



Functional Restoration Program

Returning to full function - for life and work.



The BAHS Functional Restoration Program (FRP) is a progressive rehabilitation initiative tailored for individuals recovering from injury.

It aims to empower participants by providing essential education and strategies necessary for a successful reintroduction to both work and daily life.

This program acts as a pathway towards self-sufficiency through education and the implementation of a structured exercise and behavioural change program.

By doing so, it enables participants to meet the physical demands of their roles effectively while substantially reducing the likelihood of re-injury.

Requirement for psychosocial intervention is assessed at program creation.



Create lasting change through education, empowerment and physical improvement.

Program Goals



Enhance the worker's functional capacity, aligning with the physiological demands of their role and supported by the return-to-work plan.



Educating participants thoroughly on each phase of rehabilitation and their responsibilities in the process. This includes self-management techniques, cognitive behavioural therapy and safe manual handling training to help foster lasting habits to minimise the risk of re-injury.



Creating a patient-centered biopsychosocial approach to rehabilitation to promote sustainable outcomes.

93% of our referrals experience a capacity increase during the program

2023 WA program outcome data

Program Outline

The program is structured to provide participants with the support, education, and clinical guidance necessary to enhance their function, health, and overall capacity. We empower participants with the tools they need to take control of their own progress.



Step One

Initial assessment and program planning

- Identify physical needs for work, and life
- Outline goals
- Understand pacing
- Set expectations

Step Two

Program sessions and self direction: a total of 6 sessions allocated

- Session 1: Online application and paper based program creation and orientation, either within gym or home environment. Equipment needs are addressed.
- Sessions 2,3: Completed at weekly intervals to ensure adherence, maintain motor skill development, ensure graded progressions, embed behaviour change.
- Sessions 4,5: Completed at fortnightly intervals to encourage self management and independence. Between sessions remote check ins from EP are made to ensure compliance and safe progress. Client can also ask questions during this time through the App.
- Session 6: Final session and re-assessment. Need for further intervention is determined. Completed 2-4 weeks after session 5. Weekly check-ins made by EP.

Step Three

Program evaluation

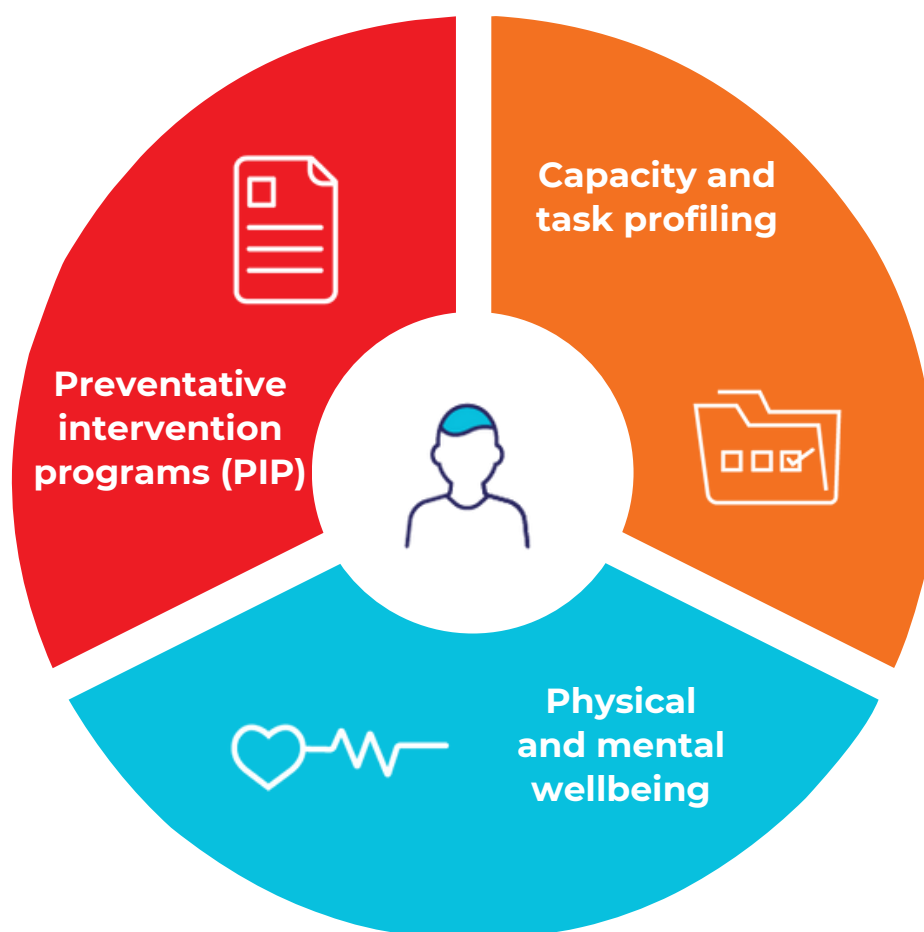
- All stakeholders are advised of program outcome after final assessment
- Next steps for the client are discussed and planned for
- App based rehabilitation program has a 12 month life span from end of program, allowing for ongoing self management
- Self management, education and resilience are the desired outcomes.

The positive impact of early rehabilitation on mental health is well-supported by multiple studies across different medical conditions. The reduction in depression and anxiety symptoms ranges from 15-25%, emphasising the importance of starting rehabilitation early to improve not only physical recovery but also mental well-being.

References: Rehabilitation Psychology. 2016; Stroke Journal. 2015; Journal of Cardiopulmonary Rehabilitation and Prevention. 2017

Learn more

For further information, to make a referral or to arrange a chat with one of our Team Leaders please reach out to us at referrals@beactivehs.com.au or call 1300 011 135



The utilisation of functional restoration programs is driven by the recognition of the significant economic and social impact of workplace injuries and illnesses, with employers, insurers, and healthcare providers increasingly prioritising interventions aimed at facilitating timely and sustainable return to work outcomes.

Journal of Occupational and Environmental Medicine. 2018

Appendix 1: Fees for QLD effective 1st July 2024

Service type (include consultation type and other services – eg aids/equipment)	Sessions required	Frequency/timeframe (eg 1 x week for six weeks)	Service code (if applicable)	Unit cost / specify	\$	Total	Insurer approval required?
Initial assessment	1	Once at commencement	300186	\$217/hr	\$217.00	\$217.00	N
Progress Report	As requested	At request of insurer	300082	\$217/hr	\$221.50		Y
Standard Report	As requested	At request of insurer	300088	\$184	\$184.00		Y
Comprehensive Report	As requested	At request of insurer	300090	\$217/hr	\$217.00		Y
Standard Consultation and Treatment	6	As outlined in the plan	300187	\$217/hr	\$217.00	\$1,302.00	Y
Communication 3 to 10mins	As needed	To assist with faster and more effective rehabilitation and return to work for a worker	300079	\$36	\$36	\$36.00	N
Communication 11 to 20mins	As needed	To assist with faster and more effective rehabilitation and return to work for a worker	300100	\$73	\$73		N
Case Conference	As requested	Face-to-face or phone communication involving the treating provider, insurer and other stakeholders	300082	\$217/hr	\$217.00		Y
External facility fee	1	Gym or Pool entry fees to conduct weekly treatment and independent program	300228	TBC		\$0.00	Y
Home exercise equip: spikey ball, theraband, roller etc (Check cost of individual item)	1	Once off for independent management	300094	\$83 maximum		\$0.00	
Travel (time)	6	For travel to sessions. Time TBC once known	300092	\$161.00/hr		\$0.00	Y
Total ex gst						\$1,555.00	

Appendix 2: Fees for WA effective 1st July 2024

Service type	Sessions required	Frequency/timeframe (eg 1 x week for six-eight weeks)	Service code (if applicable)	Unit cost / specify	\$	Total
Initial assessment	1	Once at commencement	EPE20	\$221.50/hr max 2 hrs	\$221.50	\$221.50
Report Writing	1	1x initial assessment report at start of treatment	EPE02	\$221.50/hr max 1 hr	\$221.50	\$221.50
Standard Consultation and Treatment	8	As outlined in the plan	EPE21	\$221.50/hr max 1 hr	\$221.50	\$1,772.00
Case Conference/ Communication with stakeholders	1	For medical updates as required to assist with updates in certificate	EPE08	\$226 maximum	\$226	\$226.00
External facility fee	1	Facility pass to conduct weekly treatment and independent program	EPE05	TBC		\$0.00
Report Writing	1	1x closure report at end of treatment	EPE04	\$221.50 p/hr max 30mins	\$110.75	\$110.75
Home exercise equip: spikey ball, theraband, roller etc. (Check cost of individual item)	1	Once off for independent management		TBC		\$0.00
Session Update Report	1	Session update reports to assist with functional upgrades	EPE03	\$221.50 p/hr max 30mins	\$110.75	\$110.75
Travel (time)	8	For travel to sessions. Time TBC once known	EPE06	\$177.35/hr		\$0.00
Total ex gst						\$2,662.50

Best Practice Guidelines



Implementing FRPs requires adherence to best practice guidelines to ensure safety, effectiveness, and optimal outcomes. Key components of these guidelines include:

Comprehensive Assessment - Conduct a thorough evaluation of the individual's medical history, functional abilities, work tasks, psychosocial factors, and vocational goals to develop a personalised intervention program.

Goal-Oriented Approach - Set specific, achievable, and time-bound goals aligned with the individual's functional abilities, job requirements, and return-to-work objectives to effectively track progress.

Multidisciplinary Collaboration - Encourage collaboration among physical therapists, occupational therapists, physicians, vocational specialists, and other relevant professionals to address the individual's complex needs and optimise rehabilitation outcomes

Functional Job Analysis - Analyse job duties, physical demands, ergonomic factors, and environmental conditions to create tailored interventions that mimic work tasks and improve task-specific functions.

Progressive Exercise Prescription - Develop individualised exercise programs to enhance strength, endurance, flexibility, and cardiovascular fitness, progressively challenging physiological capacities and addressing work-related deficits and functional goals.

Job Simulation and Task Training - Incorporate simulated work activities, job-specific tasks, and functional training exercises into the rehabilitation program to mimic job demands, enhance task-specific skills, and facilitate the transfer of learning to the workplace.

Psychosocial Support - Use cognitive-behavioral strategies, motivational interviewing, peer support, and workplace accommodations to address psychosocial barriers to returning to work, such as fear-avoidance beliefs, anxiety, depression, and workplace concerns.

Graduated Return to Work - Implement a phased return-to-work plan that gradually reintegrates the individual into their job role, with necessary modifications to accommodate functional limitations and ensure a successful transition.

Outcome Measurement and Monitoring - Use standardised outcome measures, functional assessments, and work performance metrics to evaluate progress, track functional gains, identify barriers to return to work, and adjust interventions accordingly throughout the rehabilitation process.