Completing a Clinic-Based Occupational Rehabilitation (CBOR) Report

To submit a CBOR Report, log in to MyWorkplaceNL and select **Complete Online CBOR Report**.

Welcome to MyWorkplaceNL

Complete Online CBOR Report	Submit Documents and Reports
CBOR Submission History	Documents and Reports Submission History

Start by selecting the report type: **Initial, Progress,** or **Discharge** and enter the mandatory assessment date(s) as indicated by the type of report selected.

You can access additional information about completing a CBOR Report by clicking the link in the introductory section to open WorkplaceNL's CBOR Report Guidelines.

Clinic-Based Occupational Rehabilitation (CBOR)

Complete an online initial, progress or discharge report.

CBOR

Complete an online initial, progress or discharge report on a clinic-based occupational rehabilitation program designed to address an injured worker's physical capacity and function as it relates to their job demands.

Click here for additional information about completing this form.

Partially completed reports are automatically saved for 48 hours. To retrieve your report, return to this page and select "OK" when asked if you wish to continue using a previous incomplete form.

To obtain your submission confirmation number, please go to your CBOR Submission History.

* Indicates required

CBOR Reporting

* Select the type of report being submitted:
- ◯ Initial
- ◯ Progress
- ◉ Discharge

* Initial assessment date

YYYY-MM-DD	📅

Progress assessment date

YYYY-MM-DD	📅

* Discharge assessment date

YYYY-MM-DD	📅

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For all types of CBOR reports, you are required to complete the **Client Information, Targeted Tolerances, Summary, Plan and Vendor Information** sections. If you select **Progress** or **Discharge**, those mandatory sections will also appear. The required fields vary slightly between each report type.

To start, complete the **Client Information** section. To add **Targeted Tolerances,** click **Add**.

CLIENT INFORMATION

* PO number

* Claim number

* First name

* Last name

* Occupation targeted in CBOR

* Date referral received

YYYY-MM-DD

* Targeted tolerances

Add	Remove All

Actions	Targeted tolerance	Other tolerance	Initial status	Progress status	Discharge status	Targeted CBOR goa
			No data to display			

In the **Add Row** pop-up box, select the **Targeted tolerance** from the drop-down list. Complete the remaining fields as required by the targeted tolerance selected, then click **Add**.

Add Row   ×

* Targeted tolerance

-- None --

* Initial status ❓

✖

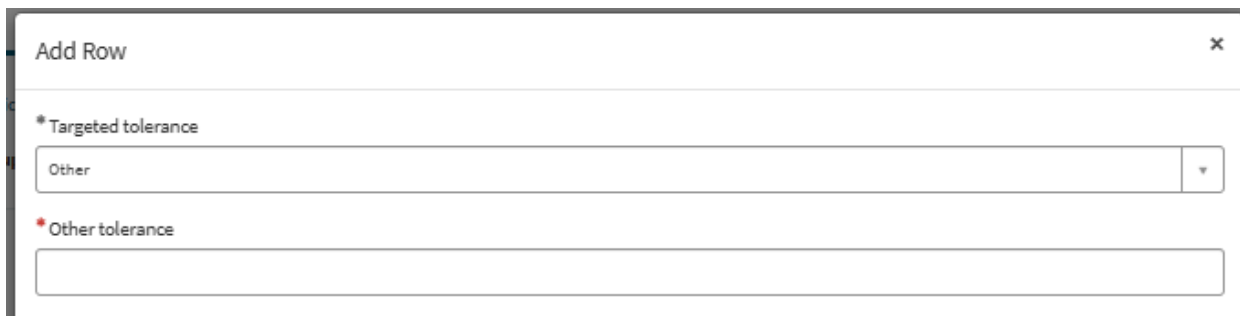| Frequency Rating	Code	8hrs shift
Not Able	NA	0
Seldom - not daily	S	0
Minor - 0-10% of Shift	M	<1
Occasional 11-33% of shift (1-2 hours)	O	1-2 hrs
Frequent 34-66% of shift (2.5-5 hours)	F	2.5-5 hrs
Constant 67-100% of shift (>5 hours)	C	> 5 hrs

EXAMPLE: M-30 O-50 F-10

Progress status

Discharge status

* Targeted CBOR goals

Cancel   Add

2

If you select "other", a text box will display to enter the information.
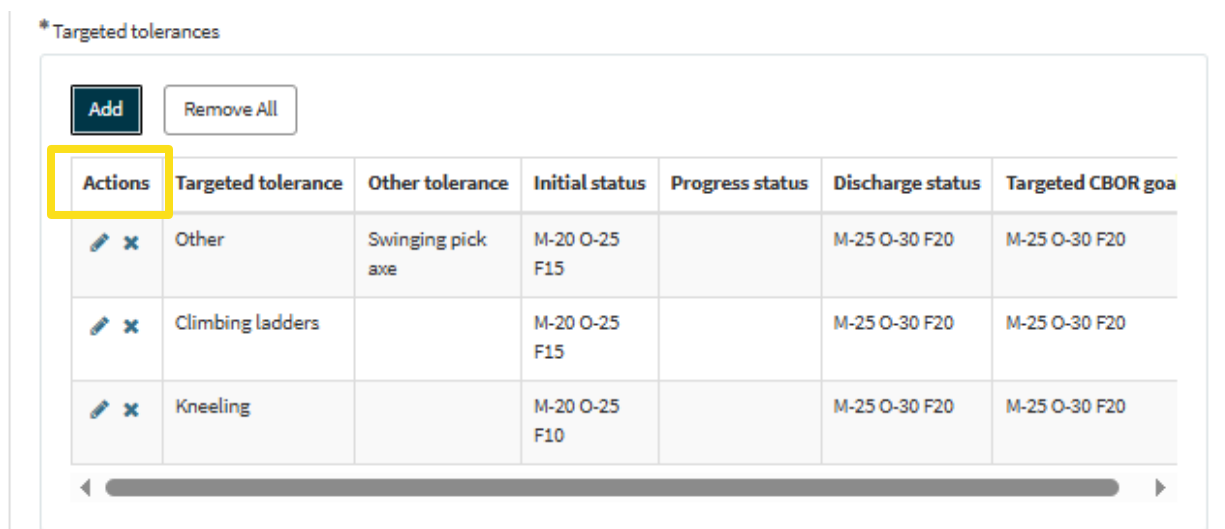
Add Row ✕

* Targeted tolerance

Other ▾

* Other tolerance

The **Targeted tolerance** entered will display in the **Targeted tolerance summary table**. You can repeat this process to add as many targeted tolerances as needed.

In the **Actions** column, select the pencil icon to **edit** the targeted tolerance information or select the X to **delete** the row.
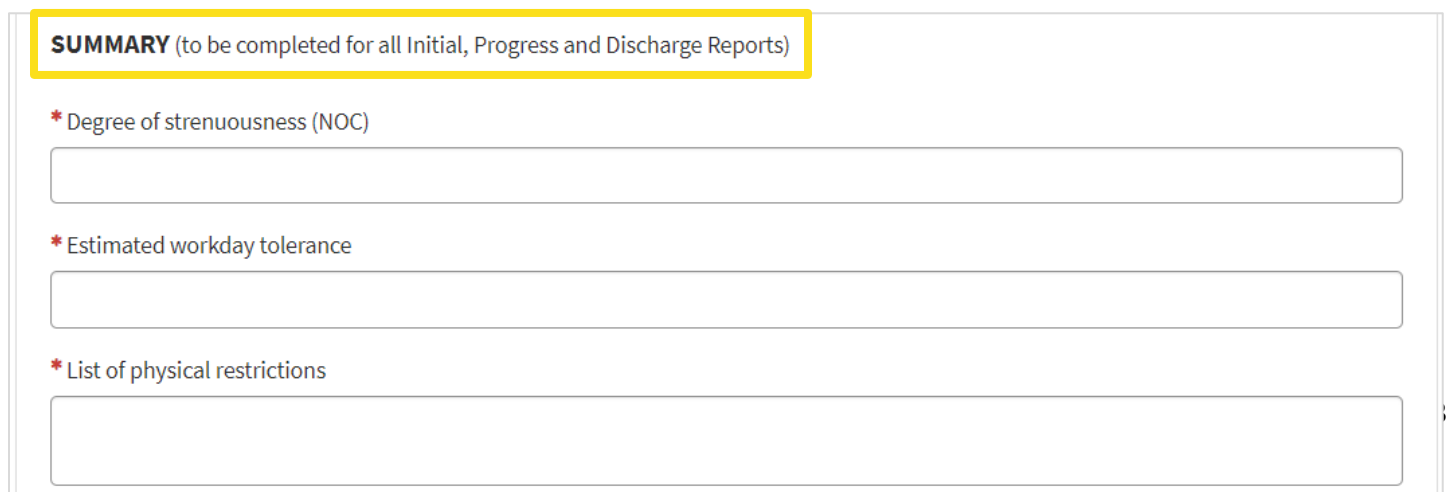
Example of Targeted tolerances summary table for an Initial report:

* Targeted tolerances

Add   Remove All

Actions	Targeted tolerance	Other tolerance	Initial status	Progress status	Discharge status	Targeted CBOR goal
✏ ✖	Other	Swinging pick axe	M-20 O-25 F15		M-25 O-30 F20	M-25 O-30 F20
✏ ✖	Climbing ladders		M-20 O-25 F15		M-25 O-30 F20	M-25 O-30 F20
✏ ✖	Kneeling		M-20 O-25 F10		M-25 O-30 F20	M-25 O-30 F20

Next, complete the **Summary** section with the required information.

SUMMARY (to be completed for all Initial, Progress and Discharge Reports)

* Degree of strenuousness (NOC)

* Estimated workday tolerance

* List of physical restrictions

If you selected a **Progress** Report this section will appear next. Complete the required information to move to the **Plan** section. If you selected **Initial** or **Discharge,** you will skip to the **Plan** section.

PROGRESS

* Number of weeks since start of CBOR program

* Number of CBOR sessions attended to date

* Number of CBOR sessions missed to date

* Are you recommending continuation of CBOR?
- ◯ Yes
- ◯ No

* Will the worker need an extension to the original CBOR plan?
- ◯ Yes
- ◯ No

To complete the **Plan** section, click **Add** to include the details for each week of the Plan.

PLAN

* Plan Weeks

| Add | Remove All |

Actions	Week number	Date (week of)	Number of sessions/week:
		No data to display	

* Original targeted completion date

YYYY-MM-DD

Revised targeted completion date

YYYY-MM-DD

* Comments

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In the **Add Row** pop-up box, complete the fields for a specific week, or weeks, of the plan then click **Add**.

The Plan Weeks details will be displayed in the **Plan Weeks Summary table**. You can repeat this process to add as many Plan Weeks as needed.

In the **Actions** column, select the pencil icon to **edit** the plan information or select the X to **delete** the row.

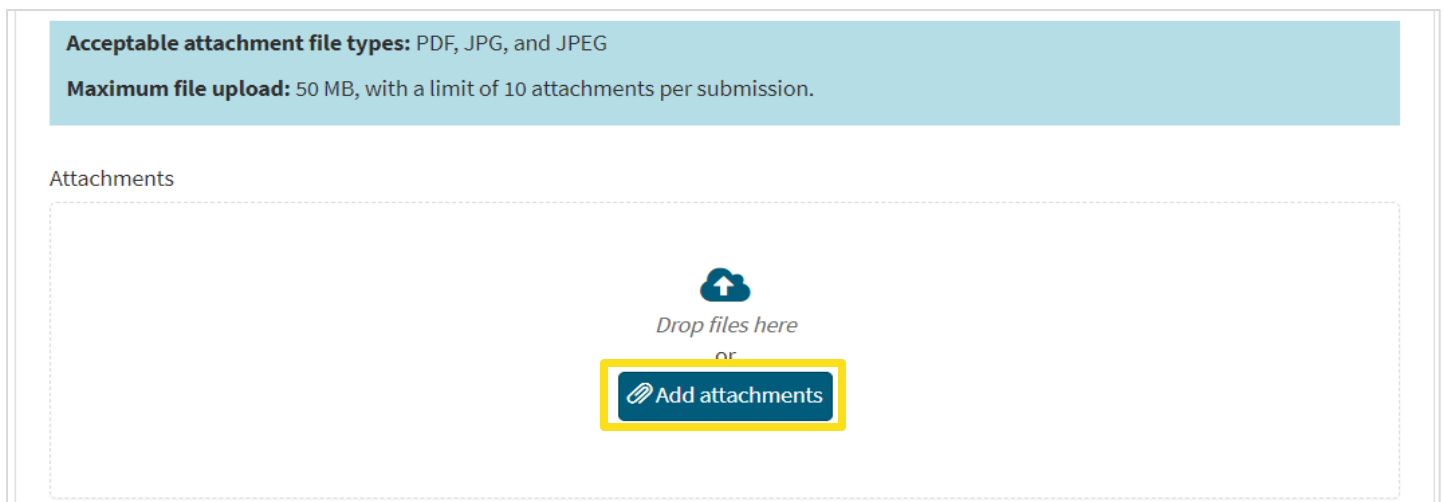Example of Plan Weeks summary table for an Initial report:

If you selected a **Discharge** Report this section will appear next. Complete the required information to move to the **Attachments** section. If you selected **Initial** or **Progress**, you will skip to the **Attachments** section.
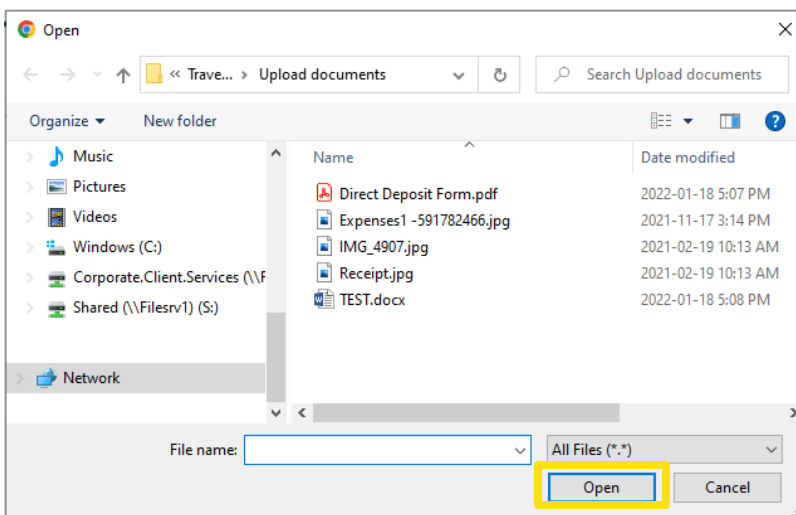
Add attachments, if required, by selecting **Add Attachments**.

Acceptable attachment file types: PDF, JPG, and JPEG

Maximum file upload: 50 MB, with a limit of 10 attachments per submission.
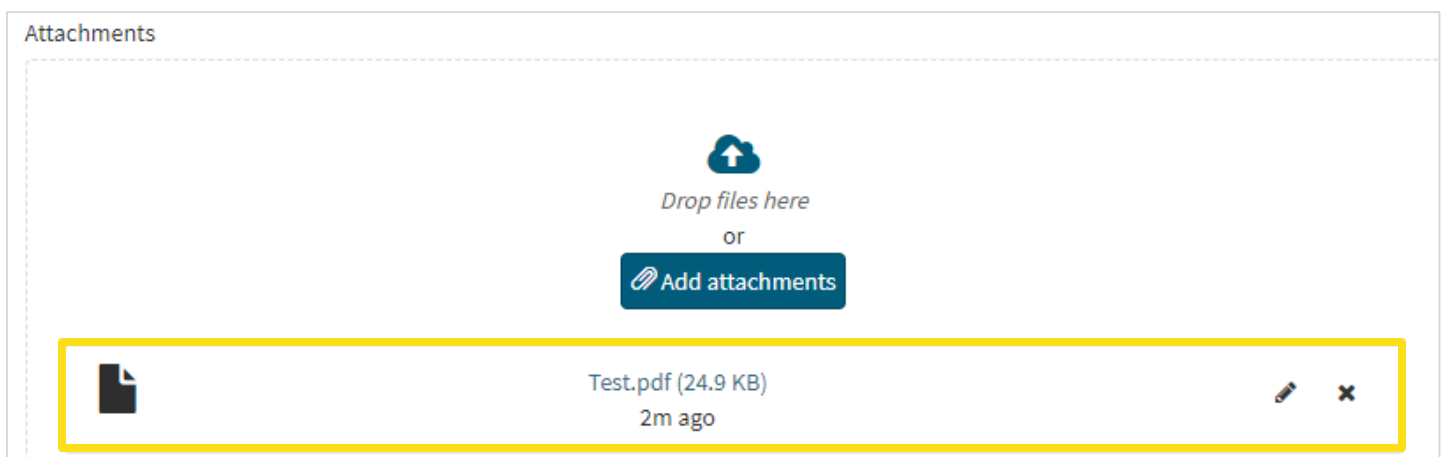
Attachments

Drop files here

or

 Add attachments

You can then browse and choose the files you wish to include and click **Open**.

The attachment will then be added.

Attachments

Drop files here

or

Add attachments

Test.pdf (24.9 KB)
2m ago

Next, complete the **Vendor Information** section.

VENDOR INFORMATION

* Vendor number

* Clinic name

* Licensed practitioner first name

* Licensed practitioner last name

* Licensed practitioner number

* Treatment site

* Email

* Phone

Once all sections are complete, enter your **Full Name** in the designated field to confirm the information provided is accurate and true.

By submitting electronically, I acknowledge and accept that by typing my name below, it is considered my legal signature and I consent to it being used as such.

* Full Name

Date

2024-08-30

Then, click **Submit**.

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Submit

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Required information
Initial assessment date
Discharge assessment date   PO number
Claim number   First name

Upon submission, a confirmation screen will display and you are then redirected to the landing page.

Thank you, your request has been submitted
The landing page will be displayed automatically in 5 seconds

You can view submitted CBOR Reports by selecting **CBOR Submission History**.

Welcome to MyWorkplaceNL

Complete Online CBOR Report	Submit Documents and Reports
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The CBOR Submission History will display the reference information. Click the **reference number** to automatically download a PDF version of a submitted CBOR Report.

Forms listed below have been successfully received by WorkplaceNL. Please do not resubmit by mail, email or fax.

☰ Requested Items

Number	Short description	Created ∨
RITM0021556	Clinic-Based Occupational Rehabilitation (CBOR)	2024-08-29 02:23:07 PM

‹ › Rows 1 - 1 of 1

If you have questions or require assistance with submitting a Clinic-Based Occupational Rehabilitation (CBOR) Report, contact us by calling 1.800.563.9000, or email us at info@workplacenl.ca