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February 3, 2001

Occupational Therapy Utilization Guidelines for Uncomplicated Soft Tissue Injuries

Superintendent's Guideline No. 01/01

Occupational Therapy Utilization Guidelines for Uncomplicated Soft Tissue Injuries

INTRODUCTION

These guidelines are issued pursuant to Section 268.3 of the *Insurance Act*.

These guidelines apply to all accidents occurring on or after February 3, 2001 and are intended to help insurers, claimants and providers understand what services are provided by an occupational therapist for a person who has sustained an uncomplicated soft tissue disorder of the spine in an auto accident. These guidelines are not to be used to dictate length or type of occupational therapy intervention in any particular case.

WHAT IS OCCUPATIONAL THERAPY?

Occupational Therapy is a client centered health profession whose members work in partnership with their clients and other health care professionals to promote health by enabling occupation. The term "occupation" refers to those tasks people need to do to look after themselves and others, to enjoy life and to contribute to the social and economic fabric of their community.

More specifically, occupational therapists address three areas of occupational performance:

- *Self Care* - occupations for looking after oneself such as personal care, functional mobility, personal responsibilities
- *Productivity* - occupations that make a social or economic contribution such as school, employment, homemaking, parenting
- *Leisure* - occupations for enjoyment such as socializing, hobbies, sports

Occupational therapists are concerned with developing skills, restoring function, maintaining ability and promoting health to enable individuals of all ages to achieve personal goals and occupational performance.

Occupational therapy is a holistic practice that recognizes the interconnectedness of individuals, their physical and emotional health, their cognitive abilities, their environment and social/cultural milieu. Interventions are uniquely based on holistic assessment and

activity analysis. The occupational therapist utilizes clinical reasoning to develop strategies to engage each client in maximizing their level of independence.

WHO ARE OCCUPATIONAL THERAPISTS?

Occupational therapists are health professionals with specialized training and education. Canadian trained therapists earn a baccalaureate or clinical masters degree in occupational therapy programs with core course work in medical sciences, behavioural and social sciences and applied professional course content.

The profession of occupational therapy is regulated in Ontario under the **Occupational Therapy Act, 1991.** Practising occupational therapists must be registrants of the College of Occupational Therapists of Ontario and are professionally accountable to the College's regulations, standards of practice and code of ethics.

Occupational therapists have unique training and expertise in identifying and addressing functional limitations that stem from both physical and psychosocial causes. This breadth of expertise is a value-added in any rehabilitation situation, but is invaluable in complex injury and disability cases where physical and psychosocial issues can be intrinsically related.

OCCUPATIONAL THERAPY AND THE AUTO INSURANCE SYSTEM

Occupational therapy is a profession of choice in the auto insurance system. With their unique focus and expertise in the assessment and enabling of function or occupational performance in the context of one's environment (home, workplace or school), occupational therapists are invaluable resources to individuals, employers and insurers who are vested with preserving the integrity of community-based living, gainful employment and/or productive social contribution and quality of life.

Occupational therapy is a cost-effective investment in rehabilitation. The functional restoration programs that occupational therapists develop and deliver effectively promote independence in life skills and return to work/school and/or return to pre-accident family and social roles, thereby reducing dependence on accident benefits. When full recovery is not possible, the occupational therapist is invaluable in identifying and assisting the client to achieve the highest level of functional performance within the limits of the disability and in providing expert consultation to the client and insurer about suitable assistive devices/ environmental adaptations, alternate or modified work options, etc. that not only promote achievement of the highest possible quality of life for the client, but can also reduce the long term benefit commitments of the insurer.

GLOSSARY OF TERMS

"ADL"	Means "Activities of daily living"; activities or tasks requiring a person's time and energy, specifically in the occupational performance domains of self care, productivity and leisure.
"Assistive Devices"	Refers to equipment or tools that may enhance an individual's environment and allow for reduced effort. Devices may include equipment for personal care including shoe horns, raised toilet seats, etc, or devices for homemaking/caregiving tasks such as long handled dusters, electric vegetable choppers etc.
"Education/Training"	May include, but is not limited to, teaching by demonstration, practice and provision of learning materials in the areas of adaptive methods for function, body mechanics, work simplification, energy conservation and pain management strategies.
"Educational Materials"	Materials that may be provided for the purpose of reinforcing strategies to enhance function. Materials may include, but are not limited to, handouts, brochures/booklets, books, audio cassettes and video cassettes either prepared by the individual occupational therapist or clinic , or available from other public or non-public sources.
"Ergonomic Equipment"	Refers to equipment that may be provided to enhance function within the domain of productivity (paid work). Equipment examples may include, but are not limited to, adjustable office chairs, anti-fatigue mats, built up tool handles, hydraulic lift tables, telephone headsets, etc.
"Exercise Equipment"	Refers to the provision of equipment to encourage exercise to improve range of motion, strength and overall conditioning. Examples may include, but are not limited to, theraputty**,** theraband, cardiovascular

conditioning equipment, etc.

"Guideline"

According to Webster's Dictionary, a guideline is an indication or outline of policy or conduct. This means that the following Utilization Guidelines for uncomplicated soft tissue injuries indicates time for reassessment, communication or negotiation, not necessarily the end of intervention. **The Guidelines do not replace clinical judgement**. Extensions to the time lines need to be discussed between the clinician and the insurance adjuster.

"Performance based functional homemaker/ caregiver/student tasks"

Refers to the evaluation of the integration of mental, physical, sociocultural and spiritual status and their interaction within areas of homemaking, caregiving and student activities. Functional abilities and barriers to full pre-accident function are identified.

"Functional Restoration Program"

Refers to a graded activity program that is goal directed to enhance function. It may include a graduated program in the areas of homemaking, caregiving, student activities or paid work outside of the home. An occupational therapist may complete a task analysis and grade the program between levels of physical or cognitive difficulty as appropriate.

"Low Back Pain Disorders"

The Agency for Health Care Policy and Research (AHCPR) clinical practice guideline on Acute Low Back Problems in Adults was developed for the use of physicians. It guides the practice of the occupational therapist (and other health care professions) in the treatment of clients with low back pain dysfunction and identifies "red flags" to report to the treating physician.

OSOT has determined that clients with low back dysfunction and with associated neurological signs (e.g. weakness, sensory loss in the lower extremity) would normally follow the same time line as WAD III clients. All other soft tissue low

	back dysfunction clients would normally follow the same time line as WAD II clients.
"Personal Care"	This refers to bathing, dressing, hygiene, grooming and feeding.
"Positioning Devices"	May include, but are not limited to, Obus Formes and contoured pillows.
"Productivity"	This refers to occupational components including homemaking, caregiving, school and employment.
"Return-to-Work/School program"	Graduated program specifically and individually geared to progressive return to work/school goals. May include meeting with the physician, employer, school and arranging and monitoring either a workplace or clinic-based work hardening program to enhance functional ability to return to work/school.
"School Assessment"	Assessment of the physical and/or cognitive demands of the school tasks and evaluation of possible means and strategies to grade or modify the learning area that will reduce barriers to return to school. May be completed proactively in order to assist in determining an individual's readiness for return to school.
"School Modification"	Refers to changes made to the school that may include, but are not limited to, the learning/teaching method, design of the student's learning area. Examples may include: rotation of learning tasks, altered position for learning, altering the layout and sequence of the task, or provision of ergonomic equipment.
"Uncomplicated Soft Tissue Injuries"	This defines clients who do not have significant pre-existing medical conditions or clients with fractures, catastrophic injuries, acquired brain injuries, multiple orthopaedic injuries and psychosocial/psychological/ psychiatric conditions. Therefore, the Guidelines relate to clients with no or minimal pre-existing dysfunction and with uncomplicated social situations who have suffered only soft tissue injuries in the motor vehicle

accident.

"Whiplash Associated Disorders"

Whiplash is an acceleration/deceleration mechanism of injury to the neck. The classifications of the Quebec Task Force on Whiplash Associated Disorders are as follows:

WAD I: Neck complaint of pain, stiffness or tenderness only. No physical sign(s), i.e. no loss of range of motion, no point of tenderness, no muscle weakness.

WAD II: Neck complaint of pain and musculoskeletal sign(s) which include decreased range of motion and point tenderness.

WAD III: Neck complaint of pain and neurological sign(s) which include decreased or absent deep tendon reflexes, weakness, and sensory deficits.

WAD IV: Neck complaint of pain and fracture or dislocation. (This is not considered an uncomplicated soft tissue injury.)

"Workplace modifications"

Refers to changes made to the workplace that may include, but are not limited to, changes to the work method, equipment used or changes to the design of the work station. Examples may include: job rotation, altered body mechanics, altering the layout and sequence of the task, or provision of ergonomic equipment.

"Worksite assessment"

Assessment of the physical and/or cognitive demands of the workplace and evaluation of possible means and strategies to grade or modify the work station that will reduce barriers to return to work. May be completed proactively in order to assist in determining an individual's readiness for return to work.

EXPLANATORY NOTES

- Guidelines apply to persons from school age up to and including seniors, but exclude any person with a significant pre-existing medical condition.

- "Total Visits" refers to the total number of visits required to perform an Assessment or Treatment for that diagnostic group and performance issue.

- "Time/Visit" refers to the length of time required for direct patient care and for preparation of documentation (e.g. report).

- "Consult Time" refers to the time spent consulting with physicians, lawyers, teachers, employers, other team members etc. related to the assessment and treatment provided.

- "Time Period" refers to the length of time in weeks from the date of the first visit over which this portion of the assessment or treatment of the client is spread.

- "Assessment Methods" refers to any type of assessment that might be required for this diagnostic group and performance issue.

- "OT Interventions" include the range of treatments that may be required for any performance issue in this diagnostic group and for combination of performance issue.

- "Equipment Used" refers to equipment charges related to assessment or treatment, passed on to the insurer.

- Total Visits and Total Time per client in the Productivity and Personal Care Categories with more than one occupational performance issue will be:

    a) for clients with both homemaking and care giving occupational performance issues, providing the highest range applicable to either issue (because assessment and treatment are usually provided concurrently and in the same venue); and

    b) for clients with homemaking and care giving occupational performance issues, plus either employment or schooling, the total visits and total time per client will be as per a) (above) for homemaking and caregiving, plus the range applicable to either employment or schooling (because assessment and

treatment for the latter are usually provided distinct from homemaking and caregiving and in a different venue).

- The following charts do not include WAD I patients. Occupational Therapy assessments and treatments for WAD I patients would be exceptional cases.
- "Ax" means an occupational therapy assessment.
- "Tx" means an occupational therapy treatment.

Occupational therapists are expected to report regularly (i.e. at least monthly) to the client's physician and the insurer on each client's functional abilities (i.e those functions the client is able to perform) and disabilities (i.e. those functions the client is unable to, or should not, perform). In addition, occupational therapists should report in the instance of any significant change in the client's functional status, or recommended treatment.

OCCUPATIONAL THERAPY
UTILIZATION GUIDELINES FOR UNCOMPLICATED SOFT TISSUE INJURIES

DIAGNOSIS	OCCUPATIONAL PERFORMANCE ISSUES	TOTAL VISITS		TIME/ VISIT		CONSULT TIME	TIME PERIOD	ASSESSMENT METHODS	OT INTERVENTIONS	EQUIPMENT USED
WAD II	Personal Care	Ax 1 visit	Tx 0 - 3 visits	Ax 1 -2 hrs	Tx 0 - 3 hrs	0-2 hrs	1 - 4 weeks	In home performance based ADL assessment.	Education/Training Functional Restoration Program Assistive Device Prescription	Assistive Devices Positioning Devices Educational Materials
	Productivity	Ax	Tx	Ax	Tx			Performance based functional assessment of homemaker/caregiver/ student tasks. Worksite assessment School assessment	Education/Training. Assistive device prescription. Workplace modifications School modifications Functional Restoration Program. Return-to-Work/School program.	Assistive devices Positioning devices Ergonomic equipment Workplace/School modifications Exercise equipment
	a) Homemaking	1 visit	0-6 visits	1-4 hrs	1-2 hrs	0-2 hrs	1-10 wks			
	b) Care giving	1 visit	0-6 visits	1-4 hrs	0-2 hrs	0-2 hrs	1-10 wks*			
	c) Employment	1-3 visits	0-6 visits	6-10 hrs over 1-3 visits	2-3 hrs	0-4 hrs	1-12 wks*			
	d) Schooling	1-3 visits	0-4 visits	2-6 hrs over 1-3 visits	1-3 hrs	0-4 hrs	1-12 wks*			

* There may be a need for ongoing intervention after 12 weeks to meet the goal of return to function. The extension should be based on the extent to which the client continues to be unable to meet the essential demands of the occupational tasks. It would be necessary to re-evaluate progress, consult with the physician and insurer, and extend occupational therapist intervention time, if clinically necessary.

The charts are incomplete without, and must be read in conjunction with, the "Explanatory Notes" and "Glossary of Terms" included with the Guidelines.

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UTILIZATION GUIDELINES FOR UNCOMPLICATED SOFT TISSUE INJURIES

DIAGNOSIS	OCCUPATIONAL PERFORMANCE ISSUES	TOTAL VISITS		TIME/VISIT		CONSULT TIME	TIME PERIOD	ASSESSMENT METHODS	OT INTERVENTIONS	EQUIPMENT USED
WAD III	Personal Care	Ax 1 visit	Tx 0 -6 visits	Ax 2-4 hrs	Tx 1-3 hrs	0-3 hrs.	2-9 weeks	In home performance based ADL assessment.	Education/Training Functional Restoration Program Assistive Device Prescription	Assistive Devices Positioning Devices Educational Materials
	Productivity	Ax	Tx	Ax	Tx			Performance based functional assessment of homemaker/ caregiver/ student tasks. Worksite assessment School assessment	Education/Training Assistive device prescription Workplace modifications School modifications Vehicle modifications Home modifications Functional Restoration Program Return-to-Work/School Program	Assistive devices Positioning devices Ergonomic equipment Workplace modifications School modifications Vehicle modifications Home modifications
	a) Homemaking	1-2 visits	0-9 visits	1-4 hrs	1-3 hrs	0-4 hrs	1-12 wks			
	b) Care giving	1-2 visits	0-9 visits	1-4 hrs	1-3 hrs	0-4 hrs	1-12 wks*			
	c) Employment	1-3 visits	0- 10 visits	6-10 hrs over 1- 3 visits	2-3 hrs	0-10 hrs	1-12 wks*			
	d) Schooling	1-3 visits	0-10 visits	2-6 hrs over 1- 3 visits	2-3 hrs	0-10 hrs	1-12 wks*			

* There may be a need for ongoing intervention after 12 weeks to meet the goal of return to function. The extension should be based on the extent to which the client continues to be unable to meet the essential demands of the occupational tasks. It would be necessary to re-evaluate progress, consult with the physician and the insurer, and extend occupational therapist intervention time, if clinically necessary.

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DIAGNOSIS	OCCUPATIONAL PERFORMANCE ISSUES	TOTAL VISITS		TIME/ VISIT		CONSULT TIME	TIME PERIOD	ASSESSMENT METHODS	OT INTERVENTIONS	EQUIPMENT USED
Low Back Pain	Personal Care	Ax 1 visit	Tx 0 - 3 visits	Ax 1 -2 hrs	Tx 0 - 3 hrs	0-2 hrs	1 - 4 weeks	In home performance based ADL assessment.	Education/Training Functional Restoration Program Assistive Device Prescription	Assistive Devices Positioning Devices Educational Materials
	Productivity a) Homemaking	Ax 1 visit	Tx 0-6 visits	Ax 1-4 hrs	Tx 1-2 hrs	0-2 hrs	1-10 wks	Performance based functional assessment of homemaker/ caregiver/student tasks. Worksite assessment School assessment	Education/Training. Assistive device prescription. Workplace modifications School modifications. Functional Restoration Program. Return-to-Work/School program.	Assistive devices Positioning devices Ergonomic equipment Workplace modifications School modifications Exercise equipment
	b) Care giving	1 visit	0-6 visits	1-4 hrs	0-2 hrs	0-2 hrs	1-10 wks*			
	c) Employment	1-3 visits	0-6 visits	6-10 hrs over 1-3 visits	2-3 hrs	0-4 hrs	1-12 wks*			
	d) Schooling	1-3 visits	0-4 visits	2-6 hrs over 1-3 visits	1-3 hrs	0-4 hrs	1-12 wks*			

* There may be a need for ongoing intervention after 12 weeks to meet the goal of return to function. The extension should be based on the extent to which the client continues to be unable to meet the essential demands of the occupational tasks. It would be necessary to re-evaluate progress, consult with the physician and insurer, and extend occupational therapist intervention time, if clinically necessary.

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DIAGNOSIS	OCCUPATIONAL PERFORMANCE ISSUES	TOTAL VISITS		TIME/VISIT		CONSULT TIME	TIME PERIOD	ASSESSMENT METHODS	OT INTERVENTIONS	EQUIPMENT USED
Low Back Pain with Sciatica	Personal Care	Ax 1 visit	Tx 0 -6 visits	Ax 2-4 hrs	Tx 1-3 hrs	0-3 hrs.	2-9 weeks	In home performance based ADL assessment.	Education/Training Functional Restoration Program Assistive Device Prescription	Assistive Devices Positioning Devices Educational Materials
	Productivity	Ax	Tx	Ax	Tx			Performance based functional assessment of homemaker/ caregiver/ student tasks. Worksite assessment School assessment	Education/Training Assistive device prescription Workplace modifications School modifications Vehicle modifications Home modifications Functional Restoration Program Return-to-Work program	Assistive devices Positioning devices Ergonomic equipment Workplace modifications School modifications Vehicle modifications Home Modifications
	a) Homemaking	1-2 visits	0-9 visits	1-4 hrs	1-3 hrs	0-4 hrs	1-12 wks			
	b) Care giving	1-2 visits	1-9 visits	1-4 hrs	1-3 hrs	0-4 hrs	1-12wks*			
	c) Employment	1-3 visits	0- 10 visits	6-10 hrs over 1-3 visits	2-3 hrs	0-10 hrs	1-12wks*			
	d) Schooling	1-3 visits	0-10 visits	2-5 hrs over 1-3 visits	2-3 hrs	0-10 hrs	1-12wks*			

* There may be a need for ongoing intervention after 12 weeks to meet the goal of return to function. The extension should be based on the extent to which the client continues to be unable to meet the essential demands of the occupational tasks. It would be necessary to re-evaluate progress, consult with the physician and insurer, and extend occupational therapist intervention time, if clinically necessary.

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