

**NAME:** \_\_\_\_\_ **is capable of working if the following restrictions are respected.**

### PHYSICAL EFFORT *(check the appropriate box)*

- Avoid :**
- manual handling of objects weighing more than:  2 kg  5 kg  10 kg  15 kg Other : \_\_\_\_\_
  - manual handling in postures that require twisting, bending or extension of the trunk
  - manual handling of objects below the knees or above the shoulders
  - pulling or pushing objects or equipment
    - additional instructions (e.g. duration, frequency, intensity of effort, posture)
- specify: \_\_\_\_\_

### POSTURES AND MOVEMENTS *(check the appropriate box)*

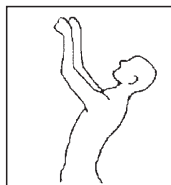
- Must :**
- be able to get up or sit at will
  - have a lumbar support
  - Have both feet flat on the ground or on a foot rest
- Avoid :**
- standing in the same position
  - working on stairs, ladder, or scaffolding
  - walking more than (duration, frequency or distance): \_\_\_\_\_
  - walking on uneven ground, in a cluttered environment, or on a slippery or inclined surface

**Put an «X» on the postures to avoid**

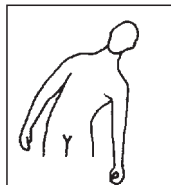
**Trunk flexion**  
*(forward)*



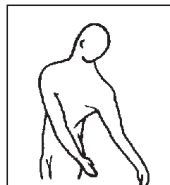
**Extension**  
*(backward)*



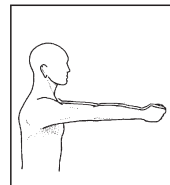
**Lateral flexion**  
*(side bending)*



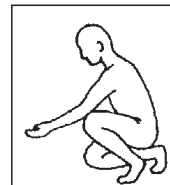
**Twisting**



**Working with arms extended**



**Squatting or kneeling**



- additional restrictions (e.g. duration or frequency of activities, range of movement of posture to avoid, static posture)  
specify: \_\_\_\_\_

### EQUIPEMENTS OR TOOLS *(check the appropriate box)*

- Avoid :**
- driving a vehicle or other mobile equipment for more than \_\_\_\_\_/day \_\_\_\_\_ /at a time
  - exposure to whole body vibration from machines, equipment or the ground
  - operating a foot pedal
  - additional instructions (e.g. duration, with a load)
- specify : \_\_\_\_\_

### OTHER

- May work up to \_\_\_\_\_ hours/day \_\_\_\_\_ days/week.
- May take breaks as needed

Specify any other restrictions: \_\_\_\_\_  
\_\_\_\_\_

I recommend that these restrictions be re-evaluated in \_\_\_\_\_ days.

Physician's name: \_\_\_\_\_

Date : \_\_\_\_\_ Telephone : \_\_\_\_\_

**NAME:** \_\_\_\_\_ **is capable of working if the following restrictions are respected.**

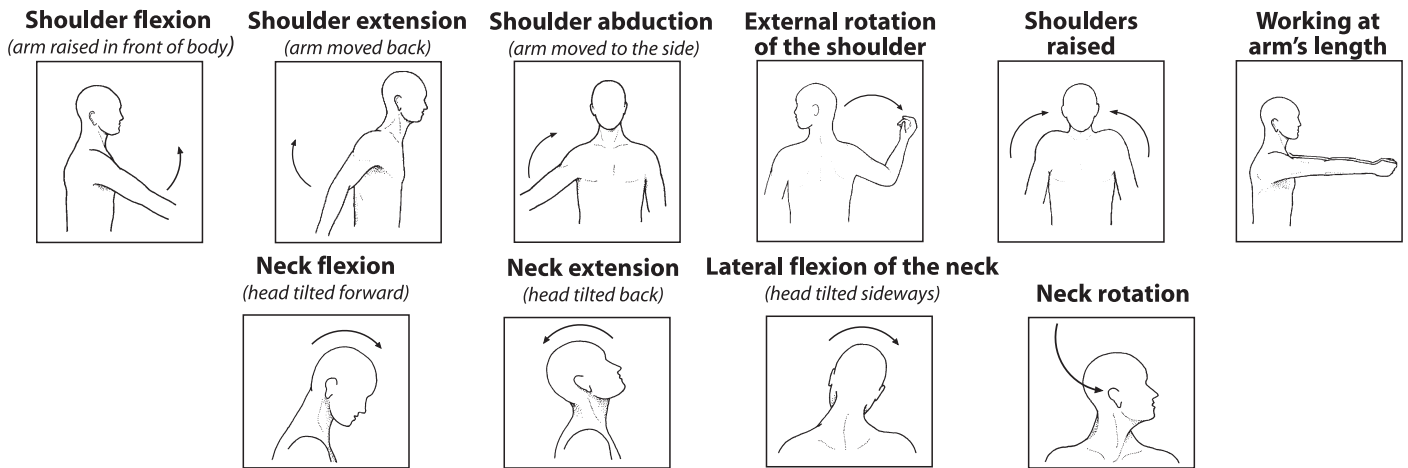
**PHYSICAL EFFORT** (check the appropriate box)

- Avoid:**  manual handling of objects weighing more than:  2 kg  5 kg  10 kg  15 kg Other: \_\_\_\_\_
- manual handling of objects with the arms above the shoulders
- pulling or pushing objects or equipment
- lifting, lowering, or turning objects or equipment
- with the following additional instructions (e.g. duration, frequency, intensity of effort, posture, etc.), specify: \_\_\_\_\_

**POSTURES AND MOVEMENTS** (check the appropriate box)  left  right  both sides

- Avoid:**  repetitive movements of the  arms  hands
- static postures of the neck or shoulders (e.g. holding the arms raised without support, bending the head, raising the shoulders, etc.) specify: \_\_\_\_\_

**Put an «X» on the postures to avoid:**



- additional instructions (e.g., duration, frequency, range of movement of posture to avoid, static posture, etc.), specify: \_\_\_\_\_

**EQUIPMENT OR TOOLS** (check the appropriate box)

- Avoid:**  driving a vehicle or other mobile equipment for more than \_\_\_\_\_ /day \_\_\_\_\_ /at a time
- exposure to whole body vibration from machines, equipment or the ground
- using vibrating tools
- using tools or equipment that expose the arms or hands to impact shock or rebound
- with the following additional instructions (e.g. duration, etc.), specify: \_\_\_\_\_

**OTHER**

- May work up to \_\_\_\_\_ hours/day \_\_\_\_\_ days/week.
- May take breaks as needed

Specify any other restrictions: \_\_\_\_\_

I recommend that these restrictions be re-evaluated in \_\_\_\_\_ days.

Physician's name: \_\_\_\_\_

Date : \_\_\_\_\_ Telephone : \_\_\_\_\_

**NAME:** \_\_\_\_\_ is capable of working if the following restrictions are respected.

**PHYSICAL EFFORT** (check the appropriate box)  left  right  both sides

- Avoid:**
- manual handling of objects weighing more than:  2 kg  5 kg  10 kg  15 kg Other: \_\_\_\_\_
  - pulling or pushing objects or equipment
  - grabbing, holding, or gripping objects with force or repetition
  - lifting, lowering, or turning objects or equipment

additional instructions (e.g. duration or frequency of activities, range of movement of posture to avoid, static posture)  
specify: \_\_\_\_\_

**POSTURES AND MOVEMENTS** (check the appropriate box)  left  right  both sides

- Avoid:**
- repetitive movements of the  arms  hands  wrists

**Put an «X» on the postures to avoid:**

**Forearms**

**Wrists**

**Pronation of forearm**  
(palm turned down)

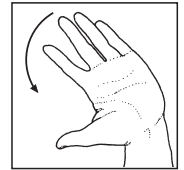
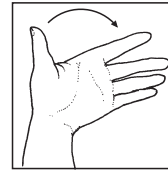
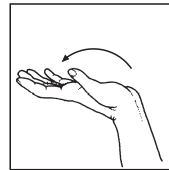
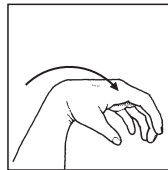
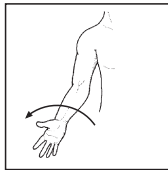
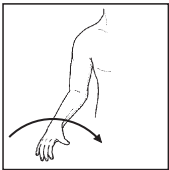
**Supination of forearm**  
(palm facing up)

**Flexion**

**Extension**

**Ulnar deviation**

**Radial deviation**



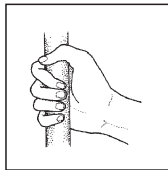
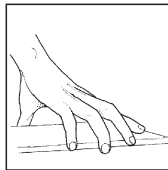
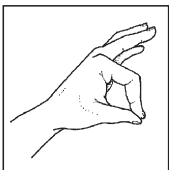
**Hands and Fingers**

**Gripping with the fingertips**

**Between the fingers**

**Fingers extended**

**With the entire hand**



**Thumbs**

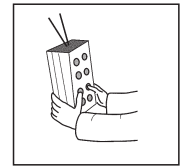
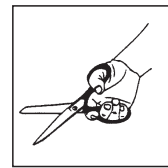
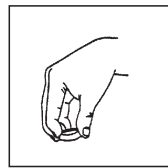
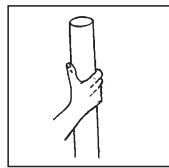
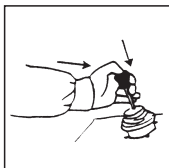
**Repetitive pressing with the tip of the thumb flexed**

**Abduction or extension of thumb with force**

**Gripping or pinching with fingers and wrist bent**

**Flexion-extension of thumb while exerting force**

**Wrist bent sideways while thumb is pressing**



additional instructions (e.g. duration, frequency, range of movement of posture to avoid, static posture)  
specify: \_\_\_\_\_

(continued on page 2)



# Temporary Work Restrictions

## Musculoskeletal problems of the elbow, wrist or hand

**EQUIPMENT OR TOOLS** (check the appropriate box)  left  right  both sides

- Avoid:**
- using vibrating tools
  - using tools or equipment that expose the arms or hands to impact shock or rebound
  - using tools or other objects that produce pressure points or rubbing of
    - elbows
    - wrists
    - hands

additional instructions (e.g. duration, frequency)

specify: \_\_\_\_\_

**OTHER**

May work up to \_\_\_\_\_ hours/day \_\_\_\_\_ days/week.

May take breaks as needed

Specify any other restrictions: \_\_\_\_\_

\_\_\_\_\_

I recommend that these restrictions be re-evaluated in \_\_\_\_\_ days.

Physician's name: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone: \_\_\_\_\_