### Section B Example

<table>
<thead>
<tr>
<th>Part of Body</th>
<th>Subjective Reports</th>
<th>Objective Findings</th>
<th>Diagnoses</th>
<th>Treatment plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 2 3</td>
<td>4 5 6 7</td>
<td>8 9 10</td>
<td>11 12 13 14 15</td>
</tr>
<tr>
<td>Left</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Centre</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Right</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Mechanism of Injury:**

- Pain NPRS over the last 24 hours: _____________

**Update Status:**

- Yes

**POB 91:**

- Neoprene knee brace

**POB 96:**

- Worker complaining of restricted shoulder movement

### Notes:

- **Section 1 – Initial Report:** The physiotherapist would complete this report for:
  - New injuries – The physiotherapist or worker believes the injury is work-related.
  - Recurrences – The injury may be a recurrence of a previous work-related injury.
  - Progress reporting – When there is a significant change in the worker’s: (1) condition; (2) treatment; or (3) return-to-work status.
  - Extension requests – The physiotherapist is requesting an extension of treatments.
  - Discharge reports – The worker is being discharged.

- **On the day of the visit:**
  - Provide the employer’s copy of the form PR to the injured worker, who will then give it to the employer. Only sections outlined in red are visible on the employer’s copy.

- **Complete and legible reporting:**
  - Reporting fees will not be paid for incomplete or illegible reports.
  - Please do not use a stamp for any information including physiotherapist’s name, contact information or billing number. Stamps are not permitted as this is a triplicate form. Information provided by stamp will not be visible on the worker and employer copies of the form. Forms using stamps will be considered illegible.

- **Section B – Specific Information for Parts of Body Injured:**
  - It is not necessary to provide the *Mechanism of Injury* information on reports subsequent to the initial report unless there is a change in the information provided or additional information is available.
  - Coding is used in this section as outlined on the reverse of this sheet. Only one code box should be used for each code entered, regardless if the code has one or two digits (see example below).
  - First, enter codes for *Part(s) of Body* and whether the injury pertains to the Left, Right or Center of the specified body part(s), if applicable. If the code for the *Part of Body* is not on the code sheet, enter the code for *Other* and identify the specific body part in the space below the code.
  - If you are the primary health care provider, you must provide documentation of all injured parts of body, even if you are not providing physiotherapy treatment for all injured parts of body.
  - For each *Part of Body*, enter coding, as applicable, for: Subjective Reports, Objective Findings, Diagnoses, Treatments and Assistive Devices*. When outlining the *Examination findings* and *Treatment Plan*, including all applicable codes is important.
  - If the Subjective Report, Objective Finding, Diagnosis, Treatment, and/or Assistive Device is not included on the code sheet, enter the code for *Other*. When using *Other* codes, also enter the *Other* code number and provide details for that code in the Additional Comments box (box 11).
  - The *Update Status* boxes are used when completing progress, extension, and discharge reports. They are intended to provide updates on Subjective Reports and Objective Findings from the previous visit. The *Update Status* is not required for initial reports of injury.

- **Section D – Return-to-Work Status:**
  - The completion of current functional abilities information is based upon your professional judgement following examination and assessment of this patient. It is not intended to be a formalized functional capacity evaluation.

### SECTION B – SPECIFIC INFORMATION FOR PARTS OF BODY INJURED

<table>
<thead>
<tr>
<th>Code</th>
<th>Left</th>
<th>Right</th>
<th>Centre</th>
<th>Part of Body</th>
<th>Subjective Reports</th>
<th>Objective Findings</th>
<th>Diagnoses</th>
<th>Treatment plan</th>
<th>Assist. Devices</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 2 3 4</td>
<td>4 5 6 7</td>
<td>8 9 10</td>
<td>11 12 13 14 15</td>
<td></td>
</tr>
<tr>
<td>Left</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Centre</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Right</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Mechanism of Injury:**
  - Yes

- **POB 91:**
  - Neoprene knee brace

- **POB 96:**
  - Worker complaining of restricted shoulder movement

### Notes:

- Under the Subjective Reports category, code 91 is entered for *Other* and 96 – *Worker complaining of restricted shoulder movement* is written in the Additional Comments box to specify the details of the *Other* code.
- Under the Assistive Devices category, code 96 is entered for *Other* and 96 – *Neoprene knee brace* is written in the Additional Comments box to specify the details of the *Other* code.
- No Update Status is provided for objective finding 45 (wasting) as this finding had not been previously reported.
### Subjective Reports

<table>
<thead>
<tr>
<th>No.</th>
<th>Part of Body</th>
<th>Abnormality</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Abdomen</td>
<td>Burning</td>
</tr>
<tr>
<td>2</td>
<td>Ankle</td>
<td>Difficulty sitting</td>
</tr>
<tr>
<td>3</td>
<td>Arm</td>
<td>Difficulty standing</td>
</tr>
<tr>
<td>4</td>
<td>Brain</td>
<td>Difficulty walking</td>
</tr>
<tr>
<td>5</td>
<td>Cervical region</td>
<td>Dizziness</td>
</tr>
<tr>
<td>6</td>
<td>Chest</td>
<td>Headache</td>
</tr>
<tr>
<td>7</td>
<td>Coccyx</td>
<td>Intermittent sleep</td>
</tr>
<tr>
<td>8</td>
<td>Ear</td>
<td>Numberness</td>
</tr>
<tr>
<td>9</td>
<td>Elbow</td>
<td>Limited weight bearing</td>
</tr>
<tr>
<td>10</td>
<td>Eye</td>
<td>Pain (mild)</td>
</tr>
<tr>
<td>11</td>
<td>Face</td>
<td>Pain (moderate)</td>
</tr>
<tr>
<td>12</td>
<td>Finger</td>
<td>Pain (severe)</td>
</tr>
<tr>
<td>13</td>
<td>Foot</td>
<td>Pain radiating</td>
</tr>
<tr>
<td>14</td>
<td>Forearm</td>
<td>Stiffness</td>
</tr>
<tr>
<td>15</td>
<td>Groin</td>
<td>Tenderness</td>
</tr>
<tr>
<td>16</td>
<td>Hand</td>
<td>Tingeing</td>
</tr>
<tr>
<td>17</td>
<td>Head</td>
<td>Weakness</td>
</tr>
<tr>
<td>18</td>
<td>Heel</td>
<td>No subjective reports</td>
</tr>
<tr>
<td>19</td>
<td>Hip</td>
<td>* Provide details in the</td>
</tr>
<tr>
<td>20</td>
<td>Knee</td>
<td>Hip ( Moderate)</td>
</tr>
<tr>
<td>21</td>
<td>Lower leg</td>
<td>Level of conditioning (good)</td>
</tr>
<tr>
<td>22</td>
<td>Lumbar region</td>
<td>Level of conditioning (fair)</td>
</tr>
<tr>
<td>23</td>
<td>Lumbar sacral</td>
<td>Level of conditioning (poor)</td>
</tr>
<tr>
<td>24</td>
<td>Lung, airways</td>
<td>Range of motion (100%)</td>
</tr>
<tr>
<td>25</td>
<td>Pelvis</td>
<td>Range of motion (75%)</td>
</tr>
<tr>
<td>26</td>
<td>Ribs</td>
<td>Range of motion (50%)</td>
</tr>
<tr>
<td>27</td>
<td>Sacroiliac region</td>
<td>Range of motion (25%)</td>
</tr>
<tr>
<td>28</td>
<td>Shoulder</td>
<td>Range of motion (&lt;25%)</td>
</tr>
<tr>
<td>29</td>
<td>Thigh</td>
<td>Rash</td>
</tr>
<tr>
<td>30</td>
<td>Thoracic region</td>
<td>Redness / discoloration</td>
</tr>
<tr>
<td>31</td>
<td>Thoracolumbar region</td>
<td>Scar</td>
</tr>
<tr>
<td>32</td>
<td>Toe</td>
<td>Sensory loss</td>
</tr>
<tr>
<td>33</td>
<td>Wrist</td>
<td>Spasm</td>
</tr>
<tr>
<td>34</td>
<td>* Provide details in the</td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>* Provide details in the</td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>* Provide details in the</td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>* Provide details in the</td>
<td></td>
</tr>
<tr>
<td>38</td>
<td>* Provide details in the</td>
<td></td>
</tr>
<tr>
<td>39</td>
<td>* Provide details in the</td>
<td></td>
</tr>
<tr>
<td>40</td>
<td>* Provide details in the</td>
<td></td>
</tr>
<tr>
<td>41</td>
<td>* Provide details in the</td>
<td></td>
</tr>
<tr>
<td>42</td>
<td>* Provide details in the</td>
<td></td>
</tr>
<tr>
<td>43</td>
<td>* Provide details in the</td>
<td></td>
</tr>
</tbody>
</table>

### Objective Findings

<table>
<thead>
<tr>
<th>No.</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Upper limb neural tension test (&gt;-ve)</td>
</tr>
<tr>
<td>2</td>
<td>Pain (mild)</td>
</tr>
<tr>
<td>3</td>
<td>Pain (moderate)</td>
</tr>
<tr>
<td>4</td>
<td>Atrophy</td>
</tr>
<tr>
<td>5</td>
<td>Tingling</td>
</tr>
<tr>
<td>6</td>
<td>Stiffness</td>
</tr>
<tr>
<td>7</td>
<td>Headache</td>
</tr>
<tr>
<td>8</td>
<td>Numbness</td>
</tr>
<tr>
<td>9</td>
<td>Limited weight bearing</td>
</tr>
<tr>
<td>10</td>
<td>Decreased range of motion</td>
</tr>
</tbody>
</table>

### Physiotherapy and Chiropractic use only

- Upper limb neural tension test (+ve)
- Pain (mild)
- Pain (moderate)
- Atrophy
- Tingling
- Stiffness
- Headache
- Numbness
- Limited weight bearing
- Decreased range of motion

### Physiotherapy and Chiropractic use only

- Level of conditioning (good)
- Level of conditioning (fair)
- Level of conditioning (poor)
- Range of motion (100%)
- Range of motion (75%)
- Range of motion (50%)
- Range of motion (25%)
- Range of motion (<25%)
- Rash
- Redness / discoloration
- Scar
- Sensory loss
- Spasm
- Straight leg raise (Negative)
- Straight leg raise (80+)
- Straight leg raise (30-60)
- Straight leg raise (0-30)
- Strength (5/5)
- Strength (4/5)
- Strength (3/5)
- Strength (2/5)
- Strength (1/5)
- Swelling
- Upper limb neural tension test (+ve)

### Investigations

- Ultrasound
- Traction (mechanical)
- Suturing
- Stretching exercises
- Steroid injections
- Range of motion exercises
- Proprioception exercises
- Physiotherapy
- Occupational rehabilitation
- Myofascial release
- Muscle stimulation
- Motion control
- Massage
- Manipulations
- IFC
- Home exercises
- Heat
- Chiropractic

### Treatments

- Acupuncture
- Casting
- Chiropractic
- Cold
- Conditioning exercises
- Core stability exercises
- Education
- Home exercises
- IFC
- Laser
- Manipulations
- Massage
- Manipulations
- Motion control
- Massage
- Manipulations
- IFC
- Heat
- Chiropractic

### Assistive Devices

- Walker
- Strap, band
- Splint
- Sling
- Prosthesis
- Orthotics
- Dressing
- Heating pad
- Orthotics
- Prosthesis
- Sling
- Splint
- Strap, band
- Walker
- Wheelchair
- Other

### Update status to be added for follow up on Subjective Reports and Objective Findings.

<table>
<thead>
<tr>
<th>A</th>
<th>Resolution</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>Significant improvement</td>
</tr>
<tr>
<td>C</td>
<td>Moderate improvement</td>
</tr>
<tr>
<td>D</td>
<td>Mild improvement</td>
</tr>
<tr>
<td>E</td>
<td>No change</td>
</tr>
<tr>
<td>F</td>
<td>Worsening</td>
</tr>
</tbody>
</table>
### SECTION A - GENERAL INFORMATION (please print clearly)

<table>
<thead>
<tr>
<th>Claim #</th>
<th>PO #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 1. Worker’s last name
- First name
- Initial
- Clinic name
- Therapist’s last name
- First name

#### 2. Mailing address
- Province
- Postal code
- Mailing address
- Province
- Postal code

#### 3. Gender
- M
- F

#### 4. Occupation
- Employer

#### 5. Date of injury / incident
- yyyy/mm/dd

#### 6. Date of referral
- yyyy/mm/dd

#### 7. Date referral received
- Date of initial assessment

### SECTION B - SPECIFIC INFORMATION FOR PARTS OF BODY INJURED

#### 8. Use codes from code sheet

<table>
<thead>
<tr>
<th>Code</th>
<th>Part of Body</th>
<th>Subjective Reports</th>
<th>Objective Findings</th>
<th>Diagnoses</th>
<th>Treatments</th>
<th>Assist. Devices</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1 2 3 4 5 6 7 8</td>
<td>1 2 3 4 5 6 7 8</td>
<td>1 2 3 4</td>
<td>1 2 3 4 5 6 7 8</td>
<td>1 2 3 4 5 6 7 8</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 9. Pain NPRS over last 24 hours
- 0 no pain
- 10 the worst pain imaginable

#### 10. Did this injury aggravate a prior health issue?
- Yes
- No

#### 11. Additional Comments
- - or -
- Other, specify

### SECTION C - SPECIFIC INFORMATION FOR ALL DIAGNOSES (PERTAINING TO SECTION B)

#### 12. Do you suggest WorkplaceNL arrange any specialty appointments?
- Yes
- No

#### 13. Do you want WorkplaceNL to call you? (please go to Section E)
- Yes
- No

### SECTION D - RETURN-TO-WORK STATUS

#### 14. Estimated duration of current functional abilities:
- 1 to 2 days
- 3 to 7 days
- 8 to 14 days
- 15+ days

### SECTION E - TREATMENT SUMMARY

#### 15. Number of treatments to date:
- Number of missed appointments:
- Number of treatments requested:
- Treatment frequency per week:
- Estimated treatment weeks:

### SECTION F - FOLLOW-UP

#### 16. Have you reviewed the details of this report to the worker?
- Yes
- No

#### 17. Have you provided a copy of this report to the worker?
- Yes
- No

#### 18. Will you be reassessing the worker’s return-to-work capability?
- Yes
- No

#### 19. I certify this is a complete and accurate report and I have received no prior payment from WorkplaceNL for this visit.
- Date

---

**Signature**
SECTION A - GENERAL INFORMATION (please print clearly)

1. Worker’s last name  First name  Initial  Clinic name  Therapist’s last name  First name
2. Mailing address  Contact telephone  Mailing address  Province  Postal code
   Date of birth  yyyy/mm/dd
3. Occupation  Employer  Telephone  Fax
   Gender  M  F
   Date / time of visit  yyyy/mm/dd  hh:mm  AM  PM
5. Date of injury / incident  yyyy/mm/dd
   Did this injury develop over time without a specific injury / incident?  Yes  No

SECTION B - SPECIFIC INFORMATION FOR PARTS OF BODY INJURED

Use codes from code sheet use more than one code where necessary.

Code  Description
[] Left  Right  Centre
Other: Update Status

Code details provided on reverse.

This is a revised physiotherapist reporting form (Sept. 2008). If you have any questions regarding this form, please call your case manager or 1.800.563.9000.

SECTION D - RETURN-TO-WORK STATUS

13. Explanation of current functional abilities  check all that apply and specify details in the space provided
   - Worker has full functional abilities to return to work (please go to Section E)
   - Lifting restrictions, specify  ○ < 10 lbs  ○ < 20 lbs  ○ < 50 lbs  ○ Avoid repetitive lifting  ○ No lifting
   - Bending / twisting restrictions, specify  ○ No bending / twisting  ○ Avoid repetitive bending / twisting
   - Standing restrictions, specify
   - Kneeling / crouching restrictions, specify
   - Walking restrictions, specify
   - Restrictions due to medications, specify
   - Other limitations, specify

14. What are the recommended work hours?  ○ Pre-injury / incident  ○ Other:_________ Should the hours be graduated?  Yes  No

15. Estimate duration of current functional abilities:  ○ 1 to 2 days  ○ 3 to 7 days  ○ 8 to 14 days  ○ 15+ days

SECTION F - FOLLOW-UP

17. Have you reviewed the details of this report with the worker?  Yes  No
   Have you provided a copy of this report to the worker?  Yes  No
   Have you provided a copy of this report to the worker to give to the employer?  Yes  No

18. Will you be reassessing the worker’s return-to-work capability?  Yes  No
   If yes, when:  ○ 1 to 7 days  ○ 8 to 14 days  ○ 15 to 21 days  ○ 22+ days

19. I certify this is a complete and accurate report and I have received no prior payment from WorkplaceNL for this visit.
   Signature______________  Date  yyyy/mm/dd

White – Physiotherapist’s Copy  Yellow – Employer’s Copy (Worker to Delivered and Discuss with Employer)  Blue – Worker’s Copy
Employers and workers are obligated under the Workplace Health, Safety and Compensation Act to co-operate in the worker’s early and safe return to suitable and available employment with the injury employer. This may involve modified work, ease back to regular work, transfer to an alternate job, or trial work to assess the worker’s capability.

The worker is responsible for providing the employer's copy of the physiotherapist's (PR) report, to the employer by the next working day following the physiotherapist's visit. If a worker cannot provide the form in person, he/she must contact the employer and provide the information by telephone, e-mail or fax.

Worker co-operation:
(i) contact the injury employer as soon as possible after the injury occurs and maintain effective communication throughout the period of recovery or impairment;
(ii) assist the employer, as may be required or requested, to identify suitable and available employment;
(iii) accept suitable employment when identified; and
(iv) give WorkplaceNL any information requested concerning the return-to-work plan, including information about any disputes or disagreements which arise during the early and safe return-to-work process.

Employer co-operation:
(i) contact the worker as soon as possible after the injury occurs and maintain effective communication throughout the period of the worker's recovery or impairment;
(ii) provide suitable and available employment. The employer is responsible to pay the worker's salary earned during the early and safe return-to-work plan. WorkplaceNL will pay the differential, if any, between the salary earned during the early and safe return-to-work plan and 85% of the worker's net pre-injury earnings subject to the maximum compensable ceiling; and
(iii) give WorkplaceNL any information requested concerning the worker’s return to work, including information about any disputes or disagreements which arise during the early and safe return-to-work process.

| Part of Body | 1 Abdomen | 2 Ankle | 3 Arm | 4 Brain | 5 Cervical region | 6 Chest | 7 Coccyx | 8 Ear | 9 Elbow | 10 Eye | 11 Face | 12 Finger | 13 Foot | 14 Forearm | 15 Groin | 16 Hand | 17 Head | 18 Heel | 19 Hip | 20 Knee | 21 Lower leg | 22 Lumbar region | 23 Lumbrosacral region | 24 Lung, airways | 25 Pelvis | 26 Ribs | 27 Sacroiliac region | 28 Shoulder | 29 Thigh | 30 Thoracic region | 31 Thoracolumbar region | 32 Toe | 33 Wrist | 34 Other |
**SECTION A - GENERAL INFORMATION (please print clearly)**

1. Worker’s last name
   - First name
   - Initial
   - Clinic name
   - Therapist’s last name
   - First name

2. Mailing address
   - Contact telephone
   - Date of birth
   - Mailing address
   - Date of death
   - Postal code
   - Province
   - Province

3. Gender
   - Male
   - Female
   - Telephone
   - Fax

4. Occupation
   - Employer
   - Date / time of visit
   - Date
   - hh:mm
   - AM
   - PM

5. Date of injury / incident
   - Did this injury develop over time without a specific injury / incident?
   - Yes
   - No
   - Are you the primary health care provider?
   - Yes
   - No
   - Did another health care provider assess this worker before you?
   - Yes
   - No

6. Date of referral
   - Date referral received
   - Referral source
   - Other, specify
   - Date of initial assessment

**SECTION B - SPECIFIC INFORMATION FOR PARTS OF BODY INJURED**

7. Method of injury / incident:

8. Use codes from code sheet
   - use more than one code where necessary
   - Examination
     - Treatment plan
   - Subjective Reports
     - Objective Findings
     - Diagnoses
     - Treatments
     - Asst. Devices
   - Part of Body
     - Code
     - L: Left
     - R: Right
     - Centre
     - Update Status

9. Pain NPRS over the last 24 hours
   - 0 no pain
   - 10 the worst pain imaginable

10. Did this injury aggravate a prior health issue?
    - Yes
    - No
    - Don’t know

11. Additional Comments
    - If yes, please indicate:
      - Interdisciplinary program
      - EMG/NCS
      - Neurosurgeon
      - Orthopaedic surgeon

**SECTION C - SPECIFIC INFORMATION FOR ALL DIAGNOSES (PERTAINING TO SECTION B)**

12. Do you suggest WHSCC arrange any specialty appointments?
    - Yes
    - No

**SECTION D - RETURN-TO-WORK STATUS**

13. Explanation of current functional abilities
    - Worker has full functional abilities to return to work
      (please go to Section E)

14. What are the recommended work hours?
    - Pre-injury / incident
    - Other:
    - Should the hours be graduated?
    - Yes
    - No

15. Estimate duration of current functional abilities
    - 1 to 2 days
    - 3 to 7 days
    - 8 to 14 days
    - 15+ days

**SECTION E - TREATMENT SUMMARY**

16. Number of treatments to date
    - Number of missed appointments
    - Number of treatments requested
    - Treatment frequency
    - Estimated treatment weeks

17. Have you reviewed the details of this report?
    - Yes
    - No

18. Will you be reassessing the worker’s return-to-work capability?
    - Yes
    - No

19. I certify this is a complete and accurate report and I have received no prior payment from WorkplaceNL for this visit.
    - Date
    - Signature
Employers and workers are obligated under the Workplace Health, Safety and Compensation Act to co-operate in the worker's early and safe return to suitable and available employment with the injury employer. This may involve modified work, ease back to regular work, transfer to an alternate job, or trial work to assess the worker’s capability.

**Worker co-operation:**
(i) contact the injury employer as soon as possible after the injury occurs and maintain effective communication throughout the period of recovery or impairment;
(ii) assist the employer, as may be required or requested, to identify suitable and available employment;
(iii) accept suitable employment when identified; and
(iv) give WorkplaceNL any information requested concerning the return-to-work plan, including information about any disputes or disagreements which arise during the early and safe return-to-work process.

**Employer co-operation:**
(i) contact the worker as soon as possible after the injury occurs and maintain effective communication throughout the period of the worker’s recovery or impairment;
(ii) provide suitable and available employment. The employer is responsible to pay the worker’s salary earned during the early and safe return-to-work plan. WorkplaceNL will pay the differential, if any, between the salary earned during the early and safe return-to-work plan and 85% of the worker’s net pre-injury earnings subject to the maximum compensable ceiling; and
(iii) give WorkplaceNL any information requested concerning the worker’s return to work, including information about any disputes or disagreements which arise during the early and safe return-to-work process.

<table>
<thead>
<tr>
<th>Part of Body</th>
<th>Subjective Reports</th>
<th>Objective Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Abdomen</td>
<td>1 Burning</td>
<td>1 Abnormal gait</td>
</tr>
<tr>
<td>2 Ankle</td>
<td>2 Difficulty sitting</td>
<td>2 Abnormal reflexes</td>
</tr>
<tr>
<td>3 Arm</td>
<td>3 Difficulty standing</td>
<td>3 Abnormal sensation (dermatomal)</td>
</tr>
<tr>
<td>4 Brain</td>
<td>4 Difficulty walking</td>
<td>4 Abnormal sensation (non-dermatomal)</td>
</tr>
<tr>
<td>5 Cervical region</td>
<td>5 Dizziness</td>
<td>5 Atrophy</td>
</tr>
<tr>
<td>6 Chest</td>
<td>6 Headache</td>
<td>6 Bleeding</td>
</tr>
<tr>
<td>7 Coccyx</td>
<td>7 Interrupted sleep</td>
<td>7 Bruising</td>
</tr>
<tr>
<td>8 Ear</td>
<td>8 Numbness</td>
<td>8 Crepitus</td>
</tr>
<tr>
<td>9 Elbow</td>
<td>9 Limited weight bearing</td>
<td>9 Decreased air entry</td>
</tr>
<tr>
<td>10 Eye</td>
<td>10 Pain (mild)</td>
<td>10 Decreased range of motion</td>
</tr>
<tr>
<td>11 Face</td>
<td>11 Pain (moderate)</td>
<td>11 Deformity</td>
</tr>
<tr>
<td>12 Finger</td>
<td>12 Pain (severe)</td>
<td>12 Hypermobility</td>
</tr>
<tr>
<td>13 Foot</td>
<td>13 Pain (radiating)</td>
<td>13 Hypertonicity</td>
</tr>
<tr>
<td>14 Forearm</td>
<td>14 Stiffness</td>
<td>14 Hypomobility</td>
</tr>
<tr>
<td>15 Giro</td>
<td>15 Tenderness</td>
<td>15 Hyponotocity</td>
</tr>
<tr>
<td>16 Hand</td>
<td>16 Tingling</td>
<td>16 Infection</td>
</tr>
<tr>
<td>17 Head</td>
<td>17 Weakness</td>
<td>17 Joint effusion</td>
</tr>
<tr>
<td>18 Heal</td>
<td>18 No subjective reports</td>
<td>18 Laceration</td>
</tr>
<tr>
<td>19 Hip</td>
<td>19 No subjective reports</td>
<td>19 Leg length discrepancy</td>
</tr>
<tr>
<td>20 Knee</td>
<td>20 No subjective reports</td>
<td>20 Level of conditioning (good)</td>
</tr>
<tr>
<td>21 Lower leg</td>
<td>21 Level of conditioning (fair)</td>
<td>21 Level of conditioning (poor)</td>
</tr>
<tr>
<td>22 Lumbar region</td>
<td>22 Range of motion (100%)</td>
<td>22 Range of motion (50%)</td>
</tr>
<tr>
<td>23 Lumbosacral region</td>
<td>23 Range of motion (100%)</td>
<td>23 Range of motion (50%)</td>
</tr>
<tr>
<td>24 Lung, airways</td>
<td>24 Range of motion (≥75%)</td>
<td>24 Range of motion (≥75%)</td>
</tr>
<tr>
<td>25 Pelvis</td>
<td>25 Range of motion (≥75%)</td>
<td>25 Range of motion (≥75%)</td>
</tr>
<tr>
<td>26 Ribs</td>
<td>26 Range of motion (≥75%)</td>
<td>26 Range of motion (≥75%)</td>
</tr>
<tr>
<td>27 Sacrolilac region</td>
<td>27 Range of motion (100%)</td>
<td>27 Range of motion (100%)</td>
</tr>
<tr>
<td>28 Shoulder</td>
<td>28 Range of motion (100%)</td>
<td>28 Range of motion (≥75%)</td>
</tr>
<tr>
<td>29 Thigh</td>
<td>29 Range of motion (≥75%)</td>
<td>29 Range of motion (100%)</td>
</tr>
<tr>
<td>30 Thoracic region</td>
<td>30 Range of motion (100%)</td>
<td>30 Range of motion (100%)</td>
</tr>
<tr>
<td>31 Thoracolumbar region</td>
<td>31 Range of motion (100%)</td>
<td>31 Range of motion (100%)</td>
</tr>
</tbody>
</table>

**Physiotherapy and Chiropractic use only (Physician must only provide details in box 8)**
- Significant improvement
- Moderate improvement
- No change
- Improving
- Worsening

**Assistive Devices**
- Arm brace
- Back brace
- Bandage
- Cane
- Cast
- Cervical collar
- Cervical pillow
- Cold pack
- Compressor
- Crutches
- Dressing
- Heating pad
- Orthotics
- Prosthesis
- Splint
- Strap, band
- Walker
- Walking boot
- Wheelchair
- Other

**Diagnosis**
1 Abrasion
2 Allergic reaction
3 Amputation
4 Asthma
5 Burn
6 Bursitis
7 Carpal tunnel syndrome
8 Chronic obstructive pulmonary disease
9 Contusion
10 Crush
11 Dermatitis
12 Disc injury
13 Dislocation
14 Epicondylitis
15 Fracture
16 Frozen shoulder
17 Hemia
18 Hemiated disc
19 Infection
20 Inflammation
21 Laceration
22 Ligament sprain (1st)
23 Ligament sprain (2nd)
24 Ligament tear (3rd degree sprain)
25 Mechanical back pain
26 Meniscal tear
27 Muscle strain
28 Planter fasciitis
29 Puncture
30 Radiculopathy
31 Repetitive strain
32 Rotator cuff impingement
33 Rotator cuff injury
34 Rotator cuff tear
35 Spinal cord injury
36 Spinal stenosis
37 Spondylolisthesis
38 Tendonitis
39 Tenosynovitis
40 Traumatic spondylolisthesis / lysis
93 Other

**Treatments**
1 Acupuncture
2 Chiropractic
3 Cold
4 Cold therapy
5 Conditioning exercises
6 Core stability exercises
7 Education
8 Heat
9 Home exercises
10 IFC
11 Laser
12 Manipulations
13 Massage
14 Mobilizations
15 Motion control
16 Muscle stimulation
17 Myofascial release
18 Occupational rehabilitation
19 Oxygen
20 Physiotherapy
21 Proprioception exercises
22 Range of motion exercises
23 Rest
24 SMT / adjustment
25 Soft tissue techniques
26 Steroid injections
27 Strengthening exercises
28 Stretching exercises
29 Suturing
30 TENS
31 Traction (manual)
32 Traction (mechanical)
33 Ultrasound
94 Other

**Investigations**
1 Blood tests / UA
2 Bone scan
3 CT scan
4 EMS / NCS
5 ECG
6 X-ray
95 Other

**Assessment**
- Significant improvement
- Moderate improvement
- No change
- Improving
- Worsening