



1661 St Anthony Ave  
 Saint Paul, MN 55104-7633  
 Phone: 651-968-5300 Fax: 651-646-0205

**REPORT OF WORKABILITY**

Date 09/24/2014 Appointment Time 10:15

Employee Ruth Ogud

Patient ID XXX-XX-4993 DOB 01/01/1971 DOI 09/15/2014 MCO \_\_\_\_\_

Employer Corporate Management Group

Contact person Dan Zezza Fax # \_\_\_\_\_

Diagnosis R lower leg contusion

Work related  Not work related  Undetermined  
 Permanent Disability?  Likely  Not likely  Undetermined  
 MMI?  No  Yes If yes, give date \_\_\_\_\_

ART \_\_\_\_\_  
 TI \_\_\_\_\_  
 TO \_\_\_\_\_  
 Employer Contacted?  
 Yes  No  
 Faxed  Phoned

Return to work with **no limitations** on \_\_\_/\_\_\_/\_\_\_  
 Return to work **with limitations** on 9-24-14 through 10-1-14  
 **Unable** to work from \_\_\_/\_\_\_/\_\_\_ through \_\_\_/\_\_\_/\_\_\_

**EMPLOYEE'S RESTRICTIONS**

	NOT AT ALL	Occasional 0-33%	Frequent 34-66%	Continuous 67-100%		NOT AT ALL	Occasional 0-33%	Frequent 34-66%	Continuous 67-100%
<b>Lift/Carry:</b>					<b>Bend</b>				
0-10 lbs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ degrees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11-20 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Twist/Turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21-50 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kneel/Squat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51-100 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Push/Pull:</b>					Stand/Walk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
0-25 lbs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Overhead Reaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26-50 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladder/Stair Climb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51-75 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rotate Activities/Positions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76-100 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

**Avoid the following hand and wrist activities**

	Left	Right	Both
Operate power/vibrating tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coarse manipulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Torquing/crimping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grasping-light/heavy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoid use of hand(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out-stretched arms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No operating forklift  
 No operating machinery  
 No driving motor vehicle

- Lift with palms up
- Change positions as needed
- Lift from mid thigh to mid chest

COMMENTS/TREATMENT: \_\_\_\_\_

- Keep wound clean and dry. Change dressing every \_\_\_\_\_  First Aid
- Medication Tylenol 4 x day  Over Counter Meds
- Ice  Heat  Elevate  Splint/Brace  Crutches  Head injury sheet  Wound care sheet given
- Physical Therapy \_\_\_\_\_
- Specialist Referral \_\_\_\_\_
- Return to Clinic on one week Date 10-1-14 Time 10:00am

The above has been discussed with the employee.

Signature John Kipp, MD Physician