

Physiotherapy Services Model

(1) Standard Treatment-Stream 1

Physician referral **NOT** required

Maximum of **22 visits** (including initial visit) within an **8 week period** w/o BO pre-approval.

Submit a Physiotherapy Initial Notification form, which shall be received within three (3) business days after the Initial Visit. Day 0 is the initial visit date.

If approved, hydrotherapy sessions may be invoiced via a separate fee code, which counts as a regular subsequent visit.

During the treatment the Physical Therapist may be requested to submit a Physiotherapy Requested Report.

The Requested Report shall be received within 3 business days of the request. Day 0 is the date of the request.

If the worker is not expected to return to pre-injury hours and duties by the end of the eight (8) weeks, the Physical Therapist shall submit a Physiotherapy Report.

The report shall be received at least five (5) business days prior to the treatment end date

No extensions are allowed in this category

Telephone Consultation with a Board Officer is reimbursed for communication initiated by a BO or contractually required and involves:

- Treatment services;
- Return to work; and/or
- Discharge planning.

Telephone Consultation for Return to Work and other related issues is reimbursed for communication with a Return To Work Support Services or Occupational Therapy Services Providers and involves:

- Return to work and other related issues.

For all Streams

For all Streams

(2) Transfer from Stream 1 to Stream 2

Appropriate if the Physical Therapist identifies the Injured Worker meets the criteria for Stream 2 as warranted by their medical condition

Should be identified within the first 6 visits

Physical Therapist should complete Form 268 Physiotherapy Report within five (5) business days explaining why the worker meets the criteria for Stream 2

Physical Therapist will advise the worker that they require a Physician referral (if one wasn't on the file from Stream 1) and that this needs to be submitted to the Board Officer

Once the Physician referral is submitted in writing, the Physical Therapist can start the Stream 2 treatment plan and continue to treat as per Stream 2 unless the Board Officer advises the Physical Therapist otherwise

If not identified within the first 6 visits, same process as above only now Board Officer approval **IS** required for the transfer

(3) Exceptions to Standard Treatment- Stream 2

Physician referral required

The Physical Therapist will recommend the duration and frequency of treatment.

Exceptions to Standard Treatment may be provided for workers with the following medical conditions:

- Systemic medical disorders (pre-existing or comorbid), documented by a medical practitioner, that compromise functional recovery.
- Complex musculoskeletal conditions treated non surgically i.e.:
 - intra-articular fractures (ORIF/OREF)
 - articular derangement
 - brain injury
 - spinal cord injury
 - dislocation of complex joint
 - adhesive capsulitis,
 - all fractures
 - grade 3 sprains
- Traction/ compression neuropathy – acute traumatic onset
- Acute traumatic peripheral neuropathy
- Surgical repair of:
 - Articular fractures (ORIF/OREF)
 - Capsulo-ligamentous injury
 - Articular derangement
 - Musculo-tendinous injury
 - Joint reconstruction
- Any condition that is referred by Specialist
- Any condition that is approved by a Medical Advisor

Following the initial visit, the Physical Therapist shall:

- Submit a Physiotherapy Report, which shall be received within three (3) business days of the initial visit.

Day 0 is the date of the Initial visit.

The Board Officer may accept, modify or reject the treatment plan

If approved, hydrotherapy sessions may be invoiced via a separate fee code, which counts as a regular subsequent visit.

If unlikely that expected outcome will be met by the end of initial treatment plan, the Physical Therapist shall contact the Board Officer at least ten (10) business days prior treatment end date.

If requested, the Physical Therapist shall submit a Physiotherapy Requested Report.

Requested Reports shall be received within three (3) business days of the request.

Extensions to the original treatment plan must be pre-authorized by a Board Officer.

(4) Home Visit Treatment

Physician referral required

The Physical Therapist will recommend the duration and frequency of treatment.

Provided when Worker is unable to safely travel to a physiotherapy clinic or where a Board Officer approves treatment in an injured worker's home due to the nature and severity of the injury.

Maximum **6 home visits** (including initial visit) may be provided w/o Board Officer pre-approval.

Following initial visit, the Physical Therapist shall:

- Submit a Physiotherapy Report, which shall be received within three (3) business days of Initial Home Visit.

Day 0 is the date of the Initial Visit.

The Board Officer may accept, modify or reject the treatment plan

If unlikely that expected outcome will be met by the end of initial treatment plan, the Physical Therapist shall contact the Board Officer five (5) business days prior treatment end date.

If requested, the Physical Therapist shall submit a Physiotherapy Requested Report.

Requested Reports shall be received within three (3) business days of the request.

Extensions to the original treatment plan must be pre-authorized by a Board Officer.

(5) Central Nervous System (CNS) Disorders Visit Treatment

Physician referral required

The Physical Therapist will recommend the duration and frequency of treatment.

CNS Disorder Visits may be provided when a claim is accepted for:

- Mild/Moderate Traumatic Brain Injury (with associated physical dysfunction)
- Cranial nerve disorders
- Vestibular disorders
- Cauda equina lesions with neurological sequelae
- Spinal cord injury (para or quad)
- Acute traumatic spinal injury (with upper motor neuron lesion signs and/or radicular signs)

Following the initial visit, the Physical Therapist shall:

- Submit a Physiotherapy Report, which shall be received within three (3) business days of initial CNS Disorder Visit.

Day 0 is the date of the Initial Visit.

The Board Officer may accept, modify or reject the treatment plan

If approved, hydrotherapy sessions may be invoiced via a separate fee code, which counts as a regular subsequent visit.

If unlikely that expected outcome will be met by the end of initial treatment plan, the Physical Therapist shall contact the Board Officer five (5) business days prior treatment end date.

If requested, the Physical Therapist shall submit a Physiotherapy Requested Report.

Requested Reports shall be received within three (3) business days of the request.

Extensions to the original treatment plan must be pre-authorized by a Board Officer.