



Oregon Health Sciences University
Risk Management Department
3181 SW Sam Jackson Park Road, L328
Portland, OR 97239-3098
Phone: (503) 494-2451
Fax: (503) 494-1941

TO: Treating Physician and/or Medical facility

FROM: Risk Management, Workers Compensation Team

OHSU is insured by SAIF Corporation. SAIF's address is 400 High Street, SE, Salem, OR 97312-1081 and their toll free number is 1-800-285-8525.

OHSU has an early return to work program available to all injured workers. If an employee is not capable of returning to work at their job at injury, we are able to offer transitional duty. Transitional duty may be available in the employee's regular department or another department within the university. It is our goal to bring any injured worker back to work as soon as possible in a job that *meets any restrictions* they may have. The purpose of our program is to facilitate the recovery of the injured employee and encourage them to return to meaningful employment. **Our policy also pays injured workers in modified job their regular pay.**

Please complete the attached Release to Return to Work form at the initial visit and every subsequent visit until the injured worker is released to full duty. We will provide temporary transitional work that meets the current and changing physical capabilities of the worker. The original should be given to the employee and a copy faxed to OHSU Risk Management at 503-494-1941.

If you have any questions, please feel free to contact us 503-494-2451.

RELEASE TO RETURN TO WORK

Name of worker	Claim number
----------------	--------------

Please fill out this form and return it to us at the address indicated above.

1. Is the worker medically stationary? Yes No If yes, date: _____ (Provide closing information and complete Form 827.)
 If no, estimated medically stationary date: _____ Are there permanent restrictions? Yes No Unknown
 Next scheduled appointment date: _____

2. Worker is released to:
- full duty without limitations Date: _____ (Do not complete lines 3 through 11. Sign below.)
- modified duty from (date): _____ through (date): _____ (specify limitations below)
- modified hours specify hours: _____ from (date): _____ through (date): _____
- not released to work Est. RTW date: _____ If modified release, provide date of anticipated regular release: _____

Hours: No limitations 1 2 3 4 5 6 7 8 Other (specify)

3. In a/an 8 10 12 other _____ -hour workday,
 worker can stand/walk a total of _____
4. At one time, worker can stand/walk _____
5. In a/an 8 10 12 other _____ -hour workday,
 worker can sit a total of _____
6. At one time, worker can sit _____

7. The worker is released to return to work in the following range for lifting, carrying, pushing/pulling:

Pounds	<10	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	100	>100
Occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Worker can use hands for repetitive:
- | | | | |
|------------------------|--|--|---|
| | Right | Left | |
| a. Fine manipulation | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Dominant hand
<input type="checkbox"/> Right <input type="checkbox"/> Left |
| b. Pushing and pulling | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| c. Simple grasping | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| d. Keyboarding | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Worker can use feet for repetitive raising and pushing (as in operating foot controls): Yes No

10. Worker is able to:
- | | Continuous
67-100% of the day | Frequently
34-66% of the day | Occasionally
6-33% of the day | Intermittently
1-5% of the day | Not at all |
|--------------------|----------------------------------|---------------------------------|----------------------------------|-----------------------------------|--------------------------|
| a. Stoop/bend----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Crouch----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Crawl----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Kneel----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Twist----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Climb----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Balance----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Reach----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Push/pull----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

11. Other functional limitations or modifications necessary in worker's employment:

Additional comments may be written on back of form.

Signature of medical service provider*	Printed name	Date
--	--------------	------

* See OAR 436-010-0210 regarding who may provide medical services and authorize time loss.