

contact us at: t 709.778.1000 t 1.800.563.9000 visit us at: workplacenl.ca

Instructions for Completing Physician's Report 8/10

A physician would complete this report for:

- 1. New injuries The physician or worker believes the injury is work-related.
- 2. Recurrences The injury may be a recurrence of a previous work-related injury.
- 3. Progress reporting When there is a significant change in the worker's: (1) condition; (2) treatment; or (3) return-to-work status.

On the day of the visit:

Provide the employer's copy of the form 8/10 to the injured worker, who will then give it to the employer. Only sections outlined in red are visible on the employer's copy.

Complete and legible reporting:

- Reporting fees will not be paid for incomplete or illegible reports.
- Please do not use a stamp for any information including physician's name, contact information or billing number. Stamps are not permitted as this is a triplicate form. Information provided by stamp will not be visible on the worker and employer copies of the form. Forms using stamps will be considered illegible.

Section B - Specific Information for Parts of Body Injured:

- It is not necessary to provide the *Mechanism of Injury* information on reports subsequent to the initial report unless there is a change in the information provided or additional information is available.
- Coding is used in this section as outlined on the reverse of this sheet. Only one code box should be used for each code entered, regardless if the code has one or two digits (see example below).
- First, enter codes for *Part(s)* of *Body* and whether the injury pertains to the Left, Right or Center of the specified body part(s), if applicable. If the code for the *Part of Body* is not on the code sheet, enter the code for *Other* and identify the specific body part in the space below the code.
- For each *Part of Body*, enter coding, as applicable, for Subjective Reports, Objective Findings, Diagnoses, Treatments, Investigations*, and Assistive Devices*. When outlining the *Examination* and *Treatment Plan*, including all applicable codes is important.
- If the Subjective Report, Objective Finding, Diagnosis, Treatment, Investigation and/or Assistive Device is not included on the code sheet, enter the code for *Other*. When using *Other* codes, also enter the *Other* code number and provide details for that code in the Additional Comments box (box 8).
- The Update Status boxes are used when completing progress reports. They are intended to provide updates on Subjective Reports and Objective Findings from the previous visit. The Update Status is not required for initial reports of injury.

*Note: The Investigations category is only intended for referrals being made at the time of this visit. Recommendations for assistive devices may also require completion of a Health Care Devices and Supplies Prescription form.

									Se	ctio	n B	Ex	amı	ole					
SEC	ECTION B - SPECIFIC INFORMATION FOR PARTS OF BODY INJURED																		
6	Mechanism of injury / incident:																		
	Same as previously reported on the initial report.																		
7	Use codes from code sheet use more than one code where necessary Examination Treatment plan												an	Did this injury aggravate a					
	Code	Part of	Body	Sul	bjectiv	ve Rep	orts	Ob ₁	jective	Findir	ngs 4	_ D	Diagnoses		Treat	ments	Investigations	Assist. Devices	prior health issue?
i.	22	Left [Right Centre	11				1	10	92		27			20				☐ Yes ✓ No ☐ Don't know
Oth	er:		Update Status	C				C	C										Are there other
ii.	90	Left [Right Centre					29				1							issues affecting
Oth	er: No	se	Update Status					A											the worker's injury, recovery and / or
iii.		Left [Right Centre																disability? ☐ Yes ✓ No
Oth	er:	•	Update Status										•	•					Don't know
8	Add	itional Com	nments - or - If you	ı use a	any of	f the "	other"	codes	abov	e (exc	ept P	art of	Body	/), indi	cate the	code 7	and provide d	etails.	If yes to either of the above please specify in Box 8.
	92 De	- negati creased	ive bowstring t ROM - F.F. 40	est , Ext	t. 10	0°Q+	RR	otat	ion (W O	+R	Fle.	xion	W					

Points to note:

- The second *Part of Body* in this example was not included on the code sheet. Therefore, code *90* is entered for *Other* and *Nose* is written in the text box immediately below the *Part of Body* code.
- Under Objective Findings for the first Part of Body, code 10 is used for decreased range of motion. The details related to the decreased ROM are documented in the Additional Comments box.
- Also under Objective Findings for the first Part of Body, code 92 is entered for Other and 92 negative bowstring test is written in the Additional Comments box to specify the details of the Other code.
- No Update Status is provided for the negative bowstring test as this finding had not been previously reported.

Section C Specific Information for All Diagnoses (pertaining to Section B):

 Subsection 12 only applies to medications prescribed for the work injury and not medications related to non-work related injuries or illnesses.





Signature_

SEND BY FAX ONLY f 709.738.1479 f 1.866.553.5119 CONTACT US AT: t 709.778.1000 t 1.800.563.9000 VISIT US AT: workplacenl.ca Physician's Report



8/10

Dec, 2015

	11.0						•				0	7 10	
SEC	TION A - GENERAL INFORM	NOITAI	olease pri	nt clearly)	Claim#								
1	Worker's last name		Initial	Physician's	last name			First name	Э				
2	Mailing address		Conta	ct telephone		Mailing add	Iress	١	WorkplaceNL b	illing #			
	Province					Province				-	Penarting fee requested?		
	Postal code		Date o	of birth yyyy/mi	m/dd	Postal code				F	Reporting fee requested? Yes No		
	MOD										MCP fee co		
3	MCP		Gende	r м]F	Telephone		Fax					
4	Occupation	Er	nployer			Date / time	of visit yyyy/mm/	dd hh	ı:mm	AM			
										PM			
5	Date of injury / incident	Did this inju	ıry develop	☐ Yes		Are you the health care		Yes No		re did you he worker?	Office		
	I VVVV/IIIII/QQ I	over time w specific inju	/ithout a ury / inciden	⊟		Is this an ir	nitial report of inj	ury / inci	dent?	Yes [No		
SECT	FION B - SPECIFIC INFORMAT	ION FOR	DARTS O	E BODY IN	LIBED								
6	Mechanism of injury / incident:	ION FOR	PARTS	r BODT ING	UKED								
	wednament of injury / incident.												
7	Use codes from code sheet										Did this in	ium/	
	use more than one code where necessary	1		Examination	1	ı		Treatme	ent plar	1	aggravate	a	
	Part of Body	Subjecti ¹	ve Reports	Objective F	indings 3 4	Diagnoses	Treatments	Investig	ations A	Assist. Devices	1		
i.	Left Right Centre										Yes Don't	No know	
Othe	T: Update Status							ļ.,,			Are there	other	
ii.	Left Right Centre										issues afforthe worke		
Other	Update Status										recovery a	and / or	
iii.	Left Right Centre										disability?	No	
Other	Update Status										Don't	know	
8	Additional Comments - or - If you	u use any o	of the "other"	codes above	(except P	art of Body), ir	ndicate the code	# and pro	vide det	ails.	If yes to either please specify		
	TION C - SPECIFIC INFORM	ATION FO	OR ALL D	IAGNOSES	(PERTA	AINING TO	SECTION B)						
	Do you suggest WorkplaceNL arrange any specialty appointmen	☐ Ye nts? ☐ No		es, please cate:		disciplinary pı B/NCS		eurosurge thopaedi		on	A referral le must be at		
10								•			ppointment (i	f known)	
	Have you referred the worker to other than the request in Question		st U Yes								yyyy/mm/dd	ı Kilowii)	
11					y								
11	Have you prescribed opioids dur	ring this vis	sit?	s No									
12	Did you add, discontinue or char medications during this visit?	nge	I	Orug name			Status		Dose	Frequen	cy Quantity	Repeat	
	Yes - Complete table	1.				Add	Discontinue	Change					
	at right	2.				+===		-					
						Add	Discontinue	Change					
SEC	No - Go to Section D	3.				+===	Discontinue Discontinue	Change Change					
	TION D - RETURN-TO-WORK		S			Add		-					
13		C STATUS		oly and specify de	tails in the s	Add		-					
13	TION D - RETURN-TO-WORK Explanation of current functional a	STATUS I abilities con	heck all that appreturn to wo	rk (please g	to Sect	Add Add Space provided	Discontinue	Change					
13	TION D - RETURN-TO-WORK Explanation of current functional	STATUS I abilities con	heck all that appreturn to wo	rk (please g	to Sect	Add Add Space provided	Discontinue	Change					
13	TION D - RETURN-TO-WORK Explanation of current functional a Worker has full functional a Lifting restrictions, specify Bending / twisting restriction	STATUS I abilities of abilities to compare the compar	return to wo lbs \(\rightarrow < 20 y \(\rightarrow \text{No b}	ork (please g o) lbs \bigcirc < 50 ending / twist	bs O Sections	Avoid repetitiv	Discontinue e lifting No ive bending / twi	Change					
13	TION D - RETURN-TO-WORK Explanation of current functional a Worker has full functional a Lifting restrictions, specify	STATUS I abilities of abilities to compare the compar	return to wo lbs \(\rightarrow < 20 y \(\rightarrow \text{No b}	ork (please g o) lbs \bigcirc < 50 ending / twist	bs O Sections	Avoid repetitiv	Discontinue e lifting No ive bending / twi	Change	ons, spe	ecify			
13	TION D - RETURN-TO-WORK Explanation of current functional a Worker has full functional a Lifting restrictions, specify Bending / twisting restriction Standing restrictions, spec	A status abilities of abilities to abilities abilities to abilities ab	return to wo	rk (please go) lbs () < 50 ending / twist	b to Section of the S	Avoid repetitiv Climbing (Sitting res	Discontinue e lifting No ive bending / twi stairs / ladders) trictions, specify	Change lifting isting restriction					
13	Explanation of current functional Worker has full functional a Lifting restrictions, specify Bending / twisting restriction Standing restrictions, specify Kneeling / crouching restriction Walking restrictions, specifi	A STATUS I abilities of abilities to abilities abilitie	return to wo lbs < 20 y No b	rk (please g) lbs () < 50 ending / twist	to Section	Avoid repetitiv Climbing (Sitting res	e lifting No ive bending / twi stairs / ladders) trictions, specify remity restriction	Change lifting sisting restriction in s, specific	fy				
13	Explanation of current functional and Worker has full functional and Lifting restrictions, specify Bending / twisting restriction Standing restrictions, specify Kneeling / crouching restriction Walking restrictions, specify Restrictions due to medical	A STATUS I abilities of abilities to abilities ab	return to wo lbs < 20 y No b	rk (please g) lbs () < 50 ending / twist	to Section	Avoid repetitiv Climbing (Sitting res	e lifting No ive bending / twi stairs / ladders) trictions, specify remity restriction	Change lifting sisting restriction in s, specific	fy				
	Explanation of current functional and Worker has full functional and Lifting restrictions, specify Bending / twisting restriction Standing restrictions, specify Kneeling / crouching restriction Walking restrictions, specify Restrictions due to medicate Other limitations, specify	A status abilities of abilities to abilities to abilities to one, specify ctions, specify ttions, specify	return to wo	rk (please g) lbs () < 50 ending / twist	b to Section 1 to	Avoid repetitive Avoid repetition Climbing (Sitting research Upper ext	e lifting No ive bending / twi stairs / ladders) trictions, specify remity restrictions due to environ	Change lifting isting restriction restriction ment, specifier	fy				
13	Explanation of current functional and Worker has full functional and Lifting restrictions, specify Bending / twisting restriction Standing restrictions, specify Kneeling / crouching restriction Walking restrictions, specify Restrictions due to medical	A status abilities of abilities to abilities to abilities to one, specify ctions, specify ttions, specify	return to wo	rk (please g) lbs () < 50 ending / twist	b to Section 1 to	Avoid repetitive Avoid repetition Climbing (Sitting research Upper ext	e lifting No ive bending / twi stairs / ladders) trictions, specify remity restrictions due to environ	Change lifting isting restriction restriction ment, specifier	fy				
	Explanation of current functional and Worker has full functional and Lifting restrictions, specify Bending / twisting restriction Standing restrictions, specify Kneeling / crouching restriction Walking restrictions, specify Restrictions due to medicate Other limitations, specify	A STATUS I abilities contained abilities to abilities a	return to wo lbs	rk (please g) lbs () < 50 ending / twist	b to Section 1 to	Add	e lifting No ive bending / twi stairs / ladders) trictions, specify remity restrictions due to environ	Change lifting isting restriction ns, specifiement, speci	fy ecify e gradua				
14	Explanation of current functional Worker has full functional a Lifting restrictions, specify Bending / twisting restriction Standing restrictions, specify Kneeling / crouching restriction Walking restrictions, specif Restrictions due to medica Other limitations, specify What are the recommended wor	A STATUS I abilities contained abilities to abilities a	return to wo lbs	rk (please g) lbs () < 50 ending / twist	b to Section 1 to	Add	e lifting No ive bending / twi stairs / ladders) trictions, specify remity restrictions due to environ	Change lifting isting restriction ns, specifiement, speci	fy ecify e gradua				
14	Explanation of current functional and worker has full functional and Lifting restrictions, specify Bending / twisting restrictions, specify Standing restrictions, specify Kneeling / crouching restrictions, specify Walking restrictions, specify Restrictions due to medicate Other limitations, specify What are the recommended workestimate duration of current functions. TION E - FOLLOW-UP Have you reviewed the details	A STATUS I abilities of abilities to abilities abilitie	return to wo lbs	ork (please g o lbs	b to Section of the S	Avoid repetitive Avoid	e lifting No ive bending / twi stairs / ladders) trictions, specify remity restrictions due to environ Should the to 14 days Have you pro	Change lifting sisting restriction in s., speciment, s	ecifye gradua	ated?	Yes No		
14 15 SEC	Explanation of current functional Worker has full functional a Lifting restrictions, specify Bending / twisting restriction Standing restrictions, specify Kneeling / crouching restriction Walking restrictions, specify Restrictions due to medica Other limitations, specify What are the recommended wor Estimate duration of current func	A STATUS I abilities of abilities to abilities abilitie	return to wo lbs	iury / incident to 2 days u provided a port to the wuld	b to Section of the S	Avoid repetitive Avoid	e lifting No live bending / twi stairs / ladders) trictions, specify remity restrictions due to environ Should the to 14 days Have you proto the worker to 21 days	Change lifting sisting restriction in s., speciment, s	ecify e graduates s copy of to the en	ated?	Yes No		

CONTACT US AT: t 709.778.1000 VISIT US AT: workplacenl.ca

Physician's Report

8/10

	f 1.866.553.5119	t 1.800.563.9000		Report		0, 10
SEC	TION A - GENERAL INFORMATIO	N (please print clearly)		Claim #		
1	Worker's last name	First name	Initial	Physician's last name	First na	me
2	Mailing address	Contact telephone		Mailing address		
	Province			Province		
	Postal code	Date of birth yyyy/mm/	dd	Postal code		
				Telephone Fax		-
3		Gender M I	F	Telephone		
4	Occupation	Employer		Date / time of visit yyyy/mm/dd hh:mn	n AM	
					PM	
5	Date of injury / incident Did this	- initian develor				
	vvvv/mm/dd over tir	s injury develop me without a printing / incident? No				
	specific	c injury / incident?				
SECT	TION B - SPECIFIC INFORMATION F	FOR PARTS OF BODY INJU	IRED			
7	Use codes from code sheet use more than one code where necessary					
	Part of Body					
i.	Code Left Right Centre					
Other						
ii.	Left Right Centre	Code det	tails p	provided on reverse.		
Other						
iii.	Left Right Centre					
Other						
	·					
SEC.	TION D - RETURN-TO-WORK STA	TUS				
13	Explanation of current functional abiliti			•		
	Worker has full functional abilities			•		
			_	Avoid repetitive lifting \(\sum \) No lifting		
			_	Avoid repetitive bending / twisting		
	_		_	Climbing (stairs / ladders) restrictions		
	_		· -	Sitting restrictions, specify		
				Upper extremity restrictions, specify _		
				Limitations due to environment, speci	íy	
	Other limitations, specify					
14	What are the recommended work hour	rs? Pre-injury / incident	Ot	her: Should the hours be gr	aduated?	」Yes □ No
15	Estimate duration of current functional	abilities: 1 to 2 days	3 to 7	days		
SEC	TION E - FOLLOW-UP				_	
16	Have you reviewed the details Ye	es Have you provided a co	opy [Yes Have you provided a cop	y of this report	Yes
	of this report with the worker?	of this report to the wor	ker?	No to the worker to give to the	e employer?	□ No
17			1 to 7 d 8 to 14			
18	I certify this is a complete and accurate	e report and I have received no	prior p	payment from WorkplaceNL for this visit.		Date yyyy/mm/dd
	Signature				_	

CONTACT US AT: t 709.778.1000 t 1.800.563.9000 visit us at: workplacenl.ca

Supporting Information

Employers and workers are obligated under the *Workplace Health, Safety and Compensation Act* to co-operate in the worker's early and safe return to suitable and available employment with the injury employer. This may involve modified work, ease back to regular work, transfer to an alternate job, or trial work to assess the worker's capability.

The worker is responsible for providing the employer's copy of the form 8/10, physician's report, to the employer by the next working day following the physician's visit. If a worker cannot provide the form in person he/she must contact the employer and provide the information by telephone. e-mail or fax.

Worker co-operation:

- contact the injury employer as soon as possible after the injury occurs and maintain effective communication throughout the period of recovery or impairment;
- (ii) assist the employer, as may be required or requested, to identify suitable and available employment;
- (iii) accept suitable employment when identified; and
- (iv) give WorkplaceNL any information requested concerning the return-to-work plan, including information about any disputes or disagreements which arise during the early and safe return-to-work process.

Employer co-operation:

- (i) contact the worker as soon as possible after the injury occurs and maintain effective communication throughout the period of the worker's recovery or impairment;
- (ii) provide suitable and available employment. The employer is responsible to pay the worker's salary earned during the early and safe return-to-work plan. WorkplaceNL will pay the differential, if any, between the salary earned during the early and safe return-to-work plan and 80% of the worker's net pre-injury earnings subject to the maximum compensable ceiling; and
- (iii) give WorkplaceNL any information requested concerning the worker's return to work, including information about any disputes or disagreements which arise during the early and safe return-to-work process.

art	of Body						
1	Abdomen	11	Face	21	Lower leg	31	Thoracolumbar region
2	Ankle	12	Finger	22	Lumbar region	32	Toe
3	Arm	13	Foot	23	Lumbosacral region	33	Wrist
4	Brain	14	Forearm	24	Lung, airways	90	Other
5	Cervical region	15	Groin	25	Pelvis		
6	Chest	16	Hand	26	Ribs		
7	Соссух	17	Head	27	Sacroiliac region		
8	Ear	18	Heel	28	Shoulder		
9	Elbow	19	Hip	29	Thigh		
10	Eye	20	Knee	30	Thoracic region		

Signature_

SEND BY FAX ONLY f 709.738.1479 f 1.866.553.5119 t 709.778.1000

VISIT US AT: workplacenl.ca

Physician's Report

8/10

	f 1.866.55	53.5119	t 1.800.563.	9000			cpc	<i>)</i>					
SEC	TION A - GENERAL INFOR	MATION (please pr	int clearly)		Claim #	. I		.				
1	Worker's last name	First name	Physicia	an's la	st name	First name	First name						
2	Mailing address	Conta	Contact telephone				ss						
	Province												
	Postal code		Date	Postal cod	le					CODES FOR			
						1 00.00	<u> </u>					SECTION	
3	MCP		Gend	er M] F	Telephor	ne		Fax			REVEF	₹SE
4	Occupation	E	mployer			Date / ti	me of	visit yyyy/mm/	dd hh	ı:mm	AM		
											PM		
5	Date of injury / incident	Did this ini	ury develor)		Are you health o			Yes No		ere did you the worker?	Office	gency
	yyyy/mm/dd	over time v	without a ury / incide	Yes No		Is this a	n initia	al report of inj	ury / incid	dent?	Yes	 No	
		specific inj	ury / iricide	п.: —		1.0							
SECT	TION B - SPECIFIC INFORMA	ATION FOR	R PARTS C	OF BODY INJ	URED								
6													
7	Use codes from code sheet								- .			Did this ir	niurv
	use more than one code where necessa	_		Examination		1			Treatme			aggravate	a a
L_,	Part of Body	Subject	ive Reports	Objective Fi	indings	Diagno:	ses 3	Treatments	Investiga	ations 1	Assist. Devices	_	
i.	Left Right Centre	e										│	∐ No
Other	Update Status										·	\vdash	
ii.	Left Right Centr	e										 Are there issues aff 	fecting
Other	" Update Status											the worker recovery	
iii.	Left Right Centre											disability	
Other												Yes	☐ No
	·											-	know
8	Additional Comments - or - If y	ou use any o	of the "other	" codes above (except P	art of Body	/), indi	cate the code	# and pro	vide de	tails.	If yes to either please specify	
050	TION O OPERITIO INFORM	AATION F		NA ONOSES	/DEDT	A IN IIN I O 3		TOTION D					
	TION C - SPECIFIC INFORM	MATION F	OR ALL D	DIAGNOSES	(PERT	AINING 1	ΓO SE	ECTION B)					
9	TION C - SPECIFIC INFORMING OF STREET OF STREE	Ye	es If y	PIAGNOSES ves, please [licate: [Inter	AINING 1 disciplinar		ıram 🔲 Ne	eurosurge		eon	A referral l must be at	
9	Do you suggest WorkplaceNL arrange any specialty appointme	Yeents? N	es If yo	ves, please [licate: [Inter	disciplinar S/NCS	y prog	ıram Ne	thopaedio	c surge		must be at	ttached.
9	Do you suggest WorkplaceNL	Yeents? No	es If yo	ves, please [licate: [Interdiction	disciplinar G/NCS	y prog	ıram Ne	thopaedio	c surge	Date of a		ttached.
10	Do you suggest WorkplaceNL arrange any specialty appointme	Yeents? No	es If you income	ves, please [licate: [Interdiction	disciplinar G/NCS	y prog	ıram Ne	thopaedio	c surge	Date of a	must be at	ttached.
9	Do you suggest WorkplaceNL arrange any specialty appointme	Yeents? Yeents? Notes a specialition 9?	es If you income state Yes	ves, please [licate: [Interdiction	disciplinar G/NCS	y prog	ıram Ne	thopaedio	c surge	Date of a	must be at	ttached.
10	Do you suggest WorkplaceNL arrange any specialty appointment Have you referred the worker to other than the request in Questines are the controlled to the controlled opioids described opioids	Yeents? No	es If you income state Yes	ves, please [licate: [Interdiction	disciplinar G/NCS	y prog	ıram Ne	thopaedio	c surge	Date of ap	must be at	if known)
10	Do you suggest WorkplaceNL arrange any specialty appointment of the worker than the request in Questing Document of the worker than the request in Questing Document of the worker than the request in Questing Document of the worker than the request in Questing Document of the worker than the request in Questing Document of the worker than the request in Questing Document of the worker of the worker than the request in Questing Document of the worker of the work	Yeents? No	es If you income state Yes	ves, please [licate: [Interdiction	disciplinar G/NCS	y prog	jram ☐ Ne	thopaedio	c surge	Date of ap	must be at	if known)
10	Do you suggest WorkplaceNL arrange any specialty appointmed. Have you referred the worker to other than the request in Quest. Have you prescribed opioids d. Did you add, discontinue or characteristics. I Yes - Complete table	ents? No	es If you income state Yes	ves, please [licate: [Interdiction	disciplinar 6/NCS	y prog	gram Ne	Change	c surge	Date of ap	must be at	if known)
10	Do you suggest WorkplaceNL arrange any specialty appointmed. Have you referred the worker to other than the request in Quest. Have you prescribed opioids d. Did you add, discontinue or che medications during this visit? Yes - Complete table at right.	ents? Notes a specialistion 9? uring this vi ange	es If you income state Yes	ves, please [licate: [Interdiction	disciplinar 6/NCS	y prog	Status Discontinue	Change Change	c surge	Date of ap	must be at	if known)
10 11 12	Do you suggest WorkplaceNL arrange any specialty appointmed. Have you referred the worker to other than the request in Quest. Have you prescribed opioids d. Did you add, discontinue or chemedications during this visit? Yes - Complete table at right. No - Go to Section D.	ents? No	es If you income the state of t	ves, please [licate: [Interdiction	disciplinar 6/NCS	y prog	Status Discontinue	Change	c surge	Date of ap	must be at	if known)
10 11 12	Do you suggest WorkplaceNL arrange any specialty appointmed. Have you referred the worker to other than the request in Quest. Have you prescribed opioids d. Did you add, discontinue or che medications during this visit? Yes - Complete table at right.	ents? No	es If you income the state of t	ves, please [licate: [Interdiction	disciplinar 6/NCS	y prog	Status Discontinue	Change Change	c surge	Date of ap	must be at	if known)
10 11 12	Do you suggest WorkplaceNL arrange any specialty appointmed. Have you referred the worker to other than the request in Quest. Have you prescribed opioids d. Did you add, discontinue or chemedications during this visit? Yes - Complete table at right. No - Go to Section D.	ents? No No No a specialition 9? uring this vi ange 1. 2. 3.	es If you income stands of the	ves, please [licate: [Intered EMG	disciplinar 6/NCS	y prog	Status Discontinue	Change Change	c surge	Date of ap	must be at	if known)
9 10 11 12 SEC	Do you suggest WorkplaceNL arrange any specialty appointmed. Have you referred the worker to other than the request in Quest. Have you prescribed opioids d. Did you add, discontinue or che medications during this visit? Yes - Complete table at right. No - Go to Section D.	ents? No	es If you income stands and stands are stands and stands are stand	ves, please [licate: [Interest EMG	disciplinar G/NCS Add Add Add	y prog	Status Discontinue	Change Change	c surge	Date of ap	must be at	if known)
9 10 11 12 SEC	Do you suggest WorkplaceNL arrange any specialty appointmed. Have you referred the worker to other than the request in Quest. Have you prescribed opioids d. Did you add, discontinue or chemedications during this visit? Yes - Complete table at right. No - Go to Section D. TION D - RETURN-TO-WOF.	ents? Note to a specialition 9? uring this vi ange 1. 2. 3. RK STATU al abilities to	es If you income income is If yes No Isit? Yes	ves, please [licate: [Intered EMG	disciplinar 6/NCS Add Add Add	y prog	Status Discontinue Discontinue	Change Change Change	c surge	Date of ap	must be at	if known)
9 10 11 12 SEC	Do you suggest WorkplaceNL arrange any specialty appointment that the request in Quest that the request in Quest that you prescribed opioids do Did you add, discontinue or characteristic medications during this visit? Yes - Complete table at right No - Go to Section D TION D - RETURN-TO-WOR Explanation of current functions Worker has full functiona	ents? Notes a specialistion 9? uring this vi ange 1. 2. 3. RK STATU al abilities of a specialistion of the specialistion of the specialistic of the special of the speci	st Yes No sit? Yes state All that appreturn to we have all that appreturn to we have a site of the sit	ves, please [licate: [S If yes, No Specialty es No Drug name oply and specify det ork (please go	Interest EMG	disciplinar G/NCS Add Add Add Space provide tion E)	y prog	Status Discontinue Discontinue Discontinue No	Change Change Iifting	c surge	Date of ap	must be at	if known)
9 10 11 12 SEC	Do you suggest WorkplaceNL arrange any specialty appointment of the worker of the than the request in Quest Have you prescribed opioids do Did you add, discontinue or characteristics during this visit? Yes - Complete table at right No - Go to Section D TION D - RETURN-TO-WOF Explanation of current function Worker has full functiona Lifting restrictions, specifications	ents? Note to a specialistion 9? uring this vi ange 1. 2. 3. RK STATU al abilities to by < 10 ctions, specifications 10 ctions 10 ct	ss If you income with the state of the state	ves, please [licate: [] S If yes, No Specialty es No Drug name oply and specify det ork (please go 10 lbs < < 50 bending / twisti	Interest EMG	disciplinar 6/NCS Add Add Add Add Add Add Add Add Add A	y prog	Status Discontinue Discontinue Discontinue Discontinue	Change Change Change Ilifting isting	Dose	Date of ap	ppointment (yyyy/mm/dd	if known)
9 10 11 12 SEC	Do you suggest WorkplaceNL arrange any specialty appointment of the worker of the than the request in Quest Have you prescribed opioids do Did you add, discontinue or chemedications during this visit? Yes - Complete table at right No - Go to Section D TION D - RETURN-TO-WOF Explanation of current function Worker has full functiona Lifting restrictions, specif Bending / twisting restrictions, specif	ents? Notes a special interest of the special interest	st Yes No	ves, please [licate: [s] If yes, No Specialty es No Drug name specify det ork (please go to lbs < 50 bending / twisti	Interest EMG	disciplinar G/NCS Add Add Add Space provide tion E) Avoid repe Avoid repe	y prog	Status Discontinue Discontinue Discontinue Discontinue tifting No to bending / twi airs / ladders)	Change Change Change Ilifting isting restriction	Dose	Date of ap	pointment (yyyy/mm/dd	if known) Repeat
9 10 11 12 SEC	Do you suggest WorkplaceNL arrange any specialty appointment of the worker of the than the request in Quest Have you prescribed opioids do Did you add, discontinue or characteristic of the worker of	ents? Note to a specialistion 9? uring this vi ange 1. 2. 3. RK STATU al abilities to be y 10 citions, specified in the specific part of the specific par	s If you income with the second of the secon	ves, please [licate: [Interest EMG ame	disciplinar 6/NCS Add Add Add Add Add Add Add Add Add A	y prog	Status Discontinue Discontinue Discontinue Discontinue difting No behading / twi airs / ladders) ctions, specify	Change Change Change Ilifting isting restriction	Dose	Date of an	ppointment (yyyy/mm/dd	if known) Repeat
9 10 11 12 SEC	Do you suggest WorkplaceNL arrange any specialty appointment other than the request in Quest Have you prescribed opioids described opioids	ents? No	st Yes No Secure Yes Yes No Secure Yes No Secure Yes Yes No Secure Yes Yes No Secure Yes Yes Yes No Secure Yes Yes Yes Yes Yes Yes Yes Yes Yes Ye	ves, please [licate: [s] If yes, No Specialty es No Drug name poply and specify det ork (please go to lbs < 50 bending / twisti	Interest EMG	disciplinar G/NCS Add Add Add Add Add Avoid repe Avoid repe Climbin Sitting Upper	y prog	Status Discontinue Discontinue Discontinue Discontinue Discontinue Discontinue Discontinue Discontinue Discontinue	Change Change Change Ilifting isting restriction ones, specifications, specifications.	Dose	Date of ap	pointment (yyyy/mm/dd	if known) Repeat
9 10 11 12 SEC	Do you suggest WorkplaceNL arrange any specialty appointment other than the request in Quest Have you prescribed opioids described opioids	ents? No No No No No a specialition 9? uring this vi ange 1. 2. 3. 3. RK STATU al abilities to 1 abilities to 2 y < 10 tions, specifications, specification	st Yes No stit? Yes No stit? Yes No stit? Yes No stit? No stit. No	ves, please [icate: [iss If yes, No Specialty ves No No Drug name Drug name	ame	disciplinar 6/NCS Add Add Add Add Add Avoid repe Avoid repe Climbin Sitting Upper Limitat	y prog	Status Discontinue Discontinue Discontinue Discontinue Discontinue Discontinue Discontinue Discontinue Discontinue	Change Change Change Ilifting isting restriction ones, specifications, specifications.	Dose	Date of ap	pointment (yyyy/mm/dd	if known) Repeat
9 10 11 12 SECC 13	Do you suggest WorkplaceNL arrange any specialty appointment of the worker to other than the request in Quest Have you prescribed opioids described opioids	ents? Note to a specialistion 9? uring this vi ange 1. 2. 3. 2. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.	s If you income with the second of the secon	ves, please [licate: [s If yes, Na Specialty es No Drug name oply and specify det ork (please gc 10 lbs < 50 bending / twisti	Interest EMG ame	disciplinar B/NCS Add Add Add Add Add Add Add Climbin Climbin Climbin Climbin Upper Limitat	y prog	Status Discontinue Discontinue Discontinue Discontinue Discontinue diffting No a bending / twi airs / ladders) ctions, specify mity restriction ue to environ	Change Change Change Ilifting isting restriction ment, specificant, sp	Dose pons, specify	Date of ap	pointment (yyyy/mm/dd	if known) Repeat
9 10 11 12 SEC 13	Do you suggest WorkplaceNL arrange any specialty appointment of the worker to other than the request in Quest Have you prescribed opioids do Did you add, discontinue or chemedications during this visit? Yes - Complete table at right No - Go to Section D TION D - RETURN-TO-WOF Explanation of current functions Worker has full functional Lifting restrictions, specifical Standing restrictions, specifical Standing restrictions, specifical Walking restrictions, specifical Restrictions due to medical Other limitations, specify	ents? No to a specialition 9? uring this vi ange 1. 2. 3. RK STATU al abilities to by < 10 tions, specified y < 10 tions, s	st Yes No Sector No Sector No N	ves, please [licate: [s] If yes, No Specialty es No Drug name oply and specify det ork (please go to lbs < 50 bending / twisti	Interest EMG ame	disciplinar B/NCS Add Add Add Add Add Climbin Climbin Sitting Upper Limitat ther:	y prog	Status Discontinue Discontinue Discontinue Discontinue Discontinue Status Discontinue Discontinue Discontinue Discontinue Should the	Change Change Change Ilifting isting restriction ment, specific me	Dose Dose fy ecify e gradu	Date of ap	pointment (yyyy/mm/dd yyy Quantity	Repeat
9 10 11 12 SECC 13	Do you suggest WorkplaceNL arrange any specialty appointment of the worker to other than the request in Quest Have you prescribed opioids described opioids	ents? No to a specialition 9? uring this vi ange 1. 2. 3. RK STATU al abilities to by < 10 tions, specified y < 10 tions, s	st Yes No Sector No Sector No N	ves, please [licate: [s] If yes, No Specialty es No Drug name oply and specify det ork (please go to lbs < 50 bending / twisti	Interest EMG ame	disciplinar B/NCS Add Add Add Add Add Climbin Climbin Sitting Upper Limitat ther:	y prog	Status Discontinue Discontinue Discontinue Discontinue Discontinue Status Discontinue Discontinue Discontinue Discontinue Should the	Change Change Change Ilifting isting restriction ment, specific me	Dose Dose fy ecify e gradu	Date of ap	pointment (yyyy/mm/dd yyy Quantity	Repeat
9 10 11 12 SEC 13	Do you suggest WorkplaceNL arrange any specialty appointment other than the request in Quest Have you prescribed opioids described opioids	ents? No No No No No a specialition 9? uring this vi ange 1. 2. 3. 3. RK STATU all abilities to 1 abilities to 2 y < 10 tions, specifications, specifications	st Yes No No State No	res, please [icate: [s] If yes, No Specialty les No Drug name poply and specify det ork (please go to lbs < 50 bending / twisting specify det ork (please go to lbs < 20 lbs < 50 bending / twisting specify locations (please go to lbs < 20 lbs < 20 lbs < 50 lbs < 30 lbs < 30 lbs < 50 lbs < 30 lbs < 3	Interest EMG ame	disciplinar B/NCS Add Add Add Add Add Avoid repe Avoid repe Climbin Sitting Upper Limitat ther: days	y prog	Status Discontinue Discontinue Discontinue Discontinue Discontinue Discontinue Should the 14 days	Change Change Change Ilifting isting restriction in s, specification, specification in the sp	Dose pose, specifye gradues	Pate of ap	pointment (yyyy/mm/dd yy Quantity y Quantity yes No	Repeat
9 10 11 12 SEC 14 15 SEC 16	Do you suggest WorkplaceNL arrange any specialty appointment other than the request in Quest Have you prescribed opioids described opioids	ents? No o a specialition 9? uring this vi ange 1. 2. 3. RK STATU al abilities to by <10 tions, specifications, specify cations, specify cations, specifications, specificatio	st Yes No No State All that appreturn to we libs < 2 fy No I lities: 1 Have yo of this results.	res, please [icate: [s] S	Interest EMG ame	disciplinar B/NCS Add Add Add Add Add Add Add A	y prog	Status Discontinue Discontinu	Change Change Change Change Change Change Change Change Isting restriction on s, specifiment, sp	Dose Dose Ty ecify copy of the erity of	ecifythis report [mployer?	pointment (yyyy/mm/dd yy Quantity Yes No	Repeat
9 10 11 12 SEC 13	Do you suggest WorkplaceNL arrange any specialty appointment other than the request in Quest Have you prescribed opioids described opioids	ents? No o a specialition 9? uring this vi ange 1. 2. 3. RK STATU al abilities to by <10 tions, specifications, specify — cations, specifications, specificati	st Yes No Isit? Yes No Isit? Yes No Isit? Yes Yes No Isit? Yes	res, please [icate: [s] If yes, No Specialty	ame	disciplinar B/NCS Add Add Add Add Add Add Add A	y prog	Status Discontinue Discontinu	Change Ch	Dose Dose fy ecify ecify expression of the enwant W	ecify this report [mployer? [MSCC	pointment (pyyy/mm/dd py Quantity	Repeat



contact us at: t 709.778.1000 t 1.800.563.9000 VISIT US AT: workplacenl.ca

Supporting Information

96

Employers and workers are obligated under the *Workplace Health, Safety and Compensation Act* to co-operate in the worker's early and safe return to suitable and available employment with the injury employer. This may involve modified work, ease back to regular work, transfer to an alternate job, or trial work to assess the worker's capability.

The worker is responsible for providing the employer's copy of the form 8/10, physician's report, to the employer by the next working day following the physician's visit. If a worker cannot provide the form in person he/she must contact the employer and provide the information by telephone, email or fax.

Worker co-operation:

- contact the injury employer as soon as possible after the injury occurs and maintain effective communication throughout the period of recovery or impairment;
- (ii) assist the employer, as may be required or requested, to identify suitable and available employment;
- iii) accept suitable employment when identified; and
- give WorkplaceNL any information requested concerning the return-to-work plan, including information about any disputes or disagreements which arise during the early and safe return-to-work process.

Employer co-operation:

35

Spinal cord injury

- contact the worker as soon as possible after the injury occurs and maintain effective communication throughout the period of the worker's recovery or impairment;
- (ii) provide suitable and available employment. The employer is responsible to pay the worker's salary earned during the early and safe return-to-work plan. WorkplaceNL will pay the differential, if any, between the salary earned during the early and safe return-to-work plan and 80% of the worker's net pre-injury earnings subject to the maximum compensable ceiling; and
- (iii) give WorkplaceNL any information requested concerning the worker's return to work, including information about any disputes or disagreements which arise during the early and safe return-to-work process.

29 30	Thigh Thoracic region			29	Redness / disc	coloration				
31	Thoracolumbar region			Update sta	tus to be added	l for follow up on Subj	ective	Reports and Objective Findings.		
32 33 90	Toe Wrist Other	A B	Resolution Significant imp	provement	C D	Moderate improvement	nt			
Dia	agnosis		Tı	reatments	In	vestigations				
1 2 3 4 5 6 7 8 9	Abrasion Allergic reaction Amputation Asthma Burn Bursitis Carpal tunnel syndrome Chronic obstructive pulmo	onary disease	36 37 38 39 40 93	Spinal stenos Spondylolisth Tendonitis Tenosynoviti Traumatic sp Other	nesis	[/] lysis	1 2 3 4 5 6 7 8 9	Acupuncture Casting Chiropractic Cold Conditioning exercises Core stability exercises Education Heat Home exercises	1 2 3 4 5 6 95	Blood tests / U/A Bone scan CT scan EMS / NCS Ultrasound X-ray Other
11	Dermatitis						11	Laser	As	sistive Devices
12 13 14 15 16 17 18	Dislocation Epicondylitis Fracture Frozen shoulder Hernia						12 13 14 15 16 17 18	Manipulations Massage Mobilizations Motion control Muscle stimulation Myofascial release Occupational rehabilitation	1 2 3 4 5 6	Ankle brace Arch supports Back brace Back support Bandage Cane
19 20 21 22 23 24 25 26 27	Infection Inflammation Laceration Ligament sprain (1st) Ligament sprain (2nd) Ligament tear (3rd degree Mechanical back pain Meniscal tear Muscle strain	e sprain)					19 20 21 22 23 24 25 26 27	Oxygen Physiotherapy Proprioception exercises Range of motion exercises Rest SMT / adjustment Soft tissue techniques Steroid injections Strengthening exercises	7 8 9 10 11 12 13 14	Cast Cervical collar Cervical pillow Cold pack Corset Crutches Dressing Heating pad Orthotics
28 29 30 31 32 33 34	Plantar fasciitis Puncture Radiculopathy Repetitive strain Rotator cuff impingement Rotator cuff injury Rotator cuff tear						28 29 30 31 32 33 94	Stretching exercises Suturing TENS Traction (manual) Traction (mechanical) Ultrasound Other	16 17 18 19 20 21 22	Prosthesis Sling Splint Strap, band Walker Walking boot Wheelchair