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

NAME OF THE EMPLOYEE: ____________________________

PROPOSED TASKS: ____________________________

DESCRIPTION OF PROPOSED TASKS:

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 (Minimum) (Maximum)
       Frequency (Number per day) (Minimum) (Maximum)
       Particular difficulties (e.g. gloves, cold, poor grip)?
       - No
       - Yes, specify:

     - Gripping, holding tightly or squeezing with the fingertips
       Description of action
       Duration (Minimum) (Maximum)
       Frequency (Number per day) (Minimum) (Maximum)
       Particular difficulties (e.g. gloves, cold, poor grip)?
       - No
       - Yes, specify:

     - Gripping, holding tightly or squeezing with the fingers fully extended or spread apart
       Description of action
       Duration (Minimum) (Maximum)
       Frequency (Number per day) (Minimum) (Maximum)
       Particular difficulties (e.g. gloves, cold, poor grip)?
       - No
       - Yes, specify:

     - Gripping, holding tightly or squeezing between the fingers
       Description of action
       Duration (Minimum) (Maximum)
       Frequency (Number per day) (Minimum) (Maximum)
       Particular difficulties (e.g. gloves, cold, poor grip)?
       - No
       - Yes, specify:

     - Other actions using the hands or fingers (e.g. tearing, folding, opening, carrying)
       Description of action
       Duration (Minimum) (Maximum)
       Frequency (Number per day) (Minimum) (Maximum)
       Particular difficulties (e.g. gloves, cold, poor grip)?
       - No
       - Yes, specify:

2. Does the work require AWKWARD POSTURES of the WRIST or HAND?
   - No (go to question 3)
   - Yes

     Awkward wrist or hand postures
     - Wrist flexion
     - Wrist extension
     - Ulnar deviation of the wrist
     - Radial deviation of the wrist
     - Extreme finger positions

     Describe:

     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

     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 (Minimum) (Maximum) | Frequency (Number per day) (Minimum) (Maximum) | Forceful exertion? |
     |------------------------------|-----------------------------|-----------------------------------------------|-------------------|
     |                             |                             |                                               |                   |

     After changes
     - Absent
     - Low
     - Moderate
     - High

     Proposed changes/comments:

     Exertion of Hands or Fingers
     - Absent
     - Low
     - Moderate
     - High

     Proposed changes/comments:

     Awkward Postures
     - Absent
     - Low
     - Moderate
     - High

     Proposed changes/comments:
DESCRIPTION OF WORK DEMANDS

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
- No. of periods/day:__________

Frequency of repetitive movements:

- min.:__________
- max.:__________

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

- **no** (go to question 5)
- **yes**

Total time vibrating tools are used each day:

- Minimum:__________
- Maximum:__________

Frequency of impact shock or rebound (number per day):

- Minimum:__________
- Maximum:__________

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:__________

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

Date: ________________

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