



**NON-SURGICAL
ORTHOPAEDICS, P.C.**
Specializing in Spine Care & Pain Management

DATE: _____

The following is a work status for _____

_____ Remain off work until next physician appointment on _____

_____ Return to light / medium duty work on _____ with the following limitations:

_____ No lifting over _____ lbs.

_____ No overhead activities

_____ No repetitive bending, crawling, stooping, twisting

_____ No prolonged standing

_____ No prolonged sitting

_____ No pushing / pulling

_____ No prolonged driving

_____ Other: _____

*** If no light duty is available, the patient is to remain off work.**

_____ Return to regular duty without limitations

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