

# WORK RESTRICTION / STATUS REPORT

TEMPORARY TOTAL WORK RESTRICTION  
 TEMPORARY PARTIAL WORK RESTRICTION  
 Return to Normal Work Duties

PERMANENT TOTAL WORK RESTRICTION  
 PERMANENT PARTIAL WORK RESTRICTION  
 Referred to \_\_\_\_\_

for \_\_\_\_\_

Patient's Name \_\_\_\_\_ File # \_\_\_\_\_ Date of Injury \_\_\_\_\_

This patient **CAN PERFORM** the indicated activities up to, but not to exceed, the indicated # of hours.

Activity	Must be Intermittent (5 min. break every 20 minutes)	CAN NOT DO AT ALL	Up to 1/3 of the work day	Up to 2/3 of the work day	NO RESTRICTION
Sitting					
Standing					
Walking					
Climbing Stairs					
Lifting					
Bending					
Kneeling					
Squatting					
Twisting					
Reaching					
Repetitive Hand or Foot Movement					
Crawling					
Drive/Operate Equipment					

**LIFTING RESTRICTIONS** \_\_\_\_\_ 10 Lbs \_\_\_\_\_ 25 Lbs \_\_\_\_\_ 50 Lbs \_\_\_\_\_ 75 Lbs \_\_\_\_\_ No Restriction

**PUSHING / PULLING RESTRICTIONS** \_\_\_\_\_ 10 Lbs \_\_\_\_\_ 25 Lbs \_\_\_\_\_ 50 Lbs \_\_\_\_\_ 75 Lbs \_\_\_\_\_ No Restriction

**COMBINED LIFTING / REACHING RESTRICTION** \_\_\_\_\_ 10 Lbs \_\_\_\_\_ 25 Lbs \_\_\_\_\_ 50 Lbs \_\_\_\_\_ 75 Lbs \_\_\_\_\_ No Restriction

**LIFTING HEIGHT RESTRICTION** - Patient is not allowed to lift the below weight above the level of their own body:  
 \_\_\_\_\_ 10 Lbs \_\_\_\_\_ 25 Lbs \_\_\_\_\_ 50 Lbs \_\_\_\_\_ 75 Lbs \_\_\_\_\_ waist \_\_\_\_\_ chest \_\_\_\_\_ head \_\_\_\_\_ No Restriction

**ENVIRONMENTAL RESTRICTIONS** - Patient is **NOT** to be exposed to the following for more than a few minutes at a time.

\_\_\_\_\_ Heat greater than 90° F \_\_\_\_\_ Dust \_\_\_\_\_ Fumes \_\_\_\_\_ Gases  
 \_\_\_\_\_ Cold less than 45° F \_\_\_\_\_ Dampness \_\_\_\_\_ Sudden temperature changes (+/- 20° F or more)

Other Restrictions or Remarks: \_\_\_\_\_

**Stressful mental activities can cause physical stress that can cause flare-ups in the patient's condition and lengthen the healing process. The patient's condition, symptoms and/or pain can cause mistakes, bad decisions and incorrect actions.**

**Caution needs to be used in the following or other stressful circumstances.**

1. Multiple unstructured demands all at once.
2. Meeting deadlines with limited time, staff or resources.
2. Making priority decisions.
4. Managing crisis situations.
5. Supervising others in critical activities.
6. Mental computations.

The **LAST DAY** of this restriction will be \_\_\_\_\_ at which time a re-evaluation will be done. If another continued restriction is necessary it will be imposed at that time based on the patient's condition at that time. If not than this restriction is released.

Doctor \_\_\_\_\_ Date \_\_\_\_\_

Affordable Chiropractic, 1131 New Park Mall, Newark, CA, 94560, Phone (510) 794-6131 FAX (510) 794-6199