**Physical Capabilities Worksheet**

**ERTW Physician’s Response** Please complete this form after your examination of the patient. Indicate the patient's restrictions, if any, including modified hours, duties, environmental factors and any other information pertinent to this employee’s healthy recovery and possible early return to work.

### **Patient Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**NYSIF Claim No.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Injury Date**\_\_\_\_\_\_\_\_\_\_

Medical Diagnosis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In an eight-hour workday, how many hours can this employee:

Sit [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] Continuously [ ] With Rests

Stand [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] Continuously [ ] With Rests

Walk [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] Continuously [ ] With Rests

In a given day, how many total hours can this employee work?

Upper Extremities Lower Extremities

Which hand is dominant? [ ] Right [ ] Left Can the employee perform repetitive actions to

Can the employee perform these repetitive actions? operate foot controls or motor vehicles?

Yes No Yes No Simultaneous

Simple grasping [ ] R [ ] L [ ] R [ ] L [ ] R [ ] L [ ] R [ ] L [ ] Yes [ ] No

Pushing and pulling [ ] R [ ] L [ ] R [ ] L

Fine manipulation [ ] R [ ] L [ ] R [ ] L

Please indicate the extent to which the employee can perform the following:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Lifting/Carrying** | N | O | F | C | **Activity** | N | O | F | C |
| 10 lbs. or less |  |  |  |  | Bend |  |  |  |  |
| 11 - 20 lbs. |  |  |  |  | Squat |  |  |  |  |
| 21 - 40 lbs. |  |  |  |  | Kneel |  |  |  |  |
| 41 - 60 lbs. |  |  |  |  | Twist/Turn |  |  |  |  |
| 61 - 100 lbs. |  |  |  |  | Climb |  |  |  |  |
| **Pushing/Pulling** |  |  |  |  | Crawl |  |  |  |  |
| 13 - 25 lbs. |  |  |  |  | Reach Above Shoulder |  |  |  |  |
| 26 - 40 lbs. |  |  |  |  | Type/Keyboard |  |  |  |  |
| 41 - 60 lbs. |  |  |  |  | **Driving** |  |  |  |  |
| 61 - 100 lbs. |  |  |  |  | Automatic |  |  |  |  |
| 100+ lbs. |  |  |  |  | Standard |  |  |  |  |
| **Comments:** | | | | | | | | | |
|
|

(N = Never, O = Occasionally, F = Frequently, C = Continuously)

Physician Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date 11/1/16 Please Fax this form to:

Fax:

Attn: ERTW Coordinator

Fax Number

Attention: ERTW Coordinator

**Physician Telephone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Physician Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**cc:**