

Provider Management Plan (PMP)

WorkCover Queensland (**WorkCover**) supports the principles outlined in the [Clinical Framework for the Delivery of Health Services](#) (Clinical Framework). The PMP is an important communication tool that requires allied health providers to demonstrate they are adopting the principles of the Clinical Framework in the treatment of the person's injuries. Access the [guide](#) to completing treatment plans. The PMP can now be submitted online at [worksafe.qld.gov.au](https://www.worksafe.qld.gov.au) or via [Provider Connect](#) to WorkCover. If the worker's employer is self-insured, you can find their contact details at [worksafe.qld.gov.au](https://www.worksafe.qld.gov.au).

Initial plan Subsequent plan Final plan

Plan number

Date services first commenced: DD/MM/YYYY

Total number of consultations to date

Physiotherapy <input type="checkbox"/>	Psychology <input type="checkbox"/>	Occupational Therapy <input type="checkbox"/>	Chiropractic <input type="checkbox"/>	Exercise Physiology <input type="checkbox"/>
Hand Therapy <input type="checkbox"/>	Osteopathy <input type="checkbox"/>		Other <input type="checkbox"/> Specify:	
Referred by:		Phone number of referrer:		

WORKER'S DETAILS

Personal	
Name:	Date of birth: DD/MM/YYYY
Pre-injury occupation:	Pre-injury work hours/week: (average) Current work hours/week:
Claim	
Claim number:	Date of injury/accident:

YOUR CLINICAL ASSESSMENT

Injuries and/or specific area/s being treated:

Current subjective/objective assessment

Details of any pre-existing factor(s) directly relevant to the worker's injury

Factors affecting recovery (includes risk factors that may pose barrier to return to social and occupational roles)

Strategies to address issues/risks (include actions taken by you and any recommendations for the insurer)

Objective measures (standardised outcome measures and/or risk screening measures)

At least two measures should be reported

Measure (SOM)	Initial score		Subsequent score		Next subsequent score		Latest score	
	Date	Score	Date	Score	Date	Score	Date	Score
e.g. Neck Disability Index (NDI) or DASS	1/6/22	36/50					15/6/22	24/50

Commentary:

CAPACITY FOR WORK (within your scope of practice) In my opinion, the worker has functional capacity for work /suitable duties /alternative duties (if relevant) for ____hours/day ____days/week.

Details of treatment proposed (treatment goals should be Specific, Measurable, Achievable, Relevant, and Timed)

Target problem	Treatment goals (including function goals)	Treatment method	Measures to be used	Review date
				/ /
				/ /
				/ /

Self-management strategies recommended (including techniques/strategies or exercises the worker is completing between sessions)
E.g., Home-based exercise program, Pain management strategies, Activity scheduling, Pacing, Establishing a sleep routine

If previous goals were not met, provide any additional relevant information/explanation

Would you like to discuss the recovery of the worker with the Insurer? Yes No

Do you think the worker would benefit from a file review or referral for independent assessment? Yes No

Does the worker require a medication review? Yes No If yes, explain why:

Treatment type	Number of sessions	Frequency/ timeframe	Table of costs item number	Incidentals as per table of costs

Provider name

Practice name

Practice address (include unit number (if applicable), street number and street name)

Suburb/town

State

Postcode

Email address

Telephone

Signature

Date DD/MM/YYYY

Please forward the completed Provider Management Plan and copies of medical referrals, correspondence and outcome measures to WorkCover via Provider Connect, online or via the method selected by your self-insurer. If you do not have a Provider Connect account, you can register [here](#).