

# Temporary Work Restrictions

## Musculoskeletal problems of the back

**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)

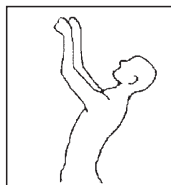
- Must :**
- ☐ be able to get up or sit at will
  - ☐ have a lumbar support
  - ☐ Have both feet flat on the ground or on a foot rest
- Avoid :**
- ☐ standing in the same position
  - ☐ working on stairs, ladder, or scaffolding
  - ☐ walking more than (duration, frequency or distance): \_\_\_\_\_
  -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

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

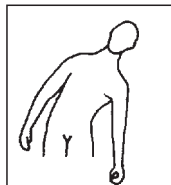
**Trunk flexion**  
(forward)



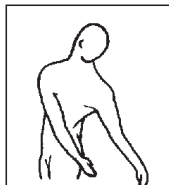
**Extension**  
(backward)



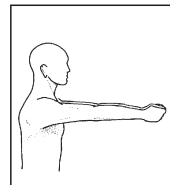
**Lateral flexion**  
(side bending)



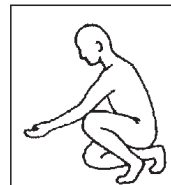
**Twisting**



**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 : \_\_\_\_\_

# Temporary Work Restrictions

## Musculoskeletal problems of the neck or shoulder

**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: \_\_\_\_\_

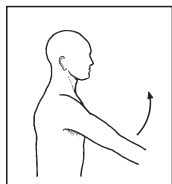
### POSTURES AND MOVEMENTS (check the appropriate box)

☐ left ☐ right ☐ both sides

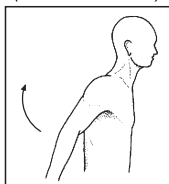
- Avoid:** ☐ repetitive movements of the ☐ arms ☐ hands
- ☐ static postures of the neck or shoulders (e.g. holding the arms raised without support, bending the head, raising the shoulders, etc.) specify: \_\_\_\_\_

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

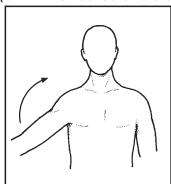
**Shoulder flexion**  
(arm raised in front of body)



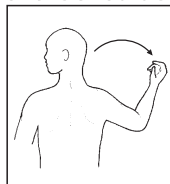
**Shoulder extension**  
(arm moved back)



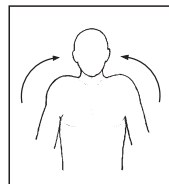
**Shoulder abduction**  
(arm moved to the side)



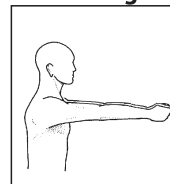
**External rotation of the shoulder**



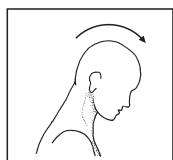
**Shoulders raised**



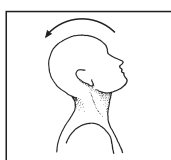
**Working at arm's length**



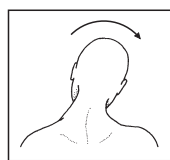
**Neck flexion**  
(head tilted forward)



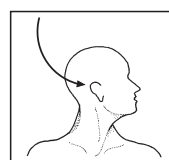
**Neck extension**  
(head tilted back)



**Lateral flexion of the neck**  
(head tilted sideways)



**Neck rotation**



- ☐ 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: \_\_\_\_\_

# Temporary Work Restrictions

## Musculoskeletal problems of the elbow, wrist or hand

**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

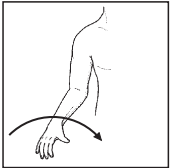
- Avoid:**
- ☐ repetitive movements of the ☐ arms ☐ hands ☐ wrists

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

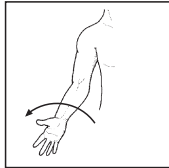
### Forearms

### Wrists

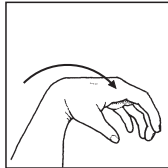
**Pronation of forearm**  
(palm turned down)



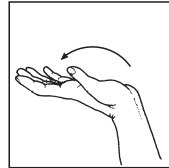
**Supination of forearm**  
(palm facing up)



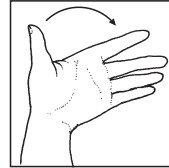
**Flexion**



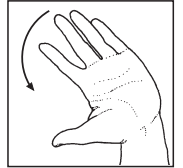
**Extension**



**Ulnar deviation**

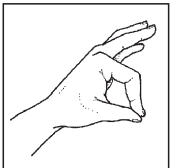


**Radial deviation**



### Hands and Fingers

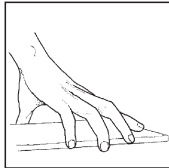
**Gripping with the fingertips**



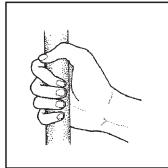
**Between the fingers**



**Fingers extended**

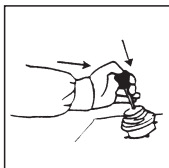


**With the entire hand**

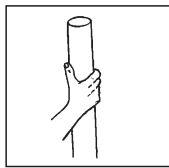


### Thumbs

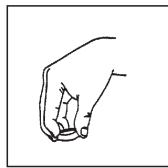
**Repetitive pressing with the tip of the thumb flexed**



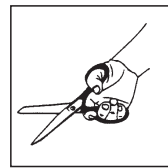
**Abduction or extension of thumb with force**



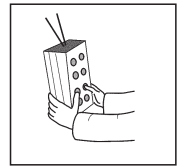
**Gripping or pinching with fingers and wrist bent**



**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: \_\_\_\_\_