



An Injury Management Consultant (IMC) is a physiotherapist designated as a resource to patients and their healthcare care provider in the assessment and treatment of sprains, strains and whiplash associated disorders arising from motor vehicle accidents. The IMC will assess and provide recommendations on injuries and treatment to the referring practitioner and the insurer.

The IMC will receive the referral from a healthcare provider to assess a client through review of provided healthcare information and physical examination. They can request further diagnostic tests to complete the assessment and establish a diagnosis within the prescribed framework. They then provide the referring practitioner and insurance company with a report containing findings, diagnosis, and recommendations for treatment or further evaluation.

An IMC must be a practicing physiotherapist able to demonstrate to the satisfaction of the Board that they are knowledgeable with respect to the biopsychosocial model, competent in assessing acute and chronic pain, experienced in rehabilitation and disability management and uses evidence-based decision making in their daily clinical practice.

The Nova Scotia College of Physiotherapists will accept applications from members that meet the criteria as stated below. We make our recommendations to the Superintendent of Insurance for NS, who will make the final appointment to the list.

Please send your completed application and support materials to the Registrar at:

Email: Joan.ross@nsphysio.com

or

Mail to:
PO Box 22
Smiths Cove, NS
B0S 1S0

To demonstrate competency/eligibility to the Board one would need to meet the criteria as in the attached form....

A) Experience

Clinician with minimum of five years full time clinical practice (full time equivalent is 9375 hours), who meets at least one of the criteria from each of sections B and C below.

B) Education and clinical competence. (Proof of current certification required)

1. CPA Orthopaedic Division's Intermediate Manual and Manipulative Therapy (Part A)
and/or...
2. Evidence of advanced and/or ongoing physiotherapy studies,(eg. Clinical Masters)
and/or ...
3. Robin McKenzie Institute of Canada Mechanical Diagnosis and Therapy Certification: Parts A to D inclusive **and/or...**
4. A minimum of three years full time clinical practice in a multidisciplinary clinic setting or a WCB model Tier II or Tier III clinic.

C) Knowledge of the Biopsychosocial Model.

1. Letter from the member using a case study to demonstrate their understanding of the factors that influence disability such as environmental, interpersonal, education, social, age, gender , coping behaviours etc., **and/or ...**
2. Experience in a WCB model Tier II or Tier III, multidisciplinary clinic with letter from peer or case manager to support understanding and application of the model, **and /or...**
3. Certification in assessment program such as PGAP.

D) DECLARATION:

I, (Print Name) _____, hereby confirm that the information I have enclosed is accurate and true to the best of my knowledge, and that I undertake regular continuing education through courses, readings , etc., to assure that my treatments are evidence based and client centered. I have a confirmed history of making treatments decisions based on current evidence and clinical results and further to this I have **provided two letters of reference verifying my information** and the contact information for those references should you need it.

Signed: _____

Date: _____