WorkSafe
Travail sécuritaire NB

1 Portland Street, P.O. Box 160
Saint John, N.B. E2L 3X9
Phone **506 632-2200**
Toll-free 1 800 999-9775
Fax 1 888 629-4722
Web worksafenb.ca

1, rue Portland, case postale 160
Saint John (N.-B.) E2L 3X9
Téléphone **506 632-2200**
Sans frais 1 800 999-9775
Télécopieur 1 888 629-4722
Web travailsecuritairenb.ca

PHYSIOTHERAPY PROGRESS REPORT

Client _____ Claim No _____

Treatment Facility _____ Therapist _____

Referring Physician _____ Case Manager _____

Date of Referral _____ Date of Initial Assessment _____

Date of Initial Authorization _____

# of Treatments To Date _____ # Missed appointments / Cancellations_____

Report Date _____

SUBJECTIVE		**Symptoms**
OBJECTIVE	SCAN	**Posture/Observations**
	SPECIFIC	**Neurological Status**
		ROM
		Muscle Testing
		Stability Testing
		Relevant Special Tests
		Palpation

Client _____ **Claim No** _____

ANALYSIS

Problem List

Clinical Impression

Progress Towards Previous Functional Goals

Functional Goals

Barriers to Rehab

RTW Comments

CURRENT TREATMENT PLAN

Electrophysical Agents

☐ US ☐ Hot Pack/Ice ☐ IFC ☐ TENS ☐ Traction ☐ Laser
☐ WPB ☐ EMS ☐ WAX ☐ Microcurrent ☐ Iontophoresis ☐ Acupuncture

Manual Techniques

Education

Exercise

☐ **ROM/Flexibility**

☐ **Specific Strengthening**

☐ **General Strengthening/ Aerobic Conditioning**

☐ **Home Program**

Comments/Recommendations

Discharge Date _____ **Discharge Disposition** _____

Signature _____ **Date** _____

PLEASE FORWARD TO WORKSAFENB - P.O. Box 160, Saint John (New Brunswick) E2L 3X9 **OR** **FAX TO:** 1-888-629-4722.

Section 41(10) of the Workers' Compensation Act authorizes you to release this information.
This document may be examined by any person with a direct interest in a claim that is under review.