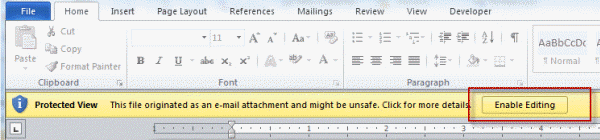
When you first open the file you may have to enable or disable security alerts on the Message Bar. If the yellow Message Bar appears click Enable to make it a trusted document. If the red Message Bar appears click the warning text. In the view that you see click the File tab, and then click Edit Anyway.



At the top of the form double click into the header section to fill in the date and other requested biographical information.

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| **Date of Initial Assessment:** | Date | **Name:** | *Double click to enter* | **DOB:** |  |

**General Information for managers and clinical staff**

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| The pain level (VAS scale) should be completed and should only include one number. If the patient gives a scale i.e. 2-8 then an average number should be used.  Key Note: Please compare this level to the previous report for this patient. One of our most common questions back to physios is *‘the patient appears to be worse despite treatment can you provide clarification’* at that point the physio will return to us and tell us they filled out a section without referring to the previous report and in fact the patient is better the scale is wrong.  One of our key indicators for recovery and progress is the pain level reducing. This suggests the treatment is working and the patient is improving. |

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| **Pain Level:** Patient opinion | | | | | | | | | | | | | | | | | | | | | |
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| 0 No pain |  | 1 |  | 2 |  | 3 | |  | 4 |  | 5 |  | 6 |  | 7 |  | 8 |  | 9 |  | 10 Worst  imaginable |
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| **Why/how has it Changed:** | | | | | | | Please include why the pain or it’s pattern have changed  e.g. ‘pain has reduced as expected because of treatment’  ‘pain level is the same as previous report but is now intermittent not constant’  ‘Patient has referred pain into the leg which has increased despite treatment’ | | | | | | | | | | | | | | |

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| Please provide brief information about any changes  Key Note: If the pain is the same or worse please explain why here |

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| The movement restriction should be completed and should only include one number. This should be the restriction for the worst movement e.g. shoulder flexion, abduction and medial rotation are affected. Flexion is the worst at only 90 degrees range of motion out of 180 – the movement restriction would be 50%  Key Note: Once again please compare this level to the previous report for this patient if it is worse than before we will ask why if it is not explained in the next section.  Again this is one of our key indicators for recovery and progress. A better value suggests the treatment is working and the patient is improving. |

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| **Movement Restriction:** Physio opinion | | | | | | | | | | | | | | | | | | | | |
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| 0% Full range |  | 10% |  | 20% |  | 30% |  | 40% |  | 50% |  | 60% |  | 70% |  | 80% |  | 90% |  | 100%  No movement |

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| Please provide brief information about any changes in movement/s  Key Note: If the movements are the same or worse please explain why here |

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| **Why/how has it Changed:** | Please include why the movement/s or their pattern have changed  e.g. ‘Range of motion has increased as expected because of treatment’  ‘Range of motion is the same as previous report for flexion but abduction is improved’  ‘The range of motion continues to deteriorate despite treatment’ |

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| The overall restriction on ability to work should be completed and should only include one number.    If you are requesting further treatments, and the number is 0 it is likely our contracts will not fund the sessions (we will ask).  If you want the patient to be off work, then the effect on ability to work has to be 100 and in the next section the capabilities at work also has to be unable to work they must match.  The patient can be at work doing all of their main duties but still be affected at work. E.g. a patient with a sedentary job with a foot injury can sit and type, answer the phone etc. but takes 10 minutes instead of 2 to get to and from the photocopier. In this case effect on ability to work may only be 10% but they are not fully fit.  If you are recommending modified duties then the figure has to be between 10 and 90.  Key Note: Once again please compare this level to the previous report for this patient if it is worse than before we will ask why. |

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| **Overall Effect on Ability to Work (%):** Physio Opinion | | | | | | | | | | | | | | | | | | | | |
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| 0% Full role |  | 10% |  | 20% |  | 30% |  | 40% |  | 50% |  | 60% |  | 70% |  | 80% |  | 90% |  | 100%  Unable to work |

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| Will the patient be able to increase their duties/capabilities at work if more treatments are given? In most circumstances the answer will of course be yes. But as an example: your patient has a meniscal tear in the knee and cannot carry because you feel it could give way – if surgery will be the only way to address this please put no here and explain why in the any other relevant information section below. |

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| **Will further treatment improve the ability to work:** | Yes | No |

**Work Capability Section: Intended for management and medical use**

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| The current work status should be completed with only one option completed:  **At work with pain** – the patient is at work doing their main duties even if they have some pain at work  **On Modified duties** – the patient is at work but has had to limit some of their main duties due to the problem  **Off work** – the patient is unable to work due to their problem (usually has a sick note already) |

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| **Current work status:** |  | At work with pain |  | On modified duties |  | Off work |

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| This section is related to the one above and must have one option selected and only one It needs to match the section above. i.e. 0% effect = Capable of normal duties. 100% effect = unable to work. 10-90 is modified duties.  Please note though you can put capable of normal duties here and select 10-90 above if the patient can do their main duties but is still limited somewhat at work (we expect low figures in this case e.g. 10-30).  Key Note: Please compare both the duties capable of and ALL modifications recommended (if modified duties is selected) to the previous report for this patient if it is worse than before we will ask why. |

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|  | Capable of Normal Duties | **From start date:** | **Enter start date here or if left blank the date of the report will be used** |

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| Start date for normal duties only needs to be filled out if the date is not the date of the report i.e. you want the modified duties to start in ‘a weeks’ time’ put in the date for ‘a weeks’ time’ away. |

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|  | Unable to Work | **Predicted absence time:** | **Enter number of days or weeks or months alternatively enter date at which absence will end** |

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| Predicted absence should be filled in in days, weeks, months or if a date for return to work is suitable enter the date here. This is only filled out if the patient is off work. |  |

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|  | Modified Duties | **From start date:** | **Enter start date here or if left blank the date of the report will be used** |

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| Start date for modified duties only needs to be filled out if the date is not the date of the report i.e. you want the modified duties to start in ‘a weeks’ time’ put in the date for ‘a weeks’ time’ away. |  |
| The modified duties section is only filled out if you select modified duties above. Each section should have a level in and there should only be one value per section if in doubt err on the side of caution. | |  |

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| **Timed in minutes** | **Unable** | **5** | **10** | **20** | **30** | **60** | **90** | **No restriction** |
| **Sitting** |  |  |  |  |  |  |  |  |
| **Typing and use of mouse** |  |  |  |  |  |  |  |  |
| **Driving** |  |  |  |  |  |  |  |  |
| **Standing** |  |  |  |  |  |  |  |  |
| **Walking** |  |  |  |  |  |  |  |  |
| **Repetitively raising arm above 90 degrees** |  |  |  |  |  |  |  |  |
| **Push / Pull** |  |  |  |  |  |  |  |  |
| **Reaching / Bending** |  |  |  |  |  |  |  |  |

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| The max lifting weight should be included if the patient is on modified duties. If you are uncertain about the maximum lifting weight please err on the side of caution. If the carrying weight can is filled as no restriction then the max lifting weight section can be left blank as it is presumed that the lifting weight does not need to be restricted. |

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| **Max lifting weight:**  Physio opinion | | Unable | 2.5kg | | | 5kg | | | | 10kg | | | 15kg | | 20kg |
|  | **Carrying the weight** (mins)**:** | | | Unable | 5 | | 10 | 20 | 30 | | 60 | 90 | | No restriction | |

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| The hours able to work should only be completed if modified duties is completed. |

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| **Hours able to work:** excluding lunchtime and other breaks | 2 | 4 | 6 | 8 | 12 | Unrestricted |

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| The predicted time for modification of duties should have a value selected UNLESS the modifications are permanent in which case this section can be left blank. |

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| **PREDICTED timeframe for continuation and gradual progression of modified duties:** | | | | | | | | | | | | | | | | | |
| **Weeks** | | | | | | | | **Months** | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |

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| If the patients role requires permanent modification, then you need to state why in the section below and give an explanation as to the reasoning. This section can be left blank if the section on predicted time frame is completed. |

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| **If the role requires permanent changes, explain why here:** |
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**Medical Section: NOT for distribution to anyone not medically qualified (other than the patient)**

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| The Treatment received section should be completed and should not include abbreviations this would be preferred as a list. |

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| **Treatment received** | Please enter the treatments done as a list  e.g. ‘mobilisations, heat, with home exercises’’  NOT ‘C5/6 PA with CP and UFT exs.’ |

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| The Progress made should be completed and should not include abbreviations if a percentage figure can also be given this is preferred. E.g. *‘the pain is improving as expected but the range of motion is proving harder to restore overall 30% improvement’.*  **Note well:** This section should not contain inflammatory or emotive language e.g. *‘progress is slow due to work load levels’* |

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| **Progress made:** | Please include any relevant information to the progression of this condition  e.g. ‘The neck has improved by 30% overall but the problem still affects the patients sitting posture’ |

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| The prognosis as the patient stands now should be completed and should not include abbreviations E.g. *‘the patient has improved better than expected and should make a faster recovery from the pain than expected. Anticipate 3 more weeks to 80% recovery’.*  **Note well:** This section should not contain inflammatory or emotive language e.g. *‘the patient’s recovery is hampered by their family situation’* |

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| **New Prognosis:** | Please include information related to the likely outcome in this case  e.g. ‘The pain and range of motion are likely to be fully restored in the next 5 weeks’  ‘The pain will continue to improve but the patient is never likely to be fully pain free’ |

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| Any other further recommendations can be added here. E.g. *‘the patient would benefit from a display screen equipment assessment.*  **Note well:** This section should not contain inflammatory or emotive language e.g. *‘the patient can’t recover because of their poor desk’* |

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| **Any Other Relevant Information:** | Please add any additional information here  e.g. ‘The patient is likely to need injection therapy or surgery’  ‘A display screen equipment assessment is recommended’ |

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| The number of sessions received should be completed this should include the IA even if there was no treatment at that session. |

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| **Total number of sessions received to date** (including the IA)**:** |  |

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| The Dates of attendance section should be completed including any DNA’s (please list them e.g. 1/3, 3/3/DNA, 10/3 etc.) please make sure the dates added tally with the number above i.e. 5 sessions received needs 5 dates here. |

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| **Dates of attendance** (including any DNA’s)**:** |

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| The request for further physiotherapy treatment section should be completed with a number. Please do not put higher than required numbers this does not lead to authorisation for more sessions it is actually more likely to raise a scrutiny question about the severity of the problem.  The anticipated time frame for these sessions should be put here e.g. 6 weeks |

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| **Further Physiotherapy Treatment Request:** | | | |
| **How Many Sessions?** | Enter number of sessions | **Predicted time frame for Sessions** |  |

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| Your location (or practise name) and practitioner name should be completed. |

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| **Location** |  |
| **Practitioner’s Name** |  |