WorkCoverWA

Form 4A

Workcover WA - PROGRESS certificate of capacity

1. WORKER'S DETAILS

First name Raymond | Last name Morrison

Date of birth 19/08/1985 | Claim no. PE2201399

Phone 0459570046 | Email ray.morrison85@hotmail.com

Address 40 Toledo Circuit Port Kennedy 6172

2. EMPLOYER'S DETAILS

Employer's name Nateis Contracting | Employer's phone

Employer's address 113 Dalason Avenue Wattleup WA 6166

3. MEDICAL ASSESSMENT

Date of this assessment 1/11/2022 | Date of injury 24/02/2022

Diagnosis
1. High grade to full thickness tear of the AITFL.
2. Full thickness tear of the ATFL.
3. Moderate sprain of the CFL.
4. Major depressive disorder
5. Complex regional pain syndrome

4. PROGRESS REPORT

Activities/Interventions	**Actual Outcome** *(change in symptoms, function, activity and work participation)*	**Still required?**
GP follow up	Right ankle pain still 'sore' according to patient. He is still walking with arm crutch and in cam boot because walking without them causing pain that is unbearable. Started Pristiq last visit. It is helping a little bit. Still constantly angry all the time. Feeling tired. Examination: Right ankle minimally swollen, tenderness over right anterior ankle, ankle plantar flexion about 20 degree and dorsiflexion about 30 degrees	X
Refer orthopaedic surgeon	Dr. Douglas Kingwell continues monitoring and observation. Next appointment 20/10/2022.	X
Paracetamol or tramadol	Paracetamol relieves the pain. Only take tramadol for severe pain.	X
Refer pain specialist	Seeing Dr. Ravi from Painless in Mt Claremount with his team of physiotherapist and occupational therapist.	
Psychotherapy	Getting counselling from psychologist from People Sense	X

** (If management activities/interventions are still required, please also list them in Section 6 ' Injury Management Plan')*

X Other factors appear to be impacting recovery and return to work

Comment depression and mental health

5. WORK CAPACITY

Worker's usual duties Driving truck, operating machinery and manual labour

Having considered the health benefits of work, I find this worker to have:

full capacity for work from | but requires further treatment

some capacity for work from | to | performing

	pre-injury duties		modified or alternative duties		workplace modifications
	pre-injury hours		modified hours of	hours/day	days/wk
X	**no capacity for work** from	02/11/2022	to	16/12/2022	*(outline clinical reason on next page)*

5. WORK CAPACITY (CONTINUED)

Worker has capacity to: Nil

6. INJURY MANAGEMENT PLAN

Activities/Interventions	**Purpose/goal** *(likely change in symptoms, function, activity and work participation)*
GP follow up	Coordination of care, treatment and medication
Psychotherapy	Getting counselling from psychologist from People Sense
Paracetamol or tramadol	For pain relief
Refer physiotherapist	For rehabilitation, improving strength, mobility and funciton.
Refer orthopaedic surgeon	For specialist review and surgical intervention

X I support the RTW program established by employer/insurer/WRP dated

X I would like more information about available duties X I would like to be involved in developing the RTW program

Please engage a workplace rehabilitation provider *(if you have made a referral, provider name and contact details below)*

Examples of injury management activities/interventions include:
- *further assessment - diagnostic imaging, medical specialist consults, worksite assessment*
- *intervention - physiotherapy, clinical psychology, exercise physiology, prescribed medications, workplace mediation*
- *return to work planning - identify suitable duties, establish return to work program*

7. NEXT REVIEW DATE

X I will review worker again on 16/12/2022 *(If greater than 28 days, please provide clinical reasoning)*

Comments Complex issues with guarded prognosis

8. MEDICAL PRACTITIONER'S DETAILS

Name	Dr Way Tern Mah
Address	Pad 2-3, No 4 Chisham Avenue P O Box 168 Kwinana WA 6966 Kwinana 6167
Phone	0894396188
Fax	0894193854

(Practice stamp – optional)

AHPRA no. MED	MED0002116486
Email	kwinanagp@gmail.com
Signature	Waytern Mah
Date	01/11/2022

Dr Way Tern Mah
Provider No. 5345301J
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