



Physical Assessment form for Early Return-to-Work Program

Northern Hills Training Center
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Spearfish, SD 57783
Phone: 605-642-2785
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To:

Please complete and return this form to assist us in accommodating any temporary modified duty restrictions.

Date of injury: _____ Date of appointment: _____

Patient's name: _____

Patient is expected to return to full duty on: _____

Patient is expected to return to modified duty on: _____

In an 8 hour work day, the employee can:

| | | | | |
|-------|-------------------|----------------|----------------|-------------------|
| Stand | ___ 1-3 hours | ___ 3-5 hours | ___ 5-8 hours | ___ No |
| Walk | ___ 1-3 hours | ___ 3-5 hours | ___ 5-8 hours | ___ No |
| Sit | ___ 1-3 hours | ___ 3-5 hours | ___ 5-8 hours | ___ No |
| Lift | ___ Up to 10 lbs. | ___ 10-20 lbs. | ___ 20-50 lbs. | ___ Above 50 lbs. |

Employee is able to:

| | | | |
|-----------|----------------|------------------|----------------|
| Lift | ___ Frequently | ___ Occasionally | ___ Not at all |
| Bend | ___ Frequently | ___ Occasionally | ___ Not at all |
| Carry | ___ Frequently | ___ Occasionally | ___ Not at all |
| Climb | ___ Frequently | ___ Occasionally | ___ Not at all |
| Kneel | ___ Frequently | ___ Occasionally | ___ Not at all |
| Push/Pull | ___ Frequently | ___ Occasionally | ___ Not at all |

Reach above shoulders ___ Yes ___ No

