/illness

Current clinical signs and symptoms

Minimal swelling in right knee, anterior and medially, with occasional crepitus on flexion. Reduced range of movement in: 1) right hip Flexion: 80 degrees, Extension: 20 degrees Internal rotation: 30 degrees, External rotation: 50 degrees, and 2) right knee Flexion: 90 degrees, extension - 5 degrees, Internal rotation: 5 degrees, external rotation: 20 degrees. Tenderness over right hip posterior musculature (Gluteal and thigh regions) and over right medial collateral ligament.

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
Work occupation, tasks, days/hours worked	50 hours per week. Undertaking all tasks of a painter, including a break every hour for 10 mins, if required. Lifting up to 20 kg floor to waist.	40 hours per week. Undertaking most tasks of a painter, including a break every hour for 10 mins, if required. Lifting up to 15 kg floor to waist.
Usual activities activities of daily living, driving, transport, leisure	Able to undertake all activities of daily living, including cooking, gardening including kneeling and casual tennis game.	Able to undertake most activities of daily living, including cooking, gardening with kneeling for 5 minutes, prolonged standing, and casual sporting activities (but not tennis currently).

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. Knee Injury and Osteoarthritis Outcome Score (KOOS)	27/05/2023	95	21/06/2023	70	24/07/2023	32
2. Tampa Scale of Kinesio-phobia (TSK)	27/05/2023	65	21/06/2023	44	24/07/2023	20
3.						

Interpretation of score(s)

Gradual improvement in SOM scores - intent to discharge patient at the end of this plan.

Section 3: Barriers to recovery and strategies to address

Barriers to recovery identified through your screening and assessment

Patient still demonstrates fear avoidance in undertaking some tasks.

Physical therapy requires incorporation of pain counselling.

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):

Osteopath is to positively reinforce to the patient that residual symptoms will improve if the patient increases their activity and capacity levels gradually, and undertakes a self-directed exercise conditioning program. Encourage patient to wear compression support/brace of right knee, particularly while at work. Advise patient that not all symptoms are related to the fall off the ladder accident, and that physical therapy may not resolve all symptoms, that may be influenced by lifestyle factors.

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 my pre-injury duties as a painter by 24 September 2023.

2. Activity or
participation goal

To _____ by _____
To return to playing casual tennis by 15 September 2023.

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

Do light stretching prior to work or when undertaking a non-work activity. Undertake gradual conditioning exercises at beginning of my work day. Rest for about ½ hour after completing work for the day, and then gradually undertake light stretching and conditioning exercises. Undertake a self-directed exercise conditioning program.

Your intervention

Manual therapy including joint mobilization of the knee. Progression of the home exercise program.
Counsel patient to overcome fear avoidance barriers.

Outline the rationale for the services you are requesting

Physical therapy with pain counselling to be provided while supporting Mr Ford's upgrading to usual activities including tennis and pre injury work.

How many additional sessions do you anticipate before discharge? 4

Anticipated discharge date (DD/MM/YYYY) 30/09/2023

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	4	1 per fortnight	OSA002	\$ 87.70	\$ 350.80
					\$ 0.00
					\$ 0.00
					\$ 0.00
					\$ 0.00
				Overall total	\$ 350.80

Section 6: Your details

Treating practitioner name

Dr. Peta Starjen

Practice email

osteo@abccosteopathy.com.au

AHPRA number

OST0000225678

Best time/day to contact

Between 12pm and 1pm

Practice name

ABC Osteopathy

SIRA approval number (WC only)

09567

Suburb

Bondi Junction

State

NSW

Postcode

2345

Treating practitioner email

pstarjen@abccosteopathy.com.au

Phone number

0411 123 456

Fax

02 1234 5678

Signature

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

Signature

Phone number

Date (DD/MM/YYYY)

Email