



WORKERS' COMPENSATION BOARD OF BC

PHYSIOTHERAPY REFERENCE GUIDE

Form 268/269

PHYSIOTHERAPY REQUEST REPORT & PHYSIOTHERAPY PLAN/REPORT

Report Type (check only one of the report options)

Physiotherapy Plan/Report Physiotherapy Requested Report Physiotherapy Plan/Report for Home Visit Physiotherapy Plan/Report for CNSD Visit

Customer Information:

Worker's name	Enter the worker's full name. Initials should not be used. If possible, it should match the name on the worker's British Columbia CareCard.
Claim number	Enter the WCB claim number <i>specific to this injury</i> . To confirm the claim number by contacting the WCB Call Centre , please ensure you have the correct injury date, birth date and PHN for the worker.
Worker's Occupation	Provide the worker's self-reported job title.
Personal health number	Worker's Personal Health Number as shown on the British Columbia CareCard. If the worker does not have a PHN, indicate this on the form. Otherwise, you will be charged a transaction fee for billing on paper.
Attending physician	The name of the physician who referred the worker for treatment.
Is worker currently working?	Indicate whether worker is or is not working based on worker's report.

Clinical Status:

Date of injury	The date when the work-related injury occurred. In the case of occupational diseases, this is the date when medical attention was first sought – you may wish to check this date by accessing Online Claim Status.
Injury accepted on claim	This describes the diagnosis for the injury reported on the WCB claim. Where findings from a physiotherapy diagnosis differ from the claim-accepted medical diagnosis, contact both the referring physician and the WCB officer handling the worker's claim.
Referral date	The date the attending physician referred the worker for physiotherapy.
Initial assessment date	The date of the first physiotherapy intervention with the worker.
Reassessment date	The date that a physiotherapy reassessment was provided. This should remain blank if you are submitting this form following an Initial Assessment .
Number of visits to-date	This field is to report the number of visits provided to the worker since beginning treatment, including the initial visit
Surgery date and procedure (if applicable)	The date of surgery for the compensable injury, and type of surgical procedure completed.
Initial objective findings	Provide objective measurements of the status of the injury at the time of Initial assessment. Describe the most prominent or most critically limited characteristic of the injury, and the most representative objective measure of the injury.
Current objective findings	Provide the objective measurements of the status of the injury at the time of reassessment. Describe the most prominent or most critically limited characteristic of the injury, and the most representative objective measure of the injury (e.g. <i>knee strain with swelling reduced of +5 cm to +2cm with activity increased from 10 min to 2 hrs since initial assessment three weeks ago.</i>)
Critical job demands as reported by the worker	Identify tasks worker must be able to do to return to work.
Current functional abilities related to critical job demands	Provide descriptive parameters such as activity type (sit, lift, carry, squat, etc.), intensity (weight, distance), frequency (reps per hour or day) and duration (hours per day) to indicate what the worker can do relative to each critical job demand .
Factors delaying recovery	Provide details about factors or conditions that may affect injury, recovery or disability (e.g. pre-existing or non-compensable).



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Recommendations:

No further physiotherapy treatment	Select the appropriate box to indicate the recommendation. If Further medical investigation is recommended, specify the nature of the investigation and discuss the rationale with the referring physician and Board Officer. If recommending a WCB rehabilitation service , specify the service and discuss the rationale with the referring physician and Board Officer.
Extension of physiotherapy treatment	Check this box if further treatment is indicated beyond six weeks.
Start date	This is the date of the first day of the 7 th treatment week, (or the 23 rd visit).
Number of weeks	This is the number of weeks requested during the extension.
Expected number of visits	This is the number of visits requested during the extension.
Can modified or regular duties be performed concurrently with physiotherapy treatment?	Indicate if RTW can be initiated concurrently with physiotherapy. <ul style="list-style-type: none">• If "Yes", provide start date.• If "No", select the appropriate option under "Expected outcome at end of treatment extension".

Treatment Goals:

Expected improvements with additional treatments	Enter weekly or bi-weekly objective treatment benchmarks. These may be physical or functional measures. For post-surgical conditions reference the specific WCB post-surgical rehabilitation guideline or, if referencing another guideline, attach a copy of that guideline to the Report and submit to the WCB.
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Provider Information:

Physiotherapist's Name	Enter the name of the physiotherapist who provided service to the worker
Practitioner Number	Enter the MSP practitioner's number of the physiotherapist who provided service to the worker.
Clinic Payee Number	Enter the WCB issued Payee number for the clinic where service was provided to the worker.
Clinic Name	Enter the name of the clinic where the service was provided to the worker, (if applicable).
Clinic Telephone Number	Enter the telephone number, including the area code, of the clinic where service was provided to the worker or the number of the physiotherapist if there is no associated clinic.
Clinic Fax Number	Enter the fax number, including the area code, of the clinic where service was provided to the worker or the fax number for the physiotherapist if there is no associated clinic.
Date	Provide the date that the form was completed and submitted to the WCB
Signature	The treating physiotherapist should sign the form prior to submission to the WCB
Physiotherapist's mailing address/stamp	Please provide the current mailing address of the treating physiotherapist.