



# Health Care Provider Invoicing and Reporting

## EXAMPLE PHYSICAL TREATMENT PLAN: Simple 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 65-year-old male patient who was injured in a car crash two and half months ago. He is diagnosed with WAD II and grade I right shoulder strain. The patient is retired and there are no prior injuries or medical conditions.

### 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)

#### 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. \*



# Health Care Provider Invoicing and Reporting



**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:

Second Functional Goal:

Third Functional Goal:

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

**Initial/previous findings:**

**Current findings:**

**Overall Progress Towards Goal:**

Resolved  Improved Significantly  Improved Moderately  Improved Minimally  Unchanged  Regressed

## RETURN TO ACTIVITIES OF DAILY LIVING:

First Functional Goal: Yardwork

Second Functional Goal: Driving

Third Functional Goal:

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

**Initial/previous findings:**

**Goals:**

- Yardwork - return to mowing lawn every 2 weeks with no right shoulder pain
- Driving – return to driving 2-3x/week up to 30min continuous with no neck pain and full neck ROM

**Initial findings:**

- Patient reports they are unable to mow the lawn or drive due to acute right shoulder and neck pain
- Observed neck rotation to right reduced ¼ range, full right shoulder range of motion but weakness with push-pull (able to tolerate push-pull with only light yellow resistance band)

**Current findings:**

- Patient reports able to cut grass on flat area but requires assistance on hills due to right shoulder pain and weakness
- Patient reports able to drive up to 20min with minimal neck discomfort
- Observed full neck range of motion and right shoulder strength increased (push-pull with moderate green resistance band x 10 reps in clinic and at home)

**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. \*

**Initial/previous findings:**

**Current findings:**

**Overall Progress Towards Goal:**

Resolved  Improved Significantly  Improved Moderately  Improved Minimally  Unchanged  Regressed



# Health Care Provider Invoicing and Reporting

## 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: neck stretches and resisted push-pull elastic band exercises daily
- Community/on-field training: will start attending community gym 1-2x/week next month
- Self-management techniques/equipment: patient uses heat pack on neck for pain relief
- Bracing:
- Education:
- Other:

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



**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) 8	NUMBER OF APPROVED SESSIONS REMAINING 4	CURRENT TREATMENT FREQUENCY 3x/month
NUMBER OF ADDITIONAL TREATMENT SESSIONS (Requested) 4	ANTICIPATED END DATE OF RECOMMENDED TREATMENT March 30, 2024	RECOMMENDED TREATMENT FREQUENCY 2x/month

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

- Yes, patient expected to return to pre-accident status and will be discharged by provider at the end of the Recommended Treatment

Comments:



**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.