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 Progress/ Discharge Assessment

☐ Progress Report ☐ Discharge Form

Claim Number	PPDA

Worker Information

Last Name	First Name		
Address	City	Province	Postal Code
Date of Incident DD/MM/YYYY	Date of Birth DD/MM/YYYY	Job Title	Date of Examination/Treatment DD/MM/YYYY

Injury Details

Area of Injury	Request for discussion with WCB Physiotherapy Consultants? Yes ❑ No ❑
Any changes in diagnosis? Yes ❑ No ❑ If yes, state new diagnosis	

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 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

Discharge
- Status at discharge:
- Reason for discharge:

Is recovery satisfactory? Yes ❑ No ❑ If no, what are the complications /other factors impeding progress?

Were findings/recommendations discussed with worker? Yes ❑ No ❑	Was home program provided? Yes ❑ No ❑ If yes, specify:

Work Capabilities

Will worker be disabled from work beyond the date of incident as a result of the injury? Yes ❑ No ❑	When can worker return to regular duties? Date DD/MM/YYYY ☐ Unknown at time of examination

Is 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