



REPORT OF WORK ABILITY

Date Faxed: _____

EXAM DATE: 4-10-08

NAME: Wendy Landers DOB: 7-28-59 MR#: 61750

EMPLOYER: _____ JOB TITLE: _____

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

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

APPARENT DIAGNOSIS: P10 @ skull

PATIENT DESCRIPTION OF PROBLEM: _____

- ABOVE INFORMATION UNCHANGED FROM LAST ORDER
 NO RESTRICTIONS, full work duties (continue with) (starting on) _____ NO WORK -TOTALLY DISABLED
 RESTRICTED WORK (continue) (starting on) 4-10-08 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. Carry & lift: up to 100 lbs. occasionally, 50 lbs. frequently.
 Bending & lifting: 50 lbs. with back straight and no twisting frequently. Pushing & pulling: 100 lbs. without bending or 200 lbs. on wheels.
- HEAVY** Standing & walking: stretch or rest every 2-3 hours. Carry & lift: up to 50 lbs. occasionally, 20 lbs. frequently.
 Bending & lifting: 20 lbs. with back straight and no twisting frequently. Pushing & pulling: 50 lbs. without bending or 100 lbs. on wheels.
- MEDIUM** Standing & walking: stretch or rest every 2-3 hours. Carry & lift: up to 35 lbs. occasionally, 15 lbs. frequently.
 Bending & lifting: 15 lbs. with back straight and no twisting frequently. Pushing & pulling: 35 lbs. without bending or 50 lbs. on wheels.
- LIGHT** Primarily standing & walking: stretch or rest every hour. Carry & lift: up to 20 lbs. occasionally.
 Bending & lifting: 10 lbs. with back straight and no twisting frequently. Pushing & pulling: 20 lbs. without bending or 35 lbs. on wheels.
- SEDENTARY** Primarily sitting: stretch or rest every hour. Stand and walk as tolerated. Carry & lift: up to 10 lbs. occasionally.
 Bending & lifting: none. Pushing & pulling: up to 10 lbs. without bending or 25 lbs. on wheels.
- VERY SEDENTARY** Primarily sitting: stretch and postural change as needed. Standing & walking: as tolerated.
 Carry & level lift: a negligible amount occasionally. 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: _____
 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: Dark denture @ 2:00pm until Rehab

- 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 _____