



## ESTIMATE OF PHYSICAL WORK DEMANDS FOR WORKERS WITH ELBOW PROBLEMS

Name of the employee: \_\_\_\_\_ Description of proposed tasks: \_\_\_\_\_

Proposed tasks: \_\_\_\_\_

### DESCRIPTION OF WORK DEMANDS

### ESTIMATE OF WORK DEMANDS

**1 Does the work involve GRIPPING, HOLDING TIGHTLY or SQUEEZING objects?**

**no** (go to question 2)

**yes**

Description of activity: \_\_\_\_\_

Total number of gripping actions per day:	minimum: _____	maximum: _____
Gripping actions occur...	<input type="checkbox"/> throughout the day	<input type="checkbox"/> during specific periods lasting: _____ <input type="checkbox"/> minutes <input type="checkbox"/> hours no. period(s)/day: _____
Approximate duration	minimum: _____ <input type="checkbox"/> minutes <input type="checkbox"/> hours	maximum: _____ <input type="checkbox"/> minutes <input type="checkbox"/> hours
Approximate frequency	minimum: _____ <input type="checkbox"/> minutes <input type="checkbox"/> hours	maximum: _____ <input type="checkbox"/> minutes <input type="checkbox"/> hours

**Forceful Hand Exertion**



Proposed changes/comments: \_\_\_\_\_

**After changes**

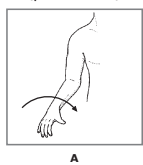


**2 Does the work involve AWKWARD POSTURES?**

**no** (go to question 3)

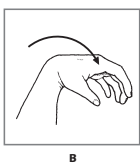
**yes**

Forearm pronation (palm down)



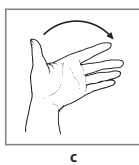
A

Wrist or finger flexion



B

Ulnar deviation of the wrist



C

Forearm supination (palm up)



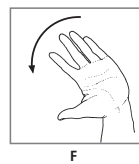
D

Wrist or finger extension



E

Radial deviation of the wrist



F

Identify the 3 most demanding postures for the elbow 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		Duration		Frequency		Forceful exertion?	
		Minimum	Maximum	Minimum	Maximum	Yes	No
Letter(s):	Task(s):					<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

**Awkward Postures**



Proposed changes/comments: \_\_\_\_\_

**After changes**



## DESCRIPTION OF WORK DEMANDS

## ESTIMATE OF WORK DEMANDS

### 3 Does this work expose the hands to VIBRATION from tools, IMPACT SHOCK or REBOUND?

- no** (go to question 4)
- yes**  
Please specify (tool, activity, etc.)

Total time vibrating tools are used each day: Minimum: \_\_\_\_\_ Maximum: \_\_\_\_\_

Frequency of impact shock or rebound (number per day): Minimum: \_\_\_\_\_ Maximum: \_\_\_\_\_

### Vibration, Impact shock, Rebound

Absent  Low  Moderate  High 

Proposed changes/comments:

### After changes

Absent  Low  Moderate  High 





### 4 Does the handling of a tool or object produce PRESSURE POINTS or RUBBING in the elbow region?

- no**
- yes**  
Please specify (tool, activity, etc.)

Where on the elbow?

Total time each day: Minimum: \_\_\_\_\_ Maximum: \_\_\_\_\_

### Pressure Points or Rubbing

Absentes  Faibles  Moyennes  Élevées 

Proposed changes/comments:

### After changes

Absent  Low  Moderate  High 

## 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 elbow problems?

- no  yes  yes, with the following conditions:

Completed by: \_\_\_\_\_  
in the presence of the injured worker  
 yes  no Date: \_\_\_\_\_