

Section 1.0 General Information:

Worker' Name: _____

Claim #: _____

Date of Review: _____

Occupation: _____

Place of Work: _____

Licensed Practitioner: _____

Facility: _____

Referral Source: _____

Reason for Referral: If not provided with the referral, the provider is requested to obtain relevant information prior to completing assessment.

Section 2.0 Presenting Problem:

Current/Past Symptoms: List workers symptoms as they relate to the reported injury. Keep this section brief, no medical terminology should be used and no diagnostic information included.

Perceived Problem List:

Section 3.0 Primary Job Demands:

List all physical work tasks and provide a brief description. Define by NIOSH descriptors (0-10%, 11-33%, 33-66%, 66-100%). Example: Desk work (11-33% of shift), includes opening, recording and delivering mail once daily, file review and note taking. Computer work (66-100% of day), includes data entry and searching for information.

Section 4.0 Client Demographics and Workstation Measurements:

(include what you feel is clinically relevant in relation to the presenting symptoms)

Client Demographics:

Relevant Worker/Workstation Measurements:

Section 5.0 Workstation Description:

Description of Workstation or Work Areas: Describe layout of work area and equipment used

Section 6.0 Observed Work Habits/Postures:

Describe postures in relation to completion of all primary job demands as noted in Section 3. All relevant work tasks should be observed and commented on.

Some providers have utilized photographs in this section which are beneficial but not required.

- All joint postures should be described i.e. neutral shoulder, elbow 90 degrees, wrist 10 degrees extension. Terms such as “non-neutral” and “awkward” are not acceptable unless quantified.
- Estimated forces should be noted for tasks i.e. sedentary forces to open close filing cabinet drawers.
- Repetitive tasks should be described in # of repetitions in a particular time frame i.e. 20 times per minute), terms such as highly repetitive are not acceptable unless quantified.
- Describe contact forces.
- Describe exposure to vibration including duration.
- Describe any forceful exertions and quantify.

Section 7.0 Issues Relevant to Presenting illness/Injury:

Work Task	Problems related to reported work related injury	Suggested Solution	Action Party
Data entry	Keys with 30 degrees of wrist extension with the wrists resting on the edge of the desk. Task highly repetitive (as per previous description) and is completed for durations up to 1.5 hours prior to a break.	Decrease seat height by 1” and install a gel wrist rest to position the wrist in neutral and remove contact stress.	Employer Can be arranged by OT if requested.

Section 8.0 Other Ergonomic Issues not Related to Presenting Illness/Injury

Issue	Suggested Solution	Action Party
Sustained right neck rotation to view reference materials when performing data entry	Document holder positioned either immediately adjacent to the monitor on either side or positioned in front of the monitor.	Employer Can be arranged by OT if requested.