WCB Workers Compensation Board of Manitoba

Phone 204-954-4321
(Toll free 1-855-954-4321)
333 Broadway, Winnipeg R3C 4W3
wcb.mb.ca

Chiropractor Progress Report

Claim Number	7C

Worker Information

Last Name		First Name	
Address			City
Province	Postal Code	Date of Birth (dd/mm/yyyy)	PHIN

Injury Details

Date of Incident	Indicate area of injury Back: ☐Cervical ☐Thoracic ☐Lumbo-Sacral	Extremity:	Other:

Examination Findings and Diagnosis

Any changes in diagnosis? ☐ Yes ☐ No	If yes, state new diagnosis	Dates of examinations since last report
Subjective Complaints, including Pain Levels (VAS)		
Objective Findings (include ROM, muscle testing, neurological status, x-ray, status inventory scores) - Attach results:		
Referred to Consultant? ☐ Yes ☐ No	If yes, name and address of Consultant	Date of Appointment

Treatment Plan

Indicate type, frequency and duration of in-clinic treatment to discharge:
Extension requested ☐ Yes ☐ No If yes, provide rationale for extension

Exercise Program

Date to be Initated: (frequency____x/wk.; duration____wks.)

☐ CCGI or equivalent ☐ In-clinic demonstration ☐ Supportive material provided ☐ Copy of program attached

Work Abilities

When can Worker return to regular duties? Date (dd/mm/yyyy) ☐ Unknown at time of examination

Is worker capable of modified or alternate duties? ☐ Yes ☐ No If yes, outline restrictions: Duration of restrictions: _____ weeks

☐ Sedentary: Ability to sit up to six hours in an eight hour work day, lift light objects such as files and paperwork frequently during the day and objects weighing up to 10 pounds occasionally during the day.

☐ Light: Ability to stand up to six hours in an eight hour work day, lift up to 10 pounds frequently and up to 20 pounds occasionally.

☐ Medium: Ability to stand up to six hours in an eight hour work day, lift up to 25 pounds frequently and up to 50 pounds occasionally.

☐ Heavy: Same standing as light and medium, lifting heavier than medium.

Chiropractor Information

Chiropractor Name			Address		
City	Province	Postal Code	Phone Number	Fax Number	Date
Chiropractor Signature					

Fax this form - in Winnipeg: 204-954-4999 | toll free: 1-877-872-3804