

Sample 1: Worker requires temporary, modified duty while recovering from the injury.

INSURER ACTIVITY PRESCRIPTION FORM (APF)

Billing Code: 1073M (Guidance on back)

Reminder: Send chart notes and reports to L&I or to SIE/TPA as usual

| Required: Released for work? | <input type="checkbox"/> Worker is released to the job of injury without restrictions as of (date): ____/____/____ Skip to "Plans" section below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | <input checked="" type="checkbox"/> Worker may perform modified duty , if available, from (date): 6/22/09 to 7/6/09 <input checked="" type="checkbox"/> Worker may work limited hours: 4 hours/day from (date): 6/22/09 to 7/6/09 <input type="checkbox"/> Worker is working modified duty or limited hours <i>Please estimate capacities below and provide key objective findings at right.</i> | | | | | Required: Key Objective Finding(s) ↓ L shoulder ROM ↓ L arm strength + Capsular swelling | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Worker not released to any work from (date): ____/____/____ to ____/____/____ <input type="checkbox"/> Prognosis poor for return to work at the job of injury at any date <input type="checkbox"/> May need assistance returning to work <i>Capacities apply 24/7, please estimate capacities below and provide key objective findings at right.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Required: Estimate what the worker can do | Capacity duration (estimate days): <input type="checkbox"/> 1-10 <input checked="" type="checkbox"/> 11-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 30+ <input type="checkbox"/> permanent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Worker can: (Related to work injury.) Blank space = Not restricted</th> <th style="width: 10%;">Never</th> <th style="width: 10%;">Seldom 1-10% 0-1 hour</th> <th style="width: 10%;">Occasional 11-33% 1-3 hours</th> <th style="width: 10%;">Frequent 34-66% 3-6 hours</th> <th style="width: 10%;">Constant 67-100% Not restricted</th> </tr> </thead> <tbody> <tr><td>Sit</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Stand / Walk</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Climb (ladder / stairs)</td><td></td><td style="text-align: center;">X</td><td></td><td></td><td></td></tr> <tr><td>Twist</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Bend / Stoop</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Squat / Kneel</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Crawl</td><td style="text-align: center;">X</td><td></td><td></td><td></td><td></td></tr> <tr><td>Reach Left, Right, Both</td><td></td><td style="text-align: center;">L X</td><td></td><td></td><td></td></tr> <tr><td>Work above shoulders L, R, B</td><td></td><td style="text-align: center;">L X</td><td></td><td></td><td></td></tr> <tr><td>Keyboard L, R, B</td><td></td><td></td><td style="text-align: center;">X</td><td></td><td></td></tr> <tr><td>Wrist (flexion/extension) L, R, B</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Grasp (forceful) L, R, B</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Fine manipulation L, R, B</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Operate foot controls L, R, B</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Vibratory tasks; high impact</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Vibratory tasks; low impact</td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table> | | | | | | 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) | | X | | | | Twist | | | | | | Bend / Stoop | | | | | | Squat / Kneel | | | | | | Crawl | X | | | | | Reach Left, Right, Both | | L X | | | | Work above shoulders L, R, B | | L X | | | | Keyboard L, R, B | | | X | | | 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 | | | | | | Other Restrictions / Instructions: No repetitive or forceful pushing or pulling with L arm or shoulder. These restrictions end on 7/10/09 Employer Notified of Capacities? X Yes <input type="checkbox"/> No Modified duty available? X Yes <input type="checkbox"/> No Date of contact: 6/22/09 Name of contact: Jan Meyer, HR MGR, 206-xxx-xxxx <i>Notes: He can return to work today, if doctor allows.</i> |
| | 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) | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Twist | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Bend / Stoop | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Squat / Kneel | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Crawl | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reach Left, Right, Both | | L X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Work above shoulders L, R, B | | L X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Keyboard L, R, B | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Lifting / Pushing</th> <th style="width: 10%;">Never</th> <th style="width: 10%;">Seldom</th> <th style="width: 10%;">Occas.</th> <th style="width: 10%;">Frequent</th> <th style="width: 10%;">Constant</th> </tr> </thead> <tbody> <tr> <td><i>Example</i></td> <td style="text-align: center;"><u>50</u> lbs</td> <td style="text-align: center;"><u>20</u> lbs</td> <td style="text-align: center;"><u>10</u> lbs</td> <td style="text-align: center;"><u>0</u> lbs</td> <td style="text-align: center;"><u>0</u> lbs</td> </tr> <tr> <td>Lift L, R, B</td> <td style="text-align: center;"><u>20</u> lbs</td> <td style="text-align: center;"><u>20</u> lbs</td> <td style="text-align: center;"><u>10</u> lbs</td> <td style="text-align: center;"><u>5</u> lbs</td> <td style="text-align: center;"><u><3</u> lbs</td> </tr> <tr> <td>Carry L, R, B</td> <td style="text-align: center;"><u>20</u> lbs</td> <td style="text-align: center;"><u>20</u> lbs</td> <td style="text-align: center;"><u>10</u> lbs</td> <td style="text-align: center;"><u> </u> lbs</td> <td style="text-align: center;"><u>3</u> lbs</td> </tr> <tr> <td>Push / Pull L, R, B</td> <td style="text-align: center;"><u>20</u> lbs</td> <td style="text-align: center;"><u>20</u> lbs</td> <td style="text-align: center;"><u>10</u> lbs</td> <td style="text-align: center;"><u>5</u> lbs</td> <td style="text-align: center;"><u>3</u> lbs</td> </tr> </tbody> </table> | | | | | | Lifting / Pushing | Never | Seldom | Occas. | Frequent | Constant | <i>Example</i> | <u>50</u> lbs | <u>20</u> lbs | <u>10</u> lbs | <u>0</u> lbs | <u>0</u> lbs | Lift L, R, B | <u>20</u> lbs | <u>20</u> lbs | <u>10</u> lbs | <u>5</u> lbs | <u><3</u> lbs | Carry L, R, B | <u>20</u> lbs | <u>20</u> lbs | <u>10</u> lbs | <u> </u> lbs | <u>3</u> lbs | Push / Pull L, R, B | <u>20</u> lbs | <u>20</u> lbs | <u>10</u> lbs | <u>5</u> lbs | <u>3</u> lbs | Note to Claim Manager: New diagnosis: _____ Opioids prescribed for: <input type="checkbox"/> Acute pain or <input type="checkbox"/> Chronic pain | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lifting / Pushing | Never | Seldom | Occas. | Frequent | Constant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Example</i> | <u>50</u> lbs | <u>20</u> lbs | <u>10</u> lbs | <u>0</u> lbs | <u>0</u> lbs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lift L, R, B | <u>20</u> lbs | <u>20</u> lbs | <u>10</u> lbs | <u>5</u> lbs | <u><3</u> lbs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Carry L, R, B | <u>20</u> lbs | <u>20</u> lbs | <u>10</u> lbs | <u> </u> lbs | <u>3</u> lbs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Push / Pull L, R, B | <u>20</u> lbs | <u>20</u> lbs | <u>10</u> lbs | <u>5</u> lbs | <u>3</u> lbs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Required: Plans Worker progress: <input checked="" type="checkbox"/> As expected / better than expected. <input type="checkbox"/> Slower than expected. <i>Address in chart notes</i> Current rehab: <input checked="" type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> Home exercise <input type="checkbox"/> Other _____ Surgery: <input checked="" type="checkbox"/> Not Indicated <input type="checkbox"/> Possible <input type="checkbox"/> Planned Comments: Right now | | | | | | <input checked="" type="checkbox"/> Next scheduled visit in: _____ days, 2 weeks. <input type="checkbox"/> Treatment concluded, Max. Medical Improvement (MMI) Any permanent partial impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possibly If you are qualified, please rate impairment for your patient. <input type="checkbox"/> Will rate <input type="checkbox"/> Will refer <input type="checkbox"/> Request IME <input type="checkbox"/> Care transferred to: _____ <input type="checkbox"/> Consultation needed with: _____ <input type="checkbox"/> Study pending: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |