

**Chapter: Benefits**

**Legislative authority: section 111**

*Prevention statement*

*Preventing injuries is one of the most important responsibilities in the workplace. The Workers' Safety and Compensation Act (the 'Act') establishes the responsibilities of all workplace parties to work together to ensure the physical and psychological health and safety of workers. When injuries do occur, workers and employers must continue to work together to facilitate an injured worker's early and safe return to health and work.*

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## Purpose

This policy establishes parameters for the authorization and safe use of physiotherapy in the treatment of a work-related injury.

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## Definitions

**board** means the Workers' Safety and Compensation Board

**case management team** means a team that assists the worker with their recovery, early and safe return to work plan and, if needed, vocational rehabilitation. The team always includes the worker and the board. Employers have a duty to co-operate in their worker's early and safe return to work and will be encouraged to use participation on the Case Management Team to facilitate that duty. The team can also include up to two representatives of the worker (chosen by the worker), case manager and the health care providers. Other members may be added depending on their specific roles and responsibilities

**daily living activities** means a person's actions that contribute to self- maintenance (such as performing personal hygiene, dressing, walking and working)

**health care provider** means

- a. a medical practitioner; or
- b. a health care provider recognized by the board.

**medical practitioner** means

- a. a person who is entitled to practice medicine in Yukon pursuant to the *Medical Profession Act*; or
- b. a person entitled to practice medicine under the laws of another province.

**physiotherapy** means a primary care and client-focused health profession dedicated to:

- a. improving and maintaining physical mobility and independence and physical performance;
- b. preventing, managing and reducing pain, physical limitations or disabilities that may limit a client's activities; and
- c. improving overall fitness, health and well-being

**primary health care** means the entry point to the health care system, whether through a medical practitioner or health care provider who is able to diagnose and treat a patient without a referral from a medical practitioner (for example, a physiotherapist or chiropractor)

**service agreement** means an agreement between the board and a physiotherapist carrying on individually, in partnership or as a limited corporation

**worker** means a person who performs work or services for an employer under a contract of service or apprenticeship, written, or oral, express or implied and as further defined in section 77 of the Act

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## Policy statement

### 1. General

The Act provides that the board may provide a worker with health care assistance, including services, devices or equipment that are necessary to grant relief from a work-related injury. All questions as to the necessity, character and sufficiency of any health care assistance are determined solely by the board.

The board supports the provision of necessary and appropriate physiotherapy services to:

- a. promote effective physical recovery from a work-related injury;
- b. regain function in order to maintain or enable early and safe return to work for workers; and

- c. reduce the severity of symptoms and maintain function where the work-related injury, after the worker reaches maximum medical improvement, continues to have a significant impact on daily living activities.

The board may cover the cost of physiotherapy under this policy, where treatment is provided by a physiotherapist, who has full or interim registration and is in good standing under the *Yukon Health Professions Act* (or a Canadian Physiotherapy regulatory body) and is a signatory to the Physiotherapy Services Agreement (Service Agreement) with the board or is an employee/contractor of a signatory to the Service Agreement.

## 2. Authorizing payment for physiotherapy – key provisions

### 2.1 General

The board authorizes payment for physiotherapy after a work-related injury where physiotherapy treatment:

- a. is appropriate to address the worker's physical recovery following their work-related injury;
- b. supports the goals of timely recovery and return of function;
- c. is expected to maintain or improve the worker's function, thus preventing further disability;
- d. is medically required to stabilize the work-related injury and facilitate healing (as in traumatic or surgical amputation);
- e. helps the worker stay at work while recovering from the work-related injury (if possible), or allows for a timely, safe and successful return to work;
- f. is provided by a licensed physiotherapist who has signed the Service Agreement with the board; and
- g. is obtained either by a worker's self-referral; or referral by the treating medical practitioner, or a board representative.

The board recognizes physiotherapists as primary care providers; workers may seek physiotherapy without referral from another medical practitioner (see policy 3.8 Overview: Provision of Health Care Assistance).

In order to support timely provision of treatment, the board will authorize payment for an initial physiotherapy assessment (which may or may not include the first treatment) prior to

adjudication. Subsequent physiotherapy treatments may be authorized prior to claim adjudication, based on the treatment plan and in accordance with the Service Agreement.

### 3. Mitigation

Workers must take personal responsibility for their recovery, and co-operate with treatment plans, health care providers and the board (see policy 4.3 Duty to Co-Operate, Part 2 of 4: Roles and Responsibilities). They must also mitigate any loss caused by their work-related injury.

Mitigation of loss includes the worker staying at work where safe to do so and where functional abilities allow (see policy 2.5 Mitigation of Loss).

When physiotherapy is included in a worker's recovery, typical examples of the worker's mitigation of injury include:

- a. a prompt initial visit to a physiotherapist to assess the effects of the work-related injury on mobility and function;
- b. attending all scheduled appointments or immediately informing the board when unable to attend;
- c. following the physiotherapist's recommendations during and between appointments;
- d. putting forth best effort in prescribed active exercises; and
- e. appropriately communicating progress or concerns with the board and the medical practitioner overseeing their recovery.

Failure to mitigate loss may result in reduction, suspension or termination of benefits (see policy 4.5 Duty to Co-Operate, Part 4 of 4: Penalties for Non Co-Operation).

### 4. Eligibility

The board may authorize payment for physiotherapy services necessary for treating a worker with a work-related injury where it is appropriate and in the following circumstances:

- a. as soon as reasonably practicable after the work-related injury;
- b. as soon as medically recommended after surgery for the work-related injury or subsequent related condition (see policy 2.8 Subsequent Injuries, Disorders or Conditions);

- c. as soon as medically recommended after a recurrence of a work-related injury; or
- d. where a worker has recovered to the point of maximum medical improvement and
  - i. where the work-related injury has a significant impact on daily living activities;
  - ii. where physiotherapy treatment is determined to be appropriate in order to reduce the severity of symptoms or maintain function and mobility; and
  - iii. there is a physician recommendation for physiotherapy treatment.

## 5. Appropriateness of physiotherapy

Approved physiotherapy services must be appropriate to the work-related injury and to the worker. The board considers physiotherapy appropriate when it focuses on:

- a. early active intervention;
- b. controlled, progressive, treatment and rehabilitation of the worker through restoring function and mobility;
- c. educating the worker about their responsibilities in the rehabilitation and return to work process;
- d. allowing an independent exercise plan as a part of the treatment plan;
- e. enabling the worker to safely stay at work while recovering or to return to work as early and safely as possible;
- f. effective communication between the worker's physician, other health care providers, the worker and the board (as determined in the Service Agreement); and
- g. maintaining function and mobility in certain situations where there is significant long-term impairment to engaging in activities of normal daily living.

In determining what constitutes appropriate physiotherapy, the board will consider the recommendation and treatment plan of the physiotherapist and the intended benefit of the treatment in relation to the work-related injury. If this determination cannot easily be made, the board may, in consultation with the worker's physician, specialist or the board medical consultant, consider current evidence-based guidelines relating to physiotherapy and the functional disabilities and abilities pertaining to the work-related injury for direction.

Where the worker lives in a rural area of Yukon not serviced by physiotherapists, all efforts will be made to develop an independent exercise program and utilize the tele-health system (where available) for consultations in order to support recovery in their home community and facilitate early and safe return to work.

## 6. Duration of treatment

In order to support the timely provision of treatment, in some cases, the board may authorize an initial physiotherapy assessment (which may or may not include the first treatment) prior to acceptance of the claim. Subsequent physiotherapy treatments may be authorized prior to acceptance of the claim, based on the treatment plan and in accordance with the Service Agreement.

Once the claim has been accepted, the board may approve physiotherapy treatments in accordance with the Service Agreement. Billing will be as set out in the Service Agreement.

As required in the Service Agreement, physiotherapists must submit a written request, with rationale, to the board for a treatment extension beyond the initial treatments. The board may consult with, or refer the worker to, the worker's physician, specialist or the board medical consultant to determine whether further treatments would be appropriate and to co-ordinate a new treatment plan. Where there is documented improvement in function and there is a defined end date to an extension request (within one month of the extension request), a referral to a physician will not be necessary.

Duration guidelines and section 5 of this policy will be considered in order to monitor treatment plan durations and approve requested extensions.

## 7. Concluding physiotherapy treatment

The board may discontinue authorization for payment for physiotherapy in the following circumstances:

- a. when there is no objective evidence of improvement in functional abilities;
- b. where evidence-based guidelines (such as Medical Disability Advisor or post-surgical guidelines) indicate that physiotherapy is not useful for treatment; and
- c. when the treatment focus has moved away from regaining function related to the work-related injury or;

- i. where an independent exercise program would be sufficient and the worker is able, safe and competent to perform exercises on their own;
- ii. where there is no reasonable expectation of further improvement in functional abilities or physical impairment with an extension of treatment; or
- iii. the board determines that physiotherapy is not appropriate for the work-related injury.

The board may also discontinue authorization for physiotherapy treatment when the board determines that the worker is failing to mitigate their loss and has no legitimate reason for failing to mitigate loss, as referenced in this policy and policy 2.5 Mitigation of Loss.

## 8. Provision of devices

The board may provide a worker with devices or equipment necessary to grant relief from a work-related injury. The board has sole authority for authorizing payment for items that may assist recovery.

Pre-sized or off the shelf devices (such as braces or orthotics) may be reimbursed by the board when:

- a. the device is recommended by the treating physiotherapist, health-care provider or medical practitioner;
- b. the device provides sufficient relief for a worker; and
- c. the item(s) are within a cost amount set by the board.

All custom-made devices require written authorization by the board prior to purchase.

### *8.1 Exercise equipment*

Exercise equipment (such as thera-bands, hand weights, exercise mat) may be reimbursed or provided by the board when:

- a. the exercise equipment is required for a self-directed, home-based exercise program;
- b. the worker is capable and competent to engage in safe, self-directed exercise; and
- c. the cost is within a cost amount set by the board.

The board may tender the provision of exercise equipment and ready-made devices.

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## History

HC-03 Physiotherapy, effective January 1, 2010, revoked July 1, 2022

HC-01 Complementary Treatments, effective July 1, 2008, revoked January 1, 2010

CL-55 Complementary Treatments, effective July 12, 2005, revoked July 1, 2008