

**M-1 DIAGNOSTIC MEDICAL REPORT  
MAINE WORKERS' COMPENSATION BOARD**

EMPLOYEE NAME:		EMPLOYEE SSN (last 4 digits only): XXX-XX-	EMPLOYEE DOB:	EMPLOYEE PHONE:
EMPLOYER NAME:		EMPLOYER ADDRESS:		
DATE OF INJURY:	TIME OF INJURY: <input type="checkbox"/> AM <input type="checkbox"/> PM	DID INJURY OCCUR ON EMPLOYER PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, LIST PLACE OF INJURY		
SUPERVISOR'S NAME		SUPERVISOR'S PHONE:	EMPLOYER FAX:	

NATURE/CAUSE OF INJURY: \_\_\_\_\_

DATE OF THIS EXAMINATION : \_\_\_\_\_  INITIAL  PROGRESS  FINAL

ICD-9/10 **DIAGNOSIS** CODES: \_\_\_\_\_

IN MY OPINION, THESE DIAGNOSES ARE  WORK RELATED  NOT WORK RELATED  NOT YET IDENTIFIED AS TO CAUSE

HAVE DIAGNOSTIC TESTS BEEN PERFORMED?  YES  NO, IF YES, LIST: \_\_\_\_\_

**IS TREATMENT TO CONTINUE?**  YES, IF YES, DATE TO BE SEEN AGAIN: \_\_\_\_\_  NO, IF NO, PATIENT AT MMI?  YES  NO

ESTIMATED LENGTH OF TREATMENT \_\_\_\_\_

TREATMENT PLAN: \_\_\_\_\_  
\_\_\_\_\_

OFFICE PROCEDURES: \_\_\_\_\_

MEDICAL REFERRAL SPECIALTY: \_\_\_\_\_ CONSULTANT: \_\_\_\_\_

DOES TREATMENT INCLUDE MEDICATION THAT PREVENTS PATIENT FROM DRIVING OR PERFORMING SAFETY SENSITIVE WORK ?  YES  NO

IF YES, LIST ALL MEDICATIONS: \_\_\_\_\_

**WORK CAPACITY:**  REGULAR DUTY  NO WORK CAPACITY- IF CHECKED, ESTIMATED DATE OF RETURN : \_\_\_\_\_

MODIFIED WORK (DESCRIBE RESTRICTIONS BELOW OR ON REVERSE)

IF CHECKED, ESTIMATED LENGTH OF RESTRICTIONS? \_\_\_\_\_

BODY REGION(S) THAT RESTRICTIONS APPLY TO: \_\_\_\_\_

**RESTRICTIONS RECOMMENDED\*:**  List Below **OR**  See side 2 of form for detailed restrictions

\*Restrictions are provided at the professional recommendation of the medical provider. Actual functional testing may not have been performed to validate employee's ability.

SIGNATURE OF HEALTH CARE PROVIDER \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

# GUIDELINES FOR COMPLETING THE M1 FORM

**ESTIMATED LENGTH OF TREATMENT:** describe in days, weeks, or months  
**TREATMENT PLAN:** INCLUDE items like REST, MEDICATION, EXERCISE, or other forms of treatment  
**OFFICE PROCEDURES:** INCLUDE Items like CAST, SPLINT, STRAPPING, INJECTIONS, SUTURES, etc.  
**MEDICAL REFERRALS:** INCLUDE items like THERAPY, SURGEON, CHIROPRACTIC, etc.  
**MODIFIED WORK:** INDICATE RIGHT or LEFT as appropriate; FREQUENCY (Never, Occasional <33% use) and DURATION of activities allowed

	SPINE/SHOULDER	UPPER EXTREMITY	LOWER EXTREMITY																																																																																																																
<b>NECK</b>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">Never</td><td style="text-align: center;">Occ</td><td style="text-align: center;">Freq</td><td></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Over Shoulder Work</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>awkward neck positions</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Reaching</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Jerking/Tugging</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Ladders</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td></tr> </table>	Never	Occ	Freq		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Over Shoulder Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	awkward neck positions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jerking/Tugging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<table style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">Never</td><td style="text-align: center;">Occ</td><td style="text-align: center;">Freq</td><td></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Use of ___ Arm</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Forceful/Repetitive Use of Arm</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Forceful Gripping</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Repetitive Gripping</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Palm-Down Lifting</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Pronation/supination</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Reaching</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Ladders</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Jerking/Tugging</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td></tr> </table>	Never	Occ	Freq		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of ___ Arm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Forceful/Repetitive Use of Arm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Forceful Gripping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Repetitive Gripping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Palm-Down Lifting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pronation/supination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jerking/Tugging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<table style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">Never</td><td style="text-align: center;">Occ</td><td style="text-align: center;">Freq</td><td></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Seated Work Only</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Ladders</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Stairs</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Kneeling/Squatting/Crawling</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Use of Foot Controls, affected foot</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td></tr> </table>	Never	Occ	Freq		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seated Work Only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kneeling/Squatting/Crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of Foot Controls, affected foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Never	Occ	Freq																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Over Shoulder Work																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	awkward neck positions																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reaching																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jerking/Tugging																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																	
Never	Occ	Freq																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of ___ Arm																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Forceful/Repetitive Use of Arm																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Forceful Gripping																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Repetitive Gripping																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Palm-Down Lifting																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pronation/supination																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reaching																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jerking/Tugging																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																	
Never	Occ	Freq																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seated Work Only																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stairs																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kneeling/Squatting/Crawling																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of Foot Controls, affected foot																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																	
<b>SHOULDER</b>	<table style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Use of ___ Arm</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Over Shoulder Reaching</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Forward Reaching</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Ladders</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Jerking/Tugging</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td></tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of ___ Arm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Over Shoulder Reaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Forward Reaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jerking/Tugging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<table style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">Never</td><td style="text-align: center;">Occ</td><td style="text-align: center;">Freq</td><td></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Use of ___ Hand</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Forceful/Repetitive Gripping</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Forceful/Repetitive Pinching</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Use of Vibratory Tools</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Awkward wrist positions</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Pronation/supination</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Ladders</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Holds</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Patient Transfers</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Jerking/Tugging</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td></tr> </table>	Never	Occ	Freq		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of ___ Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Forceful/Repetitive Gripping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Forceful/Repetitive Pinching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of Vibratory Tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Awkward wrist positions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pronation/supination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Holds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Patient Transfers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jerking/Tugging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<table style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">Never</td><td style="text-align: center;">Occ</td><td style="text-align: center;">Freq</td><td></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Seated Work Only</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Ladders</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Stairs</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Kneeling/Squatting/Crawling</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Use of Foot Controls, affected foot</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td></tr> </table>	Never	Occ	Freq		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seated Work Only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kneeling/Squatting/Crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of Foot Controls, affected foot	<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"/>	Use of ___ Arm																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Over Shoulder Reaching																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Forward Reaching																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jerking/Tugging																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																	
Never	Occ	Freq																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of ___ Hand																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Forceful/Repetitive Gripping																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Forceful/Repetitive Pinching																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of Vibratory Tools																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Awkward wrist positions																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pronation/supination																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Holds																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Patient Transfers																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jerking/Tugging																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																	
Never	Occ	Freq																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seated Work Only																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stairs																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kneeling/Squatting/Crawling																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of Foot Controls, affected foot																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																	
<b>LUMBAR SPINE</b>	<table style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Sitting</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Bending and Twisting</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Prolonged seated position</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Kneeling/Crouching/Crawling</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Ladders</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Stairs</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Jerking/Tugging</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td></tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bending and Twisting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prolonged seated position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kneeling/Crouching/Crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jerking/Tugging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<b>WRIST</b>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">Never</td><td style="text-align: center;">Occ</td><td style="text-align: center;">Freq</td><td></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Seated Work Only</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Ladders</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Stairs</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Kneeling/Squatting/Crawling</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td></tr> </table>	Never	Occ	Freq		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seated Work Only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kneeling/Squatting/Crawling	<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"/>	Sitting																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bending and Twisting																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prolonged seated position																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kneeling/Crouching/Crawling																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stairs																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jerking/Tugging																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																	
Never	Occ	Freq																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seated Work Only																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stairs																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kneeling/Squatting/Crawling																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																	
<b>THORACIC SPINE</b>	<table style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Bending and Twisting</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Prolonged seated position</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Kneeling/Crouching/Crawling</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Ladders</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Stairs</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Jerking/Tugging</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td></tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bending and Twisting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prolonged seated position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kneeling/Crouching/Crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jerking/Tugging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<b>HAND</b>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">Never</td><td style="text-align: center;">Occ</td><td style="text-align: center;">Freq</td><td></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Use of ___ Hand</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Forceful/Repetitive Gripping</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Forceful/Repetitive Pinching</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Use of Vibratory Tools</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Ladders</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Jerking/Tugging</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td></tr> </table>	Never	Occ	Freq		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of ___ Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Forceful/Repetitive Gripping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Forceful/Repetitive Pinching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of Vibratory Tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jerking/Tugging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<b>HIP</b>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">Never</td><td style="text-align: center;">Occ</td><td style="text-align: center;">Freq</td><td></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Seated Work Only</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Kneeling/Squatting/Crawling</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Ladders</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Stairs</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td></tr> </table>	Never	Occ	Freq		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seated Work Only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kneeling/Squatting/Crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stairs	<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"/>	Bending and Twisting																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prolonged seated position																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kneeling/Crouching/Crawling																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stairs																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jerking/Tugging																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																	
Never	Occ	Freq																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of ___ Hand																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Forceful/Repetitive Gripping																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Forceful/Repetitive Pinching																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of Vibratory Tools																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jerking/Tugging																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																	
Never	Occ	Freq																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seated Work Only																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kneeling/Squatting/Crawling																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stairs																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																	
			<b>KNEE</b>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">Never</td><td style="text-align: center;">Occ</td><td style="text-align: center;">Freq</td><td></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Seated Work Only</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Kneeling/Squatting/Crawling</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Ladders</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Stairs</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td></tr> </table>	Never	Occ	Freq		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seated Work Only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kneeling/Squatting/Crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																				
Never	Occ	Freq																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seated Work Only																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kneeling/Squatting/Crawling																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stairs																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																	
			<b>General</b>	<table style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Walking</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Standing</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Sitting</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Push/Pull</td></tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Push/Pull																																																																																															
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walking																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Standing																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sitting																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Push/Pull																																																																																																																

### Other Activity Restriction Suggestions

<b>LIFT / CARRY</b>	<b>Other</b>	<b>PUSH / PULL</b>																																																																																																																																																		
<table style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">Never</td><td style="text-align: center;">Occ</td><td style="text-align: center;">Freq</td><td>Lifting</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Lifting to 5 Lbs</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Lifting to 10Lbs</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Lifting to 15 Lbs</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Lifting to 20 Lbs</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Lifting to 25 Lbs</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Lifting to 30 Lbs</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Lifting to 35 Lbs</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Lifting to 40 Lbs</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Lifting to 50 Lbs</td></tr> <tr><td colspan="4"><b>Other</b></td></tr> <tr><td><input type="checkbox"/></td><td colspan="3">Keep Load Close to Body</td></tr> <tr><td><input type="checkbox"/></td><td colspan="3">Keep Load in Knee-Chest Range</td></tr> <tr><td><input type="checkbox"/></td><td colspan="3"></td></tr> <tr><td><input type="checkbox"/></td><td colspan="3"></td></tr> </table>	Never	Occ	Freq	Lifting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lifting to 5 Lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lifting to 10Lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lifting to 15 Lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lifting to 20 Lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lifting to 25 Lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lifting to 30 Lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lifting to 35 Lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lifting to 40 Lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lifting to 50 Lbs	<b>Other</b>				<input type="checkbox"/>	Keep Load Close to Body			<input type="checkbox"/>	Keep Load in Knee-Chest Range			<input type="checkbox"/>				<input type="checkbox"/>				<table style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>No Driving</td></tr> <tr><td><input type="checkbox"/></td><td>No Work at Unprotected Heights</td></tr> <tr><td><input type="checkbox"/></td><td>No Work on Roof</td></tr> <tr><td><input type="checkbox"/></td><td>Work as Splint Allows</td></tr> <tr><td><input type="checkbox"/></td><td>Driving To and From Work Only</td></tr> <tr><td><input type="checkbox"/></td><td>Tool Modification</td></tr> <tr><td><input type="checkbox"/></td><td>Work Station Evaluation/Modification</td></tr> <tr><td><input type="checkbox"/></td><td>Holds/Restraints</td></tr> <tr><td><input type="checkbox"/></td><td>Patient Transfers</td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td></td></tr> </table>	<input type="checkbox"/>	No Driving	<input type="checkbox"/>	No Work at Unprotected Heights	<input type="checkbox"/>	No Work on Roof	<input type="checkbox"/>	Work as Splint Allows	<input type="checkbox"/>	Driving To and From Work Only	<input type="checkbox"/>	Tool Modification	<input type="checkbox"/>	Work Station Evaluation/Modification	<input type="checkbox"/>	Holds/Restraints	<input type="checkbox"/>	Patient Transfers	<input type="checkbox"/>		<input type="checkbox"/>		<table style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">Never</td><td style="text-align: center;">Occ</td><td style="text-align: center;">Freq</td><td></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>No Push/Pull</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Push/Pull to 25 Lbs</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Push/Pull to 50 Lbs</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Push/Pull to 75 Lbs</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Push/Pull to 100 Lbs</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Avoid Jerking/Tugging</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>May Work 4 Hrs/Day</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>May Work 6 Hrs/Day</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>May Work 8 Hrs/Day</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>May Work 10 Hrs/Day</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>No Overtime</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>No Double Shifts</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Brief Rest/Stretch Break Every 1-2 Hrs</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Rotate Job Tasks if Possible</td></tr> </table>	Never	Occ	Freq		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Push/Pull	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Push/Pull to 25 Lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Push/Pull to 50 Lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Push/Pull to 75 Lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Push/Pull to 100 Lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Avoid Jerking/Tugging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	May Work 4 Hrs/Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	May Work 6 Hrs/Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	May Work 8 Hrs/Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	May Work 10 Hrs/Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Overtime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Double Shifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brief Rest/Stretch Break Every 1-2 Hrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rotate Job Tasks if Possible
Never	Occ	Freq	Lifting																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lifting to 5 Lbs																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lifting to 10Lbs																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lifting to 15 Lbs																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lifting to 20 Lbs																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lifting to 25 Lbs																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lifting to 30 Lbs																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lifting to 35 Lbs																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lifting to 40 Lbs																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lifting to 50 Lbs																																																																																																																																																	
<b>Other</b>																																																																																																																																																				
<input type="checkbox"/>	Keep Load Close to Body																																																																																																																																																			
<input type="checkbox"/>	Keep Load in Knee-Chest Range																																																																																																																																																			
<input type="checkbox"/>																																																																																																																																																				
<input type="checkbox"/>																																																																																																																																																				
<input type="checkbox"/>	No Driving																																																																																																																																																			
<input type="checkbox"/>	No Work at Unprotected Heights																																																																																																																																																			
<input type="checkbox"/>	No Work on Roof																																																																																																																																																			
<input type="checkbox"/>	Work as Splint Allows																																																																																																																																																			
<input type="checkbox"/>	Driving To and From Work Only																																																																																																																																																			
<input type="checkbox"/>	Tool Modification																																																																																																																																																			
<input type="checkbox"/>	Work Station Evaluation/Modification																																																																																																																																																			
<input type="checkbox"/>	Holds/Restraints																																																																																																																																																			
<input type="checkbox"/>	Patient Transfers																																																																																																																																																			
<input type="checkbox"/>																																																																																																																																																				
<input type="checkbox"/>																																																																																																																																																				
Never	Occ	Freq																																																																																																																																																		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Push/Pull																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Push/Pull to 25 Lbs																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Push/Pull to 50 Lbs																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Push/Pull to 75 Lbs																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Push/Pull to 100 Lbs																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Avoid Jerking/Tugging																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	May Work 4 Hrs/Day																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	May Work 6 Hrs/Day																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	May Work 8 Hrs/Day																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	May Work 10 Hrs/Day																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Overtime																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Double Shifts																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brief Rest/Stretch Break Every 1-2 Hrs																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rotate Job Tasks if Possible																																																																																																																																																	

## DUTIES OF HEALTH CARE PROVIDERS

Pursuant to 39-A M.R.S.A. § 208(2), duties of health care providers are as follows:

- Except for claims for medical benefits only, within 5 business days from the completion of a medical examination or within 5 business days from the date notice of injury is given to the employer, whichever is later, the health care provider treating the employee shall forward to the employer and the employee a diagnostic medical report, on forms prescribed by the board, for the injury for which compensation is being claimed. The report must include the employee's work capacity, likely duration of incapacity, return to work suitability and treatment required. The board may assess penalties up to \$500 per violation on health care providers who fail to comply with the 5-day requirement of this subsection.
- If ongoing medical treatment is being provided, every 30 days the employee's health care provider shall forward to the employer and the employee a diagnostic medical report on forms prescribed by the board. An employer may request, at any time, medical information concerning the condition of the employee for which compensation is sought. The health care provider shall respond within 10 business days from receipt of the request.
- A health care provider shall submit to the employer and the employee a final report of treatment within 5 working days of the termination of treatment, except that only an initial report must be submitted if the provider treated the employee on a single occasion.
- Upon the request of the employee and in the event that an employee changes or is referred to a different health care provider or facility, any health care provider or facility having medical records regarding the employee, including x rays, shall forward all medical records relating to an injury or disease for which compensation is claimed to the next health care provider. When an employee is scheduled to be treated by a different health care provider or in a different facility, the employee shall request to have the records transferred.
- A health care provider may not charge the insurer or self-insurer an amount in excess of the fees prescribed in §209-A for the submission of reports prescribed by this section and for the submission of any additional records.
- An insurer or self-insurer may withhold payment of fees for the submission of any required reports of treatment to any provider who fails to submit the reports on the forms prescribed by the board and within the time limits provided. The insurer or self-insurer is not required to file a notice of controversy under these circumstances, but must notify the provider that payment is being withheld due to the failure to use prescribed forms or to submit the reports in a timely fashion. In the case of dispute, any interested party may petition the board to resolve the dispute.

Other reminders:

- Except for the header information, the remainder of the M-1 form must be completed by the health care provider. This information is vital to the administration of the claim and the employee's return to work.
- The M-1 form is not submitted to the board.
- Pursuant to Board Rules Chapter 5, a health care provider may charge a fee for completing the initial M-1.
- The attachment of narratives is optional; however, an employer/insurer may request, at any time (for a fee), medical information concerning the condition of the employee for which compensation is sought. The health care provider shall respond within 10 business days from receipt of the request. Pursuant to 39-A M.R.S.A. § 208(1) a medical release is not necessary if the information pertains to an injury claimed to be compensable under the Act (whether or not the claim is controverted/denied).