



## ESTIMATE OF PHYSICAL WORK DEMANDS FOR WORKERS WITH NECK OR SHOULDER PROBLEMS

Name of the employee: \_\_\_\_\_  
Proposed tasks: \_\_\_\_\_

Description of proposed tasks: \_\_\_\_\_  
\_\_\_\_\_

### DESCRIPTION OF WORK DEMANDS

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

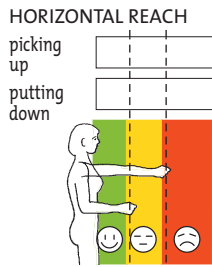
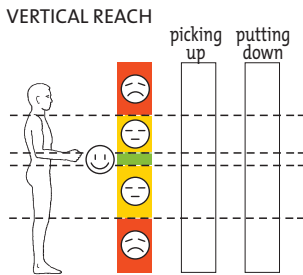
**no** (go to question 2)

**yes**

Objects handled: \_\_\_\_\_

Total number of material handling operations per day:	minimum: _____	maximum: _____	
Material handling occurs	<input type="checkbox"/> throughout the work day		<input type="checkbox"/> during specific periods
			lasting: _____ <input type="checkbox"/> minutes <input type="checkbox"/> hours no. period(s) /day: _____
Weight of objects handled	minimum: _____ <input type="checkbox"/> kg <input type="checkbox"/> lb	maximum: _____ <input type="checkbox"/> kg <input type="checkbox"/> lb	
Distances covered	minimum: _____ <input type="checkbox"/> m <input type="checkbox"/> ft	maximum: _____ <input type="checkbox"/> m <input type="checkbox"/> ft	

Draw lines on the diagrams below indicating the minimum and maximum vertical and horizontal reaches for picking up and putting down objects.



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: \_\_\_\_\_

### ESTIMATE OF WORK DEMANDS

#### Material handling

Absent  Low  Moderate  High

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

#### 2 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 <input type="checkbox"/>	Moderate exertion <input type="checkbox"/>	Intense exertion <input type="checkbox"/>	
		Min. Max.	Min. Max.	
Duration				
Frequency				

**Pushing**

	Light exertion <input type="checkbox"/>	Moderate exertion <input type="checkbox"/>	Intense exertion <input type="checkbox"/>	
		Min. Max.	Min. Max.	
Duration				
Frequency				

**Raising up**

	Light exertion <input type="checkbox"/>	Moderate exertion <input type="checkbox"/>	Intense exertion <input type="checkbox"/>	
		Min. Max.	Min. Max.	
Duration				
Frequency				

**Lowering**

	Light exertion <input type="checkbox"/>	Moderate exertion <input type="checkbox"/>	Intense exertion <input type="checkbox"/>	
		Min. Max.	Min. Max.	
Duration				
Frequency				

**Turning**

	Light exertion <input type="checkbox"/>	Moderate exertion <input type="checkbox"/>	Intense exertion <input type="checkbox"/>	
		Min. Max.	Min. Max.	
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: \_\_\_\_\_

#### After changes

Absent  Low  Moderate  High

#### Forceful exertion

Absent  Low  Moderate  High

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

#### After changes

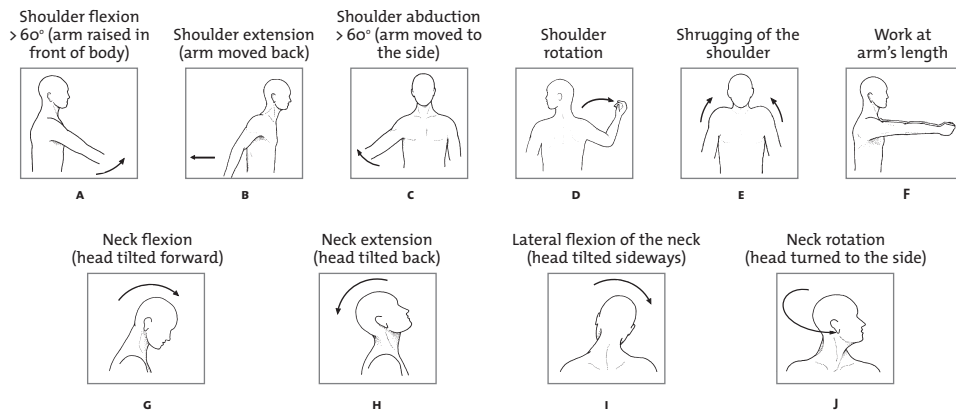
Absent  Low  Moderate  High

## DESCRIPTION OF WORK DEMANDS

## ESTIMATE OF WORK DEMANDS

### 3 Does the work require AWKWARD POSTURES of the neck or shoulders?

- no (go to question 4)  
 yes



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.

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

### Awkard postures



Proposed changes/comments:

### After changes



### 4 Does the work require REPETITIVE MOVEMENTS of the arms?

- no (go to question 5)  
 yes

Describe the movement:

.....

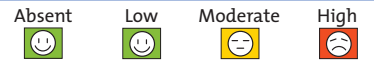
The repetitive movements occur:

- throughout the day
- during specific periods lasting: \_\_\_\_\_  minutes  hours no. of periods/day: \_\_\_\_\_

Frequency of repetitive movements:

min.: \_\_\_\_\_ max.: \_\_\_\_\_

### Repetitive movements



Proposed changes/comments:

### After changes



### 5 Does the work expose the arms or hands to VIBRATION from hand tools?

- no  
 yes  
 Please specify:
- .....

### Vibration



Proposed changes/comments:

### 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 neck or shoulder problems?

- no  yes  yes, with the following conditions:

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