

Sample 2: Worker is off work due to the industrial injury or occupational disease. He also has more than one 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?
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): **8/24/09 to 8/29/09**

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)

Left lower extremity, thigh, and leg pain with weakness of the extensor hallucis longus. MRI revealed a herniated disc at L4-5 on the left.

He also injured his right wrist in the fall.

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			1		
Stand / Walk				1	
Climb (ladder / stairs)			1		
Twist		1			
Bend / Stoop		1			
Squat / Kneel			1, 2		
Crawl			1, 2		
Reach Left, Right, Both			B1		
Work above shoulders L, R, B		B1			
Keyboard L, R, B			R2		
Wrist (flexion/extension) L, R, B			R2		
Grasp (forceful) L, R, B			R2	L	
Fine manipulation L, R, B			R2	L	
Operate foot controls L, R, B			B1		
Vibratory tasks; high impact					
Vibratory tasks; low impact					

Other Restrictions / Instructions:

Worker instructed to do daily gentle stretching and walking up to one mile at a time.

Employer Notified of Capacities? Yes No
Modified duty available? Yes No
Date of contact: **8/24/09**
Name of contact: **Ima Nurse, RN contacted the employer's HR specialist**
Notes: **They have modified job when he can frequently lift and carry 15 pounds.**

Note to Claim Manager:
Physical restriction are specified by diagnosis: 1 = low back, 2 = wrist
Worker does not know how to keyboard. Should not lift above shoulder or below knee levels.

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, **2** 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: _____