



Clearwater Physical Therapy Patient Information



WCB WELCOME LETTER

Welcome to Clearwater Physical Therapy. We are an authorized Workers Compensation Board (WCB) provider.

If you have been injured at work or have an injury that was caused by your job:

- You must file a claim with the Workers Compensation Board
- The employer, the worker and a doctor must send a report to WCB before they can consider a claim
- If the above WCB reports have not been completed you must do ASAP.

At Clearwater Physical Therapy we:

- We bill the Workers Compensation Board directly for your Treatments
- On your first appointment, you will be assessed by a Physical Therapist to determine your physical abilities, allowing you and your therapist to set goals.
- Your ability to return to work will continuously be monitored throughout treatment.
- The Therapist will be in contact with your WCB Case Manager and Employer throughout treatment.
- If the therapist feels that you are not ready to return to work, they may recommend that you undergo functional testing at the WCB Rehabilitation Center.
- Attendance is required! Your therapist will contact WCB should you miss any appointments without a legitimate excuse. If you are absent you must inform us immediately, or you risk being discharged from your treatment.

Your responsibility:

- You are encouraged to ask questions and provide feedback to your Physical Therapist regarding any aspect of your treatment.
- You have the right to understand treatment you are receiving and why.
- You have the right to refuse treatment. (WCB will be informed of any treatment refusal).
- Wear appropriate clothing. Running Shoes, and comfortable, loose fitting clothes that will not restrict movement.

WCB treatment consists of two Triage

TRIAGE 4: PHYSICAL THERAPY TREATMENT

Physical Therapy will be provided for a maximum of twenty one (21) treatments over a maximum period of six (6) weeks.

TRIAGE 5: SURGICAL PROTOCOL

The Physical Therapist shall provide treatment as per Surgeon's Protocol or WCB post-surgical protocols. Treatment shall be provided at a maximum of three (3) times per week for the duration of treatment limits outlined by established protocols.

SHOULD WCB FAIL TO ACCEPT YOUR CLAIM FOR PHYSICAL THERAPY TREATMENT, THE ULTIMATE RESPONSIBILITY FOR PAYMENT OF YOUR TREATMENT WILL BE YOURS.

I _____, (print full name) have read and understand the preceding expectations and responsibilities. I also hereby authorize Clearwater Physical Therapy to contact my Employer, Doctor and the WCB regarding my condition and Physical Therapy treatment.

Signature

Witness

Date