ESTIMATE OF PHYSICAL WORK DEMANDS
FOR WORKERS WITH ELBOW PROBLEMS

Name of the employee: Description of proposed tasks:

Proposed tasks:

---

DESCRIPTION OF WORK DEMANDS

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: | throughout the day | during specific periods |
| | | lasting: ________ ________ minutes ________ ________ hours |
| | no. period(s)/day: | |
| Approximate duration | minimum: ________ ________ minutes | maximum: ________ ________ minutes |
| Approximate frequency | minimum: ________ ________ hours | maximum: ________ ________ hours |

---

Does the work involve AWKWARD POSTURES?

☐ No (go to question 3)

☑️ Yes

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.

<table>
<thead>
<tr>
<th>The 3 most demanding postures</th>
<th>Duration Minimum</th>
<th>Maximum</th>
<th>Frequency Minimum</th>
<th>Maximum</th>
<th>Forceful exertion? Yes No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

After changes

Proposed changes/comments:

---

ESTIMATE OF WORK DEMANDS

Forceful Hand Exertion

<table>
<thead>
<tr>
<th>Absent</th>
<th>Low</th>
<th>Moderate</th>
<th>High</th>
</tr>
</thead>
</table>

Proposed changes/comments:

After changes

Proposed changes/comments:

---

Awkward Postures

<table>
<thead>
<tr>
<th>Absent</th>
<th>Low</th>
<th>Moderate</th>
<th>High</th>
</tr>
</thead>
</table>

Proposed changes/comments:

After changes

Proposed changes/comments:
DESCRIPTION OF WORK DEMANDS

1. **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: ________

2. **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: ________

ESTIMATE OF WORK DEMANDS

Vibration, Impact shock, Rebound

After changes

Pressure Points or Rubbing

After changes

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: ________________

© Direction de santé publique de Montréal 2004