

CHIROPRACTIC REPORT

☐ Category 1

☐ Category 2

☐ Category 3

 # of visits to date

CLAIM #

Patient surname: Given name: Date of birth:

Date of this examination: YYYY MM DD Date of collision: YYYY MM DD Case manager:

SYMPTOMS: List MVA related complaints and their current status

1.	VAS	/10	4.	VAS	/10
2.	VAS	/10	5.	VAS	/10
3.	VAS	/10	6.	VAS	/10

PHYSICAL FINDINGS:

NEUROLOGIC FINDINGS

☐ Normal

☐ Sensory

☐ Motor

☐ Reflex

If abnormal, list deficits (include side)

Cutaneous Territory

Muscles (Grade /5)

Levels (Grade /2+)

Level

Level

Level

DESCRIBE HOW YOUR PATIENT HAS IMPROVED: (VAS, OBJECTIVE? SUBJECTIVE?)

CURRENT DIAGNOSIS FOR EACH COMPLAINT: Leave blank if unchanged

1.	4.
2.	5.
3.	6.

Identify rationale for: ☐ Cat 2 ☐ Cat 3 ☐ Lapse

TREATMENT PLAN:

SELF-ASSESSMENT TOOLS: Check all that apply Please report raw score (ie. 10/50) and include two most recent scores, if applicable (Scores are required for Cat 3)

☐ Roland Morris /24 ☐ Oswestry /50

☐ NDI /50

☐ LEFS

☐ DASH

☐ Others

CHIROPRACTIC REPORT

WORK STATUS:

☐ Sedentary ☐ Light ☐ Medium ☐ Heavy ☐ Very heavy

Is your patient at work? ☐ Yes ☐ No

Does a RTW pose a risk? ☐ Yes ☐ No

Does your patient have the required capacity to perform required duties? ☐ Yes ☐ No

Is tolerance the primary barrier to RTW? ☐ Yes ☐ No

Can your patient safely operate a vehicle? ☐ Yes ☐ No

Describe:

Occupation:

Targeted return-to-work date:

RETURN TO WORK PLAN:

IDENTITY OF PRACTITIONER

Surname: Given name: MPI registered account #:

Address: (Number, Street, Apt. No)

City: Prov.: Postal code: Tel. #: Fax #:

I hereby authorize the release of this report to MPI in support of my claim.

Signature of practitioner

Date

Signature of patient or guardian

Date

WORK CAPACITY GUIDELINES

SEDENTARY Work

• Exerting up to 4.5 kg (10 lbs) of force occasionally and/or a negligible amount of force frequently. Example: An occupation where the worker sits most of the time, and only walks or stands for brief periods.

LIGHT Work

• Exerting up to 9.1 kg (20 lbs) of force occasionally and/or up to 4.5 kg (10 lbs) of force frequently and/or negligible amounts constantly. Example: Walking or standing to a significant degree, or sitting constantly but with arm and/or leg controls with exertion of force greater than sedentary.

MEDIUM Work

• Exerting up to 22.7 kg (50 lbs) of force occasionally and/or up to 9.1 kg (20 lbs) of force frequently and/or up to 4.5 kg (10 lbs) of force constantly.

HEAVY Work

• Exerting up to 45.4 kg (100 lbs) of force occasionally and/or up to 22.7 kg (50 lbs) of force frequently and/or in excess of 9.1 kg (20 lbs) of force constantly.

VERY HEAVY Work

• Exerting in excess of 45.4 kg (100 lbs) of force occasionally and/or in excess of 22.7 kg (50 lbs) of force frequently and/or in excess of 9.1 kg (20 lbs) of force constantly.

DEFINITIONS

Risk

Would a return to duties represent a risk to your patient or to others in the workplace?

Capacity

Does your patient have the capacity required (ability) to perform the essentials of their occupational duties?

Tolerance

This is a subjective assessment by your patient regarding their ability to tolerate their job duties.