**ESTIMATE OF PHYSICAL WORK DEMANDS**

**FOR WORKERS WITH BACK PROBLEMS**

Name of the employee: 

Proposed tasks: 

<table>
<thead>
<tr>
<th>Description of proposed tasks:</th>
</tr>
</thead>
</table>

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### DESCRIPTION OF WORK DEMANDS

1. **Does the work require HANDLING OBJECTS (lifting, carrying, putting down)?**
   - **No** (go to question 2)
   - **Yes** (go to question 3)

   **Objects handled:**
   - Total number of material handling operations per day:
     - Minimum: 
     - Maximum: 
   - Material handling occurs:
     - Throughout the work day
     - During specific periods
       - Lasting: 
       - Minimum: 
       - Maximum: 
       - No periods
     - Minimum: 
     - Maximum: 
   - Weight of objects handled:
     - Minimum: 
     - Maximum: 
   - Distances covered:
     - Minimum: 
     - Maximum: 

   Draw lines on the diagrams below indicating the minimum and maximum vertical and horizontal reaches for picking up and putting down objects.

<table>
<thead>
<tr>
<th>VERTICAL REACH</th>
<th>HORIZONTAL REACH</th>
</tr>
</thead>
<tbody>
<tr>
<td>picking up</td>
<td>putting down</td>
</tr>
<tr>
<td>putting down</td>
<td>picking up</td>
</tr>
</tbody>
</table>

If handling the object presents particular difficulties, please explain why:
- Because the object is difficult to manipulate (e.g. no handle, too small or too big, object is slippery, fragile, unstable, weight is off-centre, etc.)
- Other reasons, specify:

2. **Does the work involve FORCEFUL PUSHING or PULLING of objects or equipment?**
   - **No** (go to question 3)
   - **Yes** (go to question 3)

   **Proposed changes/comments:**

<table>
<thead>
<tr>
<th>Forceful Pushing or Pulling</th>
<th>Absent</th>
<th>Low</th>
<th>Moderate</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>After changes</td>
<td></td>
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</tbody>
</table>

3. **Is the work done in a SITTING or a STANDING POSITION?**

   Indicate which of the following best describes the general work posture in this job:
   - Sitting
   - Standing in a fixed position
   - Sitting or standing, as the worker prefers
   - Standing, with some movement
   - Sitting or standing, depending on production demands

   While sitting:
   - Is the lower back supported? 
     - Yes
     - No
   - Are the feet level either on the ground or on a footrest?
     - Yes
     - No

   **Proposed changes/comments:**

<table>
<thead>
<tr>
<th>Sitting or Standing</th>
<th>Absent</th>
<th>Low</th>
<th>Moderate</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>After changes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**DESCRIPTION OF WORK DEMANDS**

4. **Does the work require the worker to adopt AWKWARD BACK POSTURES?**

   - Yes
   - No (go to question 5)

   - Task A: Trunk flexion (hanging forward)
   - Task B: Lateral flexion (hanging sideways)
   - Task C: Twisting
   - Task D: Working at arm’s length
   - Task E: Extension (hanging backwards)
   - Task F: Squatting or kneeling

   Identify the 3 most demanding postures for the back in this work. In the table below, indicate the letters of the above illustrations that best describe these 3 postures, identify the tasks in which they occur and describe them as indicated.

| The 3 most demanding postures | Suggesting/standing | Duration | Frequency | Forceful exertion?
<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(letter) (task)</td>
<td>Minimum</td>
<td>Maximum</td>
<td>Minimum</td>
<td>Maximum</td>
</tr>
</tbody>
</table>

5. **Does the work require WALKING?**

   - Yes
   - No (go to question 6)

   Describe the situations in which the worker must walk the most.

   - Duration: min: max:
   - Frequency/day: min: max:
   - Does the worker have to walk hurriedly to respond to a sudden event?
    - Never
    - Occasionally
    - Often
    - Always
   - Does the worker have to walk on unstable, uneven, slippery, cluttered or inclined surfaces?
    - No
    - Yes, if yes please specify.

6. **Does the work involve UNSTABLE POSTURES (e.g. on scaffolding, in stairways, while climbing)?**

   - Yes
   - No (go to question 7)

   Please specify.

7. **Does the work involve OPERATING A PEDAL?**

   - Yes
   - No (go to question 8)

   Please specify.

   - Frequency/day: min: max:
   - Standing: Requires significant exertion
   - In an awkward posture

8. **Does the work require driving a VEHICLE or other MOBILE EQUIPMENT?**

   - Yes
   - No (go to question 9)

   - Duration of driving/day: minimum: maximum:
   - Type of vehicle/equipment driven:
   - Quality of suspension:
   - Risk of rebound or impact shock: None
   - Low
   - Moderate
   - High

9. **Does the work expose the worker to whole-body VIBRATION from machines, equipment, or the ground?**

   - Yes
   - No

   Please specify.

**ESTIMATE OF WORK DEMANDS**

<table>
<thead>
<tr>
<th>Awkward Postures</th>
<th>Absent</th>
<th>Low</th>
<th>Moderate</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proposed changes/comments:</td>
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<table>
<thead>
<tr>
<th>Walking</th>
<th>Absent</th>
<th>Low</th>
<th>Moderate</th>
<th>High</th>
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<table>
<thead>
<tr>
<th>Unstable Postures</th>
<th>Absent</th>
<th>Low</th>
<th>Moderate</th>
<th>High</th>
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<table>
<thead>
<tr>
<th>Pedals</th>
<th>Absent</th>
<th>Low</th>
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<table>
<thead>
<tr>
<th>Mobile Equipment</th>
<th>Absent</th>
<th>Low</th>
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<th>High</th>
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<thead>
<tr>
<th>Vibration</th>
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**PERCEPTION OF THE INJURED WORKER**

The worker believes he or she is capable of performing the work:
- As described above
- If the worker can work at his or her own pace
- If the worker can stop as needed
- With the changes indicated in the column to the right
- If work hours are reduced
- The worker does not believe he or she is capable of performing this work

**DECISION**

Are these tasks suitable for the worker with back problems?
- No
- Yes, with the following conditions:

Completed by: ____________________________
In the presence of the injured worker
- Yes
- No

Date: ____________________________

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