REPORT OF WORKABILITY

Note to employee: You must promptly provide a copy of this report to your employer or worker's compensation insurer and qualified rehabilitation consultant.

Employee Wendy Landers SS# 375-72-4042

Sex ✓ F ___ M DOB 7/28/59 DOI ___/___/___

Employer ___ Address ___

Supervisor ___ DOS 2/14/08

Phone ( ) ___ Employer Contacted __Y __N ___faxed ___phone

Describe Injury RA or Shoulder

Diagnosis R Rotw cuff Sprain ✓ Work Related ___Not Work Related ___Undeterm.

Permanent Disability __Y __N __Undeterm. R Bicep tendinitis Return to work with no limitations ___/___/___

Return to work with limitations ___/___/___ through ___/___/___

Unable to work from 2/14/08 through ___/___/___

Dr Patrick eval date March 6th, 2008 @ 10am

EMPLOYEES CAPABILITIES

Lift/Carry	Not at all	1-3 hrs	4-6 hrs	7-8 hrs
0-10lbs	___	___	___	___
11-20lbs	___	___	___	___
21-40lbs	___	___	___	___
41-60lbs	___	___	___	___
Push/Pull				
0-25lbs	___	___	___	___
26-50lbs	___	___	___	___
51-75lbs	___	___	___	___
76-100lbs	___	___	___	___

	Not at all	1-3 hrs	4-6 hrs	7-8 hrs
Bend	___	___	___	___
Twist/Turn	___	___	___	___
Kneel/Squat	___	___	___	___
Sit	___	___	___	___
Stand/Walk	___	___	___	___
Overhead reach	___	___	___	___
Ladder/Stair climb	___	___	___	___
Rotate Activities	___	___	___	___

Shoulder / Elbow / Hand / Wrist ___right ___left ___both

___Avoid outstretched arms ___Avoid gripping/grasping

___No operating forklift ___Avoid repetitive motion

___No driving motor vehicle ___No operation machine/vibrating tools

COMMENTS ___

___Keep wound clean and dry. Change dressing every: ___

___Medication ___ (as directed) ___May cause drowsiness

___Ice ___Heat ___Elevate ___Splint/brace ___Crutches ___Needs lumbar support ___Stretching exercises ___Physical Therapy: Frequency ___ Duration ___

Specialist Referral Dr Patrick Date ___/___/___ Time ___

Return to Clinic Date ___/___/___ Time ___

THE ABOVE HAS BEEN DISCUSSED WITH THE EMPLOYEE

Print Doctor's Name C. Steven Snow State License # 41700

Signature ___ Date 12/28/07

Is Tyler Medical Clinic Phone 507 247-5921