



Date Faxed: _____
 EXAM DATE: 3/6/08

NAME: _____ DOB: _____ MR#: _____

EMPLOYER: Suzlon / Roto JOB TITLE: laborer

INJURY/ONSET DATE: 11/29/07 - sub staffig WORK RELATED: YES NO UNDETERMINED

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

APPARENT DIAGNOSIS: (D) Shoulder pain

PATIENT DESCRIPTION OF PROBLEM: was sandy & sudden (D) shoulder pain
Dr. Snow -> MRI -> no tears, re-injury while on 1st duty shift, pretty

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 3/7/08

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.
- SEVENTARY** 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 SEVENTARY** 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	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: _____ 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: 5/325

Discharged from clinic - Follow-up only if needed

Additional comments: (D) 5-10th week in past, no fast push, well forcefully.
no elevation over shoulder height, no 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 _____



JUDY STAPLES, MS, CRC, QRC #679

Qualified Rehabilitation Consultant

Territory: Mankato/Southern Minnesota

2345 Rice Street, Suite 223 • Roseville, MN 55113-3723

Phone: 507-345-1922 or 800-898-3631 • Fax: 507-345-1956

jstaples@encoreunlimited.com

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