

Allied health recovery request



State Insurance
Regulatory Authority

For use with NSW CTP personal injury and workers compensation injury claims.

AHRR number

1

Date of request (DD/MM/YYYY)

13/05/2016

Physiotherapist Psychologist Counsellor Osteopath Chiropractor

Accredited exercise
physiologist Other:

Referred by (where relevant)

Dr Lee

Phone number

92224444

Section 1: Client details

Client name

Mrs Cynthia Jaff

Date of birth (DD/MM/YYYY)

19/05/1964

Phone number

96664444

Claim information

Insurer

Case Study Insurance

Claim number

E454467

Date of injury/accident (DD/MM/YYYY)

19/03/2016

Section 2: Clinical assessment

Diagnosis

Right shoulder supraspinatus tendonosis.

Have you liaised with the treating medical practitioner? Yes No

Is your diagnosis consistent with the medical practitioner's diagnosis of the compensable injury?

Yes Unknown No (if no, please provide details in the last box in section 2)

Clinical assessment continued over...

Current signs and symptoms – include reported/observed and relevant objective measures

Physical examination findings included full range of shoulder elevation but pain associated with shoulder flexion and abduction above 90°. Range of motion for hand behind back was symmetrical to the level of L2.
Hawkins Kennedy test was positive. Rotator cuff strength was symmetrical between sides, although pain was associated with resisted abduction from neutral on (R).

I assessed her function using the Patient Specific Functional Scale for the 4 activities she reported most difficulty. She scored 9/40 (a score of 0 means it was impossible for her to do any of the activities and 40/40 means she has no difficulty at all). She has improved to 23/40.

Details of any pre-existing factor(s) directly relevant to the compensable injury

I am not aware of any pre-existing factors from the history or information provided in the referral from Dr Lee.

Details of any other providers treating the client and whether you have liaised with them

None at this stage

Workers compensation: Do you have a copy of the position description/work duties?

Yes No If no, contact the insurer

Section 3: Capacity

	Pre-injury capacity (describe what the client did before the injury(s) related to this claim)	Capacity at initial assessment or last AHRR (whichever is most recent)	Current capacity (describe what the client can do now)
Work (occupation, tasks, days/ hours worked)	Full-time cleaner for 40 hrs per week (8 hrs/day, 5 days/week). Duties include cleaning tiles and windows above shoulder height up to 15 mins, sweeping and mopping tiles, emptying bins and tidies, and vacuuming carpets. Driving work van from job to job and unloading/loading cleaning equipment (up to 15 kgs)	Not working. Lifting with (R) arm up to 2 kg below shoulder height, no lifting above shoulder. No mopping or vacuuming. Assistance with unloading/loading cleaning equipment. Driving for up to 10 minutes	Pre-injury hours. Alternate office based duties. Lifting with (R) arm up to 5 kg below shoulder height, no lifting above shoulder. Cleaning above shoulder height up to 10 minutes with 30 minute break. No mopping or vacuuming. Independent with driving work van with power steering. Assistance with unloading/loading cleaning equipment.
Home (self care, domestic, caring)	Independent with self-care. She lives with her husband and teenage son. Enjoying maintaining her home	Difficulties shampooing hair. Requires assistance with any prolonged cleaning activities at home. Light cleaning at home below shoulder height.	Independent with self care. Able to clean below shoulder height Able to clean walls/glass above shoulder height for short periods (up to 10 minutes).
Community (driving, transport, leisure)	Independent with driving for both work and personal requirements. Is a keen renovator in her spare time.	Drive own motor vehicle up to 10 minutes. Has ceased renovations on spare room at home.	Driving own vehicle up to 30 minutes. Light sanding and preparatory work with home renovation (max 10 minutes above shoulder height at a time)

Are there any factors that have impacted on progress since treatment commenced or may impact on future recovery? If so, what are your recommendations to address these barriers (specific management strategies, referral to other services)?

Mrs Jaff is keen to return to pre-injury duties and to her previous home and leisure activities. Mrs Jaff expressed some concerns at the initial case conference regarding aggravating her shoulder with upgrading activities (fear avoidance). Mrs Jaff has been supported in this regard and understands the benefits of recovery at work, and that some exacerbations can be a normal part of the recovery process. All members of the support team will monitor this and report if there are any concerns in this regard. In the absence of any exacerbations I anticipate that treatment will cease before the discharge date on this request.

Section 4: Recovery plan

Date your services

first commenced (DD/MM/YYYY)

01/04/2016

Number of sessions provided to date

7

AHRR start date (DD/MM/YYYY)

27/05/2016

AHRR end date (DD/MM/YYYY)

12/08/2016

GOALS: must focus on work or functional outcomes to provide the direction for treatment and recovery and may carry over more than one AHRR. They must also be SMART.

CLIENT GOAL 1

Return to my full time job as a cleaner for 40 hours per week by 30 July 2016

STEPS: are activities/behaviours the client needs to be able to do to achieve their goal. The steps and actions listed are intended to be achieved in this AHRR period.

Client steps (to achieve in this AHRR period)	Client action plan (self management strategies)	Service provider's action plan
<p>By 30 June 2016;</p> <ul style="list-style-type: none"> - be able to transfer smaller items (up to 10kgs) in and out of work van without aggravation - be able to perform cleaning above my shoulder for 15 minutes at a time. - be able to vacuum and mop unrestricted <p>By 30 July 2016;</p> <ul style="list-style-type: none"> - be able to perform all work duties (including unloading/loading van) independently. 	<ul style="list-style-type: none"> -Perform exercise program 3 times/day, gradually increasing resistive exercises on a weekly basis. -Incorporate stretches into my daily routine. -Implement self-pacing strategies to minimise risk of aggravation. -Keep a daily exercise diary and take to each treatment session. -Upgrade activities at work as per my recover at work plan. 	<ul style="list-style-type: none"> -Cease passive treatment by the commencement of this plan. -Prescribe, monitor and upgrade exercise program. -Educate regarding self pacing and alternate tasks to minimise aggravation and manage flare ups. -Liaise with Dr Lee regarding upgrades at work. -Taper treatment frequency over this plan.

CLIENT GOAL 2

To be able to perform all home renovation activities on the spare room by the end of July 2016

STEPS: are activities/behaviours the client needs to be able to do to achieve their goal. The steps and actions listed are intended to be achieved in this AHRR period.

Client steps (to achieve in this AHRR period)	Client action plan (self management strategies)	Service provider's action plan
<p>By the end of June 2016;</p> <ul style="list-style-type: none"> - Be unrestricted in capacity to sand, clean and prepare spare room below shoulder height - Be able to do preparatory work in spare room above shoulder height for 15 minutes at a time. <p>By the 31 July 2016;</p> <ul style="list-style-type: none"> - Be unrestricted in use of right arm for completion of preparatory work on spare room and be able to commence and complete painting by planned end date of 31 August 2016. 	<ul style="list-style-type: none"> -Perform exercise program 3 times/day, gradually increasing resistive exercises weekly. -Perform stretches regularly whilst working on room renovation. -No sanding/prep work above shoulder height for more than 10 minutes initially and increase this with increased strength and physio guidance. -Implement self pacing strategies as instructed by physio. 	<ul style="list-style-type: none"> -Upgrade self management exercise program to increase shoulder strength and functional stability with theraband and free weights. -Gradually introduce above shoulder stabilisation exercises at commencement of AHRR #1 when appropriate. -Increase exercise tolerance (resistance and repetitions) for above shoulder stabilisation exercises

ADD

DEL

This request was completed in consultation with the client who agreed to the recovery plan:



Yes



No

Date (DD/MM/YYYY)

13/05/2016

Section 5: Services requested

Service type (include consultation type and other services - eg aids/equipment)	Number of sessions	Frequency/timeframe (eg 1 x week for six weeks)	Service code (if applicable)	Unit cost/specify	Total
Standard Physiotherapy sessions	8	x1 week for 4 weeks, then x1 fortnightly for 4-6 weeks. Last session may not be required.	PTA 2	\$76.60	\$612.80
Elastic Resistance Bands	0		OAD001	\$20.00	\$20.00
Initial AHRR	1		OAS003	\$27.50	\$27.50
					\$660.30

Case conferencing only	Number of hours	Frequency/timeframe	Service code (if applicable)	Unit cost/specify	Total
Case conferencing	1.5	As required with NTD and WRP	PTA012	\$199.10	\$298.65

Overall total (total of all cells above) \$958.95

Workers compensation: Would you like the assistance of an Independent Consultant?

Yes No

Rationale for services requested (include/attach additional information to assist insurer decision making)

Progress Mrs Jaff to pre-injury duties through her graduated exercise program and education to complement her recover at work plan. The plan is progressing Ms Jaff to independent self-management including educating her regarding risk factors for recurrence and managing flareups. E.g. varying tasks performed in elevation with tasks performed below waist height over the course of her working day. Throughout this plan I will be tapering the frequency of sessions and may not need the total of 8 sessions.

Anticipated date of discharge (DD/MM/YYYY)

30/07/2016

Section 6: Service provider details

Service provider name

John Jessop

Practice name

Jessop Physiotherapy

Suburb

Blue Ray

State

NSW

Postcode

2491

Phone number

46910123

Fax number

46932107

Email

Jessop@JessopPhysio.com.au

Best time/day to contact

10 - 11 Monday to Friday

SIRA (formerly known as WorkCover)
workers compensation approval number (if relevant)

J4444

Signature

Note: All SIRA approved practitioners must ensure their contact details with SIRA are up to date. Email your current details to compliance.info@sira.nsw.gov.au

Provider stamp (if available)

Enter Password

SERVICE PROVIDER UNLOCK

Section 7: Insurer decision

Approved Declined Partially approved

Workers compensation: An Independent Consultant review to be arranged: Yes No

If declined or partially approved please provide reasons

Decision maker's name

Phone number

Signature

Date (DD/MM/YYYY)

Enter Password

INSURER LOCK

To unlock the default password is 0000.

CC: treating medical practitioner and other treatment practitioners where involved

