



# Health Care Provider Invoicing and Reporting

## EXAMPLE PHYSICAL TREATMENT PLAN: Complex Case

### How to Use This Document

The intended purpose of this document is to provide an example of the types of details and key information that should be included when completing a Physical Treatment Plan. The example includes:

- A summary of a case scenario
- Examples of relevant responses to each of the questions in the Treatment Plan form based on the case scenario provided

NOTE: Additional assistance with how to complete a Treatment Plan form may also be found in the Treatment Plan Guides on the [Treatment plan \(icbc.com\)](https://www.icbc.com/treatment-plan).

#### Case Scenario:

This is the first Physical Treatment Plan (dated January 15, 2024) being submitted for a 45-year-old female nurse who was injured in a car crash two and half months ago. She is diagnosed with grade II lower back strain. The patient has not returned to work since the accident. Prior history of a work injury and depression.

### PATIENT PERSPECTIVE/RATINGS

\* indicates required field

#### 1) How well does the patient feel they are recovering from their injuries since this accident? \*

completely better  much improved  slightly improved  no change  slightly worse  much worse  worse than ever


#### 2) Key subjective findings – (Optional)

- Patient reports feelings of depression and hopelessness due to slow recovery

#### 3) Is the patient currently missing? (check all that apply)

Select if the patient is absent from either work or school that they were participating in prior to the injury:

Work  School

 Note: If absent from work or school, must include goals to return to pre-accident function.

### OBJECTIVE FINDINGS

#### 4) How is the patient functionally progressing with treatment?

Please select at least one functional goal for the patient's return to work, return to activities of daily living, or return to school. \*



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**Note:** Select goals which are relevant to supporting a return to pre-accident function. Goals should be measurable, developed in collaboration with the patient and aligned with pre-accident function. Measurable functional progress to date should be included in this section. Functional goals for return to work, ADL or school must include:

- Goals (provide detail)
- Initial or previous findings
- Current findings
- Overall progress towards goal

## RETURN TO WORK:

First Functional Goal: **Push**

Second Functional Goal: **Walking**

Third Functional Goal:

Provide details on findings and progress for each goal selected. \*

### Initial/previous findings:

#### Goals:

- Push – heavy 2-person push/pull of hospital bed (>100lb) and assisting during patient transfers
- Walking –continuous fast-paced walking for up to 2 hours between 2 floors of hospital

#### Initial findings:

- Patient reports unable to push/pull and walking limited to 5 minutes at slow pace due to acute lower back pain

#### Current findings:

- Observed to push/pull 20lb x 5 reps on cable pulley and walk 20 minutes at a moderate pace on treadmill in clinic

#### Overall Progress Towards Goal:

Resolved  Improved Significantly  Improved Moderately  Improved Minimally  Unchanged  Regressed

## RETURN TO ACTIVITIES OF DAILY LIVING:

First Functional Goal: **Laundry**

Second Functional Goal: **Heavy Housekeeping**

Third Functional Goal:

Provide details on findings and progress for each goal selected. \*

### Initial/previous findings:

#### Goals:

- Laundry – lift 20lb laundry basket from floor and carry up 10 steps from basement
- Heavy housekeeping – push/pull 25lb vacuum over 2 floor home and carry up/down 10 steps

#### Initial findings:

- Patient reports they are unable to lift or carry laundry basket or vacuum due to acute lower back pain
- Observed lifting 2lb dumbbell in clinic but forward bending limited to ½ range

#### Current findings:

- Observed to lift 10lb dumbbell from floor with full forward bending and carry dumbbell 10ft x 3 reps in clinic
- Observed to push/pull 20lb x 5 reps on cable pulley in clinic
- Patient reports lifting/carrying ½ loads of laundry and vacuuming 2 floors of home but needs assistance carrying vacuum up/down the stairs

#### Overall Progress Towards Goal:

Resolved  Improved Significantly  Improved Moderately  Improved Minimally  Unchanged  Regressed

## RETURN TO SCHOOL:

First Functional Goal:

Second Functional Goal:

Third Functional Goal:

Provide details on findings and progress for each goal selected. \*



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Initial/previous findings:

Current findings:

Overall Progress Towards Goal:

- Resolved
- Improved Significantly
- Improved Moderately
- Improved Minimally
- Unchanged
- Regressed

## 5) What treatment modalities will be used to achieve these goals? (check all that apply) \*



**Note:** As recovery progresses, treatment should demonstrate a transition towards independent self-management at home and in-community.

**SPECIALITY:** (only applicable to relevant providers)

- Vestibular
- Concussion
- Spinal Cord
- Neurological
- Hand Therapy
- Complex MSK
- Mobile/Community

**PASSIVE MODALITIES:**

- Massage
- Manipulation
- Manual therapy
- Active release
- Acupuncture
- IMS/dry needling
- Ultrasound
- Electro-modalities
- Shockwave
- Laser
- Mechanical traction

**ACTIVE MODALITIES:**

- Stretching
- Range of motion
- Hydrotherapy
- Cardiorespiratory
- Strengthening
- Work simulation

**SELF-MANAGEMENT:** (provide detailed description)

- Home exercises: back and hip stretches 3x/day
- Community/on-field training: daily walk for 20 minutes 2x/day, community gym will increase from 2 to 3x/week
- Self-management techniques/equipment: repeated prone back extension stretch provides relief
- Bracing:
- Education: hurt vs harm, proper lifting techniques and reassurance
- Other: squats/lift/carry with dumbbell, cable pulley and treadmill 1x/week in clinic and 2-3x/week in gym

## 6) Any barriers delaying the patient's treatment progress? Additional Comments

- Prior history of work injury and depression
- Reports heavy job demands – may benefit from graduated return to work
- Low mood – may benefit from counselling



**Note:** Treatment Plans should be evidence-informed, demonstrate functional progress, and be focused on optimizing function.

Approved treatments not used within the current treatment period do not roll over beyond the end date. For example, pre-approved treatments during the Early Access Period expire 12 weeks after the crash or once the number of pre-approved sessions have been used – whichever comes first.

## 7) Recommended Treatment \*

NUMBER OF TREATMENT SESSIONS (Completed to Date) <b>10</b>	NUMBER OF APPROVED SESSIONS REMAINING <b>2</b>	CURRENT TREATMENT FREQUENCY <b>4x/month</b>
NUMBER OF ADDITIONAL TREATMENT SESSIONS (Requested) <b>9</b>	ANTICIPATED END DATE OF RECOMMENDED TREATMENT <b>April 30, 2024</b>	RECOMMENDED TREATMENT FREQUENCY <b>3x/month</b>



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8) Do you expect the patient to return to a pre-accident level of function at the end of this recommended treatment? \*

No, patient will require additional treatment following completion of this Recommended Treatment. (please explain)

Comments:

- Anticipate additional treatment required to return to pre-accident function for work/ADL but timeframe will depend on progress over the next 3 months and availability of return to work options.



**Important:** Ensure to select [Request PDF Copy](#) after submission and an email containing a copy of the completed Treatment Plan and reference number will be sent