

Functional Abilities Assessment

Employee information

Last name	First name	Middle initial
Dominant hand (if applicable) <input type="checkbox"/> Left <input type="checkbox"/> Right		Date of assessment (Date of service) (yyyy-mm-dd)
Occupation		
Nature of injury (please indicate left or right, if applicable)		

Limitations

These Typical Physical Limitation guidelines are based on the Official Disability Guidelines (ODG), published by the Work Loss Data Institute.

<input type="checkbox"/> Neck Limit <input type="checkbox"/> Activities with arms above shoulder level, including reaching down <input type="checkbox"/> Activities with lifting and carrying to light or medium loads <input type="checkbox"/> Hanging weights <input type="checkbox"/> Ladder climbing Avoid <input type="checkbox"/> Lifting and carrying with arms above shoulder level <input type="checkbox"/> Extremes of looking up, down, or over the shoulder, especially if sustained for more than a few seconds	<input type="checkbox"/> Shoulder Limit <input type="checkbox"/> Climbing ladders <input type="checkbox"/> Activities using arm above shoulder level, including reaching down <input type="checkbox"/> Activities which require lifting and carrying to light or medium loads Avoid <input type="checkbox"/> Holding the arm outstretched for periods especially while holding weights and applying force <input type="checkbox"/> Lifting and carrying with arm above shoulder level	<input type="checkbox"/> Elbow/Forearm Limit <input type="checkbox"/> Repetitive or sustained gripping, especially where high forces are required <input type="checkbox"/> Repetitive elbow bending <input type="checkbox"/> The total time spent keyboarding or driving <input type="checkbox"/> The use of impact tools (including power tools and hammers) Avoid <input type="checkbox"/> Hanging weights <input type="checkbox"/> Forearm rotations, Pressure on the elbow	<input type="checkbox"/> Wrist/Hand Limit <input type="checkbox"/> Repetitive gripping, especially where high or sustained forces are needed <input type="checkbox"/> Lifting and carrying to light or medium loads <input type="checkbox"/> The total time keyboarding or driving Avoid <input type="checkbox"/> Extreme postures of the wrist, especially with force
<input type="checkbox"/> Low back Limit <input type="checkbox"/> Walking on uneven ground <input type="checkbox"/> Lifting and carrying to light or medium loads, depending on frequency and postures Avoid <input type="checkbox"/> Jarring <input type="checkbox"/> Repetitive bending <input type="checkbox"/> Long periods of static standing or sitting <input type="checkbox"/> Extreme bending of the back <input type="checkbox"/> Twisting of the back	<input type="checkbox"/> Knee Limit <input type="checkbox"/> Walking on uneven ground Avoid <input type="checkbox"/> Long periods of standing or walking <input type="checkbox"/> Deep squatting, kneeling, or crouching <input type="checkbox"/> Pivoting of the knee <input type="checkbox"/> Participating in activities requiring bracing, balancing, or running <input type="checkbox"/> Stair use or ladder climbing	<input type="checkbox"/> Ankle Limit <input type="checkbox"/> The use of stairs Avoid <input type="checkbox"/> Long periods of standing or walking <input type="checkbox"/> Walking on uneven ground <input type="checkbox"/> Climbing ladders <input type="checkbox"/> Deep squatting and crouching <input type="checkbox"/> Activities requiring balancing, bracing, or running	

Additional recommendations or comments
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Provider information

Health Care Provider's name (please print)	Health Care Provider's signature
Clinic Name	Clinic Phone Number