An Allied Health Treatment and Recovery Plan (Allied Health Plan) is designed to provide an overview of your patient’s current status, including ongoing improvements and any barriers to their recovery. You only need to complete an Allied Health Plan when requested by the TAC. TAC clients do not need an Allied Health Plan submitted to the TAC prior to treatment. The TAC may request an Allied Health Plan at other times during your patient's treatment.

## 1. Injury details: Diagnosis and specific area being treated

Provide your clinical diagnosis as determined by your assessment of the patient. Specify the anatomical site involved, e.g. ‘right cervical musculo ligamentous injury’ versus ‘neck pain’, or ‘fractured left tibial plateau’ versus ‘knee pain’.

## 2. Outcomes: Standardised Outcome Measures (SOMs)

Baseline outcome measurements should be taken as soon as possible and repeated regularly to review progress. The regular measurement of outcomes provides ongoing information about your patient’s health status and the effectiveness of your intervention. This process plays an integral role in justifying the treatment and management plan. It also helps to inform your patient and the TAC about the patient’s progress, recovery and independence.

Outcome measures should be reliable, valid and sensitive to change. They should relate to your patient’s injury, the functional goals of treatment and the functional demands of their pre-injury duties. Examples of commonly used questionnaires are the Neck Disability Index, Client Specific Functional Scale, Oswestry, 10 metre walk test. For further information on the selection and interpretation of SOMs, refer to [tac.vic.gov.au/providers/working-with-tac-clients/clinical-resources/outcome-measures](https://www.tac.vic.gov.au/providers/working-with-tac-clients/clinical-resources/outcome-measures). Extreme scores on the SOM may indicate abnormal illness behaviour. Referral to another health practitioner should be considered if the client is not progressing as expected.

## 3. Screening of psychological risk factors (barriers) to recovery

Poor or delayed outcomes from an injury can sometimes be explained by biological factors; however, psychosocial risk factors (including unhelpful beliefs about an injury, job dissatisfaction and low expectations about return to work) often contribute to poor outcomes for injured people. The early identification of risk factors across the biological, psychological and social domains is important during the assessment phase as it informs and guides treatment. Presence of non-physical factors may increase the risk of a client developing chronic pain which may influence your management plan. Allied health providers should use the scores from screening to generate discussion with their patients around their thoughts and beliefs about pain, sleep, feelings of anxiety and depression (when relevant), to assist in normalising their response to their pain and to seek further support from their medical practitioner or mental health practitioner.

An example of a screening tool is the Örebro Musculoskeletal Pain Screening Questionnaire (Short Version). For more information, refer to [tac.vic.gov.au/providers/working-with-tac-clients/clinical-resources/outcome-measures](https://www.tac.vic.gov.au/providers/working-with-tac-clients/clinical-resources/outcome-measures)

## 4. Goals of your treatment

Goals should focus on measurable improvements in function and participation at home, work and in the community. Early and collaborative goal setting ensures that the patient and healthcare provider are focused on similar objectives to achieve recovery. Collaborative goal setting empowers the patient to manage their recovery.

Goals should be specific, measurable, achievable, relevant and timed (SMART).

Provide details of specific activity limitations that your patient experiences as a result of the accident. These will directly relate to your activity goals of treatment. State the activity goals of your treatment with estimated timeframes for achieving the goals, for example, ‘unable to hang washing on the line’ → ‘to be able to hang washing on line by 6/1/19’.

**Treatment strategies**

Indicate the treatment interventions you intend to use to achieve your patient’s activity goals. Your treatment should be based on the best available evidence. Evidence based treatment is preferred over other treatments.

**Self-management strategies**

Explain to the patient the importance of their participation in the management of their condition. List the strategies and educational advice that you are going to implement and undertake to empower the patient to self-manage their condition. For example, advice given to the patient about the diagnosis and prognosis of their condition, a specific home exercise program, a general fitness or walking program, unsupervised hydrotherapy, relaxation and/or joint protection techniques.

## 7. Proposed treatment plan

Outline a plan for future management. List the total number of services to be provided over a set number of weeks. Provide start and end dates for treatment. Include a discharge date. This date is your estimation of when the patient will be capable and confident in the self-management of their condition and will be ready for discharge.

A discharge date is not absolute and may be earlier or later depending on the patient’s circumstances. However, it does demonstrate that your treatment is aligned to your patient becoming capable and confident in self-managing their condition.

## Acknowledgement

Discuss the Allied Health Plan with your patient before you submit it. Ensure that your patient understands their diagnosis, prognosis and the likely outcomes and timeframes of their recovery.

## Lodgement

Please submit the plan online via our website. Alternatively, send by email to info@tac.vic.gov.au or by post to TAC, Reply Paid 2751, Melbourne, VIC 3001.