



REMEDIAL MASSAGE PLAN NO:

This form is to seek approval for up to 5 additional remedial massage sessions.

1. Worker's Details

<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surname	Given Name	Date of Birth	Male Female
<input type="text"/>	<input type="text"/>		
Occupation	Employer		
<input type="text"/>	<input type="text"/>		
Insurance Company	Claim Number (if available)		
<input type="text"/>		<input type="text"/>	
Referred by		Date of Injury	

2. RTW Goal Current Work Status

Area(s) treated

Date of Initial Treatment Total No of Consultations Provided to Date

3. Details of Massage Provided

a) Detail the treatment goal, the treatment provided progress and outcome measures used (symptoms, physical findings, function & return to work).

b) Factors impacting on the clinical course of recovery, and suggestions for management of this.

4. Further Treatment to be provided and expected outcomes.

Estimated number of further treatments Estimated date of cessation/review: ___ / ___ / ___

The following parties have agreed to this plan:

Treating Doctor Worker

Anticipated work status at completion of this treatment period:

Return to Work: Full-time Part-time Other

Duties: Normal Suitable

Plan: Approved for Treatments/Not Approved

Signed: _____

Name: _____ Date: _____

Practitioner Details (use stamp if available)

Name:

Address:

Tel:

Fax:

Signed: _____ Date: _____

WorkCover No: _____

EXPLANATORY NOTES FOR COMPLETING THE REMEDIAL MASSAGE TREATMENT PLAN

The remedial massage treatment plan must be used when more than five treatment sessions are required. This applies to all services provided by remedial massage therapists for injured workers in the NSW Workers Compensation Scheme.

A separate fee is not payable for the plan, as it is completed during a treatment session and developed in consultation with the worker.

The purpose of the Remedial Massage Plan is to provide specific information to the insurer, so that the insurer can determine whether ongoing treatment is reasonably necessary. The criteria used by insurers to determine whether treatment is reasonably necessary are appropriateness, alternatives, cost, effectiveness and acceptance.

WORKER DETAILS

Complete all areas, including the claim number if available.

RETURN TO WORK GOAL

When determining the return to work goal, the preferred hierarchy for returning an injured worker to the workplace is a return to:

- pre injury duties/full hours
- pre injury duties/restricted hours
- suitable duties/full hours
- suitable duties/restricted hours.

Duties may be similar or different.

DETAILS OF MASSAGE PROVIDED

List all treatments provided, including the specific modalities used. An outcome measure demonstrates the effectiveness of a treatment intervention, particularly regarding the injured worker's return to health and return to work, eg the injured worker is able to sit for an additional 15 minutes.

The goals of treatment should relate to the presenting symptoms, significant physical findings, functional activity measures and return to work goals. The goals of treatment should be:

- specific
- quantifiable or measurable
- for a definite period of time, wherever possible.

EXAMPLE

Symptoms:

- pain over lateral elbow 5/10, reduce to 2/10 in two weeks.

Physical findings:

- elbow flexion 35° - increase to 75° in one week
- knee swelling +3cm - reduce to normal in two weeks
- numbness in right lateral foot - relieve numbness in two weeks.

Function:

- unable to clean teeth with right hand - clean teeth with right hand in three weeks
- unable to climb stairs using left leg as a lead - use left leg as lead in stair climbing in three weeks.

Return to work:

- unable to work, start selected duties (no lifting over 5kg), part time (four hours per day) in two weeks.

FURTHER TREATMENT TO BE PROVIDED AND EXPECTED OUTCOMES

Explain how the planned treatment will achieve the expected outcomes. The proposed treatments need to be consistent with the expected management of the injury.

Medical referral alone is not sufficient to meet the criteria of reasonable necessary.

THE FOLLOWING PARTIES MUST AGREE TO THE PLAN

The injured worker and the nominated treating doctor must agree to the plan and the nominated treating doctor must receive a copy.



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New South Wales Government