



INSURER ACTIVITY PRESCRIPTION FORM (APF)

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

Self-Insured Claims: Contact the Self Insured Employer (SIE)/
Third Party Administrator (TPA)*

Billing Code: 1073M (Guidance on back)

General Info	Worker's Name:	Visit Date:	Claim Number:				
	Health-care Provider's Name (printed):	Date of Injury:	Diagnosis:				
Released for work? Check one	<input type="checkbox"/> Worker is released to the job of injury without restrictions on (date): ____/____/____ Skip to "Plans" section below.						
	<input type="checkbox"/> Worker may perform modified duty (altered duties or limited hours), if available, from (date): ____/____/____ to ____/____/____ for ____ hours/day <i>Estimate physical capacities below and complete the Key Objective Findings to the right.</i>		Key Objective Finding(s) <i>Required for time-loss payment decisions</i>				
	<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>Estimate physical capacities below and complete the Key Objective Findings to the right.</i>						
Doctor's Estimate of Physical Capacities	<input type="checkbox"/> Temporary Restrictions <input type="checkbox"/> Permanent / Indefinite Restrictions					Other Restrictions / Instructions: Approved Absence Dates: Employer Notified of restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No Date notified: ____/____/____ Modified duty: <input type="checkbox"/> Available <input type="checkbox"/> Not available Notes: Note to Claim Manager:	
	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							
Wrist (flexion/extension) L, R, B							
Grasp (forceful) L, R, B							
Fine manipulation L, R, B							
Operate foot controls L, R, B							
	Lifting / Pushing	Never	Seldom	Occas.	Frequent	Constant	
<i>Example</i>		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		lbs	lbs	lbs	lbs	lbs	
Plans	Worker progress: <input type="checkbox"/> As expected / better than expected. <i>Circle one</i> <input type="checkbox"/> Slower than expected. <i>Address in chart notes</i>					<input type="checkbox"/> Next scheduled visit is: ____/____/____ <input type="checkbox"/> None, treatment concluded, Max. Medical Improvement (MMI) Any permanent partial impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possibly Will you rate impairment? <input type="checkbox"/> Yes, <i>please attach</i> <input type="checkbox"/> No If not, will you refer for a rating consultation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Care transferred to: _____ <input type="checkbox"/> Study pending: _____ <input type="checkbox"/> Consultation scheduled with: _____	
	Current rehab: <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> Home exercise <input type="checkbox"/> Rest <input type="checkbox"/> Other _____						
	Surgery: <input type="checkbox"/> Indicated / planned <input type="checkbox"/> Not indicated Comments:						
Sign	Signature: _____ () _____ Date: ____/____/____ <input type="checkbox"/> Doctor <input type="checkbox"/> ARNP <input type="checkbox"/> PA-C Phone number						
	<input type="checkbox"/> Copy of APF given to worker (to show it to employer) <input type="checkbox"/> Talking points (on back) discussed with worker						

State Fund Claims: Fax to claim file. Choose any number:

360-902-4292

360-902-5230

360-902-4565

360-902-6100

360-902-4566

360-902-6252

360-902-4567

360-902-6460

*Self-Insured Claims: For a list of SIE/TPAs, go to: www.lni.wa.gov/download/Selfins/Rpt4097d.txt



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

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.

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.