**ESTIMATE OF PHYSICAL WORK DEMANDS**

**FOR WORKERS WITH NECK OR SHOULDER PROBLEMS**

**Name of the employee:**

**Description of proposed tasks:**

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**DESCRIPTION OF WORK DEMANDS**

**Does the work require HANDLING OBJECTS (lifting, carrying, putting down)?**

- **no** (go to question 2)
- **yes**

**Objects handled:**

- Total number of material handling operations per day:
  - minimum: __________  
  - maximum: __________
- Material handling occurs:  
  - _yes_ throughout the work day  
  - _no_ during specific periods lasting __________ min. __________ max. __________
- 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.

  ![Diagram](image)

  **VERTICAL REACH**

  **HORIZONTAL REACH**

  **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:

- **Does the work require other FORCEFUL EXERTION OF THE ARMS**
  (e.g. pulling, pushing, raising, lowering, turning)?

  - **no** (go to question 3)
  - **yes**

  **Indicate on the diagrams below the minimum and maximum duration and frequency of moderate and intense exertions:**

  - **Pulling**
    - Light exertion
    - Moderate exertion
    - Intense exertion
    - Duration: __________  
    - Frequency: __________
  - **Pushing**
    - Light exertion
    - Moderate exertion
    - Intense exertion
    - Duration: __________  
    - Frequency: __________
  - **Raising up**
    - Light exertion
    - Moderate exertion
    - Intense exertion
    - Duration: __________  
    - Frequency: __________
  - **Lowering**
    - Light exertion
    - Moderate exertion
    - Intense exertion
    - Duration: __________  
    - Frequency: __________
  - **Turning**
    - Light exertion
    - Moderate exertion
    - Intense exertion
    - Duration: __________  
    - Frequency: __________

  **If these exertions present particular difficulties, explain why:**

  - Because of the characteristics of the objects or equipment (e.g. inadequate grips, shape and size, poor state of equipment).
  - Because of the cramped space and/or the awkward postures the work imposes (e.g. twisting the trunk while pulling).
  - Other reasons, specify:

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**ESTIMATE OF WORK DEMANDS**

**Material handling**

<table>
<thead>
<tr>
<th>Absent</th>
<th>Low</th>
<th>Moderate</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="Icon" /></td>
<td><img src="image" alt="Icon" /></td>
<td><img src="image" alt="Icon" /></td>
<td><img src="image" alt="Icon" /></td>
</tr>
</tbody>
</table>

**Proposed changes/comments:**

- After changes
  - Absent | Low | Moderate | High |
  - ![Icon](image) | ![Icon](image) | ![Icon](image) | ![Icon](image) |

- Forceful exertion

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

**Proposed changes/comments:**

- After changes
  - Absent | Low | Moderate | High |
  - ![Icon](image) | ![Icon](image) | ![Icon](image) | ![Icon](image) |
**DESCRIPTION OF WORK DEMANDS**

5. **Does the work require AWKWARD POSTURES of the neck or shoulders?**
   - **No** (go to question 4)
   - **Yes**

   ![Postures Diagram](image)

   Referring to the above drawings, identify the letter(s) that best describes the 3 postures that are the most demanding for the neck or shoulders; describe each posture in the table below and identify the tasks associated with it.

<table>
<thead>
<tr>
<th>The 3 most demanding postures</th>
<th>Duration</th>
<th>Frequency</th>
<th>Forceful exertion?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Letter(s)</td>
<td>Min.</td>
<td>Max.</td>
<td>Min.</td>
</tr>
</tbody>
</table>

6. **Does the work require REPETITIVE MOVEMENTS of the arms?**
   - **No** (go to question 5)
   - **Yes**

   The repetitive movements occur:
   - throughout the day
   - during specific periods lasting: ________ minutes ________ hours no. of periods/day: ________

   Frequency of repetitive movements:
   - min.: ________ max.: ________

7. **Does the work expose the arms or hands to VIBRATION from hand tools?**
   - **No**
   - **Yes**

   Please specify:

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**ESTIMATE OF WORK DEMANDS**

**Awkward postures**

- Absent
- Low
- Moderate
- High

**Proposed changes/comments:**

**Repetitive movements**

- Absent
- Low
- Moderate
- High

**Proposed changes/comments:**

**Vibration**

- Absent
- Low
- Moderate
- High

**Proposed changes/comments:**

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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 neck or shoulder problems?
- **No**
- **Yes**
- **Yes**, with the following conditions:

Completed by: ________________________________

in the presence of the injured worker
- **Yes**
- **No**

Date: ________________

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