

**OCCUPATIONAL INJURY SERVICE  
PROGRESSIVE INJURY - PHYSICIAN'S REPORT**

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Completion guide page 3

Please print clearly / or type

			WCB Claim Number		
			Personal Health Number		
Patient's (Surname)	(First Name)	(Initial)	Date of Birth		(Year / Month / Day)
Address Street	City/Town		Province	(Postal Code)	
Telephone Number		Date of Accident		Is the patient working?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First Visit	Date of Early Intervention Rep	Weight	Height		
					Number of additional pages enclosed # <input type="checkbox"/>

**1. Diagnosis:**

**2. History:**

**2.1 Subjective complaints:**

**2.2 Occupation:**

Present Occupation:	Length of time in current position:	Length of time in current occupation:	Length of time with current employer:
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**2.3 Risk factors (if yes, provide description below)**

**2.3.1 Occupational:**

	Yes	No
1. sustained and awkward position	<input type="checkbox"/>	<input type="checkbox"/>
2. excessive manual force	<input type="checkbox"/>	<input type="checkbox"/>
3. high rates of repetitive movement	<input type="checkbox"/>	<input type="checkbox"/>
4. unusual or forceful movement	<input type="checkbox"/>	<input type="checkbox"/>
5. load factors	<input type="checkbox"/>	<input type="checkbox"/>
6. working environment	<input type="checkbox"/>	<input type="checkbox"/>
7. exposure to vibration	<input type="checkbox"/>	<input type="checkbox"/>
8. other	<input type="checkbox"/>	<input type="checkbox"/>

**2.3.2 Non-Occupational:**

	Yes	No
1. activities of daily living	<input type="checkbox"/>	<input type="checkbox"/>
2. medical conditions - Describe	<input type="checkbox"/>	<input type="checkbox"/>
3. previous trauma/surgery - List	<input type="checkbox"/>	<input type="checkbox"/>
4. history of similar complaints	<input type="checkbox"/>	<input type="checkbox"/>
5. medication - List	<input type="checkbox"/>	<input type="checkbox"/>
6. personal history smoking/alcohol, other substance abuse	<input type="checkbox"/>	<input type="checkbox"/>
7. posture, if relevant given diagnosis	<input type="checkbox"/>	<input type="checkbox"/>
8. significant anatomical and biomechanical variance	<input type="checkbox"/>	<input type="checkbox"/>
9. history of hobbies/sports-past and present - List	<input type="checkbox"/>	<input type="checkbox"/>
10. 2nd job/volunteer duties	<input type="checkbox"/>	<input type="checkbox"/>

Description of occupational risk factors:

Description of non occupational risk factors:



# Occupational Injury Service

## Progressive Injury - Physician's Report

### Completion Guide

*Note: Use additional paper if required. If additional pages are provided, note form number, page number, date and claim number on the bottom left corner. (i.e. C-582, page 2 of 3, YY/MM/DD, 123-4567)*

#### Occupational risk factors:

Describe exactly what the patient is doing regarding the risk activity, e.g.

- frequency of risk activity per hour, per day
- force required for risk activity
- time frame risk activity has been performed
- recent changes in volume, pattern, time frame of risk activity
- length of shift - include scheduled breaks, # of shifts for a given time period
- for lifting activities, describe weight and type (e.g. floor to waist, ...) and frequency

#### Non occupational risk factors:

include reference to:

- ADL - housekeeping duties and home activities, e.g. child rearing, care for elderly
- medical conditions - including pregnancy, diabetes, hypothyroidism, rheumatoid arthritis
- previous trauma - provide complete medical/surgical history
- similar or related complaints - site specific and body quadrant
- medications - all medications, including contraceptives

#### Subjective complaints:

include what specific activities (occupational and non-occupational) cause most complaints/symptoms and activities which can no longer be performed.

#### Physical Examination:

include bilateral findings

#### Treatment:

also include physical therapy, chiropractic therapy

#### Work Capabilities:

##### Task level guidelines

Limited work	Light work	Medium work	Heavy work
- Exerting up to 5kg (11 lbs) of force. - Example: An occupation where the Worker sits most of the time, and only walks or stands for brief periods.	- Exerting up to 10kg (22 lbs) of force. - Example: Walking or standing to a significant degree, or sitting constantly but with arm and/or leg controls with exertion of force greater than limited.	- Exerting up to 20kg (44 lbs) of force.	- Exerting over 20kg (44 lbs) of force.

\* Reference: The North American Occupation Classification (NOC)

When determining a worker's fitness for work and suitability for a person, you need to also consider the frequency at which the task is performed. For example, if a worker's regular job duties requires them to lift 11 kg (medium level) from their waist to an overhead position on a frequent basis, but they are only able to lift 11 kg on an occasional basis, this would be considered a work restriction.

Frequency is commented on by medical professional as follows:

- Never - 0% of the day
- Rarely - 1-5% or not daily
- Occasional - 6-33% of the day
- Frequent - 34-66% of the day
- Constant - 67-100% of the day