



ESTIMATE OF PHYSICAL WORK DEMANDS FOR WORKERS WITH HAND OR WRIST PROBLEMS

Name of the employee: _____

Description of proposed tasks: _____

Proposed tasks: _____

DESCRIPTION OF WORK DEMANDS

ESTIMATE OF WORK DEMANDS

1 Does the work involve FORCEFUL EXERTION of the HANDS or FINGERS?

no (go to question 2)

yes

Gripping, holding tightly or squeezing with the entire hand

	Description of action	Duration		Frequency		Particular difficulties (e.g. gloves, cold, poor grip)? <input type="checkbox"/> no <input type="checkbox"/> yes, specify:
		Minimum	Maximum	Minimum	Maximum	

Gripping, holding tightly or squeezing with the fingertips

	Description of action	Duration		Frequency		Particular difficulties (e.g. gloves, cold, poor grip)? <input type="checkbox"/> no <input type="checkbox"/> yes, specify:
		Minimum	Maximum	Minimum	Maximum	

Gripping, holding tightly or squeezing with the fingers fully extended or spread apart

	Description of action	Duration		Frequency		Particular difficulties (e.g. gloves, cold, poor grip)? <input type="checkbox"/> no <input type="checkbox"/> yes, specify:
		Minimum	Maximum	Minimum	Maximum	

Gripping, holding tightly or squeezing between the fingers

	Description of action	Duration		Frequency		Particular difficulties (e.g. gloves, cold, poor grip)? <input type="checkbox"/> no <input type="checkbox"/> yes, specify:
		Minimum	Maximum	Minimum	Maximum	

Other actions using the hands or fingers (e.g. tearing, folding, opening, carrying)

Description of action	Duration		Frequency		Particular difficulties (e.g. gloves, cold, poor grip)? <input type="checkbox"/> no <input type="checkbox"/> yes, specify:
	Minimum	Maximum	Minimum	Maximum	

Exertion of Hands or Fingers

Absent
 Low
 Moderate
 High

Proposed changes/comments: _____

2 Does the work require AWKWARD POSTURES of the WRIST or HAND?

no (go to question 3)

yes

Awkward Postures

Absent
 Low
 Moderate
 High

Proposed changes/comments: _____

Awkward wrist or hand postures

Wrist flexion 	Wrist extension 	Ulnar deviation of the wrist 	Radial deviation of the wrist 	Extreme finger positions Describe: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
A	B	C	D	E

Demanding thumb postures

Repetitive pressing with the tip of the thumb bent 	Thumb abduction or extension with force 	Gripping or pinching while bending the wrist 	Forceful thumb flexion-extension 	Wrist deviation while pressing with thumb
F	G	H	I	J

Identify the 3 most demanding postures for the wrists, hands or thumbs 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?	
Letter(s)	Task(s):	Minimum	Maximum	Minimum	Maximum	Yes	No
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

After changes

Absent
 Low
 Moderate
 High

DESCRIPTION OF WORK DEMANDS

ESTIMATE OF WORK DEMANDS

3 Does the work involve REPETITIVE MOVEMENTS of the wrists, hands or fingers?

no (go to question 4)

yes

Description of movements:

.....

.....

.....

Repetitive movements occur:

- throughout the day
- during specific periods lasting: _____ minutes hours No. of periods/day _____

Frequency of repetitive movements: min.: _____ max.: _____

Repetitive Movements

Absent Low Moderate High

Proposed changes/comments:

After changes

Absent Low Moderate High

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

no (go to question 5)

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

5 Does the handling of a tool or object produce PRESSURE POINTS or RUBBING in the hand or wrist area?

no

yes

Please specify (tool, activity, etc.)

Where on the wrist or hand?

Total time each day: Minimum: _____ Maximum: _____

Pressure Points or Rubbing

Absent Low Moderate High

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 hand or wrist problems?

- no
- yes
- yes, with the following conditions:

Completed by: _____

in the presence of the injured worker

- yes
- no

Date: _____