WCB Workers Compensation Board of Manitoba

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

Physiotherapy Initial Report

Claim Number	PRI

Worker Information

Last Name	First Name		
Address		City	
Province	Postal Code	Phone Number	Date of Birth (DD/MM/YYYY)	Gender
Job Title	Name of Attending/Referring Physician		

Injury Details

Date of Incident (DD/MM/YYYY)	Area of Injury	Request for discussion with WCB Physiotherapy Consultants? ☐ Yes ☐ No
Date of Initial Assessment (DD/MM/YYYY)	Worker's Description of Incident or Injury	

Examination Findings and Diagnosis

Current Subjective Complaints

Self Assessment Tool (check tools used – minimum of 2)

	Score		Score
☐ Numeric Pain Rating Scale (NPRS)	_____	☐ Lower Extremity Activity Profile (LEFS)	_____
☐ Roland Morris Back Pain Questionnaire (back)	_____	☐ Disabilities of the Arm, Shoulder and Hand (DASH)	_____
☐ Neck Disability Index (neck)	_____	☐ Health Status Disability	_____

Current Objective Findings – Impairments Mobility ☐ Yes ☐ No Specify

Strength ☐ Yes ☐ No ☐ /5 If yes, specify muscle groups involved.

Other (ligamentous, stability, edema, gait, neurological, etc) ☐ Yes ☐ No If yes, specify.

Therapist's Diagnosis on Completion of Assessments

Multisite request x_____ visits (If approved requires scheduling double the normal allotted treatment time.) ☐ Yes ☐ No

Anticipated treatment_____/week x_____weeks

Were findings/recommendations discussed with worker? ☐ Yes ☐ No

Was home program provided? ☐ Yes ☐ No If yes, please specify:

Work Capabilities

Will Worker be disabled from work beyond the date of incident as a result of the injury? ☐ Yes ☐ No

When can the worker return to regular duties?
Date (DD/MM/YYYY) ☐ Unknown at time of examination

Is the worker capable of alternate or modified work? ☐ Yes ☐ No
If yes, outline restrictions:

Duration of restrictions_____weeks

Therapist Information

Therapist Name			Phone Number	Fax Number
Facility Name			Email	Date (DD/MM/YYYY)
City	Province	Postal Code	Therapist Signature	

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