**Sensitive: Medical**

**Chiropractic Management plan**

|  |
| --- |
| This management plan is intended to be a tool for you to review and discuss the progress of your treatment with your patient. This should be completed where more than 10 treatment sessions will be delivered within a practice, or as requested by the case manager and may be charged for using the CHMP code. |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient details** | | | | | | | | | | |
| Name: |  | | | | Claim number: |  | | | | |
| Working diagnosis: | | |  | | EML | | GB | | | EnABLE Unit |
| Date of injury: | |  | | | Case manager: |  | | | | |
| Occupation: | |  | | | Pre-injury hours/week: | | |  | | |
| Employer: | |  | | | Current hours/week: | | |  | | |
| Date of initial treatment: | | | |  | No. of treatments to date: | | | |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EVALUATION** | **Screening of risks for non-recovery** | | | | | | | | | | |
| **Psychosocial screening tool(s) used** | | **Previous (check if first form)** | | | | | **Update** | | | **Progress** |
| Date | | | Score | | Date | | Score |
| **Orebro Short Form (/100)** | |  | | |  | |  | |  | Yes  No |
|  | |  | | |  | |  | |  | Yes  No |
| **Impact of treatment** (on functional abilities using validated functional outcome measurement questionnaires) | | | | | | | | | | |
| **Outcome measures used (recommend ≥2)** | | **Previous (check if first form)** | | | | | **Update** | | | **Progress** |
| Date | | | Score | | Date | | Score |
|  | |  | | |  | |  | |  | Yes  No |
|  | |  | | |  | |  | |  | Yes  No |
| **PLANNING** | **SMART goals** | | | | | | | | | | |
| Functional and work goals | | | Estimated date of achievement | | | Plan of how it will be achieved  (E.g. treatment type, frequency and no.; self-directed program; etc.) | | | | |
| 1. | | |  | | |  | | | | |
| 2. | | |  | | |  | | | | |
| 3. | | |  | | |  | | | | |
| **Estimated discharge date:** | | | | | | | | | | |
| **ISSUES** | **Issues/Risks identified that may impact recovery and return to work** | | | | | | | | | | |
| Recommendations: | | | | | | | | | | |
| **YOUR DETAILS** | **Treating Chiropractor’s details** | | | | | | | | | | |
| Print name: |  | | | Practice name: | | | |  | | |
| Address: | | | |  | | | | | | |
| Phone: |  | | | Email: | | | |  | | |
| Signed: |  | | | Date: | | | |  | | |
| *Clinical Framework for the Delivery of Health Services* (2012) details best practice in achieving optimal outcomes for your patients.  The signing Chiropractor agrees that the patient has been involved in completing this form and a copy provided to the patient, case manager and doctor.  These can be submitted via Provider Online Services at [www.rtwsa.com](http://www.rtwsa.com) and select the ‘Login’ button, or via email to the relevant claims agent:   |  |  |  |  | | --- | --- | --- | --- | |  | **EML** | **Gallagher Bassett** | **EnABLE Unit** | | **Email** | [faxes@eml.rtwsa.com](mailto:faxes@eml.rtwsa.com.au) | [AHPlans@gb.rtwsa.com](mailto:EnABLE@rtwsa.com) | [EnABLE@rtwsa.com](mailto:EnABLE@rtwsa.com) | | | | | | | | | | | | |

**Chiropractic: Functional ability recommendations**

(Please complete the relevant section(s) below. *Note:* completing this page is optional)

Dear Dr \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have seen the above patient for \_\_\_ sessions over the last \_\_\_ weeks for the above condition.

Following my clinical assessment, please find my recommendations of current functional abilities for this patient, which I suspect will be able to be further upgraded by \_\_\_\_\_\_\_\_\_\_\_ (date).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Physical function | Ability | | | Comments  (frequency, duration, load, postures etc) |
| Can do | Can do with modification | Cannot |
| Sitting |  |  |  |  |
| Standing / walking |  |  |  |  |
| Kneeling / squatting |  |  |  |  |
| Carrying / holding / lifting |  |  |  |  |
| Reaching above shoulder |  |  |  |  |
| Bending |  |  |  |  |
| Use of affected body part |  |  |  |  |
| Neck movement |  |  |  |  |
| Climbing steps / stairs/ ladders |  |  |  |  |
| Driving |  |  |  |  |
| Other |  |  |  |  |
| Other |  |  |  |  |

□ In my opinion, recovery will be assisted by incorporating work in their current program.

(Please check as appropriate)

Our management is focussed on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chiropractic management plan – explanatory guide**

The Chiropractic management plan should be initiated and completed by the treating Chiropractor when **more than 10 treatments** are required to manage a patient with an injury, and **every 12 weeks thereafter.**

It is important that the patient is actively involved in the development of the management plan and copies provided to the patient, treating doctor and case manager. The management plan should be invoiced using item number CHMP.

**Please note: Chiropractic management plans are practice-specific for individual patients (i.e. relevant to the treatment occurring at your practice).**

|  |  |
| --- | --- |
| **Patient details** | * Your working diagnosis may differ from the certifying doctor’s injury description on the Work Capacity Certificate. This information will assist the claims management process by highlighting the need to obtain clarity around the diagnosis. * If your working diagnosis differs from that of the certifying doctor, it may be appropriate to have a verbal conversation in which the diagnosis or appropriative management can be clarified for consistency. * It is expected that the Chiropractor will gain an understanding of the patient’s pre-injury role to ensure that the delivery of Chiropractic management is focused on early return to work and restoration to usual functional activities. * If treatment has been provided prior to this management plan, confirm the date of initial consultation and the total number of treatments provided to date. * A ‘treatment’ refers to all consultation types, i.e. initial and subsequent consultations. |
| **Evaluation** | The evaluation process is an important part of the Clinical Framework for the Delivery of Health Services. Measurement and evaluation of treatment effectiveness helps to inform the treating team, patient and case manager on the direction and rate of change and to provide useful information to target treatment and enhance outcomes.  If Chiropractic management has not achieved an improvement in function, it is anticipated that the Chiropractor will reassess the treatment approach and consider other strategies, which may include a case conference, referral for second opinion or ceasing treatment.  **Psychosocial screening** (Principle 2 of Clinical framework)   * Poor or delayed recovery can sometimes be explained by biological factors such as serious injuries or conditions, however psychosocial (non-injury) factors often contribute to poor recovery and return to work outcomes for patients. * Identification of risk factors early in the assessment phase should inform and guide the Chiropractor’s treatment. * These factors should be screened at an early stage using psychosocial screening questionnaires, for example:   + Orebro Musculoskeletal Pain Questionnaire Short or Long form (please state which version used)   + Tampa Scale for Kinaesiophobia   + Pain Catastrophisation Scale   + Pain Self Efficacy Questionnaire. * Interviewing techniques and comprehensive history taking can also be used to identify risk factors.   Psychosocial risk factors may include severe pain and disability reporting, low patient expectations about return to work, greater perceived treatment requirements, low job satisfaction, low self-efficacy, fears and anxieties or workplace matters.  **Outcome measures** (Principle 1 of Clinical framework)   * The outcome measure(s) used should be reliable, valid and sensitive to change. * They should relate to the patient’s injury, the functional goals of treatment and the functional demands of the pre-injury duties. * Baseline measurement of the patient’s functional capacity should be performed at the commencement of treatment and then serially re-measured to assess and demonstrate the benefit of treatment in improving functional capacity. * Physical impairment measures (such as ROM, numerically-rated pain scores, etc.) are clinically useful to track changes within a treatment session, however they do not reflect work capacity, activity limitations or participation restriction and therefore should not be used in isolation. * Achieving a change in outcome measure may be included as a goal if desired. |
| **Planning** | * Chiropractic goals should relate to function and return to work. * Early and collaborative goal setting ensures that the patient and Chiropractor are focused on similar objectives to achieve recovery and return to work. * Collaborative goal setting empowers the patient to manage their recovery (Principle 3 of the Clinical Framework). * Goals should be specific, measurable, appropriate, relevant and timed (SMART) (Principle 4 of the Clinical framework). * Examples of SMART Chiropractic goals include:   + To increase driving capacity to a one hour trip each way, with a short break as required, by 13 December   + Increase work hours from 10 hours/ week to 20 hours/week by 31 December, with duties unchanged   **Plan of how it will be achieved**   * The Chiropractor should detail the treatment that is planned to be undertaken to achieve each goal. Your treatment should be based on the best available evidence (Principle 5 of the Clinical Framework). |
| **Estimated discharge date** | * This date is your estimation of when the patient will be ready for discharge and confident in their self-management, according to your current assessment and clinical reasoning. * It is understood that this date is not absolute and may move earlier or later depending on unforeseen circumstances. |
| **Issues/Risks identified**  that may impact recovery and return to work | * If the patient has not made the expected progress, briefly outline why this might be the situation and recommended actions to address issues and overcome barriers. * The patient should be actively involved in a discussion of any factors that may increase the risk of non-recovery. The patient should be encouraged to raise any issues with the relevant parties to overcome any challenges to recovery and return to work. * If the Chiropractor’s professional opinion is that the patient may not be able to return to their pre-injury duties, please indicate in this section and detail the factors that lead to this opinion. The Chiropractor’s early identification and communication of such matters is very important to ensure that the end goal of rehabilitation is appropriate for the patient. |
| **Functional ability recommendations**  (page 2) | * Completion of this page is optional. Your clinical judgement can provide important recommendations to the treating team, as your opinion of the patient’s current abilities will facilitate the identification of appropriate duties. |



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