

# Osteopathy Management Plan

This sheet is to assist in the completion of the Osteopathy Management Plan.

## Key Information

- **Plan Number and Date**

These details are essential for clarity of multidisciplinary communication and monitoring of services.

### 1 Client Contact Details

- Please complete all information, including claim number, date of accident and referrer.

### 2 Clinical Information

- **Injury and Presenting Symptoms**

- Provide your clinical diagnosis as determined by your assessment, specify the anatomical site e.g. “fractured Left tibial plateau” versus “knee pain”.
- State the current symptoms relating to injuries sustained in the accident. Place symptoms in order of priority for your Osteopathy treatment.
- Detail your measurable assessment findings e.g. range of movement, neurological examination findings etc.

- **Functional Goal(s)**

- Provide details of specific activity limitation that your client experiences.
- These will directly relate to your functional goals of treatment. State the activity goals with estimated timeframe for achievement e.g. unable to hang washing on the line, to be able to hang washing on line by DD/MM/YY.

- **Osteo Treatment Strategies**

- Outline your proposed treatment including modality, frequency and location.

- **Client Self-management Activities**

- Self-management includes client education and strategies, e.g. walking program, unsupervised hydrotherapy, a home exercise program, relaxation techniques, joint protection/energy conservation techniques, pacing of activities etc.
- Include details of the client’s home/self-management plan, including expected frequency and duration. E.g. 15 min shoulder stretch morning and night daily,

- **Outcomes Measure(s)**

- Indicate the name of the standard outcome measure, date administered and the client score. A comprehensive list of links to outcome measures is available on [www.tac.vic.gov.au/providers/clinical-resources/outcome-measures](http://www.tac.vic.gov.au/providers/clinical-resources/outcome-measures)
- These outcome measures cover a broad range of injuries and are suitable for use in the measurement of treatment effectiveness for injuries resulting from motor vehicle accidents.
- Other measures may include functional measures such as recording the number of headaches over a time period, days off work, medication use (frequency and dosage) or work, driving or exercise tolerance, etc. It should be recorded how these have changed over time and how they are influenced by in-rooms management.
- It is recommended that the VAS score for pain is used in combination with another outcome measurement, to provide more than just a subjective measurement.

- **Other Services/Equipment**

- If you are looking for funding of any equipment provide details of the device and the clinical justification for it.

### 3 Other Relevant Information

- **General Health**

- Please report any health matters that impact on recovery, including any previous involvement with your practice e.g. diabetic, frozen shoulder 2010 - treatment ceased 2012.

- **Integration of Recovery into RTW/Key Activities**

*(Consistent with the “Health Benefits of work”<sup>i</sup> to which APA is a signatory*

*[www.racp.edu.au/advocacy/health-benefits-of-work](http://www.racp.edu.au/advocacy/health-benefits-of-work)*

- The health benefits of work and the importance of incorporating life tasks into recovery, are well documented. This is the space to record your advice to maximise recovery.

- **Other Factors Impacting Recovery**

- The MAIB appreciates that clients can have a range of demands on them. Please outline the impacting factors e.g. treatment will be interrupted for six weeks when client stays with their aging mother interstate from dd/mm/yy – dd/mm/yy.

### 4 Treatment Request

- **Date of First Service**

- Record the date treatment for these injuries commenced with your practice.

- **Total Number of Services to Date**

- Record how many services have been undertaken to date at your practice, including any of the five initial sessions that were provided before the plan was completed.

- **Plan End Date**

- The plan end date and therefore treatment duration should vary according to the injury.
  - Plans must not exceed 12 weeks.
  - Treatment services provided after the plan end date will require a new plan for funding to be considered. (It is strongly recommended that plans are submitted prior to any invoices, as services not covered by a plan are unable to be funded)

- **Anticipated Treatment End Date**

- Anticipated treatment end date, or period until a therapy break is undertaken, is required if treatment is likely to extend beyond the period of this OMP.

- **Proposed Treatment**

- Please include details of the type of session, location and number of sessions until the OMP end date.
  - Consideration for funding will only be given to services covered by a plan.

- **Total Number of Services**

- Please record the total number of services to be provided as outlined in the plan.

- **Equipment Requested**

- Details of any equipment to be funded including cost, details of supplier and supply arrangements.

## 5 Provider Details

- It is essential that the company and individual name is clear and that there is an email address for ease of communication.

## 6 Client Declaration and Signature

- Please ensure that you discuss this OMP with the client. Their signature is optional.

## 7 MAIB Authorisation

- The completed OMP will be reviewed by the MAIB and funding authority advice forwarded to the provider within five working days of receipt of the OMP.
- Services provided outside the number and date authorised may not be funded.
- There are occasions when benefits (funding) for a client can be terminated. In this event, any funding authorisation is invalid from the date that the client was notified. Notification to the provider and any unfunded service costs remain the responsibility of the client.

## General

Please note that all questions must be answered for the OMP to be considered.

Incomplete or illegible OMPs will be returned to the treating practitioner and payment will be withheld pending submission of a suitably completed plan.

Plans received retrospective of any service covered by this OMP (as detailed in section 4) will not be funded.

It is strongly recommended that plans are submitted with or prior to any invoices, as services not covered by a plan are unable to be funded.

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