

Occupational Therapy – Upper Limb Treatment Management Plan

Contact details

Worker's name Claim No.

Occupation Employer

Referring medical practitioner Insurer

Workplace rehabilitation provider (if applicable)

Clinical assessment

Date of injury Date of initial consultation

Number of consults to date Number of consults since last surgery (if applicable)

Provisional Diagnosis/Diagnosis

Area/s treated

Clinical Evaluation/Objective Assessments

Presenting complaint

Objective measurements *e.g. Observation, ROM, Strength, Sensation, Provocative Testing and Pain & Function.*

Screening Tools/Questionnaires *(e.g. Orebro/DASH etc)- comment on change over time*

Functional/ Return to Work Limitations *E.g.: Impairment(s) preventing full work performance*

Biopsychosocial Factors

Have you have identified, or are you aware of any factors that may impact the workers return to work/barriers for return to work? If so, what are they and do you have any recommendations for addressing them?

E.g. diagnostic imaging, specialist referral or referral to other AHP, reassurance, education regarding injury and treatment expectations, work site assessment, etc.

Current Work Status

Hours

Pre-injury hours at work per week

Current hours at work per week

Current duties

- Pre-injury duties
- Alternative/modified duties
- Not working

I would like more information about the duties and the associated physical demands of the workers pre-injury occupation/available duties

Return to Work Progression

Has the worker's hours and/or duties progressed in the last six weeks? Yes No

Provide details

Is the worker likely to return to the functional capacity required to perform their pre-injury duties?

Yes Anticipated timeframe

No Comment:

Unsure Comment:

Do you have any comments to assist the medical practitioner certify capacity for the worker?
e.g. consider current functional measures, modifications to the workplace

Proposed Management plan

Future Goals – Treatment should be specific and focused on improving function and return to work.

Treatment Type	Frequency	Estimated Timeframe

Have self-management strategies been implemented? Yes No

Occupational Therapist's Details

Name Telephone

Email address

Practice Date:

A copy of this form has been sent to (please tick):

Insurer/Self-insurer Medical Practitioner Worker Other (Specify)

Insurer approval

Note to insurer: It is expected that a response be provided to the therapist within three to five business days of receipt of this TMP.

Approved Not Approved Further information required (specify)

Insurer contact name Telephone

Signature Date

Useful resources for Occupational Therapists providing upper limb treatment

Explanatory notes – completing the TMP

The TMP is intended to provide greater clarity about future treatment options for workers who are likely to require more than 10 upper limb consultations (or require four weeks of treatment –whichever comes first). It will also provide approved insurers and self-insurers with a mechanism to determine whether the treatment and costs are reasonable under WA workers' compensation legislation.

When treating an injured worker, it is expected the therapist adopt the five guiding principles outlined in the Clinical Framework for the Delivery of Health Services. The clinical framework is supported by WorkCover WA. A copy is available at: www.workcover.wa.gov.au.

The five guiding principles of the clinical framework are:

1. Measurement and demonstration of the effectiveness of treatment
2. Adoption of a biopsychosocial approach
3. Empowering the injured person to manage their injury
4. Implementing goals focused on optimising function, participation and return to work
5. Base treatment on best available research evidence

In the Clinical Assessment section, document pre- and post- measures to demonstrate the effectiveness of treatment, and whether or not treatment is achieving functional goals.

Notes for therapists

- A TMP should be completed when the therapist is of the view that treatment will be required beyond ten consultations (or four weeks –whichever comes first).
- The TMP may be initiated by a therapist or requested by an approved insurer or self-insurer.
- A copy of the TMP should be provided to the worker, treating medical practitioner and insurer/self-insurer.
- All sections of the TMP should to be completed.
- The fee for completing the TMP is aligned to the rate for the physiotherapy TMP.
- You are not required to elaborate on the self-management strategies you have implemented. It is expected you empower the worker to manage their injury, through education, setting expectations, developing self-management strategies and promoting independence from treatment.

Notes for insurers and self-insurers

- Insurers and self-insurers have a responsibility to determine whether treatment for workers is "reasonable" (pursuant to Clause 17 – Payment of medical and other expenses of Schedule 1 to the *Workers' Compensation and Injury Management Act 1981*).
- The TMP may be used as a mechanism to assist in determining whether any treatment proposed by a therapist is a "reasonable" expense.
- It is desirable that insurers and self-insurers respond to therapists in a timely manner. To avoid potential delays in treatment, the benchmark for responding is within three to five business days from receipt of the TMP.

WorkCover WA Notice

WorkCover WA has released a Notice which clarifies the principles and rules applicable to the provision of Occupational Therapy – Upper Limb services, in particular: consultations, reporting, TMPs and charging for consumables. The Notice is available at: www.workcover.wa.gov.au

Other resources available at the WorkCover WA website

- [Clinical Framework for the Delivery of Health Services](#)
 - [Your role in supporting injured workers – a snapshot of the clinical framework](#)
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