State Fund Claims: Dept. of Labor and Industries - Claims Section

PO Box 44291, Olympia WA 98504-4291

Self-Insured Claims: Contact the Self Insured Employer (SIE)/

Billing Code: 1073M (Guidance on back)

minder: Send chart notes and reports to L&I or to SIE/TPA as usua

INSURER ACTIVITY PRESCRIPTION FORM (APF)

Third	Third Party Administrator (TPA)* Reminder: Send chart notes and reports to L&I or to SIE/TPA as usual						
eral fo	Worker's Name:			Visit Da	ate:	Claim Number:	
General info	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):						
	☐ Worker may work limited hours:hours/day from (date):/						
	□ 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 <u>and</u> provide key objective findings at right.						
Estimate what the worker can do Unless released to JOI	Capacity duration (estimate days): ☐ 1-10 ☐ 11-20 ☐ 21-30 ☐ 30+ ☐ permanent Other Restrictions / Instructions:						
	Worker can: (Related to work injury.) Blank space = Not restricted	Never Seldo 1-10° 0-1 ho	% 11-33%	Frequent 34-66% 3-6 hours	07-100% Not		
	Sit Stand / Walk						
	Climb (ladder / stairs)						
	Twist Bend / Stoop					Employer Notified of Capacities? □Yes □No	
	Squat / Kneel					Modified duty available? □Yes □No	
	Crawl					Date of contact:/	
	Reach Left, Right, Both Work above shoulders L, R, B					Name of contact:	
	Keyboard L, R, B					Notes:	
	Wrist (flexion/extension) L, R, B						
	Grasp (forceful) L, R, B Fine manipulation L, R, B					Note to Claim Manager:	
В	Operate foot controls L, R, B					Note to Claim Manager.	
Required:	Vibratory tasks; high impact						
	Vibratory tasks; low impact			<u> </u>			
		ever Seldon O lbs 20 li		Frequent 0 lbs			
	Lift L, R, B		oslbs	lbs		New diagnosis:	
	Carry L, R, B Push / Pull L, R, B		oslbs	lbs		Opioids prescribed for: ☐ Acute pain or ☐ Chronic pain	
ed: Plans	Worker progress: ☐ As expected / better than expected. ☐ Next scheduled visit in: days,weeks. ☐ Treatment concluded, Max. Medical Improvement (MMI)						
	Current rehab:				Any permanent partial impairment? □Yes □No □Possibly If you are qualified, please rate impairment for your patient. □ Will rate □ Will refer □ Request IME		
Required:	Surgery: ☐ Not Indicated ☐ Possible ☐ Planned Comments:				☐ Care transferred to: ☐ Consultation needed with: ☐ Study pending:		
Sign	Signature (Required): () Date:// Doctor						
Si		☐ Copy of APF given to worker ☐ Talking points (on back) discussed with worker					

 State Fund Claims: Fax to claim file. Choose any number:
 360-902-4292
 360-902-4565
 360-902-4566
 360-902-4567

 360-902-5230
 360-902-6100
 360-902-6252
 360-902-6460

*Self-Insured Claims: For a list of SIE/TPAs, go to: www.Lni.wa.gov/ClaimsIns/Insurance/SelfInsure/EmpList/FindEmps/Default.asp

To be paid for this form, health-care providers Important notes 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.

- 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.