

- WORKERS' COMPENSATION REQUEST FOR TREATMENT
 NO FAULT TREATMENT PLAN (AUTO)
 PRIVATE MEDICARE

Claim No. _____

Adjustor: _____

Name _____

Employer _____

Phone (H) _____ (W) _____ (C) _____

Insurer _____

Date of Injury _____

WC Auto Private Medicare

Number of Treatments/Visits _____

RN/Voc Rehab _____

Diagnosis _____

ICD-10 Code _____

Goals/Measurable Objectives _____

PHYSICAL THERAPY EVALUATE & TREAT:

- Early Intervention Program:** (*Acute care 3-5 days/week*) Modalities, education, ADL, postural training, gentle reactivation, as appropriate.
- Active Physical Rehabilitation:** (*3-5 days/week for sub-acute/chronic injuries*) May include therapeutic reconditioning exercises and ADL/functional activities. Prescribed modalities applied as indicated.
- Work Conditioning Program:** (*3-5 days/week; 2-4 hour sessions which include physical and occupational therapy for sub-acute/chronic work injuries*)
 Frequency: 3x/week 5x/week
 Includes work simulation, therapeutic reconditioning exercises, ADL, patient education in injury prevention and safe job performance.
- Passive Modalities**
 - Traction Ultrasound
 - E.M.S./T.E.N.S. Joint Mobilization
 - _____ Soft Tissue Mobilization
- Hand Therapy:** (*Sensory, motor, functional evaluation; 3-5 days/week*) Dynamic and static splinting, modalities, exercises, reactivation, home program (putty, tubing, etc.), ADL, as appropriate.
- Special Instruction(s):** _____

MASSAGE THERAPY:

Performed by a Licensed Massage Therapist For Workers Comp / No Fault Insurance Patients

DYNAMIC EVALUATION CENTER

Functional Capacity Evaluations (FCE)

- General FCE:** Addresses the questions:
 -Can the client work?
 -What are the client's general work capabilities?
- Job specific FCE:** (Requires a job analysis with physical demands)
 Addresses the questions:
 -Does the client qualify to return to a specific job?
 -If not, what are the client's general work capabilities?
- Upper Extremity FCE:** Evaluates the upper extremity function only. Can be combined with a general or job specific FCE. Includes: Sustained grip, grip and pinch strength tests, finger dexterity, manual dexterity, reaching, handling, fingering, feeling, and one handed lifting/carrying.

All FCE's answer the following questions:

- Are the clients' reports of disability and pain reliable?
- Were there non-organic signs?
- Did the client put forth full effort?

Services performed as outlined in CHART's Description & Explanation of Services

Physician Signature _____

(Print Physician's Name)

Address _____ Phone _____ Date _____

Honolulu
Ph. 523-9043
Fax 526-0268
hnlps@chartrehab.com

Waipahu
Ph. 671-1711
Fax 671-1705
wphps@chartrehab.com

Dynamic Evaluation Center
Ph. 526-0710
Fax 526-0673
dec@chartrehab.com

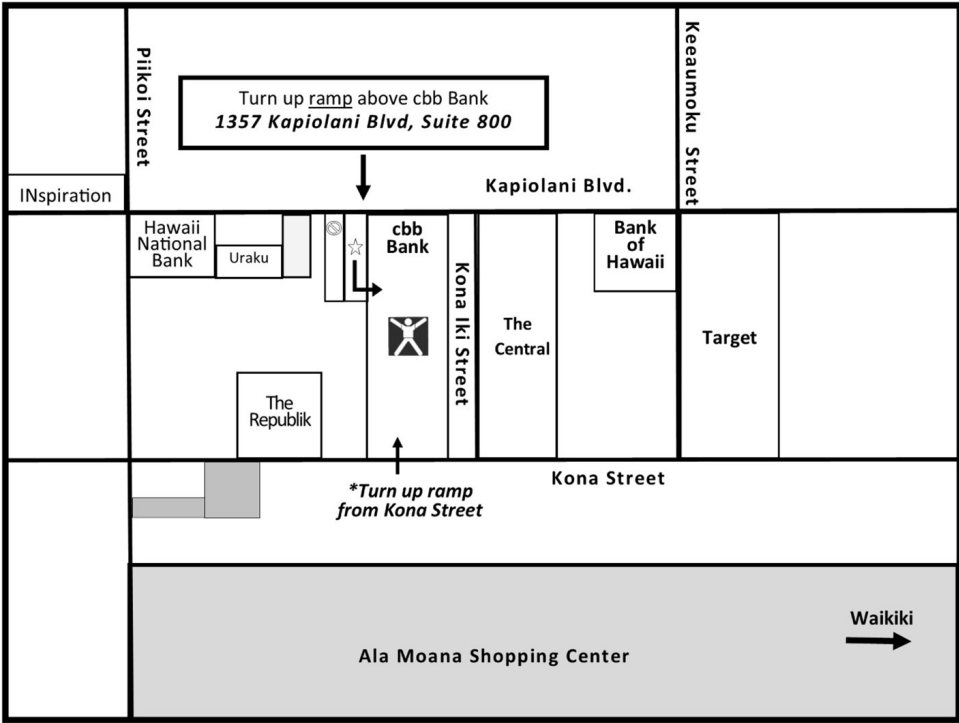


CHART Honolulu

Monday, Wednesday, Friday
8:00 a.m. - 6:00 p.m.

Tuesday
8:00 a.m. - 3:00 p.m.

Thursday
9:00 a.m. - 3:00 p.m.

Saturday Closed

Dynamic Evaluation Center
(Located in CHART Honolulu & CHART Waipahu)

Monday thru Friday
8:00 a.m. - 4:00 p.m.

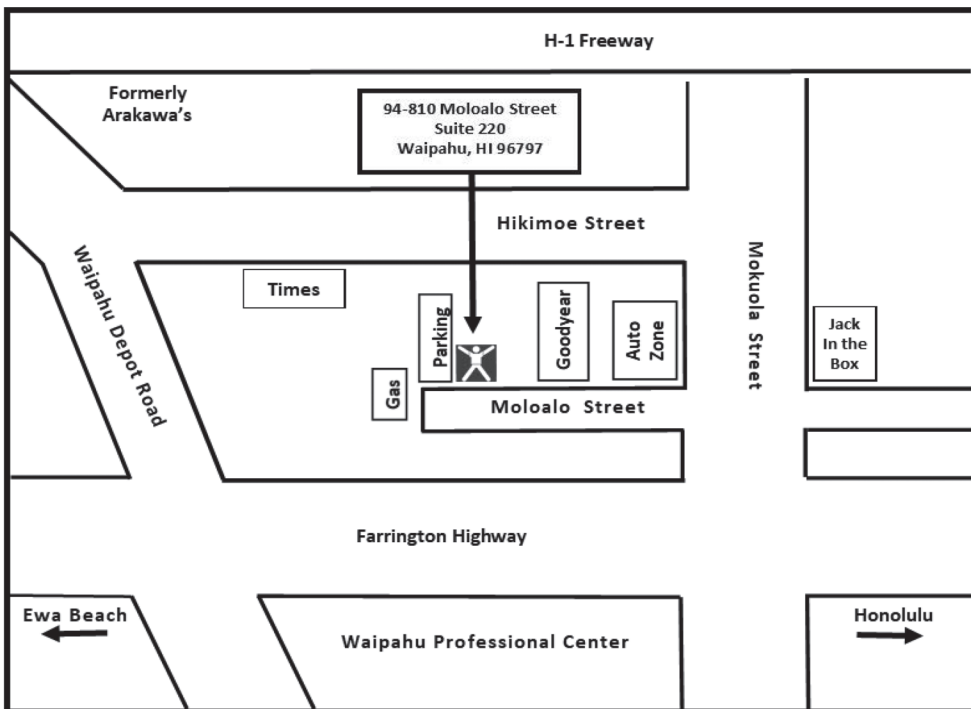


CHART Waipahu

Monday, Wednesday, Friday
8:00 a.m. - 6:00 p.m.

Tuesday
8:00 a.m. - 3:00 p.m.

Thursday
9:00 a.m. - 3:00 p.m.

Saturday Closed