



State of Wyoming

Department of Workforce Services



DIVISION OF WORKERS' COMPENSATION

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Cheyenne, Wyoming 82002
<http://www.wyomingworkforce.org>

Mark Gordon
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Director

PHYSICAL DEMAND ASSESSMENT FOR SPINAL CORD STIMULATOR TRIAL

NAME: _____ CLAIM #: _____ DATE: _____

PRIOR TO TESTING

BP: _____ P: _____ VAS Pain Score: _____
(Heart Monitor if available)

ACTIVITY	AMOUNT LIFTED SAFELY	REPETITIONS
**FLOOR TO WAIST LIFT	_____pounds _____reps	_____ (max 5x at 75#) _____ _____max HR _____VAS Score
**WAIST TO SHOULDER LIFT	_____pounds _____reps	_____ (max 5x at 50#) _____ _____max HR _____VAS Score
**SHOULDER TO OVERHEAD LIFT	_____pounds _____reps	_____ (max 5x at 40#) _____ _____max HR _____VAS Score
BILATERAL CARRYING >8#	_____pounds _____reps	_____ (max 100 feet at 70#) _____ _____max HR _____VAS Score
UNILATERAL CARRYING >8#	_____pounds _____reps	_____ (max 100 feet at 70#) _____ _____max HR _____VAS Score
PUSHING (record distance) >8#	_____pounds _____reps	_____ (max 5x at 100#) _____ _____max HR _____VAS Score
PULLING (record distance) >8#	_____pounds _____reps	_____ (max 5x at 100#) _____ _____max HR _____VAS Score

**May be eliminated (NA) if disruption of leads is anticipated.

ACTIVITY	AMOUNT COMPLETED SAFELY	REPETITIONS
**KNEELING	_____ minutes	_____ (max 5 mins.) _____ max HR _____ VAS Score
**CROUCHING	_____ minutes	_____ (max 2 mins.) _____ max HR _____ VAS Score
FORWARD BENDING	_____ reps	_____ (max 20 reps) _____ max HR _____ VAS Score
SQUATTING	_____ reps	_____ (max 20 reps) _____ max HR _____ VAS Score
STAIRS	_____ steps	_____ (max 80 steps) _____ max HR _____ VAS Score
WALKING	¼ mile on even surface under 6 _____ minutes	_____ feet _____ time

MUSCOSKELETAL EXAMINATION:

Grip Strength: R _____ L _____
Comparison to Norm: R _____ L _____

Cervical Range of Motion:

Flexion: _____
Extension: _____
Lateral Flexion: R _____ L _____

Lumbar Range of Motion:

Flexion: _____
Extension: _____

STRENGTH (Scale 1-5)

	Right	Left	Cogwheel
Shoulder Est. Rotation	_____	_____	R/L
Shoulder Abduction	_____	_____	R/L
Biceps (C5)	_____	_____	R/L
Triceps (C7)	_____	_____	R/L
Wrist Extensors (C6)	_____	_____	R/L
Thumb Abd/Ext (C8)	_____	_____	R/L
Thumb Flexion	_____	_____	R/L
Iliopsoas (L2-3)	_____	_____	R/L
Quadriceps (L3)	_____	_____	R/L
Tibialis Ant. (L4)	_____	_____	R/L
Ext. Hall. Long (L5)	_____	_____	R/L
Peroneals (L5-S1)	_____	_____	R/L
Gastroc/Soleus (S1-2)	_____	_____	R/L
Hamstrings (S1-2)	_____	_____	R/L
Gluteus Maximus (L5-S1-2)	_____	_____	R/L

BEHAVIOR

COOPERATIVE _____

UNCOOPERATIVE (describe behavior) _____

PUTS FORTH FULL EFFORT _____

DID NOT PUT FORTH THE FULL EFFORT _____

NARRATIVE/PROFESSIONAL ASSESSMENT _____

POST TEST

BP: _____

P: _____
(Heart Monitor if available)

VAS Pain Score: _____

Provider Signature