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**TELEFAX TRANSMITTAL**

DATE: 5-8-2008

TO: Ashley ~~tel 677-3043~~ 507-562-6800

FROM: Jane Fest, R.N.,BSN, MS

Number of pages to follow: 1

If you do not receive all pages, please call me at (507) 793-2273 or fax me at (507) 793-2274.

NOTES/COMMENTS: re: Kathy Topete

Return to work slip received today.

Thank you,  
Jane Fest RD  
1-877-

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717 South State Street, Suite 900  
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# REPORT OF WORK ABILITY

NAME: Matty Topete DOB: 11-3-81 MR#: U1552  
EMPLOYER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_  
INJURY/ONSET DATE: \_\_\_\_\_ WORK RELATED:  YES  NO  UNDETERMINED  
IS INJURY CONSISTENT WITH REPORTED CAUSE:  YES  NO If not, why? \_\_\_\_\_  
APPARENT DIAGNOSIS: (R) Kneef 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) \_\_\_\_\_
  - 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. Carry & lift: up to 10 lbs. occasionally. Pushing & pulling: up to 10 lbs. without bending or 25 lbs. on wheels.
- 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	Right	Left	Both	<input type="checkbox"/> Firm Grasping	Right	Left	Both
<input type="checkbox"/> Gross Manipulation	Right	Left	Both	<input type="checkbox"/> One-handed work only	Right	Left	Both
<input type="checkbox"/> Forceful turning	Right	Left	Both	<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: MTP 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: Full work duties

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

Other: \_\_\_\_\_

Physician Signature

507 793 2274 Employee Signature TAMIE PACT