



# CLAIM FOR EXERCISE AS MEDICAL TREATMENT

Please have this form completed if you want to claim compensation for support to perform exercise required as medical treatment under section 16 of the *Safety, Rehabilitation and Compensation Act 1988* (SRC Act). Support to exercise for general health, fitness or psychological wellbeing is not medical treatment under the SRC Act and is not compensable.

Part 1 of this form should be completed by your doctor recommending exercise as medical treatment.

Part 2 of this form should be completed by the doctor or exercise professional (e.g. exercise physiologist) who will prescribe specific exercises to meet your clinical needs.

Physiotherapists can recommend exercise they will supervise as medical treatment by submitting an ANU Treatment Notification Plan or Review Treatment Plan form.

The employee claiming compensation must sign the authorisation at the bottom of this form.

All questions must be answered for this plan to be considered and please attach any further information that may be relevant.

Your Claims Services Officer will determine if ANU is liable to pay compensation for exercise as medical treatment after considering the available medical evidence.

Under the SRC Act, ANU can accept liability for exercise that is:

- therapeutic medical treatment undertaken for the purpose of alleviating an injury
- obtained in relation to a compensable condition
- obtained at the direction of a legally qualified medical practitioner (LQMP) or under the supervision of a registered physiotherapist, osteopath or chiropractor
- reasonable for the employee to obtain in the circumstances, and
- appropriate in cost.

## PRIVACY AND PERSONAL INFORMATION

ANU uses the information on this form to assist in managing the employee's claim to workers' compensation. The collection, use, storage and release of this information is protected under the *Privacy Act 1988*.

For information about how we handle personal information please visit [www.anu.edu.au/privacy](http://www.anu.edu.au/privacy) or contact us on 02 6125 5111 and request a copy of our Privacy Policy.

# PART A—TO BE COMPLETED BY THE DOCTOR RECOMMENDING EXERCISE AS MEDICAL TREATMENT

1. Employee's details

Surname

Date of birth

  

Given names

Claim number

2. Could you or a physiotherapist, chiropractor or osteopath prescribe appropriate exercise that could be performed independently at home or outdoors?

Yes If yes, please prescribe exercises or refer the employee to a physiotherapist, chiropractor or osteopath without submitting this form.

No If no, please explain why?

3. Work related injury requiring exercise as medical treatment

4. Specific anatomical site of injury requiring exercise

5. If exercise has previously been tried, were its goals achieved? If not, why?

6. Please list any clinical needs and activity/functional limitations that should be addressed through exercise

1.

2.

3.

7. Has the employee had a gym or swimming pool membership or access to a gym in the last 12 months?

No  Yes If yes, at which gym or pool facility

**MEDICAL DOCTOR'S DETAILS** *(Please use stamp*

*where possible) please sign and affix doctor's stamp here*

Doctor's signature

Date

# PART B—TO BE COMPLETED BY THE PROFESSIONAL PRESCRIBING THE SPECIFIC EXERCISES TO BE PERFORMED

8. Can the clinical needs listed at question 6 be addressed through independent exercise at home or outdoors?  
 Yes  No

If no, please explain why and how the employee will efficiently be empowered to exercise

9. Specific exercises prescribed to meet the clinical needs and functional limitations listed by the doctor at Question 6

Short Term Goals Related to Needs Identified by Doctor at question 6	Specific Exercises Prescribed to meet goal	Expected Date of Achievement	Outcome Measures to be Used
		/ /	
		/ /	
		/ /	

10. Are there any costs associated with the employee performing the prescribed exercise? Please provide an itemised breakdown.

Note: ANU will not pay for excessive supervised exercise as employees should be empowered to exercise independently at home or outdoors as efficiently as possible.

## DETAILS OF PROFESSIONAL PRESCRIBING EXERCISES

Profession and qualifications

Provider name, address and phone number

Signature

Date

Days/hours available

## EMPLOYEE AUTHORISATION

I  (please print your name)

Hereby authorise you to supply ANU with information requested on this form and to discuss the contents of this form, and any ongoing issues of my treatment, with officers or representatives of ANU.

Signature of employee or guardian

Date