



1 Portland Street, PO Box 160  
 Saint John, NB E2L 3X9  
 Phone 506 632-2200  
 Toll-free 1 800 222-9775  
 Web www.worksafenb.ca

1, rue Portland, case postale 160  
 Saint John, NB E2L 3X9  
 Téléphone 506 632-2200  
 Sans frais 1 800 222-9775  
 Web www.travailsecuritairenb.ca

### PHYSIOTHERAPY PROGRESS REPORT

Client \_\_\_\_\_  
 Treatment Facility \_\_\_\_\_  
 Referring Physician \_\_\_\_\_  
 Date of Referral \_\_\_\_\_  
 Date of Initial Authorization \_\_\_\_\_  
 # of Treatments To Date \_\_\_\_\_  
 Report Date \_\_\_\_\_

Claim No \_\_\_\_\_  
 Therapist \_\_\_\_\_  
 Case Manager \_\_\_\_\_  
 Date of Initial Assessment \_\_\_\_\_  
 # Missed appointments / Cancellations \_\_\_\_\_

<b>SUBJECTIVE</b>	<u>Symptoms</u>
<b>OBJECTIVE SPECIFIC</b>	<u>Posture/Observations</u>
	<u>Neurological Status</u>
	<u>ROM</u>
	<u>Muscle Testing</u>
	<u>Stability Testing</u>
	<u>Relevant Special Tests</u>
	<u>Palpation</u>

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

- |                              |                                       |                              |                                       |  |                                      |
|------------------------------|---------------------------------------|------------------------------|---------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> US  | <input type="checkbox"/> Hot Pack/Ice | <input type="checkbox"/> IFC | <input type="checkbox"/> TENS         | <input type="checkbox"/> Traction      | <input type="checkbox"/> Laser       |
| <input type="checkbox"/> WPB | <input type="checkbox"/> EMS          | <input type="checkbox"/> WAX | <input type="checkbox"/> Microcurrent | <input type="checkbox"/> Iontophoresis | <input type="checkbox"/> 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.