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        minutes  Total 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 604.231.8888 Toll-free 1.888.967.5377 M–F, 8 a.m. to 6 p.m. | **Fax**  604.233.9777 Toll-free 1.888.922.8807 | **Mail** WorkSafeBC PO Box 4700 Stn Terminal Vancouver BC V6B 1J1 |
|

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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. |