

# OCCUPATIONAL THERAPY TREATMENT MANAGEMENT PLAN

# Occupational Therapy - Upper Limb TMP

CONTACT DETA	ILS						
Worker's name:			Claim No.:				
Occupation:			Employer:				
Referring medical	practitioner:		Insurer:				
Workplace rehabilitation provider (if applicable):							
CLINICAL ASSES	SSMENT						
Date of injury:	Date of initial consultation:						
Number of consul	ts to date: Number of consults since last surgery (if applicable):						
Provisional diagno	osis / diagnosis:						
Area(s) treated:							
CLINICAL EVALU	JATION / OBJECTIVE A	SSESSMENTS					
Presenting comple	aint:						
Objective measurements (e.g. Observation, ROM, Strength, Sensation, Provocative Testing and Pain and Function):							
Screening Tools / Questionnaires (e.g. Orebro / Dash etc.; comment on change over time):							
Functional / Retur	n-to-work Limitations (e.g	g. Impairment(s	) preventing fu	ll work performance):			
BIOPSYCHOSO	CIAL FACTORS						
Have you identified, or are you aware of any factors that may impact the worker's return to work / barriers to 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 w	ork	per we	eek			
	Current hours at wor	·k	per we	eek			

<b>Current duties:</b>	☐ Pre-injury dutie	s 🗆 Alterr	☐ Alternative / modified duties ☐ Not working		king			
$\Box$ I would like more information about the duties and the associated physical demands of the worker's preinjury occupation / available duties.								
RETURN-TO-WORK	PROGRESSION							
Have the worker's hours and / or duties progressed in the last six weeks? $\ \square$ Yes $\ \square$ No								
Provide details:								
Is the worker likely to	return to the funct	onal capacity	required to perforn	their pre-injury duti	es?			
□ Yes	☐ Yes — Anticipated timeframe:							
□ No	c 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 MANAG	SEMENT PLAN							
Future goals – Treatr	nent should be spe	cific and focus	on improving fund	tion and return to w	ork:			
Treatment Type		Frequency		Estimated Timeframe				
	<b>31</b>		,					
Have self-management strategies been implemented? ☐ Yes ☐ No								
OCCUPATIONAL THERAPIST'S DETAILS								
Name:		Pr	actice:					
Email:		Pł	Phone: Date		e:			
A copy of this form has been sent to (please tick):								
☐ Insurer / self-insurer ☐ Medical Practitioner ☐ Worker ☐ Other (specify)								

#### **INSURER APPROVAL**

this TMP.	ovided to the therapist within three to live business days of receipt of		
☐ Approved ☐ Not approved	☐ Further information required (specify)		
Insurer contact name:	Phone:		
Signature:	Date:		

### **EXPLANATORY NOTES AND ADDITIONAL INFORMATION**

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 Western Australia's workers compensation legislation.

When treating an injured worker, it is expected the therapist adopt the five guiding principles outlined in the <u>Clinical Framework for the Delivery of Health Services</u> (Clinical Framework). The Clinical Framework is supported by WorkCover WA.

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 10 consultations (or four weeks whichever comes first).
- A 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 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 section 72 of the Workers Compensation and Injury Management Act 2023).
- 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.