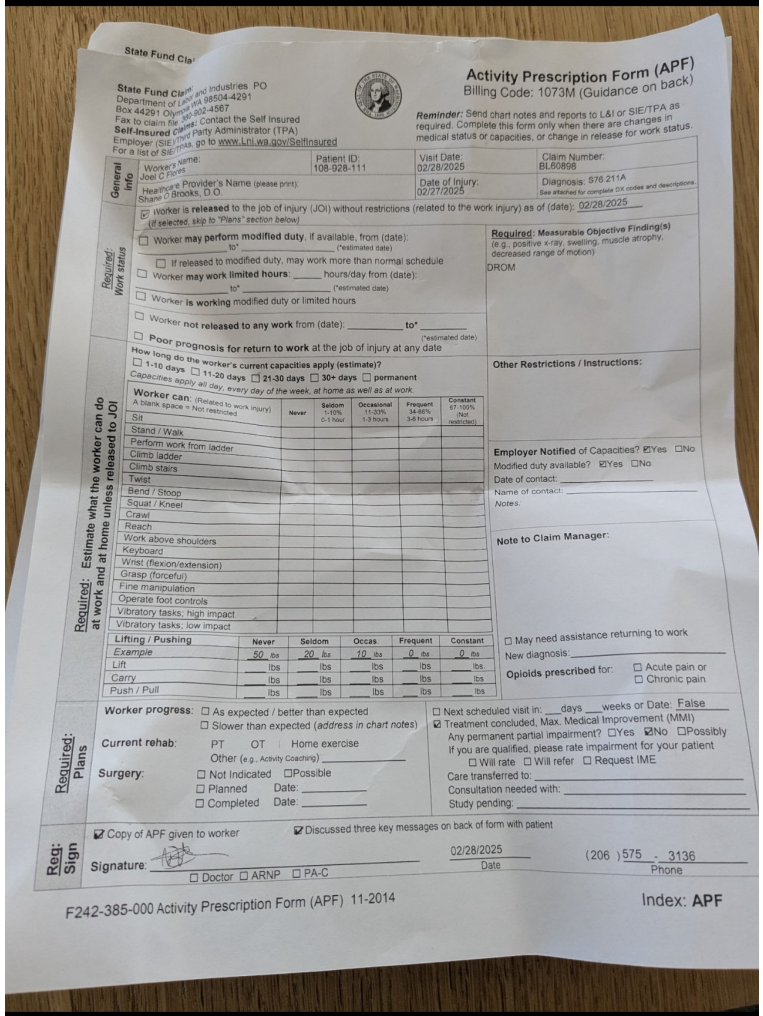

State Fund Cla

State Fund Claim and Industries PO
Department of Labor WA 98504-4291
Box 44291 Olympia 360-902-4567
Fax to claim file number: Contact the Self Insured
Self-Insured Claims: Party Administrator (TPA)
Employer (SIE) and TPAs, go to www.Lni.wa.gov/SelfInsured
For a list of SIE / TPAs

Activity Prescription Form (APF)

Billing Code: 1073M (Guidance on back)

Reminder: Send chart notes and reports to L&I or SIE/TPA as required. Complete this form only when there are changes in medical status or capacities, or change in release for work status.

General Info

Worker's name:	Patient ID:	Visit Date:	Claim Number:
Joel C Flores	108-928-111	02/28/2025	BL60866
Healthcare Provider's Name (please print):		Date of Injury:	Diagnosis: S76.211A
Shane D Brooks, D.O.		02/27/2025	See attached for complete DX codes and descriptions.

Required: Work status

☑ Worker is **released** to the job of injury (JOI) without restrictions (related to the work injury) as of (date): 02/28/2025
(If selected, skip to "Plans" section below)

☐ Worker **may perform modified duty**, if available, from (date): _____ to* _____ (*estimated date)

☐ If released to modified duty, may work more than normal schedule

☐ Worker **may work limited hours**: _____ hours/day from (date): _____ to* _____ (*estimated date)

☐ Worker **is working** modified duty or limited hours

☐ Worker **not released to any work** from (date): _____ to* _____ (*estimated date)

☐ **Poor prognosis for return to work** at the job of injury at any date

Required: Measurable Objective Finding(s)
(e.g., positive x-ray, swelling, muscle atrophy, decreased range of motion)
DROM

Other Restrictions / Instructions:

Required: Estimate what the worker can do at work and at home unless released to JOI

How long do the worker's current capacities apply (estimate)?
☐ 1-10 days ☐ 11-20 days ☐ 21-30 days ☐ 30+ days ☐ permanent
Capacities apply all day, every day of the week, at home as well as at work

Worker can: (Related to work injury) A 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					
Perform work from ladder					
Climb ladder					
Climb stairs					
Twist					
Bend / Stoop					
Squat / Kneel					
Crawl					
Reach					
Work above shoulders					
Keyboard					
Wrist (flexion/extension)					
Grasp (forceful)					
Fine manipulation					
Operate foot controls					
Vibratory tasks; high impact					
Vibratory tasks; low impact					

Lifting / Pushing	Never	Seldom	Occas.	Frequent	Constant
Example	50 lbs	20 lbs	10 lbs	0 lbs	0 lbs
Lift	___ lbs	___ lbs	___ lbs	___ lbs	___ lbs
Carry	___ lbs	___ lbs	___ lbs	___ lbs	___ lbs
Push / Pull	___ lbs	___ lbs	___ lbs	___ lbs	___ lbs

Employer Notified of Capacities? ☑Yes ☐No
Modified duty available? ☑Yes ☐No
Date of contact: _____
Name of contact: _____
Notes.

Note to Claim Manager:

☐ May need assistance returning to work
New diagnosis: _____

Opioids prescribed for: ☐ Acute pain or ☐ Chronic pain

Required: Plans

Worker progress: ☐ As expected / better than expected ☐ Slower than expected (*address in chart notes*)

Current rehab: PT OT Home exercise Other (e.g., Activity Coaching) _____

Surgery: ☐ Not Indicated ☐Possible ☐ Planned Date: _____ ☐ Completed Date: _____

☐ Next scheduled visit in: ___days ___weeks or Date: False
☑ Treatment concluded, Max. Medical Improvement (MMI)
Any permanent partial impairment? ☐Yes ☑No ☐Possibly
If you are qualified, please rate impairment for your patient
☐ Will rate ☐ Will refer ☐ Request IME
Care transferred to: _____
Consultation needed with: _____
Study pending: _____

Reg: Sign

☑ Copy of APF given to worker ☑ Discussed three key messages on back of form with patient

Signature: _____ ☐ Doctor ☐ ARNP ☐ PA-C

02/28/2025 Date

(206) 575 - 3136 Phone

F242-385-000 Activity Prescription Form (APF) 11-2014

Index: **APF**