Treatment Plan

Return To ICBC
PO BOX 2121, STN TERMINAL
VANCOUVER BC V6B 0L6

Fax 1-877-686-4222

CLIENT INFORMATION			
CLAIM NUMBER	FIRST NAME	LAST NAME	DATE OF BIRTH (dd/mmm/yyyy)

PRACTITIONER INFORMATION		
CLINIC NAME		VENDOR NUMBER
PRACTITIONER FIRST NAME	PRACTITIONER LAST NAME	PRACTITIONER NUMBER

TREATMENT PLAN INFORMATION	
DATE OF ACCIDENT (dd/mmm/yyyy) **20/MAY/2021**	DATE OF TREATMENT PLAN (dd/mmm/yyyy) **20/NOV/2021**
PRACTITIONER/THERAPIST TYPE (select from list) **Chiropractor**	

What functional and symptom improvement has been made to date?

DESCRIBE THE CLIENT'S OBJECTIVE AND SUBJECTIVE IMPROVEMENTS.

This patient reports an improvement in neck pain and low back pain. Cervical range of motion (ROM) has improved but is still limited by 25% in lateral flexion, bilaterally. Cervical ROM is full in flexion, extension, and rotation bilaterally. Lumbar ROM is full in all ranges but painful in flexion and right rotation.

Neck Disability Index (NDI) score was 20/50 (moderate disability) and Oswestry Disability Index (ODI) was 27% (moderate disability) at last report on August 20, 2021. Presently NDI is 12/20 (mild disability) and ODI is 15% (minimal disability).

What are the client's current functional limitations?

DESCRIBE THE CLIENT'S CURRENT RESTRICTIONS AS THEY RELATE TO PRE-INJURY FUNCTION.

This patient experiences neck pain after working at their computer for 2 hours. They also experience mild neck pain while driving. Low back pain prevents this patient from lifting heavy weight from the floor. Low back pain prevents this patient from standing or walking for >1 hour.

What further progress is anticipated with the proposed additional treatment?

DESCRIBE THE FURTHER ANTICIPATED FUNCTIONAL IMPROVEMENTS BASED ON IDENTIFIED RESTRICTIONS.

I expect this patient to increase their capacity to perform computer work, lift heavy weight from the floor, stand, and walk. I expect their neck pain while driving to decrease. I also expect their cervical range of motion to improve.

What is the intended outcome or functional goal?

DESCRIBE THE MEASURABLE GOAL THE CLIENT IS WORKING TO ACHIEVE.

Full cervical ROM
Capacity for 4 hours of computer work
No neck pain while driving
Ability to lift heavy weight from floor
Capacity to stand and walk for > 2 hours
Decreased NDI and ODI scores

Are there any barriers that are delaying recovery? If so, please identify.

DESCRIBE ANY RELEVANT OBSTACLES THAT ARE CONTRIBUTING TO THE CLIENT'S CURRENT CONDITION AND RECOVERY.

No psychosocial barriers have been identified. This patient would benefit from active rehabilitation from a kinesiologist in order to improve walking capacity and lifting capacity. They may also help improve the patient's lumbar and cervical musculature endurance and strength.

Is the client currently missing work/school?

SELECT YES IF THE CUSTOMER IS ABSENT FROM EITHER WORK, SCHOOL OR ACTIVITIES OF DAILY LIVING THAT THEY WERE PARTICIPATING IN PRIOR TO THE INJURY.

○ Yes ● No

Additional comments

None

NUMBER OF NEW RECOMMENDED TREATMENTS TO DISCHARGE?

12

Expected discharge date

THE DATE YOU ANTICIPATE THAT THE CUSTOMER WILL HAVE COMPLETED TREATMENT (dd/mmm/yyyy)

20/FEB/2022

Your contact preference? ● Email ○ Phone

Provide an email address or phone number in case we need to contact you

EMAIL	PHONE
chiropractor@gmail.com	

This form must be completed in full. Incomplete Treatment Plans may result in delays.

I certify that:

☑ When submitting a health care report, the information provided is accurate and complete based on all available information, treatments, and assessments performed.

Providing false or misleading information may result in the cancellation of your vendor number, and ICBC may seek financial restitution and/or take legal action.

Personal information on this form is being collected under section 26 of the *Freedom of Information and Protection of Privacy Act (BC)* and section 28 or 28.1 of the *Insurance Vehicle Act (BC)* for the purpose of obtaining a health care report in order to manage the claim. Questions about the collection of this information can be directed to the claim representative, or call 604-661-2800 or contact the Privacy & Freedom of Information department at 151 Esplanade, North Vancouver, BC V7M 3H9.