

# Shoulder Program of Care Health Professional Quick Reference



## Admission Criteria

The Shoulder Program of Care is for workers with:

- An allowed shoulder claim by the WSIB within 16 weeks from date of injury
- No clinical evidence of significant red or yellow flags
- A diagnosis of bursitis, bruises/contusions, impingement syndrome, rotator cuff tendinitis, sprains/strains or partial tear(s) of the rotator cuff or other structures.

Diagnoses which may be considered for exclusion from the POC:

- Adhesive Capsulitis (Frozen Shoulder)
- Brachial Plexus Injuries
- Complete Rotator Cuff Tears
- Dislocations
- Fractures.

If the health care professional determines that a worker is not suitable for the Shoulder Program of Care, the health care professional must contact the WSIB to discuss treatment options.

## Program Duration

Program duration is up to eight weeks from date of initial assessment.

## Initial Assessment Report

The health care professional will communicate the key findings of the initial assessment (including red and yellow flags) and treatment plan with specifics on the expected frequency and duration of the treatment program.

**Mail or fax to the WSIB within two working days from the date of initial assessment.**

**Fax: (416) 344-4684 or 1-888-313-7373.**

## Treatment Interventions

### **Recommended**

Education, exercise, manual therapy (soft tissue mobilization and localized massage for increased mobility and for pain management).

### **Not Recommended**

Acupuncture, Electromagnetic Therapy, Electrotherapy, Laser, Needle Aspiration, and Shock Wave Therapy.

## Outcome Measurement Tools

At the time of initial assessment and discharge, the QuickDASH (11 questions) and the QuickDASH Work Module (4 questions) are to be completed and the scores recorded in the Initial Assessment Form, and the Care & Outcomes Summary Form.

## Communication with the Employer

The only personal information about the injured worker that may be released to the employer without the worker's consent is information relating to the worker's functional abilities.

At the beginning of treatment, the health care professional must contact the employer as appropriate, either by phone or by letter, to let the employer know that you will be involved in facilitating the worker's continued progress of return to work. The health care professional may inquire about the physical demands of the worker's job and, if necessary, about possible modifications. When the worker is ready for discharge, you should contact the employer to discuss RTW.

All communication should be documented in the worker's chart.

## Communication with the WSIB

Call the WSIB when:

- The injured worker is not suitable for the Shoulder Program of Care
- The injured worker is not progressing as expected
- Red and/or yellow flags are identified that would warrant further evaluation outside the Shoulder Program of Care
- Any other issue arises.

## Care & Outcomes Summary Form

The Care & Outcomes Summary Form must be submitted whenever the worker is discharged from the Shoulder Program of Care and includes the level of participation in the Shoulder Program of Care, treatment progress, the injured worker's functional abilities, his/her work status and any further recommendations.

**For more details on any of this information, please refer to the Shoulder Program of Care Reference Guide.**

# ALGORITHM

## Shoulder Program of Care (up to 8 weeks)

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