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**TELEFAX TRANSMITTAL**

DATE: 4-3-2008

TO: Ashley 612-677-3043 (HR in Pipestone, MN)

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 RN

1-877-241-4512

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717 South State Street, Suite 900  
Fairmont, MN 56031  
Phone (507) 238-4949  
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# REPORT OF WORK ABILITY

Date Faxed: \_\_\_\_\_  
EXAM DATE: 4-3-08

NAME: Kathy Topete DOB: 11-3-91 MR#: 61552

EMPLOYER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

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

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

APPARENT DIAGNOSIS: \_\_\_\_\_

PATIENT DESCRIPTION OF PROBLEM: tearing @ knee injury

- ABOVE INFORMATION UNCHANGED FROM LAST ORDER
- NO RESTRICTIONS, full work duties (continue with) (starting on) \_\_\_\_\_  NO WORK -TOTALLY DISABLED
- RESTRICTED WORK (continues) (starting on) \_\_\_\_\_  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. 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		Right	Left	Both
<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	
<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: \_\_\_\_\_ Times per week per month

- Exercises Given
- Keep Wound Clean and Dry  Change Dressing Every Day Advise, report for pain
- Return to clinic for recheck \_\_\_\_\_ Day(s) \_\_\_\_\_ Week(s) after consultation Date: \_\_\_\_\_ Time: \_\_\_\_\_

Discharged from clinic - Follow-up only if needed.  
Additional comments: Regular home, Regular clinic  
Knee brace, HEP, No, good MMPT

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: \_\_\_\_\_

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