

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: \_\_\_\_\_

NAME: Kathy Topete DOB: \_\_\_\_\_ EXAM DATE: 3.6.08

EMPLOYER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_ MR#: 61552

INJURY/ONSET DATE: \_\_\_\_\_ WORK RELATED:  Yes  NO  UNDETERMINED

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

APPARENT DIAGNOSIS: R km PF pain

PATIENT DESCRIPTION OF PROBLEM: \_\_\_\_\_

- ABOVE INFORMATION UNCHANGED FROM LAST ORDER
- NO RESTRICTIONS, full work duties (continue with) (starting on) \_\_\_\_\_
- RESTRICTED WORK (continues) (starting on) 3-10-08  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) weight bearing on \_\_\_\_\_ foot
  - Work limited to \_\_\_\_\_ hours per day
  - (No) (Avoid) overhead work
  - (No) (Avoid) working at heights
  - (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		Right	Left	Both
<input type="checkbox"/> Fine Manipulation				<input type="checkbox"/> Firm Grasping			
<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:  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) 4-6 Week(s) after consultation Date: \_\_\_\_\_ Time: \_\_\_\_\_

Discharged from clinic - Follow-up only if needed

Additional comments: Center PT / km sleeve / Voltman. No climb / unlevel ground. Limit amount of steps to 4x/hr

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: \_\_\_\_\_

Employee Signature \_\_\_\_\_