



INSTRUCTIONS:

- Physician must complete this form when the injured worker is under work restrictions or is temporarily totally disabled.
- A copy of the completed form must be sent/faxed to the MCO and a copy given to the injured worker at time of exam.
- Any other physician-generated document may be used provided that the substitute document contains, at a minimum, the data elements on the MEDCO-14.
- If injured worker is employed by a self-insuring employer complete this form and mail or fax to the self-insuring employer.

Physician's Report of WORK ABILITY

FAX NOTE:

To	From
Toll-free phone number	Phone number
Toll-free fax number	Fax number

Injured worker name	Claim number	SSN if claim number unknown	Date of injury / /
Injured worker occupation		Employer name	

WORK ACTIVITY	<input type="checkbox"/> May RTW with no restrictions on _____ <input type="checkbox"/> May RTW with restrictions from _____ to _____ (complete work/non-work capabilities on the right). Work restrictions apply to work and non-work activity. If restrictions cannot be met at work, then injured worker is recommended to be off work. The restrictions are <input type="checkbox"/> permanent <input type="checkbox"/> temporary? If temporary, how long? _____ <input type="checkbox"/> Is totally disabled from work from _____ to _____ . Please explain in the space provided below why the injured worker is unable to work, due to work-related injury/disease. List ICD-9 codes for the allowed conditions being treated which prevent return to work. _____ Estimated RTW date _____	<table border="1"> <thead> <tr> <th rowspan="2">% of Workday (8hr) Repetitions per hr</th> <th colspan="4">Work/Non-Work Capabilities</th> </tr> <tr> <th>None at all 0%</th> <th>Occasional 1-33% 4-6</th> <th>Frequent 34-66% 6-12</th> <th>Continuous 67-100% >12</th> </tr> </thead> <tbody> <tr> <td>Lift/Carry</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Up to 10 lbs.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>11-20 lbs.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>21-50 lbs.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>51-100 lbs.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Bending</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Twist/turn</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Reach below knee</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Push/pull</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Squat/kneel</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Stand/walk</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Sit</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	% of Workday (8hr) Repetitions per hr	Work/Non-Work Capabilities				None at all 0%	Occasional 1-33% 4-6	Frequent 34-66% 6-12	Continuous 67-100% >12	Lift/Carry					Up to 10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21-50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51-100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Twist/turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reach below knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Push/pull	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Squat/kneel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stand/walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	Hand restrictions <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Must wear splint <input type="checkbox"/> No lifting greater than _____ lbs <input type="checkbox"/> No repetitive activities <input type="checkbox"/> No work with hot or cold substances	No use of <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Arm <input type="checkbox"/> Hand <input type="checkbox"/> Finger _____ <input type="checkbox"/> Other _____																																																																					
	<input type="checkbox"/> Change positions every _____ <input type="checkbox"/> Work activity as splint/bandage permits <input type="checkbox"/> Avoid driving <input type="checkbox"/> Keep wound clean/dry <input type="checkbox"/> Limit working to _____ Hrs./Day																																																																						
	Physician's further explanation of work abilities or why the injured worker is unable to perform any work: _____ _____ _____																																																																						

MMI	Has the work-related injury(s) or occupational disease reached a treatment plateau at which no fundamental functional or physiological change can be expected despite continuing medical or rehabilitative intervention (maximum medical improvement): <input type="checkbox"/> Yes <input type="checkbox"/> No ► Note: Periodic medical treatment may still be requested and provided.
	IF YES, give date _____ IF NO, please explain (attach additional sheet if necessary)

REHAB	<input type="checkbox"/> Check if vocational rehabilitation return to work services are indicated.
	Physician name and address (please print, type or stamp)

Date of this exam / /	Follow-up appointment Date / /	Time
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I certify that the above information is correct to the best of my knowledge. I am aware that any person who knowingly makes a false statement, misrepresentation, concealment of fact or any other act of fraud to obtain payment as provided by BWC or who knowingly accepts payment to which that person is not entitled, is subject to felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine, imprisonment, or both.	
Physician signature (mandatory)	Date / /

Completing the MEDCO-14



Have questions?
Call: 1-800-OHIOBWC
or
Visit us at
www.ohiobw.com

Physician's Report of WORK ABILITY

Instructions

The MEDCO-14 is a physician's report of work ability. This form provides the injured worker and employer with important physician information regarding the injured workers' ability to work and specific instructions to aid in recovery.

1. The physician of record or treating physician must complete this form every time the injured worker is seen and is under any work restrictions, off work, or working with accommodations.
 - This form is not required if the injured worker is permanently and totally disabled or is not under any work restrictions.
2. This is a two-part form.
 - Give one copy to the injured worker at the time of the office visit.
 - Fax a copy to the appropriate MCO.
 - If requested, a copy may be sent directly to the employer.
Note: If the injured worker is employed by a self-insuring employer, complete this form and fax or mail directly to the self-insured employer.
3. The Request for Temporary Total Compensation (C-84) is most often used to report that an injured worker is temporarily totally disabled from work due to the injury and is requesting compensation benefits. However, the Physician's Report of Work Ability (MEDCO-14) may also be used to extend compensation.
4. Any other physician generated document may be used, provided that the substitute document contains, at a minimum, the data elements that are on the MEDCO-14.

Benefits of successful early RETURN TO WORK

- Early and successful return to work (RTW) benefits everyone. The costs of any disability go far beyond the measurable costs for medical care and compensation payments. Early return to work initiatives are dependent on communication and cooperation by physicians, employees, employers, MCOs, rehabilitation specialists and BWC.
- Many employers have early RTW programs and are willing to accommodate physicians' restrictions for their employees. A successful RTW program asks that the injured worker pace himself/herself and not work beyond his/her limits. Physicians are encouraged to consider releasing the injured worker to full or restricted duty as soon as the injured worker is able, including midweek. Returning the injured worker midweek or as soon as medically able helps the injured worker both physically and psychologically.
- Most injured workers return to work right away with minimal assistance. But, some injured workers require more medical care resulting in longer recovery and time away from work. Some injured workers may even require vocational services to return to productive employment. Together, the injured worker, physician, MCO, employer, and BWC will create a RTW program, that is personally tailored for the injured worker's job as well as the injury.
- There are several options available if the employer is not able to make accommodations for the injured worker's restrictions. The injured worker may continue to receive temporary total compensation or be eligible for other types of compensation. The physician should communicate with the MCO to determine if the employer can accommodate other types of return-to-work options including:
 - **Transitional work**- Work that uses real job duties for a specified period of time (generally not exceeding two or three months) to help injured workers progress to their original job
 - **Modified work**- Work in which physical barriers that may keep the injured worker from performing essential job functions are adapted, altered or removed.
 - **Light duty**- Work in which the job requirements are performed at reduced physical capabilities. Job tasks may be temporary or permanent.
 - **Alternative work** – Work for injured workers who are permanently restricted from their original jobs, but have other abilities and can be employed.
- Talk to the MCO if you feel the injured worker would benefit from vocational rehabilitation services.

The American Academy of Orthopaedic Surgeons and the American Association of Orthopaedic Surgeons believe that safe early return-to-work programs are in the best interest of patients. Studies have demonstrated that prolonged time away from work makes recovery and return to work progressively less likely. Return to work in light duty, part-time or modified duty programs is important in preventing the deconditioning and psychological behavior patterns that inhibit successful return to work and in improving quality of life for the injured worker.