

PHYSIOTHERAPY REPORT

Occupational health and safety

entification of the worker					
urname (as shown on birth certificate)	First name			Date of ori	ginal event
		100000000000000000000000000000000000000		XXXXXXXXX	
rofession or trade practised at the time of event	n or trade practised at the time of event Postal code		tal code	Date of recurrence, relapse or aggravation	
Diagnosis		Left-handed	Sex	Health ins	urance No.
	1	Right-handed	FM		
			d land had		
hysician hysician in charge of the worker		Permit No.		Date of the	
nysician in charge of the normal		7 cmili rec.		prescriptio	
ame of the clinic (or health institution)					Telephone
formation on the supplier					
ame of the clinic (or health institution)					Supplier No.
ate of initial Number of treatments provided to this day:				Fax	
ame of the member of the Ordre professionnel de	la physiothérapie du	Québec who co	empleted the repo	rt	Member No.
Subjective data (worker's perceptions)					
neitione or movemente affected:	/10 in moven	nent/1	by palpat	ion	/10
ositions or movements affected: ccording to the worker, are daily activities impeded yes, describe.				N/A	/10
ccording to the worker, are daily activities impeded	by the employment	injury? Ye	s No		/10
eccording to the worker, are daily activities impeded yes, describe.	by the employment	injury? Ye	s No	N/A	/10
eccording to the worker, are daily activities impeded yes, describe. ccording to the worker, are work activities impeded yes, describe.	by the employment by the employment by the employment effore the injury:	injury? Ye	No No	N/A	
ccording to the worker, are daily activities impeded yes, describe. ccording to the worker, are work activities impeded yes, describe.	by the employment by the employment by the employment effore the injury:	injury? Ye	No No	N/A	

	ndition and Current condition.
Initial condition (or at the time of last report sent to the CNESST)	Current condition
Date of examination	Date of examination
Objective clinical data (neurologic, signs, joint mobility, muscular force, muscular endurance, ædema, atrophy, etc.)	Objective clinical data (neurologic, signs, joint mobility, muscular force muscular endurance, ædema, atrophy, etc.)
Functional data and Ordre professionnel de la physiothérapie du Qu Fill out both sections: Initial condition and Current condition. Initial condition (or at the time of last report sent to the CNESST)	uébec member's opinion. Current condition
Date of examination	Date of examination
Minutes Hours	Minutes Hours
Standing: N/A	Standing: N/A
Sitting: N/A	Sitting: N/A
Crouching: N/A	Crouching: N/A
Kneeling: N/A	Kneeling: N/A
Nalking: N/A	Walking: N/A
Stairs: 5 à 10 steps +10 steps N/A	Stairs: 5 à 10 steps +10 steps N/A
Pushing: 0-5 kg 5-15 kg 15-25 kg +25 kg N/A	Pushing: 0-5 kg 5-15 kg 15-25 kg +25 kg N/A
Pulling: 0-5 kg 5-15 kg 15-25 kg +25 kg N/A	Pulling: 0-5 kg 5-15 kg 15-25 kg +25 kg N/A
Grip strength:kg N/A	Grip strength: kg N/A
Handling: N/A	Handling: N/A
ifting loads: 0-5 kg 5-15 kg 15-25 kg +25 kg N/A	Lifting loads: 0-5 kg 5-15 kg 15-25 kg +25 kg N/A
Moving loads;	Moving loads;
0-5 kg 5-15 kg 15-25 kg +25 kg N/A	0-5 kg 5-15 kg 15-25 kg +25 kg N/A
Other functional data:	Other functional data:
oservations (presence of mixed signals, sensitivity, balance, etc.)	
properties of the second of th	
ve you discussed return to work arrangements with the worker? Yes, specify, If not, why?	s No

Functional data and Ordre professionnel de la physiothérapie du Québec member's opinion (cont'd)	
escribe the evolution of the obstacles to the return to work, if applicable (physical condition or personal and environ	nmental factors or others).
escribe the evolution of the levers for the return to work, if applicable (physical condition or personal and environment	ental factors or others).
Treatment plan	
tive conditions:	
ssive conditions:	
Worker's condition	
provement % Stable %	
o you recommend the end of treatment? Yes No yes, what is the real or planned date of the end of treatment?	
hat are the residual difficulties? N/A	
no, how many additional treatments are you planning? anned frequency of treatments: / week Other: hat are the functional objectives pursued by the additional treatments?	
omments / Recommendations	



OCCUPATIONAL THERAPY REPORT

Occupational health and safety

dentification of the worker						
Surname (as shown on birth certificate)	First nan	ne		Date of ori	late of original event	
Profession or trade practised at the time of even	r trade practised at the time of event Postal code		code	Date of recurrence, relapse or aggravation		
2 Diagnosis		Left-handed Sex		Health insurance No.		
		Right-handed	F M			
Physician						
Physician in charge of the worker		Permit No.		Date of the prescription		
Name of the clinic (or health institution)					Telephone	
nformation on the supplier						
Name of the clinic (or health institution)					Supplier No.	
te of initial Number of treatments provided to this day:				Fax		
evaluation	provided to this day:					
avaluation Name of the member of the Ordre professionnel	The transfer of the transfer o			ort	Member No.	
Name of the member of the Ordre professionnel Subjective data (worker's perceptions) Intensity of the pain felt: at rest	des ergothérapeutes		pleted the repo	ort ion	9,974,44-10,100,100,1	
Name of the member of the Ordre professionnel Subjective data (worker's perceptions)	des ergothérapeutes	du Québec who com	pleted the repo		9,974,44-10,100,100,1	
Subjective data (worker's perceptions) Intensity of the pain felt: Positions or movements affected: According to the worker, are daily activities impe	des ergothérapeutes/10 in mow	ement/10	by palpati	ion	9,974,44-10,100,100,1	
Subjective data (worker's perceptions) Intensity of the pain felt: Positions or movements affected: According to the worker, are daily activities imperty yes, describe.	/10 in move	ement/10	by palpati	N/A	9,974,44-10,100,100,1	
Subjective data (worker's perceptions) Subjective data (worker's perceptions) Intensity of the pain felt: at rest Tositions or movements affected: Cocording to the worker, are daily activities imperyes, describe. Cocording to the worker, are work activities imperyes, describe.	des ergothérapeutes/10 in mow ded by the employme ded by the employme as before the injury:	ement/10 ent injury? Yes ent injury? Yes	by palpati	N/A	/10	
Subjective data (worker's perceptions) at rest rositions or movements affected: at rest coording to the worker, are daily activities impertyes, describe.	des ergothérapeutes/10 in mow ded by the employme ded by the employme as before the injury:	ement/10 ent injury? Yes ent injury? Yes	by palpati	N/A	/10	

Objective clinical data (examination). Fill out both sections: Initial co	
Initial condition (or at the time of last report sent to the CNESST)	Current condition
Date of examination	Date of examination
Dejective clinical data (neurologic, signs, joint mobility, muscular force, nuscular endurance, cedema, atrophy, etc.)	Objective clinical data (neurologic, signs, joint mobility, muscular force muscular endurance, œderna, atrophy, etc.)
Functional data and occupational therapist's opinion. Fill out both so Initial condition (or at the time of last report sent to the CNESST) Date of examination	actions: Initial condition and Current condition. Current condition Date of examination
Minutes Hours	Minutes Hours
standing: N/A	Standing: N/A
Sitting: N/A	Sitting: N/A
Crouching: N/A	Crouching: N/A
Kneeling: N/A	Kneeling: N/A
Valking: N/A	Walking: N/A
Stairs: 5 à 10 steps +10 steps N/A	Stairs: 5 à 10 steps +10 steps N/A
Pushing: 0-5 kg 5-15 kg 15-25 kg +25 kg N/A	Pushing: 0-5 kg 5-15 kg 15-25 kg +25 kg N/A
Pulling: 0-5 kg 5-15 kg 15-25 kg +25 kg N/A	Pulling: 0-5 kg 5-15 kg 15-25 kg +25 kg N/A
irip strength:kg N/A	Grip strength:kg N/A
landling: N/A	Handling: N/A
ifting loads:	Lifting loads:
0-5 kg 5-15 kg 15-25 kg +25 kg N/A	0-5 kg 5-15 kg 15-25 kg +25 kg N//
loving loads:	Moving loads:
0-5 kg 5-15 kg 15-25 kg +25 kg N/A	0-5 kg 5-15 kg 15-25 kg +25 kg N//
ther functional data:	Other functional data:
eservations (presence of mixed signals, sensitivity, balance, etc.)	
servations (presence of mixed signals, sensitivity, balance, etc.)	
oservations (presence of mixed signals, sensitivity, balance, etc.)	rity). Specify:
	rity). Specify:

Functional data and occupational therapist's opinion. (cont'd)	
Analysis of interactions between personal, environmental and work factors that constitute levers for the	e return to work, if applicable.
Opinion of occupational therapist on the return to work and on the performance of daily activities. Speci	ify:
Have you discussed return to work arrangements with the worker? Yes No larger to the work arrangements with the worker?	
7 Treatment plan	
Active conditions:	
Passive conditions:	
S	
Worker's condition mprovement% Stable Deterioration%	
Do you recommend the end of treatment? Yes No	
f yes, what is the real or planned date of the end of treatment?	
What are the residual difficulties? N/A	
If no, how many additional treatments are you planning? Planned frequency of treatments:/ week Other: What are the functional objectives pursued by the additional treatments?	
Comments / Recommendations	