



PHYSICAL CAPABILITY FORM

Date: _____

Patient: _____

Please contact CompManagement for precertification of any outpatient testing:

Employer: _____

St. Louis 314-925-6400
Toll Free 800-872-8815
Fax 314-925-6642

Please forward reports, including procedural findings, test results, recommendations and claims directly to the address listed below.

Patient is unable to work. Expected return to work date _____ MMI Date _____

Patient may return to work _____ (date) without restrictions.

Patient may return to work _____ (date) with the following restrictions:

- **HEAVY WORK**
Lifting 50 lbs. frequently with occasional lifting and/or carrying objects weighing up to 100 lbs.
- **MEDIUM TO HEAVY WORK**
Lifting 40 lbs. frequently with occasional lifting and/or carrying of objects weighing up to 75 lbs.
- **MEDIUM WORK**
Lifting 25 lbs. frequently with occasional lifting and/or carrying of objects weighing up to 50 lbs.
- **LIGHT TO MEDIUM WORK**
Lifting 20 lbs. frequently with occasional lifting and/or carrying of objects weighing up to 30 lbs.
- **LIGHT WORK**
Lifting 10 lbs. frequently with occasional lifting and/or carrying of objects weighing up to 20 lbs. Even though the weight lifted may be a negligible amount, this category would include a job that requires walking or standing to a significant degree or involves sitting most of the time with a degree of pushing and pulling of arm and/or leg controls.
- **SEDENTARY WORK**
Lifting 10 lbs. maximum and occasional lifting and/or carrying such articles as files, light packages and small tools. Although a sedentary job is defined as one that involves sitting, a certain amount of walking and standing is often necessary. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.

<input type="checkbox"/> Not Applicable	Continuously 67-100%	Frequently 34-66%	Occasionally 11-33%	Seldom 1-10%	Restricted 0%
SIT/DRIVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STAND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BEND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TWIST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLIMB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SQUAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WORK OVERHEAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WORK SHOULDER LEVEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/> Not Applicable	HAND: SPECIFY RIGHT (R); LEFT (L); BILATERAL (B)				
GRASP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PINCER GRIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REACH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TWIST (WRIST)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PUSH/PULL WITH HANDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WRIST FLEX/EXTENSION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/> Not Applicable	FEET: SPECIFY RIGHT (R); LEFT (L); BILATERAL (B)				
REPETITIVE MOVEMENT SUCH AS OPERATING FOOT CONTROLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- NO EXPOSURE TO MOVING MACHINERY
- AVOID WET WORK
- NO EXPOSURE TO UNPROTECTED HEIGHTS
- AVOID IRRITANTS

Treatment Plan _____

Other Instructions and/or limitations _____

Diagnosis _____

Next Appointment Date _____

HealthLink CompManagement
P.O. Box 410980
St. Louis, MO 63141-0980

Physician Signature _____