**Physiotherapy Guidelines**

**GUIDELINES FOR CLINIC TREATMENT - Framework for Clinical Decision Making:**

The physiotherapist shall assess the patient and identify the MVA related injury or injuries utilizing appropriate subjective and objective outcome measures, and selective functional measures in the reporting. The physiotherapist shall make recommendations regarding frequency and duration of in-clinic treatment, home programs and return to work recommendations, and any other recommendations or referrals.

TREATMENT PROGRESSION: **It will now be expected that a minimum of 2 Outcome Measures be used to assess progress for pertinent treatment categories.**

A patient should be progressing based on the overall clinical status based on assessment findings, Outcome Measures [OM] etc. The goal is timely return to work, maximum medical improvement relative to pre-MVA status, and prevention of chronicity. This will be achieved by a combination of in-clinic treatments and ensuring the client is knowledgeable in self-management of their symptoms.

When patients return to normal activities, they may experience acute flare-ups of their pain. Occasionally, these instances may require follow-up physiotherapy sessions for a short period of time to allow continued functional restoration. The treatment ranges have been designed to incorporate this possibility.

**Outcome Measures (OM)**

The physiotherapist shall select a minimum of two (2) standard and accepted OM for the client's progress to be graded and monitored within five (5) working days of the assessment or reassessment.

The subjective outcome measure questionnaires recommended by the Canadian Physiotherapy Association (“**CPA**”) may be utilized. At the present time, these include the Roland Morris, VAS, Neck Disability Index, LEFS, DASH, and Health Status Disability Questionnaire. Literature based functional tests, as well as assessment findings (strength, ROM, girth measurements) may also be used for progress indicators.

**Screening Questionnaires / Tests to screen for chronicity:**

The Yellow Flags questionnaire completed early in the treatment (within five (5) working days of the assessment or reassessment) will assist the physiotherapist to properly identify any non-organic barriers to recovery and rehabilitation which may necessitate a referral to other healthcare professionals, referral to a multi-disciplinary centre, or to the appropriate category of physiotherapy services. The questionnaires will also assist identifying potential non-organic reasons for delay in the client’s progress, or potential rationale for continuation of their symptoms. As set out in Physiotherapy – Services Rates, Manitoba Public Insurance will compensate physiotherapists for a Yellow Flag Questionnaire that is provided in the physiotherapist’s discretion in any case where there is a Category 2 or 3 request.

**Physiotherapy Services Categories: [1 to 4]**

Physiotherapy services for Manitoba Public Insurance shall be divided into four (4) main areas:

The guideline for the physiotherapist with respect to decision making is that, wherever reasonably possible, it should occur **within** the first ten (10) treatments [or two (2) to three (3) weeks, whichever occurs first]. The physiotherapist will assess the client and screen for chronic pain indicators (e.g. yellow flags Questionnaire). This triage process will identify clients who are more appropriate to categories three and four of the Physiotherapy Services (i.e. Complex and Multi-disciplinary). Two other outcome measure forms may be utilized, the cost of which is incorporated into the assessment and report guidelines. A Standard Return to Work Form [RTWF] is to be utilized as soon as functional recovery is such that a patient may be able to attempt a full or partial RTW at full or modified duties. **A change in diagnosis or additional diagnosis may necessitate the physiotherapist changing the patient into a different, more appropriate category based on objective and relevant clinical examination findings. The diagnoses may come from another primary care professional, or from the physiotherapist.**

It is best practice to provide physiotherapy support during the initial return-to-work phase as required. The range of the numbers of treatments in categories one and two reflect that possibility.

**Physiotherapy Service Categories**:

1. **A) Primary Care Treatment**: This category includes all common musculoskeletal disorders not otherwise specified in this schedule (Grade I and II sprains and strains as well as all spinal disorders). A reasonable framework for this is **eighteen to twenty-five (18 to 25) visits** as a maximum number of in-clinic treatments. The physiotherapist will provide the best practice in the art and science of musculoskeletal healthcare in an effort to assist the patient to return to work or previous function. **Unless otherwise approved by Manitoba Public Insurance no extensions beyond twenty-five (25) visits shall be permitted.**

**B) Primary care treatment with multiple injury sites:**

Where a therapist advises MPI of the reasons why a claimant requires more time per visit, the claim may be approved as Multi-site. Multi-site will be approved to a maximum of 12 medically required treatments related to a motor vehicle collision.

Requests for Multi-site visits will be considered reasonable when additional treatment time is required for a minimum of two bodily “quadrants”. Diffuse widespread pain across body quadrants will not be considered Multi-site. A sprain strain / mechanical neck and or back pain are not considered Multi-site.

For Multi-site the musculoskeletal structure is divided into four quadrants: Upper Right Quadrant, Lower Right Quadrant, Upper Left Quadrant, and Lower Left Quadrant. Treatment required to two distinct bodily regions such as bilateral upper or lower extremities or an upper body with a lower extremity injury may reasonably require longer treatment sessions and would be considered Multi-site treatment.

Objective findings in each quadrant such as reduced range of motion or strength that require a therapists’ treatment will be considered Multi-site. Contusions and other minor injuries that will heal naturally and do not require a therapists’ attention will not warrant Multi-site.

Multi-site treatment requires authorization by MPI. MPI will provide authorization for a block of up to 12 Multi-site visits based on the initial assessment and report. To facilitate Multi-site treatment until approval is received, 3 Multi-site visits are pre-approved following assessment if the physiotherapist deems the clinical findings meet the Multi-site criteria and such care is medically required.

In cases where the maximum 12 Multi-site visits are needed and additional care is required the remaining visits under Category 1 (25) and Category 2 (43) can be billed at the subsequent visit rate.

Category 3 and Multi-site will not be considered consecutively. Multi-site will not be considered concurrently with other treatment modalities.

1. **Extended Treatment**: – Individuals with particular diagnoses found on the list below are acknowledged to require greater in-clinic care. This care should still be monitored by the physiotherapist in terms of assessment findings, outcome measures (minimum of two plus the chronicity screening questionnaire), as well as simple in-clinic functional parameters. In this group, the number of in-clinic sessions would not exceed **thirty-six to forty-three (36 to 43) visits. Unless otherwise approved by Manitoba Public Insurance no extensions beyond forty-three (43) visits shall be permitted.**

Extended treatment list:

2.1 - post-operative rehabilitation

2.2– fracture

2.3 – dislocation

2.4 - complete rupture of muscle, tendon, or ligament

2.5 - adhesive capsulitis

2.6 - myositis ossificans

**2.7 – Peripheral Nerve Injury (non WAD III)**

To qualify, the following criteria must be met:

* Demonstrable change in sensory and/or motor function along the course of the nerve in question;
* Injury is the result of any type of mechanical, thermal, chemical trauma or lesion.

**2.8 WAD III**

To qualify as a WAD III injury, at least three (3) of the following criteria will have to be met:

* The patient manifests pain in a radicular pain pattern confirmed by a pain diagram
* There are sensory changes in that dermatome
* There are strength changes within that myotome
* There is a reflex change in that same segmental distribution

**2.9 Extended care treatment with multiple injury sites**

See 1(B) above – Primary Care with Multiple Injury Sites

1. **Complex Treatment**: The complex treatment group would include specific diagnostic entities and/or complex conditions and/or injuries which often require both more time per visit, as well as longer in-clinic programs, some with very lengthy treatments being required.

The treatments should still be monitored and care should be considered necessary or advisable to contribute to the rehabilitation of a victim, to lessen a disability resulting from bodily injury, and to facilitate the victim's return to a normal life or reintegration into society or the labour market. Physiotherapy assessment, outcome measures, screening tests, as well as Functional Capacity Evaluations [pre-approved FCE's] will help to document the need for ongoing in-clinic care.

These would be managed on a case-by-case basis with the understanding that significant in-clinic treatment should be expected in many of these cases. Diagnoses representative of complex cases include:

3.1 – Quadriplegia – Asia A to Asia D, and submitting the specific ASIA classification, which includes the specific clinical findings.

3.2 – Paraplegia - ASIA A to ASIA D, and submitted the specific Asia classification, which includes the specific clinical findings.

3.3 - moderate or severe traumatic brain injuries.

\*3.4 – complex fracture/dislocation - e.g. multiple fractures, fractures involving a joint [e.g. tibial plateau, distal humerus], non-surgical spiral fractures of long bones, surgically fixated severely comminuted long bone fractures, compression fractures with demonstrated loss of vertebral height, injury to a peripheral joint that involves significant disruption of the articular surface.

\*3.5 - significant complicating medical conditions and/or injuries, pre-existing injury, and/or diagnoses that reasonably necessitate(s) longer in clinic treatment (without limiting the foregoing, some examples of the varied circumstances that will fall within this category include stroke and heart disease, significant arthropathy (e.g. significant RA/OA), certain neurological conditions and diseases or significant injuries affecting the musculoskeletal system.

3.6 – amputation

3.7 WAD IV

\*3.8 Miscellaneous category 3 claims: where a physiotherapist advises Manitoba Public Insurance of the reasons why a claimant requires more time per visit as well a as longer in clinic treatment, the claim may be approved as Category 3 for a reasonable time period followed by monitoring of specific numbers of medically required treatments related to the motor vehicle collision.

\*These subcategories require authorization from Manitoba Public Insurance. Manitoba Public Insurance is committed to providing and shall provide a decision to the physiotherapist (by phone or in writing) within ten (10) working days, assuming the information provided via facsimile or mail (or other electronic means, when available) is complete, and causation has been established. Manitoba Public Insurance shall act reasonably, fairly and in good faith in assessing whether causation is confirmed and then if the complex rate should apply.

If the decision is received within ten (10) working days, the physiotherapist shall bill at the approved rate (i.e. either complex or regular) for all treatments back to the date MPI received the request for complex treatment.

If no decision is received by the physiotherapist within ten (10) working days following his or her request to bill at the complex rate, the physiotherapist shall commence billing thereafter at the complex rate for an initial block of up to 12 complex sessions that may have been provided, or may need to be provided.

If the complex rate is later denied, the physiotherapist shall cease billing the complex rate from the date the denial is received by the physiotherapist. However, if the complex rate is accepted, (i.e. after the ten (10) working days), the physiotherapist shall bill:

1. the “complex adjustment fee”, which equals the difference between the complex and regular rates, for each treatment of said claim from the date MPI received the request and billed at the regular rate; and
2. the complex rate for all treatments thereafter (and for earlier treatments from the date MPI received the request (by facsimile or mail - or other electronic means, when available) for which the physiotherapist has not yet billed.

If a physiotherapist has been notified by Manitoba Public Insurance that the injuries are not related, or that causation has not been established, then there shall be no complex adjustment fee, retro pay, or any other type of adjustment fee required to be paid.

3.9 – **Medically confirmed Myelopathy/spinal cord injury with objective neurologic compromise**: The diagnoses must be confirmed through clinical examination by musculoskeletal physician or neurologist with objective clinical neurological deficit and correlated MRI findings.

1. **Multi-disciplinary Category**: Patients having mental health issues and inappropriate coping strategies.

This group will be allowed **ten (10)** primary care visits prior to giving consideration to referral to multidisciplinary centers. However, if the patient is demonstrating appropriate improvement in outcome measures a referral to a multi-disciplinary centre may not be required.

**Clarification of certain circumstances** – The circumstances noted below will be dealt with as follows:

1. **Post-Operative Rehabilitation**

An individual who has a bodily injury due to a motor vehicle collision that eventually requires surgery will be entitled to a full complement of physiotherapy visits after the surgery as allocated for the particular injury in the Agreement. For example, an individual with a fracture who undergoes surgery will be entitled to forty-two (42) physiotherapy visits subsequent to the surgery. The number of physiotherapy visits prior to the surgery, will not be deducted from that entitlement.

1. **Motor Vehicle Collisions in a Short Time Span**

An individual, who has received physiotherapy treatment for a bodily injury secondary to a motor vehicle collision, may sustain a second motor vehicle collision.

The individual's physiotherapy entitlement will begin again after the second collision. At the time of the second collision, the patient will then be entitled to another full complement of physiotherapy visits under Categories 1 or 2. For example, an individual who is receiving physiotherapy for a Whiplash-Associated Disorder Grade II, and has had fifteen (15) physiotherapy visits and is involved in a second motor vehicle collision, will be entitled to another twenty-four (24) visits if the patient sustains another whiplash injury. However, if the injuries involve separate anatomical areas i.e. arm and leg, up to twenty-four (24) visits for each date of loss would be considered reasonable.

**PROVISIONS**

* The avoidance of dependency on treatment is an objective of these Physiotherapy Guidelines. It is important for clinicians to effectively communicate these objectives and guidelines to patients.
* Manitoba Public Insurance will continue to monitor performance data for individual clinics and at a province-wide level. Clinics exceeding norms will be notified in writing by Manitoba Public Insurance if performance concerns are identified. The clinic owner will be given an opportunity to have those concerns reviewed directly with Manitoba Public Insurance. In the event of an unsatisfactory response by the clinic owner, Manitoba Public Insurance may suspend the clinic's direct billing privileges or utilize any other remedy under the services agreement between Manitoba Public insurance and the physiotherapist.

American Spinal Injury Association scale- spinal cord injuries must be classified according to the American Spinal Cord Injury Association [ASIA] as follows:

ASIA A = Complete: no sensory or motor function is preserved below the neurological level of the lesion (including the sacral segments

ASIA Grade B = Sensory Incomplete: Sensory but not motor function is preserved below the neurological level and includes the sacral segments S4-S5 (light touch, pin prick at S4-S5: or deep anal pressure (DAP), AND no motor function is preserved more than three levels below the motor level on either side of the body.

ASIA C = Incomplete: There is preservation of some motor function below the neurological level of the lesion, and the majority of key muscles below the neurological level have a muscle grade less than 3.

ASIA D = Incomplete: There is preservation of some motor function below the neurological level of the lesion , and the majority of key muscles below the neurological level have a muscle grade greater than or equal to 3

ASIA E = Normal: Motor and sensory function is normal