Functional Recovery Interventions Tracking Sheet

To be completed by attending provider

Provider Name

Provider ID # (L&I or NPI):

Patient Name

Claim #

Initial FRIs

DATE: ___/___/ 20___

☐ **Discussed worker's active participation**
- Actively participating aids recovery
- Keeping appointments (including PT if needed)

☐ **Discussed normal recovery**
- Musculoskeletal recovery explained
- Good recovery likelihood explained
- Reasons for RTW uncertainty addressed

☐ **Work accommodation efforts** (check one)
- ☐ Called employer to discuss RTW options
- ☐ Contacted HSC for RTW assistance
- ☐ Contacted L&I for RTW assistance

☐ **Discussed job concerns**
- Fear of work activity increasing pain/injury
- Job situation(s)

☐ **Discussed gradually increasing activity**
- ☐ Gave Week 1 Activity Diary with instructions
  - Start at current level, add a little each day
  - Regular walking/aerobic exercise
  - Vary movement, avoid prolonged postures

☐ **PT/OT referral** ☐ **Referral not needed**
- ☐ Sent FR referral sheet to PT/OT
- ☐ Scheduled progress review for: ___/___/ 20___

Follow-up

DATE: ___/___/ 20___

☐ **Reinforced patient role in recovery**
- Expectation of recovery
- Reinjury concerns/work activity discussed
- Social issues discussed: _____
- Other risks discussed: _____
  - ☐ Anxiety ☐ Depression

☐ **Return-to-work progress**
- ☐ Worker returned to work ☐ with restrictions ☐ without restrictions

☐ **If no RTW by Week 8:**
- ☐ Contact HSC for assistance
- ☐ Advisor conference
- ☐ PGAP
- ☐ Other: _____

☐ **Incremental activity progress** (as needed)
- ☐ Reviewed previous week's Activity Diary
  - Worker compliance? ☐ Yes ☐ Partial ☐ None
  - Activity increased? _____
- ☐ Gave patient next week's Activity Diary

☐ **PT/OT progress** (as needed)
- ☐ New referral made ☐ Sent FR referral sheet to PT

Functional gains:	**Improvement Noted:**
Physical/work activity ability:	_____
Self-care activities:	_____
Flexibility/strength/endurance:	_____

I have discussed these interventions with the patient during an office visit and the patient understands them.

Provider's signature

Patient's signature

Washington State Department of Labor & Industries

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