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**Physiotherapy Report in Vocational Rehabilitation**

**Progress of Treatment**

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| ***Service order number (Númer þjónustupöntunar):*** | ***VIRK counsellor´s name (Nafn ráðgjafa):*** |
| ***It is requested that the report will be submitted within two weeks.*** | *N.B. Please send the completed report by email to the VIRK counsellor. The VIRK service order number must be entered in accordance with the information from the VIRK counsellor.* |

***Treatment time and attendance***

***When (approximately) did the treatment for the current problem begin?***

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***Attendance since the treatment began***

In accordance with the treatment plan

Below expectations but solid explanations for any absences were provided for

Far below standards (has repeatedly cancelled / forgotten classes / not attended / not

cancelled)

***Motivation and commitment***

***Is the individual interested in learning about physical condition and ready to take action to preserve or improve one´s own physical health?***

Yes

No

I’m not sure

***Does the individual make use of the instructions received from the physiotherapist.*** *(E.g., instructions on the importance of training, responsibility for own health, proper posture and body mechanics, resting positions)*

Yes

No

I’m not sure

***Does the individual take responsibility for recommended training?***

Yes

No

I’m not sure

***Goals that have been worked on during the current treatment*** ***session***

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***Have all the goals for the treatment session been met?***

Yes

No

***If no, which goals have not been met? Please provide further details***

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***Assessment of physical barriers to employment (examination results)***

***Which physical factors are still hindering for work?*** (Based on the ICF model, see details at skafl.is)

Please note that more than one option can be selected from the following list

Being in a standing position (ICF d4154) / Working in a standing position

Being in a sitting position (ICF d4153) / Working in a sitting position

Walking (ICF d450)

Lifting and carrying objects (ICF d430)

Fine motor skills / Fine hand use (ICF d440)

Exercise tolerance functions (ICF b455)

Vestibular functions – (ICF b235)

Sensation of pain – (ICF b280)

***Further information on physical barriers to work***

Brief description on examination results

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***Please provide a list of the measurement tools that were applied, and outcome measures*** (E.g., ODI, NDI, FIQ ...)

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***Overall progress of treatment and current status***

Improving condition

Status quo

Deteriorating condition

***A more detailed description of the progress of treatment***Optional

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***The physiotherapist’s treatment plan***

Please note that more than one option can be selected from the following list

Individualized instructions/education

Exercise therapy

Hands-on physiotherapy remedies

***If hands-on physiotherapy remedies are required, what is the estimated duration of the treatment planned and the number of individual sessions?***

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***Other important comments regarding the treatment plan the physiotherapist would like to add?*** Optional

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***Suggestions for programs or services provided by other professionals***

Please note that more than one option can be selected from the following list

Exercise therapy/training

Musculoskeletal education sessions

A course on how to cope/live with persistent pain (e.g., ACT or CBT)

Workplace assessment

***Other courses/education recommended?*** Optional

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***Is there a need for the involvement of other professionals?*** Optional

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***If exercise therapy or training is recommended, please explain what is recommended***

Please note that more than one option can be selected from the following list

Individualized exercise therapy guided by a physiotherapist

Group training

Gym membership card

***Any additional comments regarding exercise therapy/training on behalf of other professionals?*** Optional

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***Status regarding return to work (despite symptoms and/or impairments)***

The individual is neither ready for a work trial nor for work in general

The individual is ready for a work trial

(6-8 weeks of incremental work participation, from a minimum of 4-6 hours per week up to a maximum of 20 hours per week/50% job percentage)

The individual is ready for part-time work (40-70% job percentage)

The individual is ready for a high job percentage/full employment or a job search

(70-100% employment ratio)

The individual is working part-time

The individual’s motivation for work is unclear

***Is it realistic for the individual to aim for the same/similar type of work as before, or will it be necessary to look for another field of work?***

It is realistic for the individual to aim for the same field of work as before

The individual needs to change the field of work due to existing impairments

It is not clear at this point

None of the above applies

***Any additional comments?*** Optional

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**Confirmation of the physiotherapist**

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| ***Date:*** |
| ***Name of physiotherapist:*** |
| ***Workplace:*** |