

# The APF as a Tool to Improve Return to Work

*Les White, DC, Private Practice,  
Internal Consultant to L&I*

*This speaker does not have significant financial interest in the content, nor receive other benefit from this presentation.*



# Why should I complete an APF?

- Choose an answer below:
- 1. L&I bureaucracy wants me to
- 2. I get paid to do it
- 3. It saves the employer money
- 4. It puts thousands of dollars in the worker's pocket
- 5. All of the above

# When do we complete an APF?

- With the Report of Accident when there are work related physical restrictions
- When there is a change in their restrictions
- Can be billed up to six times in the first 60 days and up to four times over the next 60 days
- When requested by the insurer

**State Fund Claims:** Dept. of Labor and Industries - Claims Section  
 PO Box 44291, Olympia WA 98504-4291

**Self-Insured Claims:** Contact the Self Insured Employer (SIE)/  
 Third Party Administrator (TPA)\*



**INSURER ACTIVITY PRESCRIPTION FORM (APF)**

**Billing Code: 1073M** (Guidance on back)

*Reminder: Send chart notes and reports to L&I or to SIE/TPA as usual*

<b>General info</b>	Worker's Name:	Visit Date:	Claim Number:
	Health-care Provider's Name (printed):	Date of Injury:	Diagnosis:
<b>Required: Released for work?</b> <i>Check at least one</i>	<input type="checkbox"/> Worker is <b>released</b> to the job of injury without restrictions as of (date): ___/___/___ <i>Skip to "Plans" section below.</i>		<b>Required:</b> Key Objective Finding(s)
	<input type="checkbox"/> Worker <b>may perform modified duty</b> , if available, from (date): ___/___/___ to ___/___/___ <input type="checkbox"/> Worker <b>may work limited hours</b> : ___ hours/day from (date): ___/___/___ to ___/___/___ <input type="checkbox"/> Worker <b>is working</b> modified duty or limited hours <i>Please estimate capacities below <u>and</u> provide key objective findings at right.</i>		
<input type="checkbox"/> Worker <b>not released to any work</b> from (date): ___/___/___ to ___/___/___ <input type="checkbox"/> <b>Prognosis poor for return to work</b> at the job of injury at any date <input type="checkbox"/> May need assistance returning to work <i>Capacities apply 24/7, please estimate capacities below <u>and</u> provide key objective findings at right.</i>			

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to "Plans" section below.

**Key Objective Finding(s)**

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**Required: Key Objective Finding(s)**

**Required: Estimate what the worker can do**  
Unless released to JOI

Capacity duration (estimate days):  1-10  11-20  21-30  30+  permanent

<b>Worker can:</b> (Related to work injury.) 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					
Climb (ladder / stairs)					
Twist					
Bend / Stoop					
Squat / Kneel					
Crawl					
Reach Left, Right, Both					
Work above shoulders L, R, B					
Keyboard L, R, B					
Wrist (flexion/extension) L, R, B					
Grasp (forceful) L, R, B					
Fine manipulation L, R, B					
Operate foot controls L, R, B					
Vibratory tasks; high impact					
Vibratory tasks; low impact					

<b>Lifting / Pushing</b>	Never	Seldom	Occas.	Frequent	Constant
<i>Example</i>	<i>50 lbs</i>	<i>20 lbs</i>	<i>10 lbs</i>	<i>0 lbs</i>	<i>0 lbs</i>
Lift L, R, B	___ lbs	___ lbs	___ lbs	___ lbs	___ lbs
Carry L, R, B	___ lbs	___ lbs	___ lbs	___ lbs	___ lbs
Push / Pull L, R, B	___ lbs	___ lbs	___ lbs	___ lbs	___ lbs

**Other Restrictions / Instructions:**

**Employer Notified** of Capacities?  Yes  No

Modified duty available?  Yes  No

Date of contact: \_\_\_ / \_\_\_ / \_\_\_

Name of contact: \_\_\_\_\_

Notes:

**Note to Claim Manager:**

New diagnosis: \_\_\_\_\_

Opioids prescribed for:  Acute pain or  Chronic pain

Capacity duration (estimate days):  1-10  11-20  21-30  30+  permanent

<b>Worker can:</b> (Related to work injury.) 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
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Push / Pull L, R, B	___ lbs	___ lbs	___ lbs	___ lbs	___ lbs

Unless released to JOI

**Restrictions / Instructions:**

**Notified** of Capacities?  Yes  No  
 available?  Yes  No  
 Contact: \_\_\_ / \_\_\_ / \_\_\_  
 Fax: \_\_\_\_\_

**Supervisor / Manager:**

Signature: \_\_\_\_\_  
 Described for:  Acute pain or  
 Chronic pain

**Required: Estimate what the worker can do**  
*Unless released to JOI*

Capacity duration (estimate days):  1-10  11-20  21-30  30+  permanent

Worker can: (Related to work injury.) 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
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Carry L, R, B	___ lbs	___ lbs	___ lbs	___ lbs	___ lbs
Push / Pull L, R, B	___ lbs	___ lbs	___ lbs	___ lbs	___ lbs

**Other Restrictions / Instructions:**

**Employer Notified** of Capacities?  Yes  No  
 Modified duty available?  Yes  No  
 Date of contact: \_\_\_ / \_\_\_ / \_\_\_  
 Name of contact: \_\_\_\_\_  
 Notes:

**Note to Claim Manager:**

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 \_\_\_\_\_

Surgery:  Not Indicated  Possible  Planned

Comments:

Next scheduled visit in: \_\_\_\_\_ days, \_\_\_\_\_ weeks.  
 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: \_\_\_\_\_

**Sign**

Signature (**Required**): \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Doctor  ARNP  PA-C Phone number

Copy of APF given to worker

Talking points (on back) discussed with worker

State Fund Claims: Fax to claim file. *Choose any number:*      360-902-4292      360-902-4565      360-902-4566      360-902-4567  
    360-902-5230      360-902-6100      360-902-6252      360-902-6460

\*Self-Insured Claims: For a list of SIE/TPAs, go to: [www.Lni.wa.gov/ClaimsIns/Insurance/Selfinsure/EmplList/FindEmps/Default.asp](http://www.Lni.wa.gov/ClaimsIns/Insurance/Selfinsure/EmplList/FindEmps/Default.asp)



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Vibratory tasks: high impact					
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**Employer Notified** of Capacities?  Yes  No  
 Modified duty available?  Yes  No  
 Date of contact: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Name of contact: \_\_\_\_\_  
 Notes:

**Note to Claim Manager:**

Required

	Never	Seldom	Occas.	Frequent	Constant
<b>Lifting / Pushing</b>					
<i>Example</i>	<u>50</u> lbs	<u>20</u> lbs	<u>10</u> lbs	<u>0</u> lbs	<u>0</u> lbs
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Carry L, R, B	___ lbs	___ lbs	___ lbs	___ lbs	___ lbs
Push / Pull L, R, B	___ lbs	___ lbs	___ lbs	___ lbs	___ lbs

How diagnosis: \_\_\_\_\_  
 Medications prescribed for:  Acute pain or  Chronic pain



# First we need to understand certain definitions

- What is Sedentary Work?
- What is Light Work?
- What is Medium Work?
- What is Heavy Work?
- What is Very Heavy Work?

# Which of these is light work?

- Exert up to 20 pounds occasionally?
- Exert up to 10 pounds frequently?
- A negligible amount of force constantly?

# US Dept. of Labor Definitions

- **Sedentary** 10# or less occasionally, a negligible amount frequently
- **Light** 20# occasionally, 10# frequently, negligible amount constantly
- **Medium** 50# occasionally, 10 to 25# frequently, up to 10# constantly
- **Heavy** 100# occasionally, 50# frequently 10 to 20# constantly
- **Very Heavy** >100# occasionally, 50-100# frequent lifts, > 20 # constantly

# Overview

- The more frequently the task is performed, the less the force/weight that can be used safely.
- The force is approximately cut in half for each increase in frequency. (Medium work occasional force of up to 50 pounds. The force is reduced to up to 25 pounds for frequently and is further reduced to up to 10 pounds for constantly).

# Definitions of Repetitive Work

- **Seldom:** 0-4/hour, maximum a person can lift.
- **Occasional:** 8-32 reps/hour, 70-80% of the maximum lift.
- **Frequent:** 33-200 reps/hour, approximately 50 % of an occasional lift.
- **Constant:** 200 reps/hour, approximately 50% of a frequent lift.

How many lifts per minute?	For how many hours per day?		
	1 hr or less	1 hr to 2 hrs	2 hrs or more
1 lift every 2-5 mins.	1.0	0.95	0.85
1 lift every min	0.95	0.9	0.75
2-3 lifts every minute	0.9	0.85	0.65
4-5 lifts every min	0.85	0.7	0.45
6-7 lifts every min	0.75	0.5	0.25
8-9 lifts every min	0.6	0.35	0.15
10+ lifts every min	0.3	0.2	0.0

# Where do we start?

- All our calculations begin with a safe **Occasional Lift.**

# What is a safe occasional lift?

- We first look at the worker's weight.
- Next we apply a formula for a safe lift.

# The 40% Rule For Safe Lifting (for a healthy adult)

- The **safe** limit for a non-injured person is 40% of their body weight for an occasional lift.
- An example would be a 200 pound male should be able to lift 80 pounds occasionally ( $200 \times 40\% = 80$ ) .

# The 40% Rule For Safe Lifting

## How about Frequent or Constant Lifts?

- Starting with a safe limit of 80 pounds for an occasional lift on a non-injured person:
- What would be a safe frequent lift?
- What would be a safe constant lift?

# The 40% Rule For Safe Lifting

## How about Frequent or Constant Lifts?

- Starting with a **safe** limit of 80 pounds for an occasional lift on a non-injured person:
  - What would be a safe frequent lift?
    - (50% of 80 pounds = 40 pounds)
  - What would be a safe constant lift?
    - (50% of 40 pounds = 20 pounds)

# The 40% Rule For Safe Lifting For a Seldom Lift

- Starting with a safe limit of 80 pounds for an occasional lift on a non-injured person:
- A seldom lift would be 20 to 25% more than occasional lift (80 x 125%) or 100 pounds

# For an Injured Lower Back use the “1/4 Rule” for Safe Lifting

- The safe limit for a injured person is  $\frac{1}{4}$  their safe lifting limit for an occasional lift.
- An example would be a 200 pound male who was able to safely lift 80 pounds occasionally but when injured that weight could be reduced to as little as 20 pounds ( $\frac{1}{4}$  of the 80 pounds).

# Example of Physical Capacities

- On our example of a 200 pound injured person, you determined that they could lift 20 pounds occasionally.
- How much could they lift frequently?
- How much could they lift constantly?
- How much could they lift seldom?

# Work Sheet on Example

- Occasionally=20 pounds.
- Frequently=10 pounds (50% of 20 =10) pounds)
- Constantly=5 pounds (50% of 10 = 5 pounds)
- Seldom=25 pounds (125% x 20 pounds)
- What if you thought they could lift 40 pounds occasionally?

# Adjustments for job postures

- Is the job postures a consideration on their safe lifting?
- If so, you might need to modify your calculations.

# “Safe” Lifting

**Above  
shoulder**

65 40 30

**Waist to  
shoulder**

70 50 40

**Knee to  
waist**

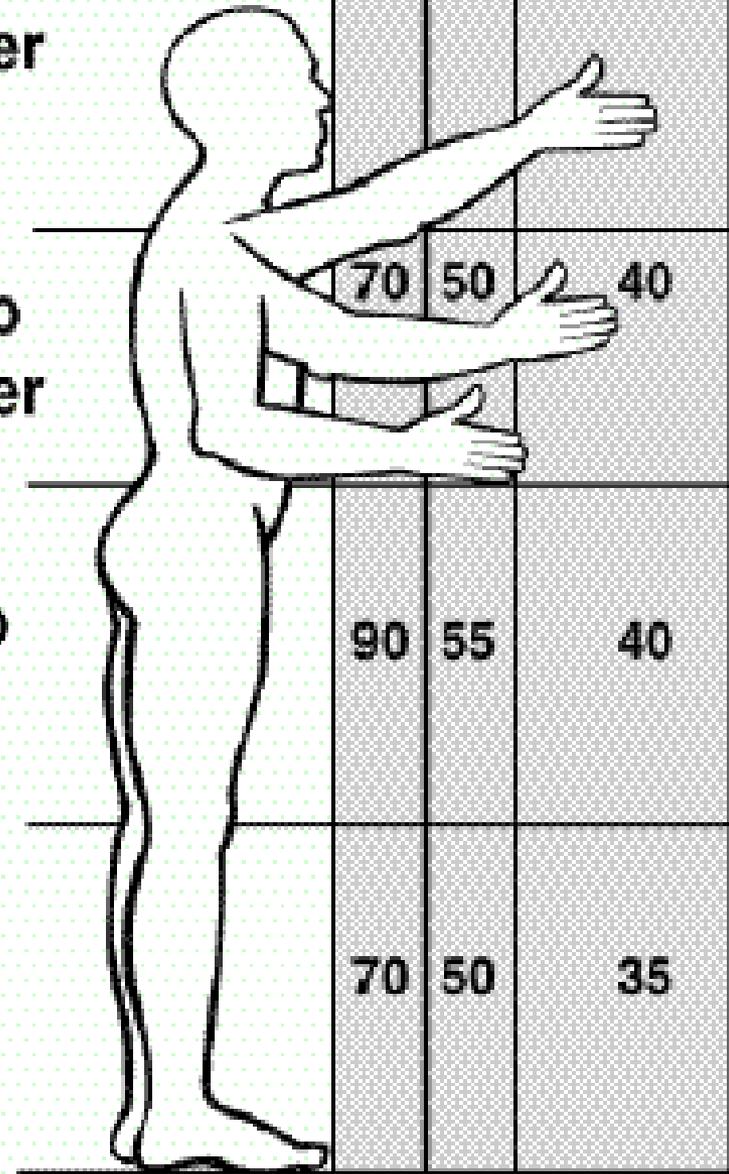
90 55 40

**Below  
Knee**

70 50 35

0" 7" 12"

Near Mid Extended



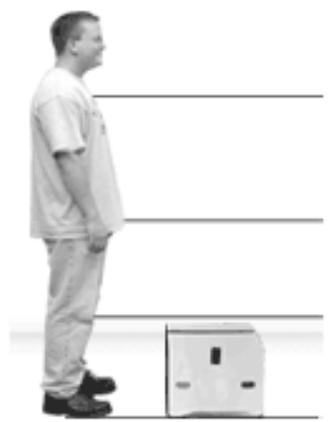
Enter the criteria for the specific situation in your workplace, and then click **submit**. You can enter the lifting specifics in one of two ways. You can click on the drop-down arrows, and then click on what you want to enter. Or, you can click on the image in the spot that matches the criteria you want to enter.

Select the back type for your scenario.

- Healthy
- Lower back disorder

Select the vertical lift origin (the level from which lifts will be made).

Floor level



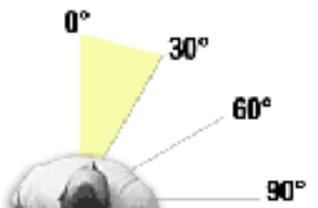
Select the horizontal reach, distance from the spine (measured from spine to the center of the load).

Less than or equal to 12 inches



Select the trunk-twisting angle during the lift. The twisting angle can be either to the left or to the right and is relative to the feet.

Less than or equal to 30 degrees



**Results**

Lifting more than: 10 lbs.  
Risk level: **High**

Lifting up to: 10 lbs.  
Risk level: **Moderate**

[Lifting tips](#)  
[Lifting guidelines](#)  
[Lifting guidelines chart](#)

**change criteria**

For further lifting information, you can contact us or review the tips provided.

**Phone**  
1-800-OHIOBWC  
(1-800-644-6292)  
Follow the options.

**E-mail** [safety@bwc.state.oh.us](mailto:safety@bwc.state.oh.us)

# Washington online version

- [http://www.orosha.org/interactive/lifting/lift\\_safety.html](http://www.orosha.org/interactive/lifting/lift_safety.html)
- OR:
- L&I Website (<http://lni.wa.gov>)
- For Medical Providers
- Search “lifting Calculator”
- Evaluation Tools

# Adjustments for differing body types

- Our calculations were based on a 200 pound six foot male.
- There is a difference in safe lifting between a 200 pound six foot muscular male and a five foot two inch obese 200 pound female.
- We would need to estimate their lean weight to calculate their safe lifts.

# Learning Pearls

- Remember the 40% rule for safe lifting
- Consider their lean body weight
- Remember the  $\frac{1}{4}$  of safe lift rule for injured people
- Consider where they are lifting from (i.e. the floor or 12 inches in front of their body)

# Get Paid For Your Work!

- Bill the 1073M code only
- 2014 fee for completing an APF is \$50.82

# Get Paid For Your Work!

Employer Telephone Call Codes if you invest time exploring limited duty options (for 2014)

- 99441 for 5 - 10 minutes (\$23.43)
- 99442 for 11 - 20 minutes (\$45.11)
- 99443 for 21 - 30 minutes (\$66.78)



# Why should I complete an APF?

- Choose an answer below:
- 1. L&I bureaucracy wants me to
- 2. I get paid to do it
- 3. It saves the employer money
- 4. It puts thousands of dollars in the worker's pocket
- 5. All of the above

# The APF as a Tool to Improve Return to Work

- Completing the APF and making the phone call to the employer is a win-win for all parties.
- THANK YOU.