



Allina Health Cottage Grove Clinic
 8611 W Point Douglas Rd S
 Cottage Grove MN 55016
 651-458-1884

CLINIC REPORT OF WORKABILITY

Employee: Felipe A Rodriguez	Date: 12/23/2014	Arrival time:
SS#: xxx-xx-5948	DOB: 7/8/1991	Time roomed:
Employer: Super mom's	Date of Injury: 12/17/2014	Time out:
Employer phone:	Employer fax:	Contact person:
Employer contacted: yes		

DIAGNOSIS:

ICD-9-CM

1. Fracture, metacarpal

815.00

AMB CONSULT TO HAND SURGEON

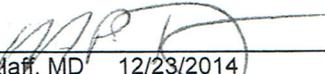
Work related injury/illness? no
 Maximum medical improvement? no
 Permanent Partial Disability? no
 Anticipate permanent restrictions: no

RETURN TO WORK Return to work WITH LIMITATIONS today through 1/2/2015 - - RESTRICTIONS FOR LEFT HAND ONLY
EMPLOYEE'S CAPABILITIES

Lift/Carry 0-10 lbs: occasional, 1-33% 11-20 lbs: Not at all 21-35 lbs: Not at all 36-50 lbs: Not at all 51-100 lbs: Not at all	Push/Pull 0-25 lbs: occasional, 1-33% 26-50 lbs: Not at all 51-75 lbs: Not at all 76-100 lbs: Not at all	Bend: N/A Not applicable Twist/turn: Not applicable Kneel: Not applicable Squat: Not applicable Sit: Not applicable Stand/walk: Not applicable Overhead reaching: Not applicable Ladder/stair climb: Not applicable Rotate activities/positions: Not applicable	Avoid the following hand and wrist activities: Operate power/vibrating tools: left Coarse manipulation: left Torquing/crimping: left Grasping – light: left Grasping – heavy: left Out-stretched arms: left ----- One-handed work only: not applicable Other: Not applicable.
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TREATMENT/OTHER RESTRICTIONS: Medication: IBUPROFEN 600 MG THREE TIMES A DAY.
 OXYCODONE 5 MG 2 TIMES A DAY AS NEEDED.
 The above has been discussed with the employee.

RETURN TO CLINIC: Return to clinic on AS NEEDED AFTER TH E HAND SURGEON.

 License Number: 39879
 Naomi P Tetzlaff, MD 12/23/2014

NOTICE TO EMPLOYEE: YOU MUST PROMPTLY PROVIDE A COPY OF THIS REPORT TO YOUR EMPLOYER OR WORKERS' COMPENSATION INSURER, AND QUALIFIED REHABILITATION CONSULTANT IF YOU HAVE ONE.



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CLINIC REPORT OF WORKABILITY

Employee: Felipe A Rodriguez	Date: 12/29/2014	Arrival time:
SS#: xxx-xx-5948	DOB: 7/8/1991	Time roomed:
Employer:	Date of Injury: 12/17/2014	Time out:
Employer phone:	Employer fax:	Contact person:
Employer contacted: yes		

DIAGNOSIS: Left metacarpal fracture
 Work related injury/illness? no
 Maximum medical improvement? no
 Permanent Partial Disability? no
 Anticipate permanent restrictions: no

RETURN TO WORK Return to work with NO LIMITATIONS today

EMPLOYEE'S CAPABILITIES

Lift/Carry 0-10 lbs: Not applicable	Push/Pull 0-25 lbs: Not applicable	Bend: N/A Not applicable Twist/turn: Not applicable Kneel: Not applicable Squat: Not applicable Sit: Not applicable Stand/walk: Not applicable Overhead reaching: Not applicable Ladder/stair climb: Not applicable Rotate activities/positions: Not applicable	Avoid the following hand and wrist activities: Operate power/vibrating tools: not applicable Coarse manipulation: not applicable Torquing/crimping: not applicable Grasping – light: not applicable Grasping – heavy: not applicable Out-stretched arms: not applicable ----- One-handed work only: not applicable Other: Not applicable
11-20 lbs: Not applicable	26-50 lbs: Not applicable		
21-35 lbs: Not applicable	51-75 lbs: Not applicable		
36-50 lbs: Not applicable	76-100 lbs: Not applicable		
51-100 lbs: Not applicable			

TREATMENT/OTHER RESTRICTIONS: The above has been discussed with the employee.

RETURN TO CLINIC: Return to clinic in 4 weeks

M.P. Tetzlaff License Number: 39879
 Naomi P Tetzlaff, MD 12/29/2014

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