





MODIFIED WORK PROPOSAL for workers with BACK problems

Employee name: _____ Date: _____

Proposed tasks: _____

Description of proposed tasks: _____

With the employee's participation, we have reviewed the physical work demands for the back of the proposed tasks using the "Estimate of physical work demands for workers with back problems" worksheet. Here are the results:

	Work demands	Estimate of physical work demands				Describe the characteristics of the moderate and high work demands (e.g. duration, frequency, intensity) and any changes applied
		Absent 	Low 	Moderate 	High 	
1	Material handling					
2	Forceful pushing or pulling					
3a	Sitting					
3b	Standing					
4	Awkward postures (e.g. bending forward, backwards or to the side, twisting, working with arms outstretched, squatting)					
5a	Walking					
5b	Walking on unstable, uneven, slippery, cluttered or inclined floor surfaces					
6	Work in unstable postures (e.g. on scaffolding, in stairways, while climbing)					
7	Use of a pedal					
8	Use of mobile equipment					
9	Exposure to whole body vibration from machines, equipment or the ground					

The employee believes he or she is capable of performing the work:

- as described above
 if the worker can work at his or her own pace
 The employee does not believe he or she is capable of performing this work

To be completed by the treating physician:

1. Is the employee able to perform this work? yes no
 2. Is this work without danger to the health, safety and physical well being of the employee, given his or her injury? yes no
 3. Does this work promote the rehabilitation of the employee? yes no

Assignment permitted: yes no yes with the following changes or restrictions:

If no, reason for refusal: _____

Start date of this work assignment: _____

I recommend that this person be re-evaluated in _____ days.

Signature of treating physician: _____ Date: _____

Name in block letters: _____