

## Regulations and other Acts

Gouvernement du Québec

### O.C. 565-2018, 2 May 2018

An Act respecting industrial accidents and occupational diseases (chapter A-3.001)

#### Medical aid —Amendment

Regulation to amend the Regulation respecting medical aid

WHEREAS, under subparagraph 3.1 of the first paragraph of section 454 of the Act respecting industrial accidents and occupational diseases (chapter A-3.001), the Commission des normes, de l'équité, de la santé et de la sécurité du travail may make regulations determining the care, treatment, technical aid and costs forming part of the medical aid referred to in paragraph 5 of section 189 and specifying the cases in which, the conditions on which and up to what amount payments may be made as well as the prior authorizations to which such payments may be subject;

WHEREAS, in accordance with sections 10 and 11 of the Regulations Act (chapter R-18.1), a draft Regulation to amend the Regulation respecting medical aid was published in Part 2 of the *Gazette officielle du Québec* of 31 May 2017 with a notice that it could be adopted by the Commission and submitted to the Government for approval on the expiry of 45 days following that publication;

WHEREAS the Commission adopted the Regulation with amendments at its sitting of 19 October 2017;

WHEREAS, under the first paragraph of section 455 of the Act respecting industrial accidents and occupational diseases, every draft regulation made by the Commission under subparagraph 3.1 of the first paragraph of section 454 of the Act must be submitted to the Government for approval;

WHEREAS it is expedient to approve the Regulation;

IT IS ORDERED, therefore, on the recommendation of the Minister responsible for Labour:

THAT the Regulation to amend the Regulation respecting medical aid, attached to this Order in Council, be approved.

ANDRÉ FORTIER,  
*Clerk of the Conseil exécutif*

#### Regulation to amend the Regulation respecting medical aid

An Act respecting industrial accidents and occupational diseases (chapter A-3.001, ss. 189, par. 5, and 454, 1st par, subpar. 3.1)

1. The Regulation respecting medical aid (chapter A-3.001, r. 1) is amended in section 1

(1) by inserting the following definition before the definition of “border region”:

““account” means an invoice, a bill of fees or a payment transaction by electronic link or other technological support authorized by the Commission des normes, de l'équité, de la santé et de la sécurité du travail under section 356 of the Act respecting industrial accidents and occupational diseases (chapter A-3.001); (*compte*)”;

(2) by replacing the definition of “health worker” by the following:

““health worker” means a natural person, other than a health professional within the meaning of the Act respecting industrial accidents and occupational diseases, entered on the roll of a professional order governed by the Professional Code (chapter C-26) and referred to in this Regulation, including a holder of a psychotherapist's permit issued by the Ordre professionnel des psychologues du Québec; (*intervenant de la santé*)”;

(3) by adding the following definitions in alphabetical order:

““session” means a visit, with or without an appointment, to a health worker by a worker suffering from an employment injury to receive care or treatment or to obtain an initial evaluation, including home care and professional services according to the rate per session provided for in Schedule I; (*séance*)”

“professional service” means an act performed by a health worker, other than care and treatment; (*service professionnel*).

**2.** Section 2 is amended by replacing “The care, treatment, technical aids and costs provided for in this Regulation form part of” by “The care, treatment, professional services, technical aids and other costs provided for in this Regulation constitute”.

**3.** Section 3 is replaced by the following:

“**3.** The Commission assumes the cost of care, treatment, professional services and technical aids received in Québec, in accordance with the conditions and amounts prescribed by this Regulation if they were prescribed by the physician in charge of the worker before they were received or before the expenditures for them were made. Unless otherwise provided, the amounts include the supplies and costs related to the care, treatment, professional services or technical aids.

Every claim submitted to the Commission concerning the care, treatment, professional services or technical aids must be accompanied by the health worker’s recommendation, where applicable, and by vouchers detailing their cost. The health worker must keep the prescription in the worker’s record and provide it to the Commission on request.”

**4.** The following is inserted after section 3:

“**3.1.** The account related to costs provided for in this Regulation must be sent to the Commission within 180 days from the date of provision of the service, care, treatment or technical aid, or from the performance of the act related to another cost. In the case of a report, the 180-day period begins to run from the date on which the report becomes exigible.”

**5.** Section 5 is amended in the second paragraph by inserting “other” before “costs”.

**6.** The heading of Division III is replaced by the following: “CARE, TREATMENT AND PROFESSIONAL SERVICES”.

**7.** Section 6 is replaced by the following:

“**6.** The Commission assumes the cost of the care, treatment and professional services determined in Schedule I up to the amounts provided for therein, if such care, treatment and services are provided personally by a health worker who is a member of the professional order corresponding to the prescribed care, treatment or services. Such

health worker must also be duly authorized to practice, to perform the act billed and, where applicable, must hold a valid permit for that purpose.”.

**8.** Section 7 is amended by replacing “nursing care and of chiropractic, physiotherapy and occupational therapy treatment” by “the sessions for nursing care and chiropractic and physiotherapy treatment”.

**9.** Section 9 is replaced by the following:

“**9.** The first session with a health worker, even for an initial evaluation, is paid for up to the amounts provided for in Schedule I, or the amounts for a care or treatment session if no specific rate is provided for therein, except in the case of professional services in audiology or speech therapy.

No other amount is payable by the Commission for an initial evaluation where the evaluation goes beyond the first session with a health worker.”.

**10.** Section 10 is amended in the first paragraph by replacing “statements of fees” by “accounts”.

**11.** Section 11 is amended by replacing “statements of fees” by “accounts”.

**12.** Sections 13 to 17 are replaced by the following:

“**13.** For physiotherapy or occupational therapy care and treatment, the Commission assumes the cost thereof up to a maximum of one care or treatment session per day and up to 3 care or treatment sessions per week, subject to a prescription to the contrary from the physician in charge of the worker.

**14.** Where an initial evaluation goes beyond the first session, and care or treatment is also provided at the same time, the initial evaluation must neither hinder the care or treatment, nor reduce the quality or duration thereof.

**15.** A physiotherapist, a physical rehabilitation therapist and an occupational therapist must keep a register indicating, for each session, the date, the professional act performed, either the initial evaluation or care or treatment, and the name of the health worker who met the worker.

The worker must sign the register at each session.

The register must be kept in the record kept by the health worker for as long as the health worker is required to keep the record. The register must be put at the disposal of the Commission, on request.

A register kept on a medium based on information technology must comply with the provisions of the Act to establish a legal framework for information technology (chapter C-1.1).

**16.** A physiotherapist and an occupational therapist must send to the Commission a first account whose form and content must comply with the form in Schedule III or, if sent using another technological medium, complying with that authorized by the Commission, within 7 days of the first session. They must also use that account form or an authorized technological medium to claim an amount for care or treatment.

The account form is available on the Commission's website.

**16.1.** At the request of the Commission, a physiotherapist, a physical rehabilitation therapist or an occupational therapist must provide a report whose form and content must comply with the form in Schedule III.1 or, if sent using another technological medium, complying with that authorized by the Commission.

The report form is available on the Commission's website.

The report must be sent to the Commission and to the physician in charge of the worker within 15 days following the date of the Commission's request.

**16.2.** A report is payable by the Commission only if it is made on the form in Schedule III.1 or, if sent using another technological medium, complying with that authorized by the Commission, and is complete.

**16.3.** Except in case of superior force, where a report is not filed within the time provided for in the second paragraph of section 16.1, the Commission withholds payment of the accounts for the care and treatment sessions provided after the deadline for filing the report, until it is sent to the Commission.

When the report is filed, the Commission pays the accounts for the care and treatment sessions whose payment was withheld.

**17.** The Commission assumes the cost of a session for care or treatment provided for in the worker's personal care or treatment program established on the basis of the worker's specific needs, even if a worker receives the care and treatment simultaneously with other persons.

**17.0.1.** The following occupational therapy services are not medical aid:

- (1) a work integration program or a program for a therapeutic return to work;
- (2) an assessment of a workstation or its adaptation and equipment testing;
- (3) an assessment of driving ability and vehicle adaptation;
- (4) residence adaptation;
- (5) a social integration program or any other evaluation or intervention as part of the rehabilitation provided for in Chapter IV of the Act;
- (6) an intervention as part of an interdisciplinary or multidisciplinary program;
- (7) a development program or any other service to evaluate functional or occupational capacities, or any other intervention pursuing the same objectives;
- (8) a mental health intervention.

**17.0.2.** Subject to a prescription to the contrary from the physician in charge of the worker concerning the date on which treatment begins, the Commission assumes only the cost of the occupational therapy sessions held from the sixth week following the date of the employment injury and if the employment injury is not consolidated on that date. The foregoing also applies to the reimbursement of the cost of an initial evaluation.

Despite the first paragraph, the Commission assumes the cost of sessions held before that date, if the prescription of the physician in charge of the worker pertains to one or more of the following injuries:

- (1) a hand or wrist injury;
- (2) a complex regional pain syndrome, regardless of the site of the injury;
- (3) nerve damage to the upper limbs;
- (4) a burn, regardless of the site of the injury.

**13.** The heading of Division IV is amended by inserting "OTHER" after "AND".

**14.** Schedule I is replaced by the following:**“SCHEDULE I****CARE, TREATMENT AND PROFESSIONAL SERVICES PROVIDED BY HEALTH WORKERS****1. Care and treatment:****Rate****Acupuncture**

Acupuncture care provided by an acupuncturist, per session \$27.00

**Chiropractic**

Chiropractic treatment, per session (the amount includes the cost of x-rays.) \$32.00

**Occupational therapy**

Treatment, per session \$46.00

**Physiotherapy**

Treatment, per session \$42.00

**Podiatry**

Per session \$32.00

**Psychology**

Psychological, psychotherapy and neuropsychological care, hourly rate \$86.60

**Home care**

Chiropractic treatment, per session \$50.00

Physiotherapy treatment, per session \$50.00

Nursing care, per session \$44.00

**2. Professional services:****Audiology**

Audiology (interview, consultation of record), per session \$20.25

Pure-Tone audiometry \$54.25

Speech audiometry (threshold and discrimination tests) \$20.25

Acoustic impedance tests (tympanogram, acoustic reflex, adaptation of acoustic reflex, Metz test) \$20.25

Acoustic impedance screening \$3.50

Special tests (A.B.L.B., S.I.S.I., adaptation, Békésy, etc.), per test \$15.00

Electrophysiological tests (Echo G; evoked potentials):

— without anesthetic \$54.25

— under anesthetic \$114.00

Issue of audiological evaluation report and, where applicable, of a hearing aid certificate \$30.50

Analysis of needs and determination of appropriate treatment \$33.00

Psychoacoustic testing of hearing aid \$40.00

Electroacoustic testing of hearing aid \$33.00

**Occupational therapy**

Initial evaluation \$85.00

Reports \$25.00

**Speech therapy**

Speech therapy (interview, record consultation), per session \$32.00

Tests for speech reading due to deafness \$32.00

Voice parameter tests \$48.00

Expressive language tests \$32.00

Receptive language tests \$32.00

Phonetic inventory tests \$16.00

Written language tests \$64.00

Prosody tests \$47.50

Complementary tests (such as praxia, math), per test \$16.00

Issue of a speech therapy evaluation report \$30.50

**Physiotherapy**

Reports \$25.00

**Laboratory examinations**

The cost of those examinations is reimbursed according to the amounts provided for in the agreement made under section 195 of the Act.”

**15.** The heading of Schedule II is amended by inserting “OTHER” after “AND”.

**16.** Schedule II is amended


(1) by inserting “a balloon, an elastic band,” after “balls,” in subparagraph *c* of paragraph 3 of section 3 entitled “Therapeutic aids”;

(2) by replacing the heading “COSTS” before section 5 by “OTHER COSTS”.

**17.** Schedule III is replaced by the following:

“**SCHEDULE III**  
(s. 16)

PHYSIOTHERAPY OR OCCUPATIONAL THERAPY CARE AND TREATMENT ACCOUNT



**PHYSIOTHERAPY AND OCCUPATIONAL THERAPY CARE OR TREATMENT ACCOUNT**  
Occupational health and safety

**Physiotherapy**
 **Occupational therapy**

Worker's file No.

Identification of the worker																																																																	
Surname (as shown on birth certificate)	First name	Health insurance No. <input style="width: 100%;" type="text"/>																																																															
Postal code	Date of original event <input style="width: 100%;" type="text"/>	Date of recurrence, relapse or aggravation <input style="width: 100%;" type="text"/>																																																															
Physician																																																																	
Physician in charge of the worker		Permit No.																																																															
Name of the clinic (or health institution)		Date of the prescription <input style="width: 100%;" type="text"/>																																																															
1 Diagnosis																																																																	
2 Diagnosis requiring consultation in occupational therapy before the 6th week from the date of the event? <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																	
3 Consultation in occupational therapy before the 6th week from the date of the event indicated by the physician in charge? <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																	
4 More than 3 treatments per week indicated by the physician in charge? <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																	
Information on the supplier																																																																	
Name of the clinic (or health institution)		Supplier No.																																																															
5 Transfer from clinic (or health institution) <input type="checkbox"/> Yes <input type="checkbox"/> No		Telephone <input style="width: 100%;" type="text"/>																																																															
Fax <input style="width: 100%;" type="text"/>																																																																	
6 Indicate the care and treatment or services rendered by using the appropriate codes available on the Website of the CNESST.																																																																	
Month	Year	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31																																
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Specify the date of the last treatment or last absence if it is the cause of the end of the treatment		Date of the end of treatment <input style="width: 100%;" type="text"/>																																																															
Health worker																																																																	
Name of the member of the professional order who made the initial evaluation		Member No.																																																															
Signature		Date <input style="width: 100%;" type="text"/>																																																															
Name of the member of the professional order who provided treatment		Member No.																																																															
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Signature		Date <input style="width: 100%;" type="text"/>																																																															

## SCHEDULE III.1

(s. 16.1)

## PHYSIOTHERAPY AND OCCUPATIONAL THERAPY REPORTS



## PHYSIOTHERAPY REPORT

Occupational health and safety

1 Date of request for report		Worker's file No.	
<b>Identification of the worker</b> Surname (as shown on birth certificate)		First name	Date of original event
Profession or trade practised at the time of event		Postal code	Date of recurrence, relapse or aggravation
2 Diagnosis		Left-handed <input type="checkbox"/> Right-handed <input type="checkbox"/>	Sex F <input type="checkbox"/> M <input type="checkbox"/>
		Health insurance No.	
<b>Physician</b>			
Physician in charge of the worker		Permit No.	Date of the prescription
Name of the clinic (or health institution)		Telephone	
<b>Information on the supplier</b>			
Name of the clinic (or health institution)		Supplier No.	
Date of initial evaluation	Number of treatments provided to this day:	Telephone	Fax
Name of the member of the Ordre professionnel de la physiothérapie du Québec who completed the report		Member No.	
<b>3 Subjective data (worker's perceptions)</b>			
Intensity of the pain felt: at rest ____/10 in movement ____/10 by palpation ____/10 Positions or movements affected:			
According to the worker, are daily activities impeded by the employment injury? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If yes, describe.			
According to the worker, are work activities impeded by the employment injury? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If yes, describe.			
Worker's perception of his or her return to work as before the injury:			
Worker's perception of his or her evolution: Improvement ____% Stable <input type="checkbox"/> Deterioration ____%			
Other data			

**4 Objective clinical data (examination).** Fill out both sections: **Initial condition** and **Current condition**.

Initial condition (or at the time of last report sent to the CNESST)	Current condition
Date of examination <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Date of examination <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Objective clinical data (neurologic, signs, joint mobility, muscular force, muscular endurance, œdema, atrophy, etc.)	Objective clinical data (neurologic, signs, joint mobility, muscular force, muscular endurance, œdema, atrophy, etc.)

**5 Functional data and Ordre professionnel de la physiothérapie du Québec member's opinion.**  
Fill out both sections: **Initial condition** and **Current condition**.

Initial condition (or at the time of last report sent to the CNESST)	Current condition																																																																																																																																
Date of examination <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Date of examination <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>																																																																																																																																
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Crouching:	_____	_____	<input type="checkbox"/> N/A																																																																																																																														
Kneeling:	_____	_____	<input type="checkbox"/> N/A																																																																																																																														
Walking:	_____	_____	<input type="checkbox"/> N/A																																																																																																																														
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Observations (presence of mixed signals, sensitivity, balance, etc.)																																																																																																																																	
Have you discussed return to work arrangements with the worker? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify. If not, why?																																																																																																																																	

<b>Functional data and Ordre professionnel de la physiothérapie du Québec member's opinion (cont'd)</b>						
Describe the evolution of the <b>obstacles</b> to the return to work, if applicable (physical condition or personal and environmental factors or others).						
Describe the evolution of the <b>levers</b> for the return to work, if applicable (physical condition or personal and environmental factors or others).						
<b>7 Treatment plan</b>						
Active conditions:						
Passive conditions:						
<b>8 Worker's condition</b>						
Improvement _____ %   Stable <input type="checkbox"/> Deterioration _____ %						
Do you recommend the end of treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If <b>yes</b> , what is the real or planned date of the end of treatment? <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 100px;"> <tr> <td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">D</td> </tr> </table>	Y	Y	Y	M	M	D
Y	Y	Y	M	M	D	
What are the residual difficulties? <input type="checkbox"/> N/A						
If <b>no</b> , how many additional treatments are you planning? Planned frequency of treatments: _____ / week   Other: What are the functional objectives pursued by the additional treatments?						
Comments / Recommendations						
Signature of the member of the Ordre professionnel de la physiothérapie du Québec who completed the report   Date <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 100px;"> <tr> <td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">D</td> </tr> </table>	Y	Y	Y	M	M	D
Y	Y	Y	M	M	D	





## OCCUPATIONAL THERAPY REPORT

Occupational health and safety

1 Date of request for report		YYYYMMDD		Worker's file No.		XXXXXXXXXX	
<b>Identification of the worker</b>							
Surname (as shown on birth certificate)			First name		Date of original event		
Profession or trade practised at the time of event			Postal code		Date of recurrence, relapse or aggravation		
2 Diagnosis				Left-handed <input type="checkbox"/>	Sex	Health insurance No.	
				Right-handed <input type="checkbox"/>	F <input type="checkbox"/> M <input type="checkbox"/>		
<b>Physician</b>							
Physician in charge of the worker				Permit No.		Date of the prescription	
Name of the clinic (or health institution)				Telephone			
<b>Information on the supplier</b>							
Name of the clinic (or health institution)						Supplier No.	
Date of initial evaluation		Number of treatments provided to this day:		Telephone		Fax	
Name of the member of the Ordre professionnel des ergothérapeutes du Québec who completed the report						Member No.	
<b>3 Subjective data (worker's perceptions)</b>							
Intensity of the pain felt: at rest ____/10 in movement ____/10 by palpation ____/10							
Positions or movements affected:							
According to the worker, are daily activities impeded by the employment injury? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A							
If yes, describe.							
According to the worker, are work activities impeded by the employment injury? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A							
If yes, describe.							
Worker's perception of his or her return to work as before the injury:							
Worker's perception of his or her evolution: Improvement ____% Stable <input type="checkbox"/> Deterioration ____%							
Other data							

**4 Objective clinical data (examination).** Fill out both sections: **Initial condition** and **Current condition**.

Initial condition (or at the time of last report sent to the CNESST)	Current condition
Date of examination <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Date of examination <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Objective clinical data (neurologic, signs, joint mobility, muscular force, muscular endurance, oedema, atrophy, etc.)	Objective clinical data (neurologic, signs, joint mobility, muscular force, muscular endurance, oedema, atrophy, etc.)

**5 Functional data and occupational therapist's opinion.** Fill out both sections: **Initial condition** and **Current condition**.

**6 Initial condition (or at the time of last report sent to the CNESST)**

Initial condition (or at the time of last report sent to the CNESST)		Current condition	
Date of examination <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>		Date of examination <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	
<b>Minutes</b>	<b>Hours</b>	<b>Minutes</b>	<b>Hours</b>
Standing: _____	_____ <input type="checkbox"/> N/A	Standing: _____	_____ <input type="checkbox"/> N/A
Sitting: _____	_____ <input type="checkbox"/> N/A	Sitting: _____	_____ <input type="checkbox"/> N/A
Crouching: _____	_____ <input type="checkbox"/> N/A	Crouching: _____	_____ <input type="checkbox"/> N/A
Kneeling: _____	_____ <input type="checkbox"/> N/A	Kneeling: _____	_____ <input type="checkbox"/> N/A
Walking: _____	_____ <input type="checkbox"/> N/A	Walking: _____	_____ <input type="checkbox"/> N/A
Stairs: <input type="checkbox"/> 5 à 10 steps <input type="checkbox"/> +10 steps <input type="checkbox"/> N/A		Stairs: <input type="checkbox"/> 5 à 10 steps <input type="checkbox"/> +10 steps <input type="checkbox"/> N/A	
Pushing: <input type="checkbox"/> 0-5 kg <input type="checkbox"/> 5-15 kg <input type="checkbox"/> 15-25 kg <input type="checkbox"/> +25 kg <input type="checkbox"/> N/A		Pushing: <input type="checkbox"/> 0-5 kg <input type="checkbox"/> 5-15 kg <input type="checkbox"/> 15-25 kg <input type="checkbox"/> +25 kg <input type="checkbox"/> N/A	
Pulling: <input type="checkbox"/> 0-5 kg <input type="checkbox"/> 5-15 kg <input type="checkbox"/> 15-25 kg <input type="checkbox"/> +25 kg <input type="checkbox"/> N/A		Pulling: <input type="checkbox"/> 0-5 kg <input type="checkbox"/> 5-15 kg <input type="checkbox"/> 15-25 kg <input type="checkbox"/> +25 kg <input type="checkbox"/> N/A	
Grip strength: _____ kg	N/A <input type="checkbox"/>	Grip strength: _____ kg	N/A <input type="checkbox"/>
Handling: _____	<input type="checkbox"/> N/A	Handling: _____	<input type="checkbox"/> N/A
Lifting loads: <input type="checkbox"/> 0-5 kg <input type="checkbox"/> 5-15 kg <input type="checkbox"/> 15-25 kg <input type="checkbox"/> +25 kg <input type="checkbox"/> N/A		Lifting loads: <input type="checkbox"/> 0-5 kg <input type="checkbox"/> 5-15 kg <input type="checkbox"/> 15-25 kg <input type="checkbox"/> +25 kg <input type="checkbox"/> N/A	
Moving loads: <input type="checkbox"/> 0-5 kg <input type="checkbox"/> 5-15 kg <input type="checkbox"/> 15-25 kg <input type="checkbox"/> +25 kg <input type="checkbox"/> N/A		Moving loads: <input type="checkbox"/> 0-5 kg <input type="checkbox"/> 5-15 kg <input type="checkbox"/> 15-25 kg <input type="checkbox"/> +25 kg <input type="checkbox"/> N/A	
Other functional data:		Other functional data:	
Observations (presence of mixed signals, sensitivity, balance, etc.)			
Participation of worker during evaluation (cooperation, interest, effort, regularity). Specify:			
Analysis of interactions between personal, environmental and work factors that pose <b>obstacles</b> to the return to work, if applicable.			

<b>Functional data and occupational therapist's opinion. (cont'd)</b>	
Analysis of interactions between personal, environmental and work factors that constitute <b>levers</b> for the return to work, if applicable.	
Opinion of occupational therapist on the return to work and on the performance of daily activities. Specify:	
Have you discussed return to work arrangements with the worker? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify. If not, why?	
<b>7 Treatment plan</b>	
Active conditions:	
Passive conditions:	
<b>8 Worker's condition</b>	
Improvement _____% Stable <input type="checkbox"/> Deterioration _____%	
Do you recommend the end of treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If <b>yes</b> , what is the real or planned date of the end of treatment? <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	
What are the residual difficulties? <input type="checkbox"/> N/A	
If <b>no</b> , how many additional treatments are you planning? Planned frequency of treatments: _____ / week Other: _____ What are the functional objectives pursued by the additional treatments?	
Comments / Recommendations	
Signature of the member of the OEQ who completed the report	Date <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>

## TRANSITIONAL AND FINAL

**18.** Despite the second paragraph of section 3, as replaced by section 3 of this Regulation, a member of the Ordre professionnel de la physiothérapie du Québec and a member of the Ordre professionnel des ergothérapeutes du Québec must send to the Commission a prescription for care or treatment that does not comply with the standards set out in section 13 or 17.0.2, as made by section 12 of this Regulation, until 31 March 2020.

**19.** The 180-day period provided for in section 3.1, made by section 4 of this Regulation, begins to run as of 24 May 2018 in respect of professional services, care or treatment provided before that date.

**20.** Despite section 7, as amended by section 8 of this Regulation, a worker may continue to receive occupational therapy home care if it has been prescribed before 24 May 2018.

The rate for such care, provided for in Schedule I as it read before being replaced by section 14 of this Regulation, continues to apply to the home care referred to in the first paragraph.

**21.** The costs payable for the first visit to a health worker, referred to in section 9, before its replacement by section 9 of this Regulation, which are exigible at a date prior to 24 May 2018 are not payable if the account is sent to the Commission more than 30 days after that date.

**22.** Section 13, made by section 12 of this Regulation, applies only to a change in a worker's treatment plan or to a prescription issued as of 24 May 2018.

**23.** The costs payable for treatment after the filing of an initial report, a progress report, a treatment termination report and a reasoned opinion, required under sections 14 to 16, before their replacement by section 12 of this Regulation, which are exigible at a date prior to 24 May 2018 are not payable if those reports and opinions are sent to the Commission more than 30 days after that date.

**24.** Sections 17.0.1 and 17.0.2, made by section 12 of this Regulation, apply only to an employment injury occurring as of 24 May 2018.

**25.** The goods and services provided before 24 May 2018 are paid by the Commission according to the rate applicable at the time they were provided.

**26.** This Regulation comes into force on the fifteenth day following the date of its publication in the *Gazette officielle du Québec*.

103462

Gouvernement du Québec

**Addendum**Election Act  
(CQLR, c. E-3.3)ADDENDUM TO THE AGREEMENT  
CONCERNING THE TESTING OF NEW POLLING  
FORMALITIES

AGREED TO IN AUGUST 2012

BETWEEN

MR. PHILIPPE COUILLARD, LEADER OF THE  
QUEBEC LIBERAL PARTY, AN AUTHORIZED  
PARTY REPRESENTED IN THE NATIONAL  
ASSEMBLY

AND

MR. JEAN-FRANÇOIS LISEE, LEADER OF THE  
PARTI QUÉBÉCOIS, AN AUTHORIZED PARTY  
REPRESENTED IN THE NATIONAL ASSEMBLY

AND

MR. FRANÇOIS LEGAULT, LEADER OF  
COALITION AVENIR QUÉBEC-L'ÉQUIPE  
FRANÇOIS LEGAULT, AN AUTHORIZED PARTY  
REPRESENTED IN THE NATIONAL ASSEMBLY

AND

MR. GAÉTAN CHÂTEAUNEUF, LEADER OF  
QUÉBEC SOLIDAIRE, AN AUTHORIZED PARTY  
REPRESENTED IN THE NATIONAL ASSEMBLY

AND

MR. PIERRE REID, IN HIS CAPACITY AS THE  
CHIEF ELECTORAL OFFICER OF QUEBEC

WHEREAS the parties signed an agreement in August 2012, under section 489 of the Election Act (CQLR, c. E-3.3), to allow the testing of a new type of ballot bearing photographs;