

612-395-5574



Allina Medical Clinic - Cottage Grove
 8611 W Point Douglas Rd S
 Cottage Grove MN 55016
 651-458-1884

To: Kendra

CLINIC REPORT OF WORKABILITY

Employee: Matthew Ryan Diamond	Date: 6/10/2010	Arrival time: 3:25
SS#: xxx-xx-6991	DOB: 2/24/1990	Time roomed: 3:35
Employer: Staffing Solutions	Date of Injury: 05/20/2010	Time out:
Employer phone: 952-406-2941	Employer fax: not asked	Contact person:
Employer contacted: no		

DIAGNOSIS:

Encounter Diagnoses

Code	Name	Primary?	Qualifier
• 726.32	Lateral epicondylitis of elbow	Yes	

Work related injury/illness? yes
 Maximum medical improvement? yes, date reached: 6/10/10
 Permanent Partial Disability? no
 Anticipate permanent restrictions: no

RETURN TO WORK Return to work with NO LIMITATIONS today
EMPLOYEE'S CAPABILITIES

Lift/Carry 0-10 lbs: Not applicable 11-20 lbs: Not applicable 21-35 lbs: Not applicable 36-50 lbs: Not applicable 51-100 lbs: Not applicable	Push/Pull 0-25 lbs: Not applicable 26-50 lbs: Not applicable 51-75 lbs: Not applicable 76-100 lbs: Not applicable	Bend: N/A Not applicable Twist/turn: Not applicable Kneel: Not applicable Squat: Not applicable Sit: Not applicable Stand/walk: Not applicable Overhead reaching: Not applicable Ladder/stair climb: Not applicable Rotate activities/positions: Not applicable	Avoid the following hand and wrist activities: Operate power/vibrating tools: not applicable Coarse manipulation: not applicable Torquing/crimping: not applicable Grasping – light: not applicable Grasping – heavy: not applicable Out-stretched arms: not applicable One-handed work only: not applicable Other: Not applicable.
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TREATMENT/OTHER RESTRICTIONS: The above has been discussed with the employee.

RETURN TO CLINIC: DISCHARGED

 License Number: R0938949

Kathy Shogren, MS, FNP 6/10/2010

NOTICE TO EMPLOYEE: YOU MUST PROMPTLY PROVIDE A COPY OF THIS REPORT TO YOUR EMPLOYER OR WORKERS' COMPENSATION INSURER, AND QUALIFIED REHABILITATION CONSULTANT IF YOU HAVE ONE.