

Entry Criteria

Any Kiritaki is eligible for entry into the ICP service if:

- They meet the Eligibility Criteria AND their confirmed injury diagnosis is an Accepted ICPMSK Diagnosis

Eligibility Criteria

✓	The Kiritaki has sustained a musculoskeletal injury to a body site for which Active+ is approved to provide the Services.
✓	There is a suspected or confirmed diagnosis that is an Accepted ICPMSK Diagnosis.
✓	There is an injury that occurred within less than 12 months from when the referral is received and ACC has accepted cover for an injury to the relevant body site, <i>or</i> There is an injury that occurred 12 months or more from when the referral is received with confirmed ACC cover for a diagnosis that is on the following list: <ul style="list-style-type: none"> • ligament rupture with conservative management • post-traumatic osteoarthritis (eg. > ACL rupture 15 years ago) • dislocation of shoulder, or previous surgery with internal fixation where removal of metalware is being applied for.
✓	The Kiritaki requires interdisciplinary treatment and rehabilitation.
✓	The Kiritaki is not an employee of an Accredited Employer or they are an employee of an Accredited Employer with a non-work related injury and has opted out of third party administrator claim management.
✓	The Kiritaki resides or works in a Region/Rohe where the Active+ can provide the Services and they intend to reside in New Zealand for the duration of the Services.

Accepted ICPMSK Diagnoses

Knee	Shoulder
Fracture involving the tibial condyle (or tibial end of the knee)	Fracture clavicle
Fracture involving the femoral condyle (or femoral end of the knee)	Fracture humerus (or humeral end of shoulder)
Fracture of the patella	AC Joint dislocation
Anterior Cruciate Ligament Rupture with/without meniscal tear	Fracture glenoid (or scapular end of shoulder)
Posterior Cruciate Ligament Rupture	Glenohumeral joint dislocation
Medial and/ or Lateral Ligament Rupture	Post-Traumatic Osteoarthritis
Medial and/ or Lateral Meniscal tear or other internal derangement	Rotator cuff full thickness tear (rupture)
Osteochondral fracture	+/- Biceps tendon high grade tear
Post-Traumatic Osteoarthritis	+/- traumatic Labral tear
Patellar Tendon rupture	Lower back
Traumatic Patellar dislocation	Lumbar disc prolapse, or extrusion, with radiculopathy
	Lumbar fracture
Other:	Previous fracture mentioned above manage with ACC funded surgery, and now requires removal of metalware.