

CENTER FOR SPECIALTY CARE

717 South State Street, Suite 900 ♦ Fairmont, MN 56031

(507) 238-4949 ♦ FAX (507) 238-3370

REPORT OF WORK ABILITY

Date Faxed: _____

EXAM DATE: 1-17-08

NAME: Kathy Topete DOB: 11-3-81 MR#: 01552

EMPLOYER: _____ JOB TITLE: _____

INJURY/ONSET DATE: _____ WORK RELATED: Yes NO UNDETERMINED

IS INJURY CONSISTENT WITH REPORTED CAUSE: YES NO If not, why? _____

APPARENT DIAGNOSIS: Rhino pm

PATIENT DESCRIPTION OF PROBLEM: _____

- ABOVE INFORMATION UNCHANGED FROM LAST ORDER
- NO RESTRICTIONS, full work duties (continue with) (starting on) _____
- RESTRICTED WORK (continues) (starting on) 1-21-08
- NO WORK -TOTALLY DISABLED
- May work regular shift hours

- WORK/HOME RESTRICTIONS** RESTRICTION IN FORCE CURRENT RESTRICTIONS UNCHANGED FROM LAST VISIT
- (No) (Avoid) use of _____
 - (No) (Avoid) overhead work
 - (No) (Avoid) weight bearing on _____ foot
 - (No) (Avoid) working at heights
 - Work limited to _____ hours per day
 - (No) (Avoid) repetitive use of _____
 - (Should) (Must) rotate on frequent basis

Expanded from the U.S. Department of Labor's Dictionary of Occupational Titles

- VERY HEAVY** Standing & walking: stretch or rest every 2-3 hours. Bending & lifting: 50 lbs. with back straight and no twisting frequently. Carry & lift: up to 100 lbs. occasionally, 50 lbs. frequently. Pushing & pulling: 100 lbs. without bending or 200 lbs. on wheels.
- HEAVY** Standing & walking: stretch or rest every 2-3 hours. Bending & lifting: 20 lbs. with back straight and no twisting frequently. Carry & lift: up to 50 lbs. occasionally, 20 lbs. frequently. Pushing & pulling: 50 lbs. without bending or 100 lbs. on wheels.
- MEDIUM** Standing & walking: stretch or rest every 2-3 hours. Bending & lifting: 15 lbs. with back straight and no twisting frequently. Carry & lift: up to 35 lbs. occasionally, 15 lbs. frequently. Pushing & pulling: 35 lbs. without bending or 50 lbs. on wheels.
- LIGHT** Primarily standing & walking: stretch or rest every hour. Bending & lifting: 10 lbs. with back straight and no twisting frequently. Carry & lift: up to 20 lbs. occasionally. Pushing & pulling: 20 lbs. without bending or 35 lbs. on wheels.
- SEDENTARY** Primarily sitting: stretch or rest every hour. Stand and walk as tolerated. Bending & lifting: none. Pushing & pulling: 10 lbs. occasionally. Carry & lift: up to 10 lbs. without bending or 25 lbs. frequently.
- VERY SEDENTARY** Primarily sitting: stretch and postural change as needed. Carry & level lift: a negligible amount occasionally. Standing & walking: as tolerated. Bending & lifting: pushing & pulling: none

DEFINITION: Occasional: 0-33% of work shift Frequent: 34-66% of work shift Continuously during work shift

HANDS	Avoid OR No (Circle One)			HANDS	Avoid OR No (Circle One)		
	Right	Left	Both		Firm Grasping	Right	Left
<input type="checkbox"/> Fine Manipulation				<input type="checkbox"/>			
<input type="checkbox"/> Gross Manipulation				<input type="checkbox"/> One-handed work only			
<input type="checkbox"/> Forceful turning				<input type="checkbox"/> Other:			

- TREATMENT:** Physician Examination Manipulative Therapy Given
- Medication Prescription Given Medications to be continued
 - X-Ray obtained: Area: _____ Results: Pending Normal Abnormal
 - Splint/Appliance: Area: _____ To Be Used Cont. Only at Work As Needed At Night
 - Patient Referred To: _____
 - Patient Referred To: Physical Therapy Occupational Therapy: Date _____
 - (Dis) Continue with P.T. O.T. Frequency: Daily: _____ Times per week per month
 - Exercises Given
 - Keep Wound Clean and Dry Change Dressing Every Day

Return to clinic for recheck _____ Day(s) _____ Week(s) after consultation Date: _____ Time: _____

Discharged from clinic - Follow-up only if needed

Additional comments: Recommended MRI @ knee to come PF joint / IAT capsules

Do not drink only with MRI come / recheck

Patient's condition: Much Improved Improved Slightly Improved Unchanged Worsening Much Worse

Patient: Has not reached Maximum Medical Improvement Nearing MMI Has reached MMI

Permanent disability rating: Has not been assigned Pending Has been assigned No PDR indicated

PHYSICIAN: _____ Other _____

Employee Signature _____