

# CTP INSURANCE REGULATOR

## SA CTP Framework For Injury Recovery and Early Intervention

July 2018

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## 1 Message from the CTP Insurance Regulator

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The Injury Recovery and Early Intervention Framework (Framework) has been developed with the primary purpose to enable and support the recovery of people injured through motor vehicle trauma who are eligible to make Compulsory Third Party (CTP) Insurance claims.

Research supports the sooner an injured person receives the right treatment at the right time and returns to usual life activities including work and social participation, the better the health outcomes will be for that person.

Within the context of the CTP Claims environment, the injured person's circle of relationships is expanded to include the CTP insurer's claims and injury management staff and for some, their lawyers.

The benefits of having a Framework is to establish an efficient, repeatable and reliable system to facilitate the recovery of injured people that is consistent across all Approved CTP Insurers in South Australia.

The Framework aims to clarify each party's role and responsibilities in supporting the injured claimant in their recovery. The Framework also provides guidance to the injured claimant on how to interact with the CTP system and to minimise any concerns about accessing treatment and payment for reasonable and necessary interventions.

The Framework has been developed through consultation with clinicians, medical practitioners, researchers and CTP industry specialists and is made available to all through the Regulator's website: <http://www.ctp.sa.gov.au/>.



**Kim Birch**  
Chief Executive  
CTP Insurance Regulator

1 July 2018

## 2 Introduction

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The CTP Insurance Regulator (Regulator) is established as an independent statutory authority in South Australia under the *Compulsory Third Party Insurance Regulation Act 2016* (CTPIR Act).

The Regulator is responsible for the oversight of approved CTP insurer activities in South Australia and the Regulator's functions are set out in section 5 of the CTPIR Act. The CTP Scheme is fault based meaning those people injured through motor vehicle trauma may be eligible for injury recovery support, payment of reasonable and necessary treatment, and compensation where the owner, driver or passenger of the vehicle is at fault. Compensation may be reduced if an injured person was partially at fault.

The Scheme also provides reasonable and necessary treatment, care and support of children under the age of 16 injured in an accident on South Australian roads, regardless of fault and is detailed in section 127B of the *Motor Vehicles Act 1959*. A child under the age of 16 may also be eligible to lodge a CTP Claim for compensation, for example if the child is a passenger in a vehicle.

The CTP Scheme is complemented by the Lifetime Support Scheme (LSS) which provides lifetime care, treatment and support for people who have sustained very serious injuries as a result of motor vehicle trauma in South Australia.

The Framework has been developed to support the objective to enhance outcomes for injured claimants, through reasonable and necessary evidence based medical and allied health interventions. Approved Insurers have obligations to fund when appropriate, reasonable and necessary medical services, treatment or care as part of the claims management.

The Framework is based on the *World Health Organisation's International Classification of Functioning, Disability and Health*<sup>1</sup> and the *Clinical Framework for the Delivery of Health Services*<sup>2</sup>. The Framework is designed to benefit injured claimants in the CTP Scheme by:

- delivering certainty in the processes for injured claimants and treatment providers;
- promoting industry consistency to improve efficiency;
- promoting necessary interventions that are goal focused and evidence based;
- adopting a biopsychosocial model of injury recovery;
- promoting sound evidence based reasoning for decisions on funding of interventions;
- promoting effective communication and documentation that is easily understood;
- promoting timeliness in funding decisions made by Approved Insurers.

The Regulator has issued Rules which are designed to complement the existing legislation and provide guidance to Approved Insurer claims management tasks. The Rules require Approved Insurers to encourage early and appropriate treatment and rehabilitation.

The Framework provides a tool for the Regulator to review the performance of Approved CTP Insurers in supporting injured claimants in their recovery and compliance by Approved Insurers with legislation and Rules.

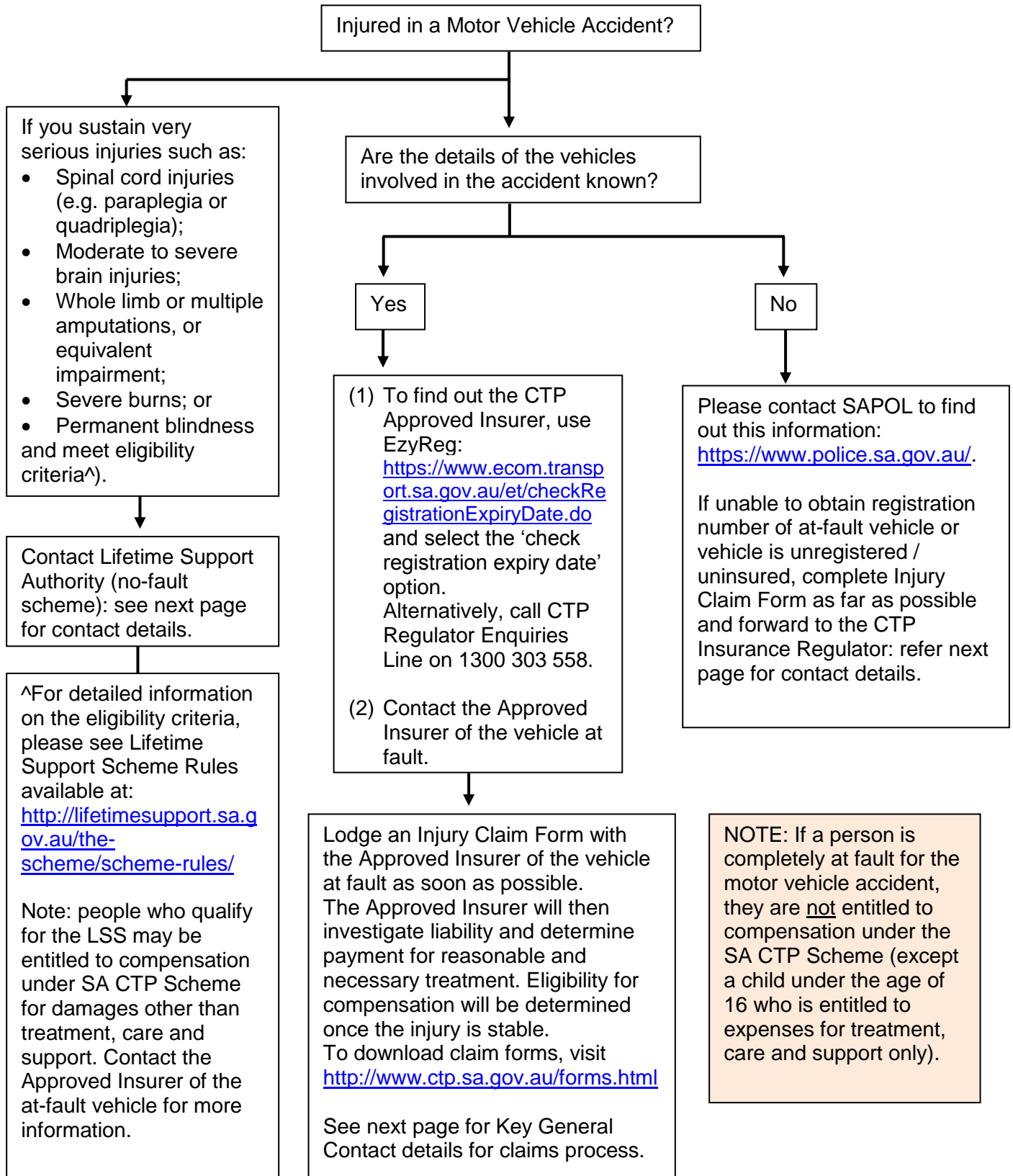
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<sup>1</sup> *World Health Organization*. The International Classification of Functioning, Disability and Health (ICF). 2001; Geneva, WHO (<http://www.who.int/classifications/icf/en/>).

<sup>2</sup> *Work Safe Victoria*, 2012, 'Clinical Framework for the delivery of health services'.

### 3 Claims Lodgement Process in SA CTP Scheme

The below flowchart explains the overall claims lodgement process in South Australian CTP Scheme. For more information, please visit the Regulator's website: <http://www.ctp.sa.gov.au/>



**Key General Contact details for claims lodgement process:**

Organisation	General Contact Details
Approved Insurer: AAMI	T: 1300 084 851 E: <a href="mailto:sactpclaims@aami.com.au">sactpclaims@aami.com.au</a> W: <a href="https://www.aami.com.au/ctp-insurance/sa.html">https://www.aami.com.au/ctp-insurance/sa.html</a>
Approved Insurer: Allianz	T: 1300 686 725 E: <a href="mailto:claimssactp@allianz.com.au">claimssactp@allianz.com.au</a> W: <a href="https://www.allianz.com.au/ctp-insurance/sa">https://www.allianz.com.au/ctp-insurance/sa</a>
Approved Insurer: SGIC	T: 1800 633 176 E: <a href="mailto:piclaims@iaq.com.au">piclaims@iaq.com.au</a> W: <a href="http://www.sgic.com.au/claims/ctp-insurance">www.sgic.com.au/claims/ctp-insurance</a>
Approved Insurer: QBE	T: 1300 429 528 E: <a href="mailto:myctpclaim@qbe.com">myctpclaim@qbe.com</a> W: <a href="https://www.qbe.com.au/green-slip-insurance/sa-ctp-insurance">https://www.qbe.com.au/green-slip-insurance/sa-ctp-insurance</a>
SAPOL	T: 131 444 E: <a href="mailto:SAPOLEnquiries@police.sa.gov.au">SAPOLEnquiries@police.sa.gov.au</a> W: <a href="https://www.police.sa.gov.au/">https://www.police.sa.gov.au/</a>
Lifetime Support Authority	T: 1300 880 849 E: <a href="mailto:lifetime.support@sa.gov.au">lifetime.support@sa.gov.au</a> W: <a href="http://lifetimesupport.sa.gov.au/">http://lifetimesupport.sa.gov.au/</a>
CTP Insurance Regulator	T: 1300 303 558 E: <a href="mailto:ctp@sa.gov.au">ctp@sa.gov.au</a> W: <a href="http://ctp.sa.gov.au/">http://ctp.sa.gov.au/</a>

## 4 Injury Recovery Guidelines

### 4.1 About the Person, not the Injury

In order to facilitate an injured person’s recovery, the injured person and everyone involved in the injury recovery process need to work together. It is important that consideration is given to the factors that may impact on the person’s recovery to understand the practical goals that are relevant for that person. *The World Health Organisation’s International Classification of Functioning, Disability and Health* provides a description of the interaction between a person’s health condition, and environmental and personal factors when considering health and functioning, setting goals, and evaluating treatment outcomes. Understanding these factors can assist to promote effective communication among the stakeholders.

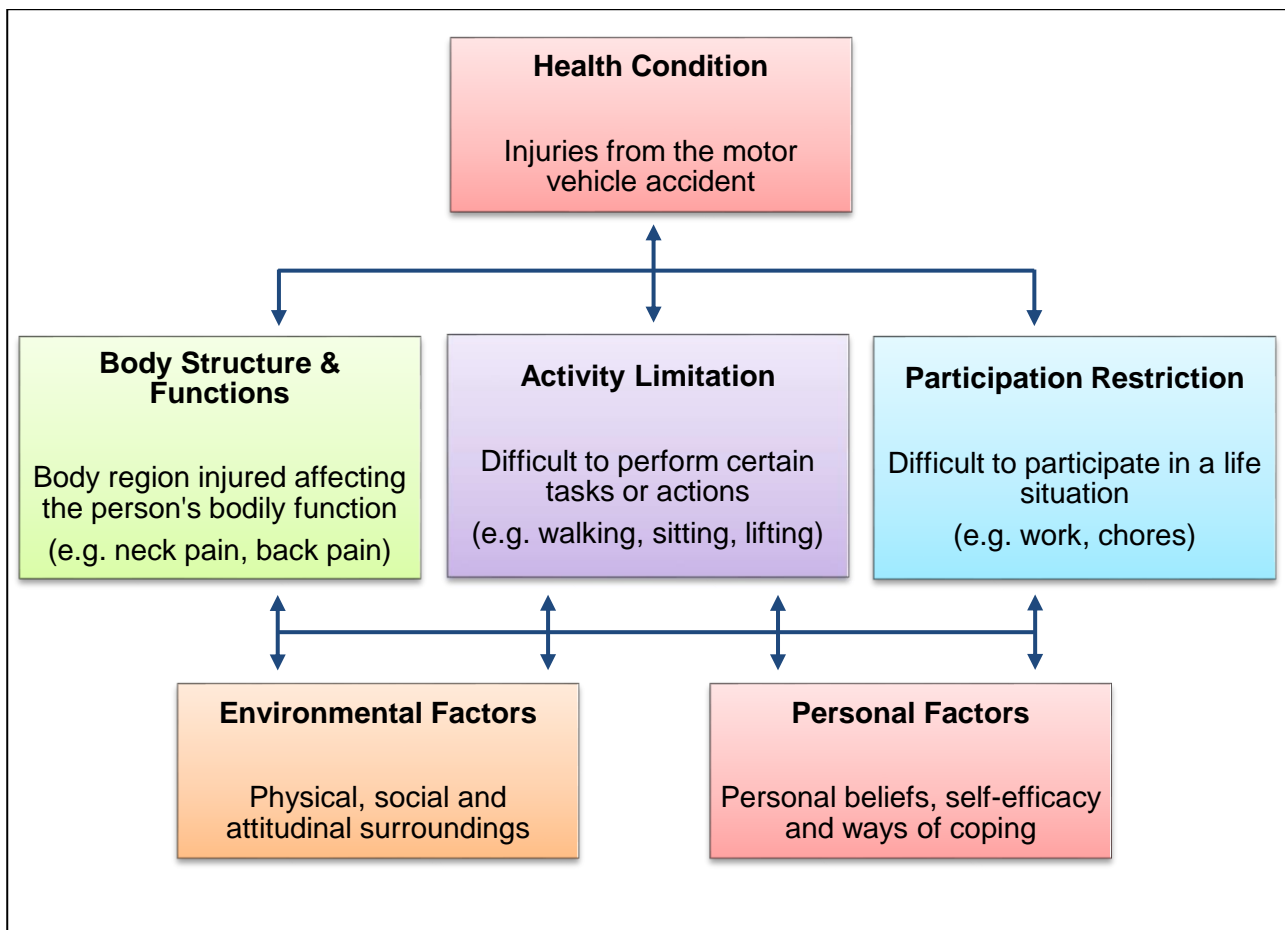


Figure 1. WHO-ICF (International Classification of Functioning, Disability and Health) Mode



## 4.2 ‘Reasonable and Necessary’ Injury Recovery Interventions

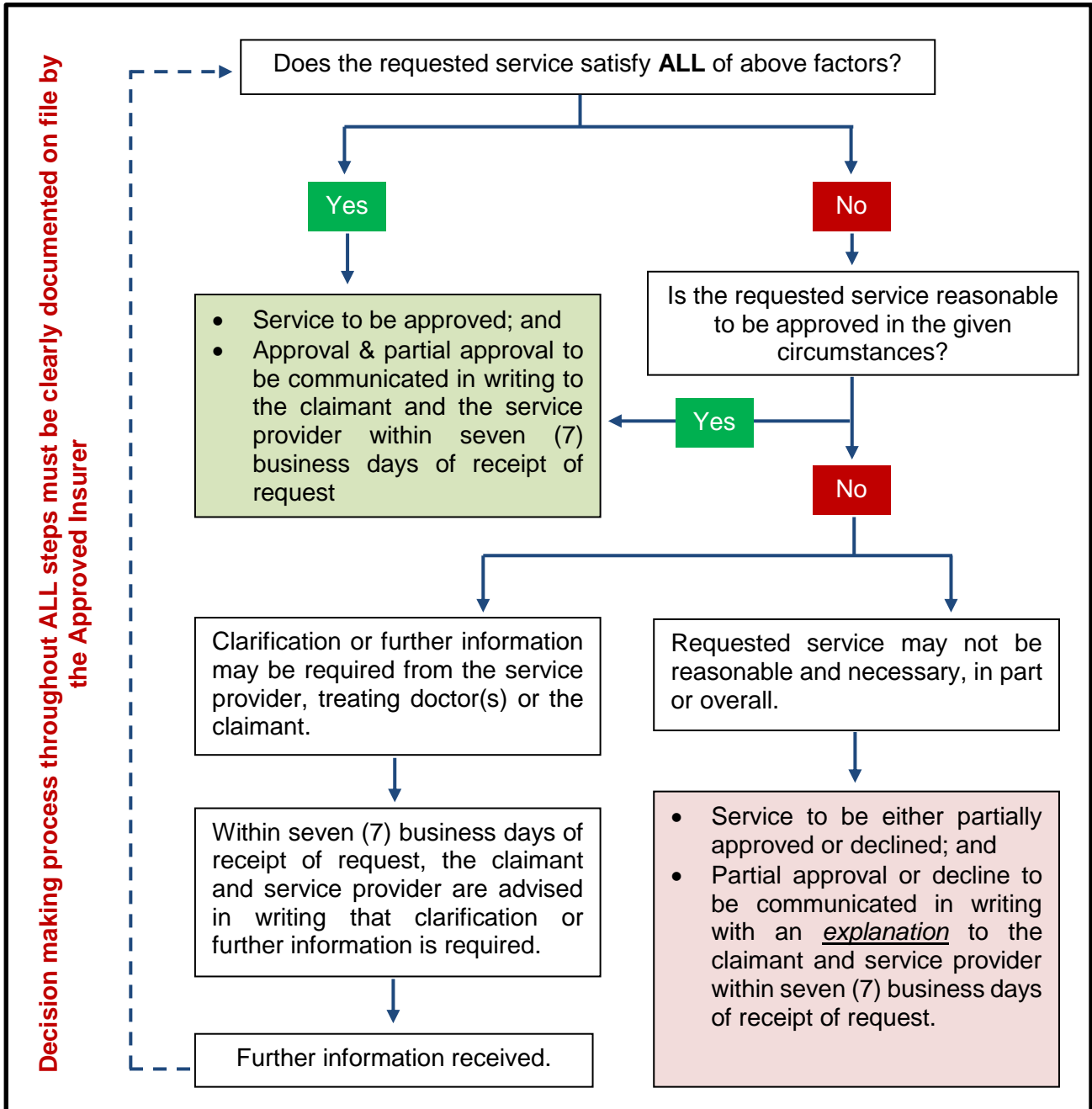
Research has shown that ‘too much’, ‘too little’, or delays in treatment can be ineffective, and may significantly impact on recovery in some circumstances. Also, the Regulator expects Approved Insurers, Treatment Providers and Claimants to consider whether treatment is reasonable and necessary according to the following factors:

### Factors Concerning Reasonable and Necessary Injury Recovery Interventions

<p><b>FACTOR 1. Relationship between proposed service* and the claimant’s injuries</b></p>
<ul style="list-style-type: none"> <li>• There should be sufficient medical evidence to demonstrate that services directly relate to the injuries sustained as a result of the accident, including aggravation or exacerbation of pre-existing conditions or post-accident events.</li> <li>• The duration of first onset of symptoms and first medical consultation should be consistent with the accident.</li> <li>• The severity of injury should be consistent with the mechanism of the accident.</li> </ul>
<p><b>FACTOR 2. Appropriateness of the proposed service for the injuries</b></p>
<ul style="list-style-type: none"> <li>• The service should be recommended by the treating medical practitioner (e.g. GP, specialist).</li> <li>• The service should be consistent with the injured claimant’s current medical management.</li> <li>• The service should be consistent with evidence-based best practice and any current clinical guidelines and/or frameworks (e.g. <i>Clinical Framework for the Delivery of Health Services</i>)</li> <li>• There should be no medical contraindications to the requested service.</li> <li>• No similar service should be concurrently provided.</li> <li>• The type of service and the fee requested are in accordance with the relevant legislation (Section 127A of the MV Act 1959).</li> <li>• Subsequent consultation that requires longer duration must meet the criteria as set out in the ReturnToWorkSA Fee Schedule.</li> </ul>
<p><b>FACTOR 3. Expected benefit of the proposed service for the claimant</b></p>
<ul style="list-style-type: none"> <li>• The expected outcomes should be functional and have tangible benefits to the claimant (e.g. facilitate return to work or facilitate independence with personal care).</li> <li>• The expected goals and timeframes are reasonable.</li> <li>• The proposed service will facilitate a recovery towards pre-injury condition or maximise function.</li> <li>• There have been positive outcomes from the provision of this service previously.</li> </ul>
<p><b>FACTOR 4. Quality of the service provider</b></p>
<ul style="list-style-type: none"> <li>• The provider is easily accessible to the injured claimant.</li> <li>• There are no conflict of interest issues identified between the Approved Insurer and the provider or between the injured claimant and the provider.</li> <li>• The provider holds required qualifications and registration.</li> </ul>

\*Note: ‘proposed service’ means the injury recovery interventions proposed for the injured claimant by healthcare professionals (treatment providers). See Responsibilities of Healthcare Professionals (Treatment providers) on page 14 for more information.

The following flowchart sets out the process undertaken by Approved Insurers when considering payment of reasonable and necessary Injury Recovery interventions.

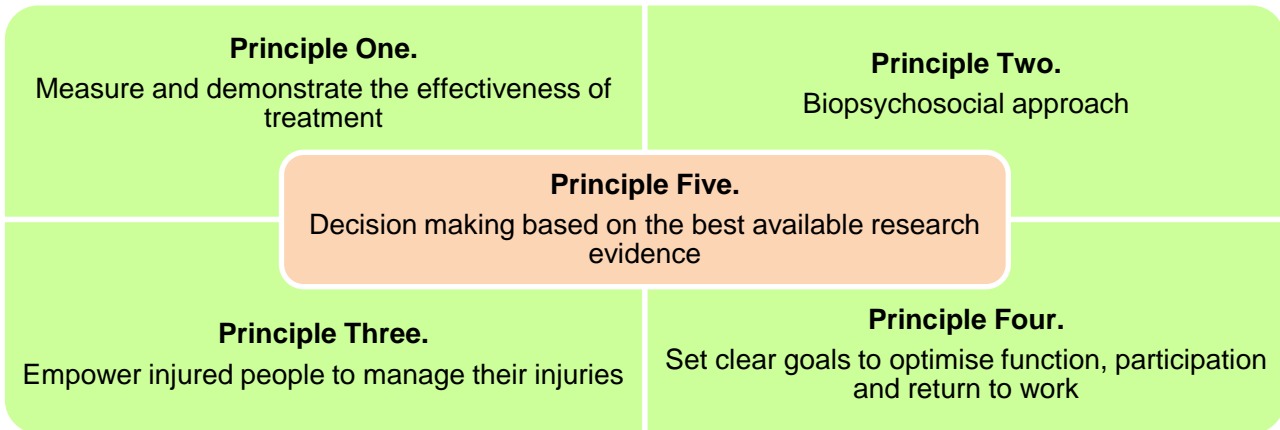


Note: Any unresolved issues about the decision making process may be escalated to the Approved Insurer’s Claims Manager via the contact details provided on page 5.

### 4.3 Principles for Supporting Effective Injury Recovery

Originally developed by the Transport Accident Commission and WorkSafe Victoria and endorsed by the SA Government, the *Clinical Framework for the Delivery of Health Services* is an evidence-based guide designed to support effective injury recovery. It is based on the best contemporary research and has been widely endorsed by Australian CTP and workers' compensation jurisdictions, as well as peak health associations.

The *Clinical Framework for the Delivery of Health Services* provides five key principles that are proven to deliver the best functional recovery for injured people:



The Regulator expects that the Approved Insurers and treatment providers will work collaboratively to facilitate the above principles in the planning and delivery of treatment.

#### Principle (1) Measure and demonstrate the effectiveness of treatment

To ensure the effectiveness of treatment, healthcare professionals should set functional goals, have measurable outcomes, and be able to demonstrate an objective rationale for instituting and continuing treatment. Outcome measurement tools should be used to assess the effectiveness of treatment to:

- Enable injured people to track their own recovery progress and independence;
- Objectively demonstrate the effectiveness of the treatment;
- Provide all stakeholders and decision makers with information on the claimant's injury recovery status; and
- Help justify whether the treatment should continue or cease.

Treatment effectiveness should be measured with standardised outcome measurement tools that are proven to be reliable, valid and sensitive to change. Some examples of these specific outcome measures are listed in Part 6 of this document (see page 16), as well as the CTP Insurance Regulator's website: <http://www.ctp.sa.gov.au>

Another way to measure the effectiveness of treatment is to develop customised outcome measures that can demonstrate how the treatment can target the individual's specific functional goals. These include a change in participation level at everyday activities (e.g. climbing stairs, doing household chores, or getting back to driving), or a change in work status (e.g. progress from modified to normal duties).

Baseline outcome measurements should be taken as soon as possible and repeated regularly to review progress. The results and progress should be documented and communicated among all stakeholders including the injured person and the Approved Insurer.

**Principle (2) Adopt a biopsychosocial approach**

An effective injury recovery process must consider all factors that can impact the injured person from the physical (biological), mental (psychological) and social point of view. The biopsychosocial approach to injury recovery support can effectively improve the injured person’s function, facilitating recovery and maximising independence.

Any potential risk factors across the biological, psychological and social domains should be identified and addressed as early as possible. These risk factors can be classified using the ‘flags model’.

**Figure 2. The flags model<sup>3</sup>**

Flag	Nature	Examples
Red	Biological Factors	<ul style="list-style-type: none"> <li>- Serious pathology (e.g. cauda equina syndrome, cancer)</li> <li>- Other serious medical conditions (e.g. sudden weight loss)</li> <li>- Failure of treatment</li> </ul>
Orange	Mental Health Factors	<ul style="list-style-type: none"> <li>- Mental health disorders (e.g. clinical depression)</li> <li>- Personality disorders</li> </ul>
Yellow	Beliefs, appraisals and judgements	<ul style="list-style-type: none"> <li>- Unhelpful beliefs about pain: indication of injury as uncontrollable or likely to worsen</li> <li>- Expectations of poor treatment outcome, delayed return to work</li> </ul>
	Emotional Responses	<ul style="list-style-type: none"> <li>- Distress not meeting criteria for diagnosis of mental disorder</li> <li>- Worry, fears, anxiety</li> </ul>
	Pain behaviour	<ul style="list-style-type: none"> <li>- Avoidance of activities due to fear of exacerbation of pain</li> <li>- Passive role in recovery</li> <li>- Poor coping strategies</li> </ul>
Blue	Social Factors	<ul style="list-style-type: none"> <li>- Low social support</li> <li>- Work-related factors (e.g. low job satisfaction, unsupportive colleagues, excessive work demands)</li> <li>- Limited or restricted community participation</li> <li>- Language barrier</li> <li>- Sense of injustice</li> </ul>
Black	System or contextual obstacles	<ul style="list-style-type: none"> <li>- Threats to financial security</li> <li>- Legislation or employers restricting options for return to work</li> <li>- Conflict with insurance staff over injury claim</li> <li>- Overly solicitous family and health care providers</li> </ul>

<sup>3</sup> Based on Main, CJ, Sullivan, MJL and Watson, PJ 2008, Pain Management: practical applications of the biopsychosocial perspective in clinical and occupational settings, Churchill Livingstone, Edinburgh, New York.

The earlier the potentially modifiable risk factors mentioned in the ‘flags model’ are addressed in the management of an injury, the lower the risk of developing long-term activity limitations, participation restrictions and persistent pain.

**Principle (3) Empower the injured person to manage their injury**

An effective injury recovery approach should involve the injured person in every step of the recovery process, empowering the person to take control of and have confidence about their recovery. For *children* or people with severe injuries, it is also important that the carers and family members are empowered to support the injured person in achieving their recovery goals. Factors enabling the injured person (or their family/carers) to actively participate in managing their injuries include:

- Education about the nature of their injuries, expected recovery timeframe and prognosis;
- Encouragement to participate in activities at home, school or work as reasonably as possible;
- Facilitating a self-management plan, including strategies to control symptoms and learning to function despite the symptoms;
- Positive attitude and motivation to focus on the functional recovery rather than restrictive or counter-productive beliefs; and
- Exercising choice in selection of an appropriately qualified service provider whose service is reasonable and necessary.

**Principle (4) Implement goals focused on optimising function, participation and return to work and/or community activities**

A key outcome of the injury recovery process is the ability of the injured person to manage their condition as independently as possible and participate in activities at home, in the community or at work. Health outcomes are best achieved when the injured person has a role in making decisions in their own treatment and the goal setting process. Therefore, parties involved in the injury recovery process including Approved Insurers and treatment providers should work together with the injured person to set goals that are SMART:

S	Specific	Goals that are specific and particular for the injured person
M	Measurable	Goals that are able to be measured in objective format
A	Achievable	Goals that are realistic and achievable given the diagnosis and prognosis for the injured person
R	Relevant	Goals that are important and meaningful for the injured person
T	Timed	Goals that are expected to be achieved within a timeframe agreed between the injured person and the health professional

► Example of application of SMART goal:

*Susan, 45 year-old, a single mum with 2 kids, recently had a car accident which caused soft tissue injuries in her neck and low back. Upon initial consultation with her GP, Susan said her goal is to **‘get rid of pain and move better so she can get back to work as soon as possible’.***

*Working closely with Susan, her GP and allied health treatment providers; the Approved Insurer facilitated the GP and treatment providers to work with Susan to develop SMART goals as outlined below. This process enabled Susan to be involved in the decisions regarding treatment and the setting of goals, and to understand her role in optimising her function, participation and return to work.*

<b>Specific</b>	<ul style="list-style-type: none"> <li>• Being able to walk, to climb stairs and to lift objects as heavy as 10kg</li> <li>• Return to work, part-time, on modified duties</li> <li>• Return to driving, and being able to turn neck for reverse parking</li> <li>• Control pain according to GP's advice</li> </ul>
<b>Measurable</b>	<ul style="list-style-type: none"> <li>• Maintain pain score less than 3 out of 10 in Visual Analogue Scale</li> <li>• Walk at least 500m in 6 minutes</li> <li>• Climb 6 consecutive steps, use grab rails if needed</li> <li>• Improve neck rotation range</li> </ul>
<b>Achievable</b>	<ul style="list-style-type: none"> <li>• According to the GP report, any lifting is prohibited at this stage – therefore, lifting movement will be addressed once clearance is given by her GP.</li> </ul>
<b>Relevant</b>	<ul style="list-style-type: none"> <li>• All above listed goals are relevant and meaningful for Susan</li> </ul>
<b>Timed</b>	<ul style="list-style-type: none"> <li>• Susan has agreed to work towards the above goals within the next 4 weeks and her progress will be assessed and goals reset or modified at this time.</li> </ul>
Stakeholders: (1) Susan; (2) Susan's GP; (3) Susan's allied health treatment providers; (4) Susan's employer; (5) the CTP Approved Insurer; and (6) Susan's lawyer (if applicable).	

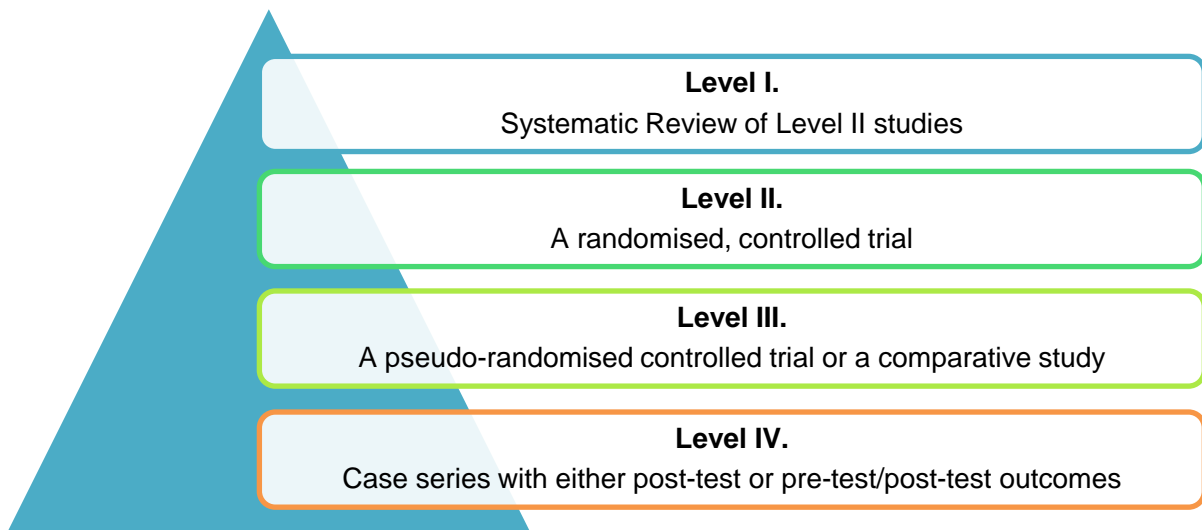
### **Principle (5) Base treatment on the best available evidence**

The injury recovery process within the CTP Scheme is supported by the expertise from medical practitioners to ensure proposed treatment is consistent with the opinions of the claimant's treating medical practitioner(s). Therefore, recommendations from treating medical practitioners may be sought to ensure the proposed treatment is based on the best medical evidence to improve the injured person's health outcomes. The CTP Insurance Regulator encourages all stakeholders to ensure that the treatment is recommended and/or verified by the treating medical practitioners wherever appropriate.

In addition, treatment for the injured person should be supported by the best available research evidence. There are a number of evidence based guidelines providing references to high quality clinical research aimed at improving functional outcomes and return-to-work results. The evidence based guidelines can assist the decision makers with understanding best practice protocols and optimal care pathways, so that injured claimants can avoid inappropriate care that is of little or no benefit or potentially harmful.

In Australia, current clinical guidelines or frameworks registered with National Health and Medical Research Council (NHMRC) are considered to reflect an excellent level of evidence. These guidelines or frameworks can be searched in NHMRC's Australian Clinical Practice Guidelines webpage: <https://www.clinicalguidelines.gov.au/>.

For research evidence other than the clinical guidelines or frameworks, the nationally standardised evidence hierarchy below<sup>4</sup> can be useful to determine the quality of the evidence.



Please note that there are also other forms of commercially available decision making tools that provide evidence based guidelines. The Regulator does not endorse or recommend a particular tool over others, as long as the treatment provided for the injured claimant is based on the best available evidence.

#### 4.4 Injury Recovery for Children

The *Principles for Supporting Effective Injury Recovery* outlined in this Framework are also relevant for children. However, it is important to note that children may experience quite different injuries compared to adults in the same accident circumstances. Recovery pathways may also differ for children. Depending on the significance of the injuries, therapy or treatment programs for children should be provided by a healthcare professional who is qualified and trained in paediatric injury recovery interventions.

The CTP Scheme provides no fault coverage for the necessary and reasonable treatment, care and support needs of children under the age of 16 who are injured in an accident that occurred in South Australia on or after 1 July 2013. The coverage for children is available regardless of whether the child, a South Australian registered motor vehicle or an interstate registered vehicle was at fault. More information can be found in CTP Insurance Regulator website: <http://www.ctp.sa.gov.au/>.

<sup>4</sup> *NHMRC* 2009, *NHMRC additional levels of evidence and grades for recommendations for developers of guidelines. Stage 2 Consultation*. Retrieved from [http://www.nhmrc.gov.au/\\_files\\_nhmrc/file/guidelines/stage\\_2\\_consultation\\_levels\\_and\\_grades.pdf](http://www.nhmrc.gov.au/_files_nhmrc/file/guidelines/stage_2_consultation_levels_and_grades.pdf)



## 5 Responsibilities

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### 5.1 Rights and Responsibilities of Injured People (Claimants)

It is your right to:

- Be informed of the claims process, what steps are being taken by the Approved Insurer (where you submit your CTP Injury Claim Form) and why;
- Contact the Approved Insurer if you are unsure of how your claim is progressing;
- Choose your own treating professional (e.g. doctors and allied health professionals) to provide services that are reasonable and necessary for your injury recovery;
- Ask your doctor if unsure of which provider to choose;
- Tell the Approved Insurer if you have difficulty in accessing timely treatment from a provider;
- Ask questions of your doctor and/or service providers if unsure of anything.

It is important to remember that the Approved Insurers are there to assist you in your recovery. Providing timely information to the Approved Insurer managing your claim will help them understand your situation better, so they can assist you to access early, reasonable and necessary treatment and supports. This information includes:

- A completed Injury Claim Form (available at: <http://www.ctp.sa.gov.au/forms>);
- Relevant medical information from your doctor;
- Details of treatment already undertaken;
- Any changes in your circumstances, such as improvement/deterioration in recovery, return to work status, and treatment needs; and
- Any changes to your address, phone and email details.

Other things that you can do include:

- Write, email or telephone regularly with the Approved Insurer about your treatment and injury recovery progress;
- Cooperate with the Approved Insurer so they can facilitate your timely access to reasonable and necessary treatments;
- Engage in the injury recovery process, and take all reasonable steps to undertake treatment;
- Keep valid receipts if you have already paid for treatment and/or services and provide the receipt to the Approved Insurer, who will then assess whether or not the services were reasonable and necessary; and
- Stay optimistic and aim to return to your usual activities prior to being injured, such as work and leisure, as soon as practicable.



## 5.2 Responsibilities of Healthcare Professionals (Treatment Providers)

*Health Practitioner Regulation National Law (South Australia) Act 2010* defines health professionals. Commonly referred health professionals in the CTP Scheme include, but are not limited to: Doctors, Dentists, Physiotherapists, Occupational Therapists, Psychologists, Chiropractors, Podiatrists, Speech Pathologists, and Exercise Physiologists. The responsibilities of Treatment Providers include:

- Communicate with and provide feedback to the Approved Insurer and claimant regarding the progress of the claimant's injury recovery and functional status;
- Provide person-centred, goal oriented, and evidence based healthcare services to claimants according to the *Clinical Framework for the Delivery of Health Services*;
- Ensure that treatment adheres to the principles of "reasonable and necessary";
- Adopt a biopsychosocial approach to assessment and treatment planning;
- Where appropriate, provide services in consultation and collaboration with other medical and health providers involved in the management and treatment of the claimant, to ensure treatments complement and are aligned to other treatment being undertaken;
- Utilise Allied Health Management Plans to facilitate claimants' return to usual activities including work where applicable;
- Comply with the prescribed services and Fee Schedule under the *Return To Work Act 2014* as required by Section 127A of the *Motor Vehicle Act 1959*; and
- As a general rule and to be confident of payment, pre-approval should be obtained from the Approved Insurer for payment of services.

## 5.3 Responsibilities of Approved Insurers

For people who are eligible to make claims for injuries under the CTP Scheme, the Approved Insurers must act in good faith in their dealings with claimants and ensure their claims processes are efficient, cost effective and in accordance with law. The responsibilities of Approved Insurers are outlined in the Regulator Rules, available at: <http://www.ctp.sa.gov.au/about/regulator-rules>. These responsibilities include, but are not limited to:

- Deal as expeditiously as possible with claims;
- Encourage early, reasonable and necessary treatment and rehabilitation;
- Provide information and assistance to claimants and help them through the process;
- For children's no fault claims, focus on early intervention treatment, care and support needs that are reasonable and necessary for recovery;
- Follow assessment of reasonable and necessary services, pay the prescribed fee;
- Have a consistent approach in place to ensure the claim process is explained to claimants throughout the claim lifecycle;
- Inform claimants what steps are being taken and why in order to assist in the assessment and management of the claim;
- Inform claimants if and when additional information is required; and
- Be proactive in obtaining sufficient information early to be in a position to assess and resolve the claim as soon as possible.

Additionally, the Regulator in accordance with this Framework, recommends Approved Insurers:

- Assess funding requests in accordance with *Factors Concerning Reasonable and Necessary Injury Recovery Interventions* (refer to page 7);
- Respond to funding requests in writing within seven (7) business days of receipt of the request, utilising Allied Health Management Plans wherever possible; and
- Provide funding decision reasoning in writing within seven (7) business days if the request is declined or partially approved.

## 6 Useful Clinical Resources

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### 6.1 Useful Clinical Guidelines

#### ***6.1.1 Whiplash guidelines for the management of acute whiplash-associated disorders for health professionals, 3<sup>rd</sup> Edition (Whiplash Guidelines)***

Developed by the State Insurance Regulatory Authority (SIRA) in NSW, the Whiplash Guidelines provide useful clinical information for the management of whiplash-associated disorders (WAD), which is the most frequently reported injury in CTP Schemes. Guided by a working group consisting of industry-leading research experts such as Professor Michele Sterling at RECOVER Injury Research Centre and Dr Trudy Rebbeck at University of Sydney, the Whiplash Guidelines provide recently published evidence based recommendations for the management of acute WAD. The Whiplash Guidelines are available via link on CTP Insurance Regulator's website: <http://www.ctp.sa.gov.au/>.

#### ***6.1.2 Clinical Framework for the Delivery of Health Services (Clinical Framework)***

Originally developed by Transport Accident Commission (TAC) and WorkSafe Victoria, the Clinical Framework outlines a set of guiding principles for the delivery of health services that are based on the best contemporary research. The Clinical Framework has been widely endorsed by Australian CTP and workers' compensation jurisdictions, as well as peak health associations. The link is available on CTP Insurance Regulator's website: <http://www.ctp.sa.gov.au/>.

### 6.2 Useful Information and Outcome Measures

#### ***6.2.1 Whiplash Navigator***

Whiplash Navigator has been developed as a joint project from experts at the University of Sydney and the University of Queensland.

For injured people, the Whiplash Navigator provides helpful resources and information such as facts about whiplash, advice on recovering from a whiplash injury, and instructions on how to do the recommended exercises at home.

For clinicians, the website provides standard examination and recommended steps for the assessment of a whiplash injury, relevant outcome measures, prognostic tools and treatment/management strategies.

#### ***6.2.2 Commonly used Clinical Outcome Measures***

A Clinical Outcome Measure is an assessment tool that can be used to objectively describe the functional change of a person's health status at the beginning, during, and at the end of treatment. The Outcome Measures can provide credible and reliable justification for the given treatment.

There are a number of Clinical Outcome Measures available in the health industry. International Centre for Allied Health Evidence (iCAHE) at University of South Australia provides evidence-based user manuals that contain useful information regarding different types of Clinical Outcome Measures.

Listed below are some of the most commonly used Outcome Measures for the assessment of motor vehicle injuries. Also provided are commonly used Clinical Screening Tools that are relevant to the CTP Scheme. These outcome measures and screening tools are available via iCAHE user manuals, available on the CTP Insurance Regulator website: <http://www.ctp.sa.gov.au/>.

### 6.2.3 Overall Function

- Patient-specific functional scale (PSFS)

The PSFS can be used to quantify activity limitation and measure functional outcome.

### 6.2.4 Neck Function

- Neck Disability Index (NDI)

The Neck Disability Index (NDI) is designed to give information as to how neck pain has affected a person's ability to manage everyday life. The result can be expressed as a percentage or as a raw score (out of 50).

- Whiplash Disability Questionnaire (WDQ)

The Whiplash Disability Questionnaire (WDQ) has been designed to provide information on the impact the whiplash injury and symptoms have upon a person's lifestyle.

### 6.2.5 Back Function

- Oswestry low back pain disability questionnaire

The Oswestry low back pain disability questionnaire has been designed to provide information as to how a person's low back pain is affecting the ability to manage in everyday life. The questionnaire has 10 items concerning pain and activities of daily living including personal care, lifting, reading, headaches, concentration, work status, driving, sleeping and recreation.

- Roland-Morris low back pain questionnaire (RMQ)

The Roland-Morris Questionnaire (RMQ) is a self-administered disability measure in which greater levels of disability are reflected by higher numbers on a 24-point scale.

- Quebec Back Pain Disability Scale

The Quebec Back Pain Disability Scale is designed to measure the way a person's back pain is affecting the activities of daily living in 20 categories, scored from a scale of 0 to 5.

### 6.2.6 Upper & Lower Extremity Function

- Shoulder pain and disability index (SPADI)

The SPADI is a self-administered questionnaire that consists of two dimensions, one for pain and the other for functional activities. The SPADI takes 5 to 10 minutes for a patient to complete and is a reliable and valid region-specific measure for the shoulder.

- Disability of the arm, shoulder and hand (DASH)

The DASH uses 30 items to measure physical function and symptoms in people with any or multiple musculoskeletal disorders of the upper limb. A shortened version of DASH, also known as the *QuickDASH*, uses 11 items instead of 30 items to measure the upper limb function. Both the *QuickDASH* and the full DASH Outcome measure are valid, reliable and responsive and can be used for clinical and/or research purposes.

- Upper extremity functional index (UEFI)

The UEFI is a self-administered questionnaire which measures disability in people with upper extremity orthopaedic conditions. The questionnaire lists 20 activities and the patient gives a score to each based on the difficulty they have completing that activity.

- Knee injury & osteoarthritis outcome score (KOOS)

The KOOS is a questionnaire designed to assess short and long-term patient-relevant outcomes following knee injury. The KOOS is self-administered and assesses five outcomes: pain, symptoms, activities of daily living, sport and recreation function, and knee-related quality of life.

### **6.2.7 Assessment of Pain and Pain Beliefs**

- Pain Catastrophisation Scale (PCS)

The Pain Catastrophisation Scale (PCS) is designed to assess the thoughts and feelings of a person in pain and to evaluate the catastrophizing impacts.

- Pain Self-Efficacy Questionnaire (PSEQ)

The Pain self-efficacy questionnaire (PSEQ) is a 10-item questionnaire designed to assess a person's confidence in performing activities while experiencing ongoing pain. The PSEQ is applicable to all persisting pain presentations.

- Visual Analogue Scale

The Visual analogue scales (VAS) is an instrument that numerically measures the pain that a person experiences in a 10cm long horizontal line, from a scale of 0 (no pain) to 10 (pain as bad as it could possibly be).

### **6.2.8 Assessment of physical function**

- 6-minutes walking test (6MWT)

The 6 Minute Walk Test (6MWT) is a sub-maximal exercise test used to assess aerobic capacity and endurance. The distance covered over 6 minutes is used as the outcome by which to compare changes in performance capacity.

- Timed Up and Go (TUG)

The Timed Up and Go (TUG) test is a simple test that is designed to assess a person's mobility, static balance, dynamic balance, and safety concerns related to mobilisation, such as the risk of falls.

### **6.2.9 Psychosocial & Mental Health Outcome Measure**

- The Tampa Scale for Kinesiophobia (TSK)

The Tampa Scale for Kinesiophobia (TSK) is a 17 item questionnaire used to assess the subjective rating of kinesiophobia or fear of movement.

- Impact of event scale – Revised (IES-R)

The Impact of Event Scale-Revised (IES-R) is a 22-item self-reported questionnaire used to evaluate the degree of distress a person feels in response to trauma. It provides a structured way for a person to communicate distress when she or he may not have the words to do so.

- Depression, anxiety and stress scale (DASS)

The Depression, anxiety and stress scale (DASS) is a 21 item self-report questionnaire designed to measure the severity of a range of symptoms common to both depression and anxiety. This questionnaire is designed to measure severity of the symptoms as well as measuring treatment response. Each item is scored from 0 (not relevant over the past week) to 3 (applied most of the time over the past week).

- Kessler Psychological Distress Scale (K10)

K10 is a 10-item questionnaire that measures a person's psychological distress in the most recent 4 week period. In the context of injury management, the measure can be provided to the patient where recovery is not proceeding as anticipated (for instance, between weeks four and six), and may highlight the need for more regular review, or referral to a specialist health provider such as a psychologist.

### ***6.2.10 Clinical Screening Tools***






















- Canadian C-Spine Rule

The Canadian C-Spine Rule helps to determine whether an X-ray is required for diagnosis of fracture or dislocation of cervical spine.

- Örebro Musculoskeletal Pain Questionnaire (ÖMPQ)

The Örebro Musculoskeletal Pain Questionnaire (ÖMPQ) is a 'yellow flag' screening tool that predicts long-term disability and failure to return to work following a soft tissue injury. The ÖMPQ is a self-administered tool comprised of 25 questions, and a short-form of the ÖMPQ is also available with the number of questions reduced to 10.

Below table summarises how the other regulatory bodies of various jurisdictions have the above clinical tools available through their website and other relevant materials.

Overall Function	Neck & Whiplash	Back	Upper / Lower Limb	Pain	Physical Function	Psychosocial
Patient-specific functional scale (PSFS) 	Neck disability index 	Oswestry low back pain disability questionnaire 	Shoulder pain and disability index (SPADI) 	Pain catastrophisation scale 	6 minutes-walk test (6MWT) 	Orebro musculoskeletal pain questionnaire 
	Whiplash Disability Questionnaire 	Roland-Morris low back pain questionnaire 	Disability of the Arm, Shoulder & Hand (DASH) 	Pain self efficacy questionnaire 	Timed Up and Go (TUG). 	Tampa scale for kinaesiophobia 
	Canadian C-spine Rule 	Quebec Back Pain disability scale 	Upper extremity functional index 	Visual analogue scale (VAS) 		Impact of Event Scale (IES) 
			Knee injury & osteoarthritis outcome score (KOOS) 			Depression, Anxiety and Stress Scale (DASS) 
						Kessler Psychological Distress Scale (K10) 

: ReturnToWorkSA (SA)

: Transport Accident Commission (VIC)

: State Insurance Regulatory Authority (NSW)

: Motor Accident Insurance Commission (QLD)