

Texas Workers' Compensation

Return to Work and MDGuidelines™ *(RTW and MDG)*

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Material Disclaimer

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Example Taken From DD Report Addressing RTW

Is DD Answer Adequate?

Return to Work

IE's medical condition resulting from the work related injury prevented IE from returning to work 3/1/xx through 9/1/xx.

CASE 1 - RTW and MDG

History of Injury

- 35-year-old meter reader stepped in hole twisting right knee on 3/1/xx
- Seen by treating PCP and subsequently had MRI scan showing bucket handle tear of medial meniscus
- Referred to orthopedic surgeon and chose to pursue conservative treatment

CASE 1 - RTW and MDG

Treatment History

- 6 PT visits, but continued to experience knee pain, “locking” and “giving way”
- Underwent arthroscopic medial meniscectomy 6/1/xx
- Released to RTW on 6/8/xx in a sedentary capacity, but employer unable to accommodate restrictions



CASE 1 - RTW and MDG

DD Exam - 24 Weeks Post Injury (9/1/xx)

- Injured employee reports continuing ongoing pain rated as “3-4/10”
- Reports right knee pain ascending/descending stairs, but can perform
- Completed 10 post-op PT visits with two remaining visits scheduled to complete 9/8/xx

CASE 1 - RTW and MDG

DD Exam - 24 Weeks Post Injury (9/1/xx)
(Cont'd)

- PT notes show progress, using stationary bike, elliptical trainer, lateral lunges, front lunges, Bosu ball squats, leg press, lateral step ups, terminal knee extension, hamstring curls and 4 way hip resistance with TheraBands

CASE 1 - RTW and MDG

DD Exam - 24 Weeks Post Injury (9/1/xx) (Cont'd)

- No visible knee or lower extremity swelling
- Symmetric thigh and calf circumference
- Well healed arthroscopic portal scars
- 5/5 lower extremity strength bilaterally
- Knee ROM
 - 130° flexion
 - 0° extension
- Negative McMurray



CASE 1 - RTW and MDG

Steps

1. Review DWC Form-032 and make note of important information
2. Go online to MDGuidelines™
3. Look up relevant injury information and disability duration table(s)

CASE 1 - RTW and MDG

Steps (cont'd)

4. Consider job duties/title, if needed
 - Not provided by employer/injured employee
 - Addressing full duty work (Box C on DWC Form-073)
5. Answer question from DWC Form-032 in narrative report for relevant date range
6. Complete DWC Form-073(s)



CASE 1 - RTW and MDG

Steps

1. Review DWC Form-032 and make note of important information
2. Go online to MDGuidelines™
3. Look up relevant disability duration table(s)



E. Return to work - Is the injured employee able to return to work in any capacity **and** what work can the injured employee perform? Provide the period to be assessed. If multiple periods, list all dates.

From 03/01/2023 to present
(mm/dd/yyyy) (mm/dd/yyyy)

Case 1 - RTW and MDG

Question for DD to consider in exam:

From 3/1/xx to present

Is IE able to return to work in any capacity and what work activities can be performed?





CASE 1 - RTW and MDG

Steps:

1. Review DWC Form-032 and note of important information
2. Go online to MDGuidelines™, and
3. Look up relevant disability duration table(s)

RTW AND MDG CASE 1

- DOI 3/1/xx
- Initial conservative treatment – PT, NSAIDs
- Continued right knee pain, swelling and locking
- Arthroscopic medial meniscectomy 6/1/xx (12 weeks post injury)
- 2 Disability Duration tables
 - Medical Treatment (pre-op)
 - Surgical Treatment (post-op)



MDGuidelines™ Home Page

<http://www.mdguidelines.com/>

Search by Injury

MDGuidelines®

Shortcuts ▾

Resources ▾

Hi, Lisa ▾



Search by Keyword or Medical Code



On

Health Advisor

On

ACOEM

Population Data Update

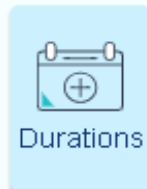
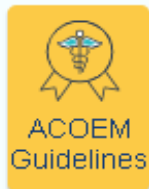
New data ensures that our population durations accurately reflect the latest care and recovery trends.

[Learn More](#)

Now covering almost 2000 new codes, including:

- CPT 63650, neurostimulator implantation
- ICD-10-CM F93.0, separation anxiety
- ICD-10-CM S78.11, traumatic amputation between hip and knee

Shortcuts



Bookmarks

Recently Searched Content

Meniscus Disorders, Knee

Search by Injury

The screenshot shows the MDGuidelines website interface. At the top left is the MDGuidelines logo. To its right are navigation links: My Dashboard, Shortcuts, Resources, and Help. A search bar contains the text 'meniscus'. Below the search bar, a dropdown menu is open, displaying two sections: 'Suggested Health Advisor Topics' and 'Suggested ACOEM Guidelines'. The 'Suggested Health Advisor Topics' section lists: Meniscus Disorders, Knee; Meniscectomy and Meniscus Repair; Internal Derangement of Knee; Baker Cyst; Sprains and Strains, Knee; and a 'Browse all>' link. A green arrow points from the search bar to the 'Meniscus Disorders, Knee' item. The 'Suggested ACOEM Guidelines' section lists: Meniscal Tears: Diagnostic Evidence; Meniscal Tears: Diagnostic Recommendations; Physical Examination: Meniscal Tears; and a 'Browse all>' link. To the right of the search bar, there are two toggle switches: 'Health Advisor' (set to 'On') and 'ACOEM' (set to 'On'). Below the search results, a snippet of text is visible: 'to semicircular pads of cartilage in the knee between the'. Below this snippet, there are two 'Health Advisor' icons with bookmark symbols.

Search by Injury

Search by Keyword or Medical Code



On Health Advisor

On ACOEM

[Dashboard](#) > [Health Advisor](#) > Meniscus Disorders, Knee

Expand All

Meniscus Disorders, Knee



Overview

Knee meniscus disorders involve the medial or lateral meniscus, two semicircular pieces of cartilage in the knee between the joint surface of the femur (upper leg bone) and the tibial condyles) of the upper leg bone and the lower leg bone (tibia). Menisci serve as shock absorbers and provide an increased surface area that carries 40% to 60% of the load transmitted through the knee joint. The most common meniscus disorder is a tear. The medial meniscus is more frequently injured than the lateral meniscus, because it is more firmly attached to surrounding ligaments.

Meniscal tears are classified according to their location. The major classes of tears include vertical tears, horizontal tears, beaked, or flap tear, displaced (bucket handle) tears, or complex (involving multiple tears). The most common.

Knee injury is the second most common work-related accident, and more than 3 million Americans experience knee injuries each year (Levy). In the US, the incidence of meniscal tear occurs in 61 of out every 100,000 people, accounting for 850,000 surgeries each year (Baker). Many meniscal tears are asymptomatic and are found incidentally on MRI (Maak).

[Related Terms](#) >

[Causation and Known Risk Factors](#) >

[Diagnosis](#) >

[Treatment](#) >

[Prognosis](#) >

[Differential Diagnosis](#) >

[Rehabilitation](#) >

[Comorbid Conditions](#) >

[Complications](#) >

[Length of Disability](#) >



Search by Injury

Complications >

Length of Disability ▾ 

Duration depends on the individual's activity level, the type of treatment chosen and whether surgery was required, and job requirements.

- + Medical treatment, meniscus disorder.
- + Surgical treatment, arthroscopic meniscectomy.
- + Surgical treatment, meniscus repair.

Factors Influencing Duration



Contents



Durations



Medical Codes



Feedback

Search by Injury



Contents



Durations



Medical Codes



Feedback

Complications >

Length of Disability ▾ 

Duration depends on the individual's activity level, the type of treatment chosen and whether surgery was required, and job requirements.



+ Medical treatment, meniscus disorder.

+ Surgical treatment, arthroscopic meniscectomy.

+ Surgical treatment, meniscus repair.

Factors Influencing Duration

Search by Injury

- Contents
- Durations
- Medical Codes
- Feedback

Length of Disability

Duration depends on the individual's activity level, the type of treatment chosen and whether surgery was required, and job requirements.

- Medical treatment, meniscus disorder. 

Activity Level

Return to Activity Estimates (In Days)

	Sedentary	Light	Medium	Heavy	Very Heavy
Early	7	7	14	28	28
Expected	7	14	28	35	42
Evaluate	14	21	42	91	91

+ Surgical treatment, arthroscopic meniscectomy.

+ Surgical treatment, meniscus repair.

Search by Injury



Contents



Durations



Medical Codes



Feedback

Complications >

Length of Disability ▾ 

Duration depends on the individual's activity level, the type of treatment chosen and whether surgery was required, and job requirements.

+ Medical treatment, meniscus disorder.

+ Surgical treatment, arthroscopic meniscectomy.

+ Surgical treatment, meniscus repair.



Factors Influencing Duration

Search by Injury

– Surgical treatment, arthroscopic meniscectomy.



Activity Level

Return to Activity Estimates (In Days)

	Sedentary	Light	Medium	Heavy	Very Heavy
Early	3	7	14	21	28
Expected	14	14	21	42	60
Evaluate	28	35	56	84	112



Contents



Durations



Medical Codes



Feedback



What if there was a meniscus repair?

Search by Injury



Contents



Durations



Medical
Codes



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Complications >

Length of Disability ▾

Duration depends on the individual's activity level, the type of treatment chosen and whether surgery was required, and job requirements.

+ Medical treatment, meniscus disorder.

+ Surgical treatment, arthroscopic meniscectomy.

+ Surgical treatment, meniscus repair.

Factors Influencing Duration

Disability Duration Table

– Surgical treatment, meniscus repair.

Activity Level

Return to Activity Estimates (In Days)

	Sedentary	Light	Medium	Heavy	Very Heavy
Early	3	28	42	70	84
Expected	14	42	56	84	91
Evaluate	21	56	70	112	140

Factors Influencing Duration


Back
to Top

How to Interpret Disability Duration Table

The screenshot shows the MDGuidelines website interface. At the top, there is a navigation bar with the MDGuidelines logo, a search bar, and user information (Hi, Lisa). Below the navigation bar, there are two toggle switches: "Health Advisor" and "ACOEM", both set to "On".

The main content area features a "Population Data Update" section with a blue background and white text. It includes a "Learn More" link and a list of new codes: CPT 63650, ICD-10-CM F93.0, and ICD-10-CM S78.11.

At the bottom, there is a "Shortcuts" section with several icons: ACOEM Guidelines, DART, Formulary, Health Advisor, Durations, and Add Shortcut. A green arrow points to the "Durations" icon. To the right of the shortcuts is a "Bookmarks" section and a "Recently Searched Content" section.

Click the question mark for help

My Dashboard / Durations

Durations

Enter Keyword or ICD code or CPT Procedure Code



Enter a medical code or keyword to:



View durations and
return to activity
estimates

Benchmark using
population-level
statistics

Predict recovery
duration using
case-specific
variables

Duration category definitions



Contents



Feedback

Durations

Questions

- [How do I interpret the duration dashboard and speedometer?](#)
- [How are activity levels defined?](#)
- [How do I calculate an Analytic Prediction?](#)
- [How do I use the Timeline feature?](#)
- [Where can I access durations in table format?](#)

Answers

- **How do I interpret the duration dashboard and speedometer?**

From left to right on the speedometer, the duration values (return-to-activity estimates) are:

Real World Average (population median) – the statistical average of real-world cases, calculated using 20+ million claims of varying complexity and care management, and across all activity levels and industries.

Early return (physiological minimum) – the minimum recovery time most individuals require to return to activity or work at the same performance level as prior to injury, illness, or surgery.

Expected return (physiological optimum) – the point in time when most individuals are likely to be able to return to activity, assuming optimal management and no significant complications/comorbidities.

Evaluate return (physiological maximum) – the point in time when additional case information should be requested to determine if/when the individual may be able to return to activity.

Return to Work Expectations

Early return (physiological minimum) – the minimum recovery time most individuals require to return to activity or work at the same performance level as prior to injury, illness, or surgery.

Expected return (physiological optimum) – the point in time when most individuals are likely to be able to return to activity, assuming optimal management and no significant complications/comorbidities.

Evaluate return (physiological maximum) – the point in time when additional case information should be requested to determine if/when the individual may be able to return to activity.

Return to Work Expectations

Early, Expected, and Evaluate

- Recovery times according to U.S Department of Labor (DOL) job classifications
- The values do not represent the absolute minimum or maximum length of disability at which an individual must or should return to work
- They represent points in time at which, if full recovery has not occurred, additional evaluation should take place
- Allow for individual differences in recovery time.
- **Factors to consider:**

*Co-morbidities

*Non-Injury Related Factors



Early return

Early return (physiological minimum) – the minimum recovery time most individuals require to return to activity or work at the same performance level as prior to injury, illness, or surgery.

Expected return

Expected return (physiological optimum) – the point in time when most individuals are likely to be able to return to activity, assuming optimal management and no significant complications/comorbidities.

Evaluate Return

Evaluate return (physiological maximum) – the point in time when additional case information should be requested to determine if/when the individual may be able to return to activity.

Pop Quiz!

Include your answer in your required Attestation Form

Question 1

Many injuries require consulting both sets of disability duration tables in the MDGuidelines; the tables are:

- a) Medical treatment and surgical treatment
- b) Surgical treatment and post-operative treatment
- c) Conservative treatment and invasive therapies

CASE 1 - RTW and MDG®

Steps:

4. Consider job duties/title, if needed

- Not provided by employer/injured employee
- Addressing full duty work (Box C on DWC Form-073)

5. Answer question from DWC Form-032 in narrative report for relevant date range

6. Complete DWC Form-073(s)

Activity Level Definitions

Contents



Durations



Medical Codes



Feedback

Length of Disability

Duration depends on the individual's activity level, the type of treatment chosen and whether surgery was required, and job requirements.

– Medical treatment, meniscus disorder. 

Activity Level 

Return to Activity Estimates (In Days)

	Sedentary	Light	Medium	Heavy	Very Heavy
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Expected	7	14	28	35	42
Evaluate	14	21	42	91	91

+ Surgical treatment, arthroscopic meniscectomy.

+ Surgical treatment, meniscus repair.

Activity Levels (Job Class Definitions)

Activity Level Definitions



[Job Title Explorer](#)

Sedentary Work

Exerting up to 10 pounds (4.5 kg) of force occasionally and/or a negligible amount of force frequently or constantly 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 are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.

Activity levels

Activity Level Definitions



Light Work

Exerting up to 20 pounds(9.1 kg) of force occasionally and / or up to 10 pounds(4.5 kg) of force frequently, and / or negligible amount of force constantly to move objects. Physical demand requirements are in excess of those for Sedentary Work. Light Work usually requires walking or standing to a significant degree. However, if the use of the arm and / or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most the time, the job is rated Light Work.

Activity Levels

Activity Level Definitions



Medium Work

Exerting up to 50(22.7 kg) pounds of force occasionally, and / or up to 25 pounds(11.3 kg) of force frequently, and / or up to 10 pounds(4.5 kg) of forces constantly to move objects.

Heavy Work

Exerting up to 100 pounds(45.4 kg) of force occasionally, and / or up to 50 pounds(22.7 kg) of force frequently, and / or in excess of 20 pounds(9.1 kg) of force constantly to move objects.

Activity Levels

Activity Level Definitions



Very Heavy Work

Exerting in excess of 100 pounds(45.4 kg) of force occasionally, and / or in excess of 50 pounds(22.7 kg) of force frequently, and / or in excess of 20 pounds(9.1 kg) of force constantly to move objects.



Other Factors

The MDG Activity levels are from the Department of Labor job classifications that focus on physical effort only. This may not be relevant to duration of some disabilities.



Other Factors (Cont'd)

- In addition to pounds of force, other important factors contribute to the definition of an individual's job activity level.
- These factors include posture, biomechanics (size, shape, and manageability of the object being moved), height from and to which the object is lifted, and frequency of exertion.
- Each of these factors (and any other job-specific requirements) should be considered when determining expected length of disability.

Select Job Titles Link – This case

Activity Level Definitions

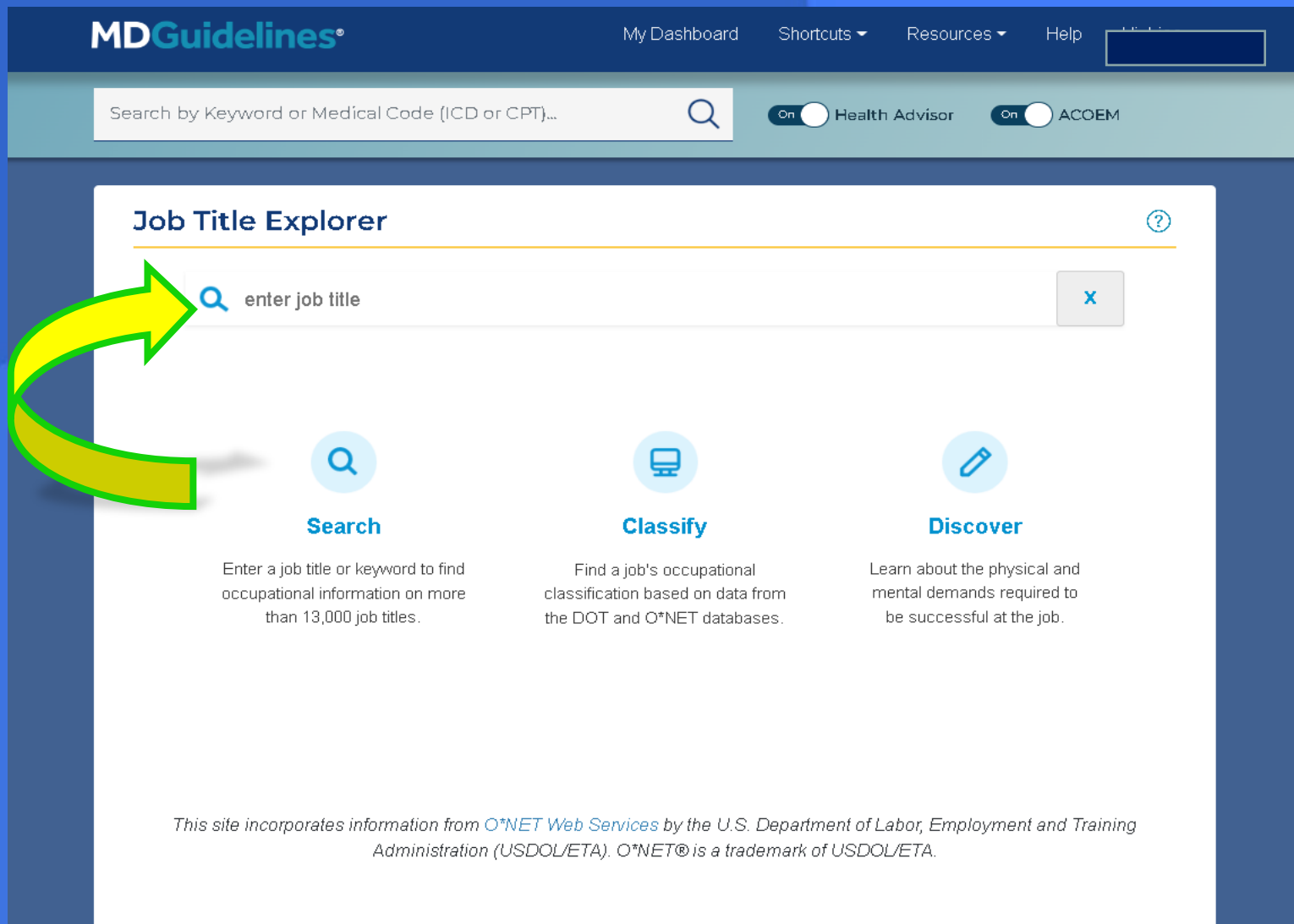


[Job Title Explorer](#)

Sedentary Work

Exerting up to 10 pounds (4.5 kg) of force occasionally and/or a negligible amount of force frequently or constantly 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 are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.

Enter Job Title



The screenshot shows the MDGuidelines website interface. At the top, there is a navigation bar with 'MDGuidelines' logo, 'My Dashboard', 'Shortcuts', 'Resources', and 'Help'. Below this is a search bar with the placeholder text 'Search by Keyword or Medical Code (ICD or CPT)...'. To the right of the search bar are two toggle switches: 'Health Advisor' and 'ACOEM', both set to 'On'. The main content area is titled 'Job Title Explorer' and features a search input field with the text 'enter job title'. Below the search field are three main sections: 'Search', 'Classify', and 'Discover'. Each section has an icon and a brief description of its function. At the bottom of the page, there is a disclaimer: 'This site incorporates information from O*NET Web Services by the U.S. Department of Labor, Employment and Training Administration (USDOL/ETA). O*NET® is a trademark of USDOL/ETA.'

MDGuidelines®

My Dashboard Shortcuts Resources Help

Search by Keyword or Medical Code (ICD or CPT)...

On Health Advisor On ACOEM

Job Title Explorer

enter job title

Search

Enter a job title or keyword to find occupational information on more than 13,000 job titles.

Classify

Find a job's occupational classification based on data from the DOT and O*NET databases.

Discover

Learn about the physical and mental demands required to be successful at the job.

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Job Title

Job Title Explorer

meter reader

Meter Readers, Utilities

Office and Administrative Support Workers, All Other

Inspectors, Testers, Sorters, Samplers, and Weighers

First-Line Supervisors of Office and Administrative Support Workers

Production Workers, All Other

Media and Communication Equipment Workers, All Other



Search

Enter a job title or keyword to find occupational information on more than 13,000 job titles.



Classify

Find a job's occupational classification based on data from the DOT and O*NET databases.



Discover

Learn about the physical and mental demands required to be successful at the job.

Job Title Displays Job Class

Job Title Explorer



🔍 Meter Readers, Utilities

X

Meter Readers, Utilities

Job Class:

Light

O*NET Job Code:

43-5041.00

Job Description

Read meter and record consumption of electricity, gas, water, or steam.

Job Class Details

Light Work Exerting up to 20 pounds (9.1 kg) of force occasionally and/or up to 10 pounds (4.5 kg) of force frequently, and/or negligible amount of force constantly to move objects. Physical demand requirements are in excess of those for Sedentary Work. Light Work usually requires walking or standing to a significant degree. However, if the use of the arm and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most the time, the job is rated Light Work.





Job Titles

Attempt to verify job tasks with physical demand category

- Used in determining “full duty” capability
- Correlate functional abilities in medical records
- Verify with IE, records from employer, etc.
- May or may not fit Job Activity Level Physical Demand Classification
- Explain!

Pop Quiz!

Include your answer in your required Attestation Form

Question 2

What are the three categories of recovery times used by MDGuidelines?

- a) Least, Best, Most
- b) Early, Expected, Evaluate
- c) Best result, Satisfactory result, Poor result

CASE 1 - RTW and MDG®

Steps:

4. Consider job duties/title, if needed
 - Not provided by employer/injured employee
 - Addressing full duty work (Box C on DWC Form-073)
5. Answer question from DWC Form-032 in narrative report for relevant date range
6. Complete DWC Form-073(s)

Case 1 - RTW and MDG

Question for DD to consider in exam:

From 3/1/xx to present

Is IE able to return to work in any capacity and what work activities can be performed?



CASE 1 - RTW and MDG

- Answer Question
 - Address date ranges if given or present capacity if no dates given
 - **Explain your answer clearly *including reasons for deviation from Division's RTW guidelines***



CASE 1 - RTW and MDG

- DOI 3/1/xx
- Initial conservative treatment – PT, NSAIDs
- Continued right knee pain, swelling and locking
- Arthroscopic medial meniscectomy 6/1/xx (12 weeks post injury)
- 2 Disability Duration tables
 - Medical Treatment (pre-op)
 - Surgical Treatment (post-op)

Disability Duration Meniscus Medical Treatment

– Medical treatment, meniscus disorder.



Activity Level ⓘ

Return to Activity Estimates (In Days)

	Sedentary	Light	Medium	Heavy	Very Heavy
Early	7	7	14	28	28
Expected	7	14	28	35	42
Evaluate	14	21	42	91	91


+ Surgical treatment, arthroscopic meniscectomy.

+ Surgical treatment, meniscus repair.

Disability Duration Post Arthroscopic Meniscectomy

– Surgical treatment, arthroscopic meniscectomy.



Activity Level 

Return to Activity Estimates (In Days)

	Sedentary	Light	Medium	Heavy	Very Heavy
Early	3	7	14	21	28
Expected	14	14	21	42	60
Evaluate	28	35	56	84	112

Meniscus - Medical Treatment

- DOI: 3/1/xx
- Date range from DWC 32: 3/1/xx to present
- **Medical treatment 3/1/2018-5/31/xx**
- Arthroscopic meniscectomy 6/1/xx
- DD Exam 9/1/xx
- Evaluate category time unable to work at
 - Sedentary: 14 days (3/15/xx)
 - Light*: 21 days (3/22/xx)
 - Medium: 42 days (4/12/xx)
 - Heavy: 91 days (5/31/xx)

Post Arthroscopic Meniscectomy

- DOI: 3/1/xx
- Date range from DWC 32: 3/1/xx to present
- Medical treatment 3/1/2018-5/31/xx
- **Arthroscopic meniscectomy 6/1/xx**
- DD Exam 9/1/xx
- Evaluate duration category time unable to work at
 - Sedentary: 28 days (6/29/xx)
 - Light*: 35 days (7/6/xx)
 - Medium: 56 days (7/27/xx)
 - Heavy: 84 days (8/24/xx)
 - Very Heavy: 112 days (9/21/xx)

Narrative Report

- DOI: 3/1/xx
- Date range from DWC 32: 3/1/xx to present
- **Medical treatment 3/1/xx-5/31/xx**
- Consider Disability Duration Evaluate category time unable to work at
 - Sedentary: 14 days (3/15/xx)
 - Light*: 21 days (3/22/xx)
 - Medium: 42 days (4/12/xx)
 - Heavy: 91 days (5/31/xx)
- No work 3/1/xx – 3/15/xx (14 days)
- Sedentary work 3/16/xx - 5/31/xx Medical records show inability to walk without limp, ascend/descend stairs and perform walking or standing greater than 30 minute intervals – unable to function at Light PDC as a meter reader
 - "...usually requires walking or standing to a significant degree."

Narrative Report

- DOI: 3/1/xx
- Date range from DWC 32: 3/1/xx to present
- **Arthroscopic meniscectomy 6/1/xx**
- Consider Disability Duration Evaluate category of time unable to work at:
 - Sedentary: 28 days (6/29/xx)
 - Light*: 35 days (7/6/xx)
 - Medium: 56 days (7/27/xx)
 - Heavy: 84 days (8/24/xx)
 - Very Heavy: 112 days (9/21/xx)

Narrative Report

- **Arthroscopic Meniscectomy 6/1/xx**
 - No work 6/1/xx - 6/8/xx (3 days – Early for sedentary vs. Evaluate 28 days)
 - Medical records do not show any complication or condition preventing sedentary work after 7 days no work
 - Orthopedic surgeon released IE to RTW with restrictions (sedentary work) 7 days post-op
 - Sedentary work 6/9/xx – 7/6/xx
 - Functional status, PT activities, etc. documented in medical records consistent with sedentary capacity
 - Light work effective 7/7/xx – present (9/1/xx)
 - Functional status, PT activities, etc. documented in medical records consistent with light capacity
 - Able to perform prolonged standing >1 hour intervals
 - Able to perform full duty as meter reader
- DD Exam 9/1/xx

CASE 1 - RTW and MDG®

Steps:

4. Consider job duties/title, if needed
 - Not provided by employer/injured employee
 - Addressing full duty work (Box C on DWC Form-073)
5. Answer question from DWC Form-032 in narrative report for relevant date range
6. Complete DWC Form-073(s)

PART II: WORK STATUS INFORMATION (FULLY COMPLETE ONE INCLUDING ESTIMATED DATES AND DESCRIPTION IN 13(c) AS APPLICABLE)

13. The injured employee's medical condition resulting from the workers' compensation injury:

- (a) will allow the employee to return to work as of _____ (date) **without restrictions**.
- (b) will allow the employee to return to work as of _____ (date) **with the restrictions** identified in PART III, which are expected to last through _____ (date).
- (c) has prevented and still prevents the employee from returning to work as of **3/1/xx** (date) and is expected to continue through **3/15/xx** (date).

The following describes how this injury prevents the employee from returning to work:

Per MD Guidelines for MeniscalTear.

PART III: ACTIVITY RESTRICTIONS* (ONLY COMPLETE IF BOX 13(b) IS CHECKED)

14. POSTURE RESTRICTIONS (if any):	17. MOTION RESTRICTIONS (if any):	19. MISC. RESTRICTIONS (if any):
Max Hours per day: 0 2 4 6 8 Other _____	Max Hours per day: 0 2 4 6 8 Other _____	<input type="checkbox"/> Max hours per day of work: _____
Standing <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"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Sit/Stretch breaks of _____ per _____
Sitting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Climbing stairs/ladder: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Must wear splint/cast at work
Kneeling/Squatting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Grasping/Squeezing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Must use crutches at all times
Bending/Stooping <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Wrist flexion/extension <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> No driving/operating heavy equipment
Pushing/Pulling <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Reaching <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Can only drive automatic transmission
Twisting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Overhead Reaching <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> No work / _____ hours/day work: <input type="checkbox"/> in extreme hot/cold environments <input type="checkbox"/> at heights or on scaffolding
Other: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Keyboarding <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Must keep _____ <input type="checkbox"/> elevated <input type="checkbox"/> clean & dry
15. RESTRICTIONS SPECIFIC TO (if applicable):	Other: _____	<input type="checkbox"/> No skin contact with: _____
<input type="checkbox"/> Left Hand/Wrist <input type="checkbox"/> Left Leg <input type="checkbox"/> Right Hand/Wrist <input type="checkbox"/> Right Leg <input type="checkbox"/> Left Arm <input type="checkbox"/> Back <input type="checkbox"/> Right Arm <input type="checkbox"/> Left Foot/Ankle <input type="checkbox"/> Neck <input type="checkbox"/> Right Foot/Ankle	18. LIFT/CARRY RESTRICTIONS (if any):	<input type="checkbox"/> Dressing changes necessary at work
Other: _____	<input type="checkbox"/> May not lift/carry objects more than _____ lbs. for more than _____ hours per day <input type="checkbox"/> May not perform any lifting/carrying	<input type="checkbox"/> No running
16. OTHER RESTRICTIONS (if any):	Other: _____	20. MEDICATION RESTRICTIONS (if any):
_____	_____	<input type="checkbox"/> Must take prescription medication(s) <input type="checkbox"/> Advised to take over-the-counter meds <input type="checkbox"/> Medication may make drowsy (possible safety/driving issues)

* These restrictions are based on the doctor's best understanding of the employee's essential job functions. If a particular restriction does not apply, it should be disregarded. If modified duty that meets these restrictions is not available, the patient should be considered to be off work. Note - these restrictions should be followed outside of work as well as at work.

PART II: WORK STATUS INFORMATION (FULLY COMPLETE ONE INCLUDING ESTIMATED DATES AND DESCRIPTION IN 13(c) AS APPLICABLE)

13. The injured employee's medical condition resulting from the workers' compensation injury:

- (a) will allow the employee to return to work as of _____ (date) **without restrictions**.
- (b) will allow the employee to return to work as of **3/16/xx** (date) **with the restrictions** identified in PART III, which are expected to last through **5/31/xx** (date).
- (c) has prevented and still prevents the employee from returning to work as of _____ (date) and is expected to continue through _____ (date).

The following describes how this injury prevents the employee from returning to work:

PART III: ACTIVITY RESTRICTIONS* (ONLY COMPLETE IF BOX 13(b) IS CHECKED)

14. POSTURE RESTRICTIONS (if any):		17. MOTION RESTRICTIONS (if any):		19. MISC. RESTRICTIONS (if any):	
Max Hours per day: 0 2 4 6 8	Other	Max Hours per day: 0 2 4 6 8	Other		
Standing <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Walking <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Max hours per day of work: _____	
Sitting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Climbing stairs/ladder <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Sit/Stretch breaks of _____ per _____	
Kneeling/Squatting <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Grasping/Squeezing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Must wear splint/cast at work	
Bending/Stooping <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Wrist flexion/extension <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Must use crutches at all times	
Pushing/Pulling <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Reaching <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> No driving/operating heavy equipment	
Twisting <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Overhead Reaching <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Can only drive automatic transmission	
Other: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Keyboarding <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> No work / _____ hours/day work: <input type="checkbox"/> in extreme hot/cold environments <input type="checkbox"/> at heights or on scaffolding	
15. RESTRICTIONS SPECIFIC TO (if applicable): <input type="checkbox"/> Left Hand/Wrist <input type="checkbox"/> Left Leg <input type="checkbox"/> Right Hand/Wrist <input checked="" type="checkbox"/> Right Leg <input type="checkbox"/> Left Arm <input type="checkbox"/> Back <input type="checkbox"/> Right Arm <input type="checkbox"/> Left Foot/Ankle <input type="checkbox"/> Neck <input type="checkbox"/> Right Foot/Ankle Other: _____		18. LIFT/CARRY RESTRICTIONS (if any): <input type="checkbox"/> May not lift/carry objects more than _____ lbs. for more than _____ hours per day <input type="checkbox"/> May not perform any lifting/carrying Other: _____		<input type="checkbox"/> Must keep _____ <input type="checkbox"/> elevated <input type="checkbox"/> clean & dry	
				<input type="checkbox"/> No skin contact with: _____ <input type="checkbox"/> Dressing changes necessary at work <input type="checkbox"/> No running	
16. OTHER RESTRICTIONS (if any): No walking or standing for greater than 30 minute intervals				20. MEDICATION RESTRICTIONS (if any): <input type="checkbox"/> Must take prescription medication(s) <input type="checkbox"/> Advised to take over-the-counter meds <input type="checkbox"/> Medication may make drowsy (possible safety/driving issues)	

* These restrictions are based on the doctor's best understanding of the employee's essential job functions. If a particular restriction does not apply, it should be disregarded. If modified duty that meets these restrictions is not available, the patient should be considered to be off work. Note - these restrictions should be followed outside of work as well as at work.

PART II: WORK STATUS INFORMATION (FULLY COMPLETE ONE INCLUDING ESTIMATED DATES AND DESCRIPTION IN 13(c) AS APPLICABLE)

13. The injured employee's medical condition resulting from the workers' compensation injury:

- (a) will allow the employee to return to work as of _____ (date) **without restrictions**.
- (b) will allow the employee to return to work as of _____ (date) **with the restrictions** identified in PART III, which are expected to last through _____ (date).
- (c) has prevented and still prevents the employee from returning to work as of **6/1/xx** (date) and is expected to continue through **6/7/xx** (date).

The following describes how this injury prevents the employee from returning to work:

Consistent with MD Guidelines, IE had arthroscopic meniscectomy 6/1/2018, was unable to work and did not meet criteria for sedentary work.

PART III: ACTIVITY RESTRICTIONS* (ONLY COMPLETE IF BOX 13(b) IS CHECKED)

14. POSTURE RESTRICTIONS (if any):		17. MOTION RESTRICTIONS (if any):		19. MISC. RESTRICTIONS (if any):	
Max Hours per day: 0 2 4 6 8	Other	Max Hours per day: 0 2 4 6 8	Other	<input type="checkbox"/> Max hours per day of work: _____	
Standing <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"/> <input type="checkbox"/>		<input type="checkbox"/> Sit/Stretch breaks of _____ per _____	
Sitting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Climbing stairs/ladder <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Must wear splint/cast at work	
Kneeling/Squatting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Grasping/Squeezing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Must use crutches at all times	
Bending/Stooping <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Wrist flexion/extension <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> No driving/operating heavy equipment	
Pushing/Pulling <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Reaching <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Can only drive automatic transmission	
Twisting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Overhead Reaching <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> No work / _____ hours/day work: <input type="checkbox"/> in extreme hot/cold environments <input type="checkbox"/> at heights or on scaffolding	
Other: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Keyboarding <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Must keep _____ <input type="checkbox"/> elevated <input type="checkbox"/> clean & dry	
15. RESTRICTIONS SPECIFIC TO (if applicable):		18. LIFT/CARRY RESTRICTIONS (if any):		20. MEDICATION RESTRICTIONS (if any):	
<input type="checkbox"/> Left Hand/Wrist	<input type="checkbox"/> Left Leg	Other: _____		<input type="checkbox"/> No skin contact with: _____	
<input type="checkbox"/> Right Hand/Wrist	<input type="checkbox"/> Right Leg	<input type="checkbox"/> May not lift/carry objects more than _____ lbs. for more than _____ hours per day		<input type="checkbox"/> Dressing changes necessary at work	
<input type="checkbox"/> Left Arm	<input type="checkbox"/> Back	<input type="checkbox"/> May not perform any lifting/carrying		<input type="checkbox"/> No running	
<input type="checkbox"/> Right Arm	<input type="checkbox"/> Left Foot/Ankle	Other: _____		<input type="checkbox"/> Must take prescription medication(s)	
<input type="checkbox"/> Neck	<input type="checkbox"/> Right Foot/Ankle			<input type="checkbox"/> Advised to take over-the-counter meds	
Other: _____				<input type="checkbox"/> Medication may make drowsy (possible safety/driving issues)	
16. OTHER RESTRICTIONS (if any):					

* These restrictions are based on the doctor's best understanding of the employee's essential job functions. If a particular restriction does not apply, it should be disregarded. If modified duty that meets these restrictions is not available, the patient should be considered to be off work. Note - these restrictions should be followed outside of work as well as at work.

PART II: WORK STATUS INFORMATION (FULLY COMPLETE ONE INCLUDING ESTIMATED DATES AND DESCRIPTION IN 13(c) AS APPLICABLE)

13. The injured employee's medical condition resulting from the workers' compensation injury:

- (a) will allow the employee to return to work as of _____ (date) **without restrictions**.
- (b) will allow the employee to return to work as of **6/8/xx** (date) **with the restrictions** identified in PART III, which are expected to last through **7/6/xx** (date).
- (c) has prevented and still prevents the employee from returning to work as of _____ (date) and is expected to continue through _____ (date).

The following describes how this injury prevents the employee from returning to work:

PART III: ACTIVITY RESTRICTIONS* (ONLY COMPLETE IF BOX 13(b) IS CHECKED)

14. POSTURE RESTRICTIONS (if any):		17. MOTION RESTRICTIONS (if any):		19. MISC. RESTRICTIONS (if any):	
Max Hours per day: 0 2 4 6 8	Other	Max Hours per day: 0 2 4 6 8	Other	<input type="checkbox"/> Max hours per day of work: _____	
Standing <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Walking <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Sit/Stretch breaks of _____ per _____	
Sitting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Climbing stairs/ladder <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Must wear splint/cast at work	
Kneeling/Squatting <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Grasping/Squeezing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Must use crutches at all times	
Bending/Stooping <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Wrist flexion/extension <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> No driving/operating heavy equipment	
Pushing/Pulling <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Reaching <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Can only drive automatic transmission	
Twisting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Overhead Reaching <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> No work / _____ hours/day work: <input type="checkbox"/> in extreme hot/cold environments <input type="checkbox"/> at heights or on scaffolding	
Other: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Keyboarding <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Must keep _____ <input type="checkbox"/> elevated <input type="checkbox"/> clean & dry	
15. RESTRICTIONS SPECIFIC TO (if applicable):		18. LIFT/CARRY RESTRICTIONS (if any):		20. MEDICATION RESTRICTIONS (if any):	
<input type="checkbox"/> Left Hand/Wrist	<input type="checkbox"/> Left Leg	<input type="checkbox"/> May not lift/carry objects more than _____ lbs. for more than _____ hours per day		<input type="checkbox"/> No skin contact with: _____	
<input type="checkbox"/> Right Hand/Wrist	<input checked="" type="checkbox"/> Right Leg	<input type="checkbox"/> May not perform any lifting/carrying		<input type="checkbox"/> Dressing changes necessary at work	
<input type="checkbox"/> Left Arm	<input type="checkbox"/> Back	Other: _____		<input type="checkbox"/> No running	
<input type="checkbox"/> Right Arm	<input type="checkbox"/> Left Foot/Ankle			<input type="checkbox"/> Must take prescription medication(s)	
<input type="checkbox"/> Neck	<input type="checkbox"/> Right Foot/Ankle			<input type="checkbox"/> Advised to take over-the-counter meds	
Other: _____				<input type="checkbox"/> Medication may make drowsy (possible safety/driving issues)	
16. OTHER RESTRICTIONS (if any):					
No walking or standing for greater than 30 minute intervals					

* These restrictions are based on the doctor's best understanding of the employee's essential job functions. If a particular restriction does not apply, it should be disregarded. If modified duty that meets these restrictions is not available, the patient should be considered to be off work. Note - these restrictions should be followed outside of work as well as at work.

PART II: WORK STATUS INFORMATION (FULLY COMPLETE ONE INCLUDING ESTIMATED DATES AND DESCRIPTION IN 13(c) AS APPLICABLE)

13. The injured employee's medical condition resulting from the workers' compensation injury:

- (a) will allow the employee to return to work as of 7/7/xx (date) without restrictions.
- (b) will allow the employee to return to work as of _____ (date) with the restrictions identified in PART III, which are expected to last through _____ (date).
- (c) has prevented and still prevents the employee from returning to work as of _____ (date) and is expected to continue through _____ (date).

The following describes how this injury prevents the employee from returning to work:

PART III: ACTIVITY RESTRICTIONS* (ONLY COMPLETE IF BOX 13(b) IS CHECKED)

14. POSTURE RESTRICTIONS (if any):		17. MOTION RESTRICTIONS (if any):		19. MISC. RESTRICTIONS (if any):	
Max Hours per day: 0 2 4 6 8	Other	Max Hours per day: 0 2 4 6 8	Other	<input type="checkbox"/> Max hours per day of work: _____	
Standing <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"/> <input type="checkbox"/>		<input type="checkbox"/> Sit/Stretch breaks of _____ per _____	
Sitting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Climbing stairs/ladder <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Must wear splint/cast at work	
Kneeling/Squatting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Grasping/Squeezing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Must use crutches at all times	
Bending/Stooping <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Wrist flexion/extension <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> No driving/operating heavy equipment	
Pushing/Pulling <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Reaching <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Can only drive automatic transmission	
Twisting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Overhead Reaching <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> No work / _____ hours/day work: <input type="checkbox"/> in extreme hot/cold environments <input type="checkbox"/> at heights or on scaffolding	
Other: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Keyboarding <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Must keep _____ <input type="checkbox"/> elevated <input type="checkbox"/> clean & dry	
15. RESTRICTIONS SPECIFIC TO (if applicable):		18. LIFT/CARRY RESTRICTIONS (if any):		20. MEDICATION RESTRICTIONS (if any):	
<input type="checkbox"/> Left Hand/Wrist	<input type="checkbox"/> Left Leg	<input type="checkbox"/> May not lift/carry objects more than _____ lbs. for more than _____ hours per day		<input type="checkbox"/> No skin contact with: _____	
<input type="checkbox"/> Right Hand/Wrist	<input type="checkbox"/> Right Leg	<input type="checkbox"/> May not perform any lifting/carrying		<input type="checkbox"/> Dressing changes necessary at work	
<input type="checkbox"/> Left Arm	<input type="checkbox"/> Back	Other: _____		<input type="checkbox"/> No running	
<input type="checkbox"/> Right Arm	<input type="checkbox"/> Left Foot/Ankle			<input type="checkbox"/> Must take prescription medication(s)	
<input type="checkbox"/> Neck	<input type="checkbox"/> Right Foot/Ankle			<input type="checkbox"/> Advised to take over-the-counter meds	
Other: _____				<input type="checkbox"/> Medication may make drowsy (possible safety/driving issues)	
16. OTHER RESTRICTIONS (if any):					

* These restrictions are based on the doctor's best understanding of the employee's essential job functions. If a particular restriction does not apply, it should be disregarded. If modified duty that meets these restrictions is not available, the patient should be considered to be off work. Note - these restrictions should be followed outside of work as well as at work.



Case 1 - RTW and MDG

Is an FCE needed?

- Clear rationale for what additional required information it will provide?
- Current capacity only. How does it answer for prior capability?
- If utilized, incorporate results into report and explain how it influences decision/answer to the question posed



Return to Work - SIBS

(Supplemental Income Benefits)

Box F - *Return to Work for Supplemental Income Benefits (SIBs)*

Question for DD to consider in exam:

Has medical condition improved sufficiently to allow IE to return to work in *any* capacity for identified qualifying periods?





Return to Work – SIBs

- Similar process as before
- *Requestor* provides beginning and ending dates for each qualifying period of SIBs in question in Box 42 F of the DWC-032
- DD must address the entire identified time frame
- Make sure you have medical records (if any exist) for relevant qualifying period



Return to Work – SIBs

If the injury causes a **total inability** for the IE to work in **ANY** capacity, *specifically explain in your narrative report how the injury causes a total inability to work.*



Return to Work – What’s New?

Who can sign a DWC – 73?

Treating MD

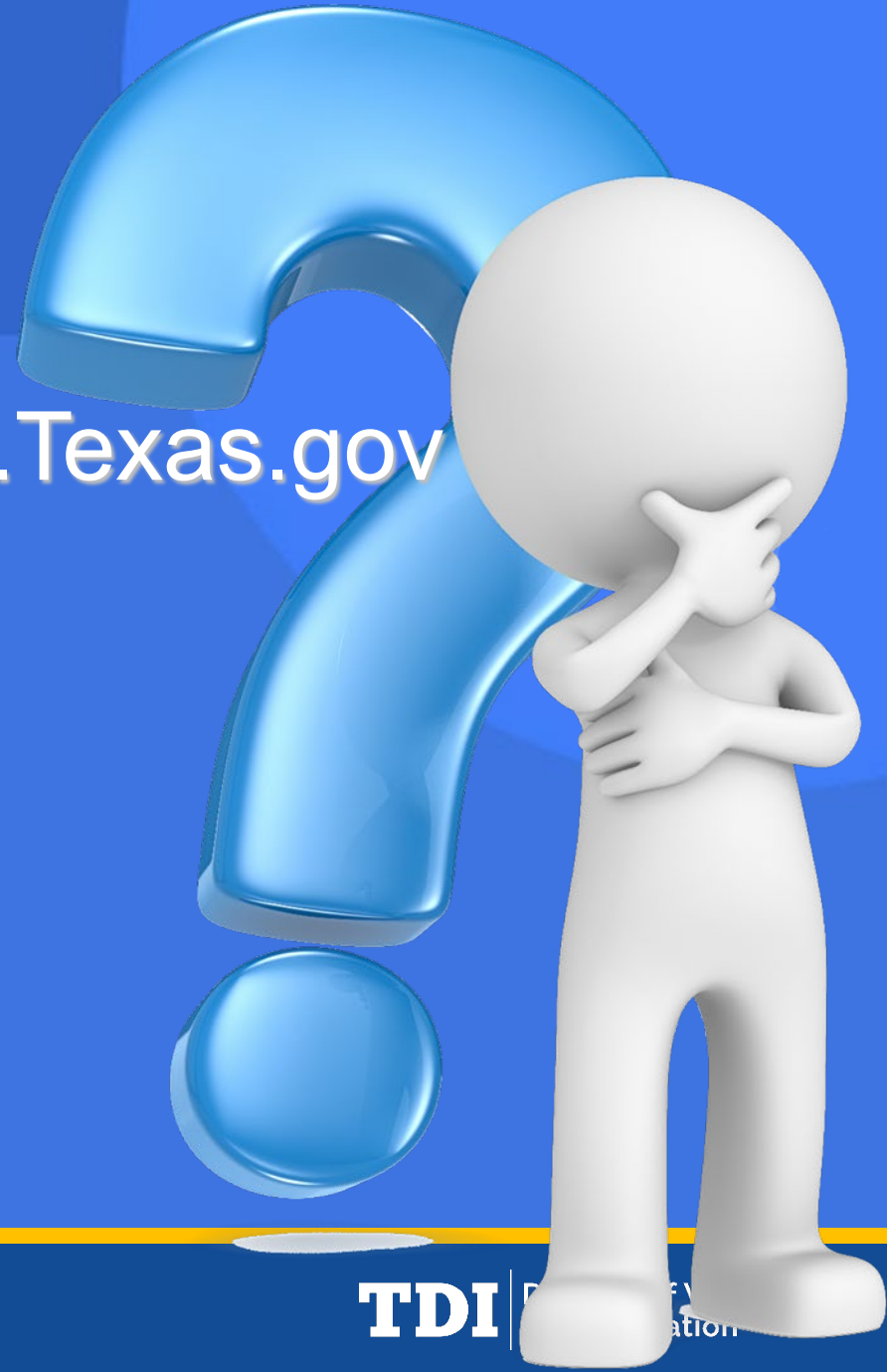
Physician Assistant - Modified 2017

Advanced Practice Nurse – Effective 09/01/19

Questions?

Email them to:

desdoc.education@tdi.Texas.gov





**Remember to include your answers to
the Quiz questions in your Attestation
Form**

Thank You!



Certification of Successful Completion

Certification or recertification as a designated doctor requires a certificate of successful completion of all required DWC training, including recorded presentations and live webinars

Certification of Successful Completion

1. A designated doctor must submit the DWC attestation to validate viewing the recorded presentations.
2. Live webinar participation is confirmed by registration and attendance during the live event
3. A certificate of successful completion is emailed to the designated doctor after completing the entire course
4. The certificate of successful completion must be submitted with the completed **certification application or recertification application**

Find the DWC attestation of completion

at: <https://www.tdi.texas.gov/wc/dd/documents/ddattestation.pdf>

View all required and optional training

at: <https://www.tdi.texas.gov/wc/dd/training.html>