

PHYSICAL CAPACITIES EVALUATION

PATIENT: _____ SSN: _____

IMPORTANT: PLEASE COMPLETE THE FOLLOWING ITEMS BASED ON YOUR CLINICAL EVALUATION OF THE PATIENT AND OTHER TESTING RESULTS. ANY ITEM THAT YOU DO NOT BELIEVE YOU COULD ANSWER SHOULD BE MARKED N/A (NOT ANSWERABLE).

NOTE: IN TERMS OF AN 8-HOUR WORKDAY, "OCCASIONALLY" EQUALS 1% TO 33%; "FREQUENTLY" 34% TO 66%; "CONTINUOUSLY" 67% TO 100%.

1. IN AN 8-HOUR WORKDAY, CLAIMANT CAN: (CIRCLE FULL CAPACITY FOR EACH ACTIVITY)

TOTAL AT ONE TIME:

A) Sit	<1	1	2	3	4	5	6	7	8	(hours)
B) Stand/Walk (Combined)	<1	1	2	3	4	5	6	7	8	(hours)

TOTAL DURING ENTIRE 8-HOUR DAY:

A) Sit	<1	1	2	3	4	5	6	7	8	(hours)
B) Stand/Walk (Combined)	<1	1	2	3	4	5	6	7	8	(hours)

2. CLAIMANT CAN LIFT:

	<u>NEVER</u>	<u>OCCASIONALLY</u>	<u>FREQUENTLY</u>	<u>CONTINUOUSLY</u>
A) Up to 5 lbs	[]	[]	[]	[]
B) 6-10 lbs	[]	[]	[]	[]
C) 11-20 lbs	[]	[]	[]	[]
D) 21-25 lbs	[]	[]	[]	[]
E) 26-50 lbs	[]	[]	[]	[]
F) 51-100 lbs	[]	[]	[]	[]

3. CLAIMANT CAN CARRY:

	<u>NEVER</u>	<u>OCCASIONALLY</u>	<u>FREQUENTLY</u>	<u>CONTINUOUSLY</u>
G) Up to 5 lbs	[]	[]	[]	[]
H) 6-10 lbs	[]	[]	[]	[]
I) 11-20 lbs	[]	[]	[]	[]
J) 21-25 lbs	[]	[]	[]	[]
K) 26-50 lbs	[]	[]	[]	[]
L) 51-100 lbs	[]	[]	[]	[]

4. CLAIMANT CAN USE HANDS FOR REPETITIVE ACTION SUCH AS:

	<u>SIMPLE GRASPING</u>	<u>PUSHING & PULLING (ARM CONTROLS)</u>	<u>FINE MANIPULATION</u>
A) Right	[] Yes [] No	[] Yes [] No	[] Yes [] No
B) Left	[] Yes [] No	[] Yes [] No	[] Yes [] No

5. CAN USE FEET FOR REPETITIVE MOVEMENTS AS IN PUSHING AND PULLING OF LEG CONTROLS

	<u>RIGHT</u>	<u>LEFT</u>	<u>BOTH</u>
	[] Yes [] No	[] Yes [] No	[] Yes [] No

6. CLAIMANT IS ABLE TO:

	<u>NOT AT ALL</u>	<u>OCCASIONALLY</u>	<u>FREQUENTLY</u>	<u>CONTINUOUSLY</u>
A) Bend	[]	[]	[]	[]
B) Squat	[]	[]	[]	[]
C) Crawl	[]	[]	[]	[]
D) Climb	[]	[]	[]	[]
E) Reach	[]	[]	[]	[]

7. RESTRICTIONS OF ACTIVITIES INVOLVING:

	<u>NONE</u>	<u>MILD</u>	<u>MODERATE</u>	<u>TOTAL</u>
A) Unprotected Heights	[]	[]	[]	[]
B) Being around moving machinery	[]	[]	[]	[]
C) Exposure to marked changes In temperature and humidity	[]	[]	[]	[]
D) Driving automobile equipment	[]	[]	[]	[]
E) Exposure to dust, fumes and gases	[]	[]	[]	[]

Diagnosis: _____

Signature: _____

Date: _____

Print Name: _____

CLINICAL ASSESSMENT OF PAIN

PATIENT: _____ **SSN:** _____

Dear Doctor:

Although pain accompanying an injury or impairment is highly subjective and difficult to measure, it is possible for the treating physician to estimate the degree of pain that is present in a particular instance, given the nature of the impairment, the degree to which pain is typically of major concern in that impairment, and the extent to which the patient expresses the presence of pain and requests medication for its relief.

PLEASE ANSWER THE FOLLOWING QUESTIONS AS THEY RELATE TO THE PATIENT LISTED ABOVE ACCORDING TO YOUR BEST CLINICAL JUDGMENT.

1. To what extent is pain of significance in the treatment of this patient. (CIRCLE ONE)

- a. Pain is not present on a frequent basis to any significant degree.
 - b. Pain is present but does not frequently prevent functioning in everyday activities or work.
 - c. Pain is frequently present to such an extent as to be distracting to the adequate performance of work activities.
 - d. Pain is frequently present and found to be intractable and virtually incapacitating to this individual.
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2. In your best judgment, to what extent will the prescribed medication impact upon this person's ability to perform work-related activities? (CIRCLE ONE)

- a. Medications do not have any significant effect upon this individual's ability to work.
 - b. Medications can cause side effects which impose some limitations upon this patient but not to such a degree as to create serious problems in most instances.
 - c. Medication side effects can be expected to be severe and to limit patient's effectiveness due to distracting, inattention, drowsiness, etc.
 - d. Patient will be totally restricted and thus unable to function at a productive level of work as a result of medications.
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ATTENDING PHYSICIAN'S SIGNATURE: _____

PRINT NAME: _____

DATE: _____