



# Medical Report to Employer

Date: 03/02/2011

Name: Tello, Raymond J

DOB: 6/7/1964

MRN: 30688709

Employer Name: **Reichel Foods**

Date of Onset: **02/26/2011**  N/A

Address: \_\_\_\_\_

First Treatment Date: **03/02/2011**  N/A

City: \_\_\_\_\_ State: **MN** Zip Code: \_\_\_\_\_

Date of Last Restrictions: \_\_\_\_\_  N/A

### To be completed by Attending Clinician

Worker Compensation  Nonworker Compensation  Unassigned

Continue with current restrictions as indicated on previous report until \_\_\_\_\_

Recommend return to work with no limitations on \_\_\_\_\_

Totally incapacitated until re-evaluation on \_\_\_\_\_

May return to work on **03/02/2011** with the following limitations:

#### Restricted Movements None

Postures/Movements	Never 0%	Rare 1-10%	Occasional 11-33%	Frequent 34-66%	Continuous 67+%
Stand/Walk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Drive	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bend	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twist	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climb	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foot Controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneeling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>sit down job</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Push/Pull maximum \_\_\_\_\_ lbs  Alter posture as needed

#### Restricted Use of Hands None

R/L/Both: \_\_\_\_\_

Postures/Movements	Never 0%	Rare 1-10%	Occasional 11-33%	Frequent 34-66%	Continuous 67+%
Push/Pull	<input type="checkbox"/>				
Grasping	<input type="checkbox"/>				
Reaching	<input type="checkbox"/>				
Wrist Turning	<input type="checkbox"/>				
Pinching	<input type="checkbox"/>				
Finger Manipulation./ Keyboarding	<input type="checkbox"/>				
Other	<input type="checkbox"/>				

\_\_\_\_\_ handed work only  Weight Limit for affected hand(s) \_\_\_\_\_ lbs

**Sedentary Work.** Lifting 10 pounds maximum and occasionally lifting and/or carrying such articles as docket, ledgers, and small tools. Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required and other sedentary criteria are met.

From: \_\_\_\_\_ To: \_\_\_\_\_

**Light Work** Lifting 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds. Even though the weight lifted may be only a negligible amount, a job is in this category when it requires walking or standing to a significant degree or when it involves sitting most of the time with a degree of pushing and pulling of arm and/or leg controls.

**Light Medium Work** Lifting 30 pounds maximum with frequent lifting and/or carrying of objects weighing up to 20 pounds.

**Medium Work** Lifting 50 pounds maximum with frequent lifting and/or carrying of objects weighing up to 25 pounds.

**Light Heavy Work** Lifting 75 pounds maximum with frequent lifting and/or carrying of objects weighing up to 40 pounds.

**Heavy Work** Lifting 100 pounds maximum with frequent lifting and/or carrying of objects weighing up to 50 pounds.

**Other Instructions and/or Limitations**  None

- No Handling Food/Beverage
- Keep [ ] clean/dry
- Keep work close to body
- May not use arm(s) above [ ] level
- Other [ ]
- Other [ ]
- Other [ ]
- Back Care instruction sheet given
- Head Trauma instruction sheet given
- Wound Care instruction sheet given
- Suture Care instruction sheet given
- Burn Care instruction sheet given

Comments:  
[ ]

**Treatment(s)**  None

Method	Duration	Frequency	Instructions/Comments
[ ]	[ ]	[ ]	<i>ice several times per day splint crutches - no weight bearing</i>

Additional Treatment information:  
[ ]

**Medication(s)**  None

Medication	Dose	Frequency	Instructions/Comments
<i>Naprosyn (naproxen)</i>	1	2x daily	<i>take with food</i>
[ ]	[ ]	[ ]	<i>Omeperazole 1 tab in am</i>

Additional Medication Information:  
[ ]

**Other**  None

- These restrictions are in effect until [ ] or next appointment on **03/09/2011**
- Return in [ ] day(s) or [ ] week(s) or on [ ]
- Return as needed.
- Consultation:
- Restrict Days per week to: [ ] and/or Hours per day to: [ ]

Comments:  
[ ]

**Diagnosis(es)**  None

R/L/Both	Area	Injury	Chronicity	Comment
[ ]	[ ]	[ ]	[ ]	<i>Left knee pain</i>

Additional Diagnosis Information:  
[ ]

**Healthcare Provider:** (Clinician) **Judith Hass, RN, CNP**  
 OMC Main Clinic  
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 Rochester, MN 55904  
 (507) 288-3443

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<b>Approved:</b> Judith Hass, RN, CNP	3/2/2011 1:55:00 PM
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