



General info	Worker's Name:	Visit Date:	Claim Number:
	Health-care Provider's Name (printed):	Date of Injury:	Diagnosis:

Required: Released for work?
 Check at least one

Worker is released to the job of injury without restrictions as of (date): ___/___/___ Skip to "Plans" section below.

Worker may perform modified duty, if available, from (date): ___/___/___ to ___/___/___

Worker may work limited hours: ___ hours/day from (date): ___/___/___ to ___/___/___

Worker is working modified duty or limited hours
 Please estimate capacities below and provide key objective findings at right.

Worker not released to any work from (date): ___/___/___ to ___/___/___

Prognosis poor for return to work at the job of injury at any date

May need assistance returning to work
 Capacities apply 24/7, please estimate capacities below and provide key objective findings at right.

Required: Key Objective Finding(s)

Required: Estimate what the worker can do
 Unless released to JOI

Capacity duration (estimate days): 1-10 11-20 21-30 30+ permanent

Worker can: (Related to work injury.) Blank space = Not restricted	Never	Seldom 1-10% 0-1 hour	Occasional 11-33% 1-3 hours	Frequent 34-66% 3-6 hours	Constant 67-100% Not restricted
Sit					
Stand / Walk					
Climb (ladder / stairs)					
Twist					
Bend / Stoop					
Squat / Kneel					
Crawl					
Reach Left, Right, Both					
Work above shoulders L, R, B					
Keyboard L, R, B					
Wrist (flexion/extension) L, R, B					
Grasp (forceful) L, R, B					
Fine manipulation L, R, B					
Operate foot controls L, R, B					
Vibratory tasks; high impact					
Vibratory tasks; low impact					

Lifting / Pushing

	Never	Seldom	Occas.	Frequent	Constant
Example 50 lbs	20 lbs	10 lbs	0 lbs	0 lbs	
Lift L, R, B	lbs	lbs	lbs	lbs	lbs
Carry L, R, B	lbs	lbs	lbs	lbs	lbs
Push / Pull L, R, B	lbs	lbs	lbs	lbs	lbs

Other Restrictions / Instructions:

Employer Notified of Capacities? Yes No
 Modified duty available? Yes No
 Date of contact: ___/___/___
 Name of contact: _____
 Notes:

Note to Claim Manager:

New diagnosis: _____

Opioids prescribed for: Acute pain or Chronic pain

Required: Plans

Worker progress: As expected / better than expected.
 Slower than expected. Address in chart notes

Current rehab: PT OT Home exercise
 Other _____

Surgery: Not Indicated Possible Planned

Comments:

Next scheduled visit in: ___ days, ___ weeks.
 Treatment concluded, Max. Medical Improvement (MMI)
 Any permanent partial impairment? Yes No Possibly
 If you are qualified, please rate impairment for your patient.
 Will rate Will refer Request IME

Care transferred to: _____
 Consultation needed with: _____
 Study pending: _____

Sign

Signature (Required): _____ () _____ Date: ___/___/___
 Doctor ARNP PA-C Phone number _____

Copy of APF given to worker Talking points (on back) discussed with worker

Serial No. _____ Unit No. _____ Unit Name _____ Shift _____ Rank _____

Employee's Signature _____
 Supervisor's Signature _____

THE CITY OF SEATTLE is committed to providing light duty and will make every effort to accommodate all restrictions

To be paid for this form, health-care providers must:

1. Submit this form:
 - With reports of accident when there are work related physical restrictions
- OR**
- When requested by the insurer.
2. Complete all relevant sections of the form.
3. Send chart notes and reports, as usual.

Important notes

- Use this form to communicate work status, activity restrictions, and treatment plans.
- This form will also certify timeloss compensation, if appropriate.
- Occupational and physical therapists, office staff, and others will not be paid for working on this form.
- To learn how to complete this form, go to www.activityRX.Lni.wa.gov

About impairment ratings

We encourage you, the qualified attending health-care provider, to rate your patient's permanent impairment. If this claim is ready to close, please examine the worker and send a rating report.

Qualified attending health-care providers include doctors currently licensed in medicine and surgery (including osteopathic and podiatric) or dentistry, and chiropractors who are department-approved examiners.

Suggestions for talking with injured workers

Research shows that returning to normal activity as soon as safely possible after injury reduces the likelihood of long-term disability. Helping your patients develop expectations and goals for returning to work can improve their outcomes while protecting their incomes and benefits.

Here are some conversations that occupational injury and disease specialists recommend you have with your patients:

- **“Activity helps you recover.”** Explain that returning to some level of work and activity will help patients recover from common injuries faster than prolonged bed rest. Be sure patients understand the level of activity they can do at home and work. Emphasize what they can do.
- **“Some discomfort is normal when returning to activities after an injury.”** Discomfort from activity is different from pain that indicates a serious problem or setback.
- **“You can help with your own recovery.”** Make sure your patients understand that while you can help with pain and healing, they play an equally important role by following your instructions.
- **“You can protect yourself from re-injury.”** When musculoskeletal injuries are involved, talk to patients about how changes in the way they move or do their jobs can prevent other injuries.
- **“Early and safe return to work makes sense.”** The longer you are off work, the harder it is to get back to your original job and wages. Even a short time off work takes money out of your pocket because time-loss benefits do not pay your full wage.

To review related research, go to www.Lni.wa.gov and type in “Bibliographies” in the search box.

Thank you for treating this injured worker.