



## Physician's & Chiropractor's Progress Report

Claim Number:	Social Security Number:
Patient's Name:	Date of Injury:
Employer:	Name of MCO (if applicable):
Patient's Job Description/Occupation:	
Previous Injuries/Diseases/Surgeries Contributing to the Condition:	
Diagnosis:	
Related to the Industrial Injury? Explain:	

Objective Medical Findings:

*Check only one box*     None - Discharged     Generally Improved     Conditioned Worsened     Condition Same

Maximum Medical Improvement (MMI)     Yes     No

May have suffered Permanent Disability?     Yes     No

Treatment Plan

No Change in Therapy     PT/OT Prescribed/Goals     Consultation:

Case Management     PT/OT Discontinued     Diagnostic Studies:

Prescriptions(s): \_\_\_\_\_  Medications may be used while working

Released to FULL DUTY/No Restrictions on (Date): \_\_\_\_\_

Released to RESTRICTED/Modified Duty on (Date)    From: \_\_\_\_\_ To: \_\_\_\_\_

**Restrictions are:**     Permanent     Temporary

**Check the frequency of activity patient is able to perform –**  
SEE DEFINITIONS AND EXPLANATIONS ON SECOND SHEET

	<i>Check only one box</i>				Lbs	<i>Check only one box</i>				Height	<i>Check only one box</i>				Distance
	<b>ACTIVITY</b>					<b>DAILY LIFTING</b>					<b>DAILY CARRYING</b>				
	N	O	F	C		N	O	F	C		N	O	F	C	
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 – 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11- 20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21- 50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bending at the waist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51- 75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stooping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	76- 100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Reaching above shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>If no current work capabilities, please explain:</b>										
Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Repetitive use of hand(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											

Next Visit:	Date of this Exam:	Physician/Chiropractor's Name:	Physician/Chiropractor's Signature:
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Forward to Employers Occupational Health, Inc.

**Sedentary Work**

Sedentary Work involves exerting up to 10 pounds of force occasionally or a negligible amount of force frequently to lift, carry, push, pull, or otherwise move objects, including the human body. Sedentary Work involves sitting most of the time, but may involve walking or standing for brief periods of time. Jobs may be defined as sedentary when walking and standing are required only occasionally and all other sedentary criteria are met.

**Light Work**

Light Work involves exerting up to 20 pounds of force occasionally, or up to 10 pounds of force frequently, or a negligible amount of force constantly to move objects. Physical demand requirements are in excess of those for sedentary work. Even though the weight lifted may be only a negligible amount, a job/occupation is rated Light Work when it requires: (1) Walking or standing to a significant degree; (2) sitting most of the time while pushing or pulling arm or leg controls; or (3) working at a production rate pace while constantly pushing or pulling materials even though the weight of the materials is negligible. (The constant stress and strain of maintaining a production rate pace, especially in an industrial setting, can be and is physically demanding of a worker even though the amount of force exerted is negligible.)

**Medium Work**

Medium Work involves exerting 20 to 50 pounds of force occasionally, or 10 to 25 pounds of force frequently, or an amount greater than negligible and up to 10 pounds constantly to move objects. Physical demand requirements are in excess of those for Light Work.

**Heavy Work**

Heavy Work involves exerting 50 to 100 pounds of force occasionally, or 25 to 50 pounds of force frequently, or 10 to 20 pounds of force constantly to move objects. Physical demand requirements are in excess of those for Medium Work.

**Limits of Weight Lifted/Carried or Force Exerted**

**Frequency Definitions**

RATING	Occasionally	Frequently	Constantly
Sedentary	*-10 lbs	*	N/A
Light	"-20 lbs	*-10 lbs	*
Medium	20 lbs – 50 lbs	10 lbs - 25 lbs	*-10 lbs
Heavy	50 lbs - 100 lbs	25 lbs - 50 lbs	10 lbs - 20 lbs
Very Heavy	100 lbs +	50 lbs +	20 lbs +
* = Negligible weight; N/A = Not Applicable			

Code	Frequency	Definition
N	Never	Activity or condition does not exist
O	Occasionally	Activity or condition exists up to 1/3 of the time.
F	Frequently	Activity or condition exists from 1/3 to 2/3 of the time.
C	Constantly	Activity or condition exists 2/3 or more of the time.

**Remittance Information**

Employers Occupational Health, Inc.  
 2550 Paseo Verde Parkway, Suite 100  
 Henderson, NV 89074-7117  
 Fax: 702-617-7175

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