Program and report type (check one only)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity-Related Soft Tissue Disorder (ASTD)** | **Hand Therapy** | **Occupational Rehabilitation 1 (OR1)** | **Occupational Rehabilitation 2 (OR2)** | **Return-to-Work Support Services (RTWSS)** |
| [ ]  ASTD Initial Jobsite Visit (ASTDJSVIN)[ ]  ASTD Subsequent Jobsite Visit (ASTDJSVSB) | [ ]  Hand Therapy Initial Jobsite Visit (83D297)[ ]  Hand Therapy Subsequent Jobsite Visit (83D298) | [ ]  OR1 Initial Jobsite Visit (83D273)[ ]  OR1 Subsequent Jobsite Visit (83D274) | [ ]  OR2 Initial Jobsite Visit (83D263)[ ]  OR2 Subsequent Jobsite Visit (83D264) | [ ]  RTWSS Initial Jobsite Visit (83D319)[ ]  RTWSS Subsequent Jobsite Visit (83D320) |
| **Occupational Therapy (OT) Services** | **Post-Concussion Management Program (PCMP)**  | **Pain and Medication Management Program (PMMP)** | **Early Concussion Assessment and Treatment (ECAT)** | **Amputee Multidisciplinary Program (AMP)**  |
| [ ]  OT Services Initial Jobsite Visit (83D489)[ ]  OT Services Subsequent Jobsite Visit (83D490) | [ ]  PCMP Initial Jobsite Visit (83D483)[ ]  PCMP Subsequent Jobsite Visit (83D484) | [ ]  PMMP Initial Jobsite Visit (83D552)[ ]  PMMP Subsequent Jobsite Visit (83D426) | [ ]  ECAT Initial Jobsite Visit (83D427)[ ]  ECAT Subsequent Jobsite Visit (83D428) | [ ]  AMP Initial Jobsite Visit (83D591)[ ]  AMP Subsequent Jobsite Visit (83D592) |
| **Integrated Care Program (ICP)** |  |  |  |  |
| [ ]  ICP Initial Jobsite Visit (83D610)[ ]  ICP Subsequent Jobsite Visit (83D611) |  |  |  |  |
| Date of report (yyyy-mm-dd)      | Date of site visit (yyyy-mm-dd)      | Subsequent visit number (for subsequent jobsite visits only)      | Provider’s total travel time       hours       minutesTotal distance travelled by provider      kilometres |

Worker and claim information

|  |  |  |  |
| --- | --- | --- | --- |
| Worker’s last name      | First name      | Middle initial      | WorkSafeBC claim number      |
| Area(s) and nature of injury accepted on this claim      | Date of injury (yyyy-mm-dd)      |
| Claim owner and job title      | Claim owner’s phone number      |

Employer and job information

|  |
| --- |
| Company’s name      |
| Jobsite address      | City      | Province      | Postal code      |
| Company’s phone number        | Fax number       |
| Contact’s name      | Contact’s job title      |
| Contact’s phone number       | Worker’s occupation      |
| Current attachment to pre-injury job [ ]  Job attached[ ]  Not job attached[ ]  Not yet confirmed | Usual pre-injury work schedule (days and hours)Days per week      Hours per day      Break schedule       | Comments (if applicable)      |

Participants attending the jobsite visit

|  |
| --- |
| List of participants’ names and roles      |

Purpose of jobsite visit

|  |
| --- |
| [ ]  Briefly review or confirm job demands — refer to the [job demands table](#Appendix) in the appendix for additional details, if applicable; delete the appendix if not applicable to this visit[ ]  Review possible job modifications[ ]  Explore return-to-work (RTW) opportunities[ ]  Provide support during RTW plan (e.g., coaching, shadowing)[ ]  Other (please specify)      |

Jobsite visit and RTW summary

|  |
| --- |
| Jobsite visit findings      |
| Recovery and RTW factors      |
| Additional comments      |
| Recommendations and considerations to facilitate RTW      |

Provider’s information

|  |  |
| --- | --- |
| Company’s name      | Payee number      |
| Company’s phone number      | Contact’s name       | Contact’s direct extension or phone number (if applicable)      |
| Mailing address      | City      | Province      | Postal code      |

Report prepared by

|  |
| --- |
| Name(s) and professional designation(s) of report writer(s)       |

|  |  |  |
| --- | --- | --- |
| **Claims Call Centre**Phone 604.231.8888Toll-free 1.888.967.5377M–F, 8 a.m. to 6 p.m. | **Fax**604.233.9777Toll-free 1.888.922.8807 | **Mail**WorkSafeBCPO Box 4700 Stn TerminalVancouver BC V6B 1J1 |
|

WorkSafeBC collects information on this form for the purposes of administering and enforcing the *Workers Compensation Act*. That Act, along with the *Freedom of Information and Protection of Privacy Act*, constitutes the authority to collect such information. To learn more about the collection of personal information, contact WorkSafeBC’s FIPP Office at PO Box 2310 Stn Terminal, Vancouver, BC, V6B 3W5, email **FIPP@worksafebc.com**, or call 604.279.8171.

Appendix — Review of job demands

Jobsite description

|  |
| --- |
|       |

Description of job tasks

Add or delete rows as appropriate to the worker’s injury-specific job demands.

|  |  |
| --- | --- |
| Task 1 |       |
| Task 2 |       |
| Task 3 |       |

Critical job demands relevant to the accepted injury

**Add or delete rows as appropriate to the worker’s injury-specific job demands.**

| **Strength activities** | **Weight** (lb.) | **Frequency** | **Distance** | **Task description, comments** |
| --- | --- | --- | --- | --- |
| Example:Lift floor to waist | Up to 50 lb. | Occasional: Once an hour for 4 hours consecutively each shift | N/A | Bilateral handling of boxes of produce between floor and waist level. Boxes handled vary in size, but they are of a size that can be safely manipulated with two hands. Worker can ask for help if products weigh > 50 lb. |
| Lift floor to waist |       |       |       |       |
| Lift waist to shoulder |       |       |       |       |
| Lift shoulder to overhead |       |       |       |       |
| Lift waist to overhead |       |       |       |       |
| Lift — other (describe) |       |       |       |       |
| Front carry |       |       |       |       |
| Right carry |       |       |       |       |
| Left carry |       |       |       |       |
| Push |       |       |       |       |
| Pull |       |       |       |       |

**Add or delete rows as appropriate to the worker’s injury-specific job demands.**

| **Physical demands** | **Frequency** | **Duration** (sustained/intermittent) | **Distance** | **Height** | **Task description, comments** |
| --- | --- | --- | --- | --- | --- |
| Example:Reaching above shoulder | Rare | 3 minutes sustained | N/A | 8 ft. ceilings | A combination of unilateral and bilateral reaching to overhead ranges to remove and secure light fixtures and change light bulbs. Note: A stepladder is available and can minimize the extent of shoulder mobility required for completion of this task. |
| Reaching above shoulder |       |       |       |       |       |
| Reaching below shoulder |       |       |       |       |       |
| Manual dexterity |       |       |       |       |       |
| Finger dexterity |       |       |       |       |       |
| Stooping — forward bending in standing |       |       |       |       |       |
| Kneeling or half kneeling |       |       |       |       |       |
| Crouching |       |       |       |       |       |
| Sitting |       |       |       |       |       |
| Standing |       |       |       |       |       |
| Climbing, stairs/ladders |       |       |       |       |       |
| Walking |       |       |       |       |       |
| Forward bending in sitting |       |       |       |       |       |
| Crawling |       |       |       |       |       |
| Other |       |       |       |       |       |

Complete the table below for OT Services, ECAT, and PCMP reports (delete table if not relevant)

**Add or delete rows as appropriate to the worker’s injury-specific job demands.**

| **Cognition** | **Task description, comments** |
| --- | --- |
| Information processing ability and speed |       |
| Attention |       |
| Memory |       |
| Visuospatial skills |       |
| Executive function |       |
| Safety/judgment |       |
| Communication |       |
| Literacy (reading, writing, numerical, computer) |       |
| Multi-tasking |       |
| Organizational ability/planning |       |
| Psychosocial factors |       |

Additional comments (tools and equipment used, etc.)

|  |
| --- |
|       |

|  |  |
| --- | --- |
| **National Occupational Classification (NOC) strength category definitions** | **Dictionary of Occupational Titles (DOT) frequency descriptors** |
|

|  |  |
| --- | --- |
| **Limited** | Work activities involve handling loads 0–5 kg (0–11 lb.) |
| **Light** | Work activities involve handling loads 5–10 kg (11–22 lb.) |
| **Medium** | Work activities involve handling loads 10–20 kg (22–44 lb.) |
| **Heavy** | Work activities involve handling loads ˃ 20 kg (> 44 lb.) |

 |

|  |  |
| --- | --- |
| **Frequency** | **% of workday** |
| **Never** | 0%\* |
| **Rare** | ˂ 5%\* |
| **Occasional** | 5–33% |
| **Frequent** | 34–66% |
| **Constant** | 67–100% |

 |
|  | \* While not a defined DOT descriptor, “never” and “rare” are commonly used to describe activities that occur < 5% of the workday, or not daily. |