

PO Box 44324
Olympia WA 98504-4324

Instructions:

Submit a separate application for each clinic location. You must complete Sections A – D.

No later than December 31, 2023, complete and submit clinician training requirements in Appendix B.

If you have any questions about this application, please contact us at 360-902-5481 or email us at Therapy@Lni.wa.gov.

Submit your completed application via fax to 360-902-5035 or via email at Therapy@Lni.wa.gov.

Part A – Application Type

I am applying to become a work rehabilitation (WR) provider:

- Work Rehabilitation – Conditioning Clinic Only (up to 4 hour program)
 Work Rehabilitation – Conditioning **and** Work Rehabilitation – Hardening Clinic (up to 8 hour program)

Part B – Clinic Information

1. Business Information

Clinic Name	L&I Group Provider Number for Location
-------------	--

2. Clinic Location Address

Street Address		
City	State	Zip Code

3. Type of Program

- Physical and Occupational Therapy Clinic
 Physical Therapy (PT) Only Clinic
 Occupational Therapy (OT) Only Clinic

4. Identify any specialty jobs you are set up to simulate (i.e. outdoor space, driving simulator)

--

5. Do you have existing relationships with your community healthcare/behavioral health professional? (Providers you have collaborative referral relationships with to include behavioral health providers)

- Yes
 No – please provide me with resources

6. List any additional services other than work rehabilitation (WR) you offer at this location

--

Part C – WR Program Elements

Check each box to indicate your program has been updated to meet these program requirements.

1. Initial Comprehensive Evaluation

Requirement	Met
Medical history	<input type="checkbox"/>
Self-report questionnaires / functional outcome measures	<input type="checkbox"/>
Musculoskeletal screen	<input type="checkbox"/>
Fitness level	<input type="checkbox"/>
Material handling	<input type="checkbox"/>
Positional tolerance	<input type="checkbox"/>
Baseline comparison for return to work demands	<input type="checkbox"/>
Psychosocial barriers	<input type="checkbox"/>
Customized approach	<input type="checkbox"/>

2. Functional Job Description / Analysis

Requirement	Met
Available at the time of the evaluation	<input type="checkbox"/>
Consensus from worker about job demands of the job goal	<input type="checkbox"/>

3. Individualized Plan of Care

Requirement	Met
Goal aligned with return to work plan	<input type="checkbox"/>
Established using therapeutic alliance	<input type="checkbox"/>
Goals signed by worker and therapist	<input type="checkbox"/>
Includes work simulation / focus on functional abilities	<input type="checkbox"/>
Timely communication with stakeholders to develop plan	<input type="checkbox"/>
Recommended intensity choice and frequency / duration explained	<input type="checkbox"/>

4. Full Body Conditioning Program

Requirement	Met
Strength, conditioning, and flexibility levels quantified and recorded	<input type="checkbox"/>
Standardized method used	<input type="checkbox"/>
Progressive design based on frequency, load, and duration	<input type="checkbox"/>
Modified based on condition / comorbidities	<input type="checkbox"/>

5. Work-Based Tasks / Simulation

Requirement	Met
Progressive design based on frequency, load, and duration	<input type="checkbox"/>
Job demands simulated as closely as able	<input type="checkbox"/>
Worker's job-specific tools used when feasible	<input type="checkbox"/>

6. Participatory Ergonomics

Requirement	Met
Worksite assessed to identify adjustments / task progression of the job to allow modified / full duties	<input type="checkbox"/>
Collaborate with worker / vocational counselor / employer	<input type="checkbox"/>

7. Behavioral Interventions

Requirement	Met
Principles applied for workers with psychosocial barriers to return to work	<input type="checkbox"/>
Interventions aligned with workers' preferences and values	<input type="checkbox"/>
Resources identified and initiated when needed	<input type="checkbox"/>

8. Client Education

Requirement	Met
Topics include: pain neuroscience, self-management, pacing, posture, body mechanics, safety, injury prevention, wellness (stress management, dietary/lifestyle changes)	<input type="checkbox"/>

9. Team Care Conference / Progress Updates

Requirement	Met
Occurs every two weeks	<input type="checkbox"/>
Invitations to care team (VRC, AP, other)	<input type="checkbox"/>
Discuss capacity level, progress, barriers, updates to outcome measures, changes to care plan / home program / treatment approach, and assign roles	<input type="checkbox"/>
Includes return to work transition plans or safe progression of work duties if working	<input type="checkbox"/>

10. Collaboration with Stakeholders

Requirement	Met
Ongoing communication built into program at regular intervals and when barriers arise	<input type="checkbox"/>

11. Discharge

Requirement	Met
Comparison of baseline and final physical demand capacity levels	<input type="checkbox"/>
Treatment concluded when goals met or progress has plateaued	<input type="checkbox"/>
Final transitional work plan or safe progression of work duties in place	<input type="checkbox"/>
Individualized home program finalized	<input type="checkbox"/>

Part D – Work Rehabilitation Program Agreement

Statement of Agreement

I intend to follow Department of Labor & Industries (L&I) laws, rules, and requirements while providing work rehabilitation services.

I attest all treating providers will have completed all of their L&I required training by December 31, 2023. Any new provider after this date must have their training completed before treating clients in a work rehabilitation program.

I will submit Appendix B to L&I by December 31, 2023 and understand training records may be audited.

I will ensure required paperwork is submitted timely to L&I and the attending provider.

- Initial Evaluation / Plan of Care within 5 business days.
- Progress Summaries and Discharge Capacity Summary within 7 business days.
- Daily treatment notes within 30 days of program ending.

Clinic Owner / Manager Name

Title

Date

Clinic Owner / Manager Signature

Appendix A: Provider Education & Training Requirements

Category	Minimum # of Hours	Subtopics
A. L&I Workers' Compensation Basics for Physical Medicine Providers	2	<ul style="list-style-type: none"> • Job analysis / job description • Ergo / modifying jobs • Vocational recovery • Worker disability prevention • Employer incentive program • Abbreviations / terminology
B. Pain Neuroscience Education	2	<ul style="list-style-type: none"> • Basic Principals • Resources / Tools
C. Psych-Informed Practice	2	<ul style="list-style-type: none"> • Biopsychosocial model of care • Motivational interviewing • Self-management / cognitive behavioral therapy – restructuring beliefs and promoting adaptive behaviors • Acceptance and commitment therapy (ACT) • Therapeutic alliance
D. Physical Med Best Practices	2	<ul style="list-style-type: none"> • Functional goal setting • Patient expectations • Lifestyle and health advice • Psychosocial barrier support • Graded activity • Graded exposure

Training required every 6 years on the same date clinician's Washington license is renewed. Training must be within the 6-year cycle.

Appendix B: WR List of Clinicians

List each individual clinician providing WR services and the date their required education and training was completed.

Name of Clinic	Location City
----------------	---------------

Clinic Owner / Manager Signature	Date
----------------------------------	------

Clinician's Name (Last, First, Middle Initial)			
Provider Type (OT, PT, COTA, PTA, ATC)	Individual NPI Number	L&I Individual Provider Number (if applicable)	WA License Expiration Date
Training A – Workers Comp Basics Completion Date	Training B – Pain Neuro Completion Date	Training C – Psych-Informed Completion Date	Training D – Best Practices Completion Date

Clinician's Name (Last, First, Middle Initial)			
Provider Type (OT, PT, COTA, PTA, ATC)	Individual NPI Number	L&I Individual Provider Number (if applicable)	WA License Expiration Date
Training A – Workers Comp Basics Completion Date	Training B – Pain Neuro Completion Date	Training C – Psych-Informed Completion Date	Training D – Best Practices Completion Date

Clinician's Name (Last, First, Middle Initial)			
Provider Type (OT, PT, COTA, PTA, ATC)	Individual NPI Number	L&I Individual Provider Number (if applicable)	WA License Expiration Date
Training A – Workers Comp Basics Completion Date	Training B – Pain Neuro Completion Date	Training C – Psych-Informed Completion Date	Training D – Best Practices Completion Date

Clinician's Name (Last, First, Middle Initial)			
Provider Type (OT, PT, COTA, PTA, ATC)	Individual NPI Number	L&I Individual Provider Number (if applicable)	WA License Expiration Date
Training A – Workers Comp Basics Completion Date	Training B – Pain Neuro Completion Date	Training C – Psych-Informed Completion Date	Training D – Best Practices Completion Date

Clinician's Name (Last, First, Middle Initial)			
Provider Type (OT, PT, COTA, PTA, ATC)	Individual NPI Number	L&I Individual Provider Number (if applicable)	WA License Expiration Date
Training A – Workers Comp Basics Completion Date	Training B – Pain Neuro Completion Date	Training C – Psych-Informed Completion Date	Training D – Best Practices Completion Date

Clinician's Name (Last, First, Middle Initial)			
Provider Type (OT, PT, COTA, PTA, ATC)	Individual NPI Number	L&I Individual Provider Number (if applicable)	WA License Expiration Date
Training A – Workers Comp Basics Completion Date	Training B – Pain Neuro Completion Date	Training C – Psych-Informed Completion Date	Training D – Best Practices Completion Date

Clinician's Name (Last, First, Middle Initial)			
Provider Type (OT, PT, COTA, PTA, ATC)	Individual NPI Number	L&I Individual Provider Number (if applicable)	WA License Expiration Date
Training A – Workers Comp Basics Completion Date	Training B – Pain Neuro Completion Date	Training C – Psych-Informed Completion Date	Training D – Best Practices Completion Date

Clinician's Name (Last, First, Middle Initial)			
Provider Type (OT, PT, COTA, PTA, ATC)	Individual NPI Number	L&I Individual Provider Number (if applicable)	WA License Expiration Date
Training A – Workers Comp Basics Completion Date	Training B – Pain Neuro Completion Date	Training C – Psych-Informed Completion Date	Training D – Best Practices Completion Date

Clinician's Name (Last, First, Middle Initial)			
Provider Type (OT, PT, COTA, PTA, ATC)	Individual NPI Number	L&I Individual Provider Number (if applicable)	WA License Expiration Date
Training A – Workers Comp Basics Completion Date	Training B – Pain Neuro Completion Date	Training C – Psych-Informed Completion Date	Training D – Best Practices Completion Date

Clinician's Name (Last, First, Middle Initial)			
Provider Type (OT, PT, COTA, PTA, ATC)	Individual NPI Number	L&I Individual Provider Number (if applicable)	WA License Expiration Date
Training A – Workers Comp Basics Completion Date	Training B – Pain Neuro Completion Date	Training C – Psych-Informed Completion Date	Training D – Best Practices Completion Date

Clinician's Name (Last, First, Middle Initial)			
Provider Type (OT, PT, COTA, PTA, ATC)	Individual NPI Number	L&I Individual Provider Number (if applicable)	WA License Expiration Date
Training A – Workers Comp Basics Completion Date	Training B – Pain Neuro Completion Date	Training C – Psych-Informed Completion Date	Training D – Best Practices Completion Date

Clinician's Name (Last, First, Middle Initial)			
Provider Type (OT, PT, COTA, PTA, ATC)	Individual NPI Number	L&I Individual Provider Number (if applicable)	WA License Expiration Date
Training A – Workers Comp Basics Completion Date	Training B – Pain Neuro Completion Date	Training C – Psych-Informed Completion Date	Training D – Best Practices Completion Date

Clinician's Name (Last, First, Middle Initial)			
Provider Type (OT, PT, COTA, PTA, ATC)	Individual NPI Number	L&I Individual Provider Number (if applicable)	WA License Expiration Date
Training A – Workers Comp Basics Completion Date	Training B – Pain Neuro Completion Date	Training C – Psych-Informed Completion Date	Training D – Best Practices Completion Date

Clinician's Name (Last, First, Middle Initial)			
Provider Type (OT, PT, COTA, PTA, ATC)	Individual NPI Number	L&I Individual Provider Number (if applicable)	WA License Expiration Date
Training A – Workers Comp Basics Completion Date	Training B – Pain Neuro Completion Date	Training C – Psych-Informed Completion Date	Training D – Best Practices Completion Date

Clinician's Name (Last, First, Middle Initial)			
Provider Type (OT, PT, COTA, PTA, ATC)	Individual NPI Number	L&I Individual Provider Number (if applicable)	WA License Expiration Date
Training A – Workers Comp Basics Completion Date	Training B – Pain Neuro Completion Date	Training C – Psych-Informed Completion Date	Training D – Best Practices Completion Date

Clinician's Name (Last, First, Middle Initial)			
Provider Type (OT, PT, COTA, PTA, ATC)	Individual NPI Number	L&I Individual Provider Number (if applicable)	WA License Expiration Date
Training A – Workers Comp Basics Completion Date	Training B – Pain Neuro Completion Date	Training C – Psych-Informed Completion Date	Training D – Best Practices Completion Date