

SpecialtyHealth Nevada  
Return to Work Form

workRATER<sup>SM</sup>

NAME \_\_\_\_\_ SS# \_\_\_\_\_

WORKERS' COMP \_\_\_\_\_ GROUP HEALTH \_\_\_\_\_ GROUP HEALTH DISABILITY \_\_\_\_\_

EMPLOYER \_\_\_\_\_ DATE OF ONSET/INJURY \_\_\_\_\_

BODY PART(S) AFFECTED \_\_\_\_\_

TYPE OF INJURY OR ILLNESS \_\_\_\_\_

LEVEL I FIRST AID ONLY (please circle) YES NO POSSIBLE WORK RELATED MSD (please circle) YES NO  
VISIT (please circle) 1 2 3

RECOMMENDATIONS FOR SAFE WORK ACTIVITIES

\_\_\_\_\_ No Restrictions

\_\_\_\_\_ Safe Restrictions\*

SITTING- no longer than: 20 25 30 35 40 45 50 minutes  
(without getting up to move around for a couple of minutes)

UNASSISTED LIFTING LIMITS FOR BACK AND NECK PAIN<sup>®</sup>

MEN & YOUNGER WOMEN 20 30 40 50 60 70 80 pounds  
WOMEN over 50 years old 20 25 30 35 40 pounds

<sup>®</sup> As is practical for comfort, minimize twisting, bending, stooping, and reaching especially while lifting.

\* From AHCPR Federal Low Back Pain Guidelines, 1994; and NIOSH 1981/93

Other Recommended Restrictions

Standing/Walking \_\_\_\_\_ hours or minutes (circle one) Number of Times per Day \_\_\_\_\_

Bending at waist \_\_\_\_\_ Kneeling \_\_\_\_\_ Stooping \_\_\_\_\_

Climbing Stairs/Ladders \_\_\_\_\_ Crawling \_\_\_\_\_

Pushing/Pulling \_\_\_\_\_ Reaching above Shoulder Level \_\_\_\_\_

Use of Arm or Hand (Include recommended weight levels) \_\_\_\_\_

Important Safety Recommendations

(for fracture, dislocation, laceration or infection)

Bandage/Dressing Instructions \_\_\_\_\_

Splint/Brace needed \_\_\_\_\_ Eye patch \_\_\_\_\_

Patient has been taken off work until \_\_\_\_\_

THESE RESTRICTIONS ARE:

Less Restrictive \_\_\_\_\_ More Restrictive \_\_\_\_\_ The Same \_\_\_\_\_ Compared to Last Visit

These Restrictions Are Valid **Only** Until The Next Scheduled Appointment On: \_\_\_\_\_

DISCHARGED from care for THIS injury? Yes \_\_\_\_\_ No \_\_\_\_\_

Referred for out-of-Clinic: No \_\_\_\_\_ Yes, for Therapy? \_\_\_\_\_ Consult? \_\_\_\_\_ Tests? \_\_\_\_\_

TO WHOM \_\_\_\_\_ PURPOSE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

Provider Name (Print) \_\_\_\_\_ White: Chart Yellow: Employer