



State of Wyoming

Department of Workforce Services



Matthew H. Mead
Governor

DIVISION OF WORKERS' COMPENSATION
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Physical Demand Assessment for Spinal Cord Stimulator Trial

**Eliminate these unless the Assessment is performed on the last day of the trial, to avoid disruption of the leads.

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	_____pounds _____reps	_____(max 100 feet at 70#) _____ _____max HR _____VAS Score
UNILATERAL CARRYING	_____pounds _____reps	_____(max 100 feet at 70#) _____ _____max HR _____VAS Score
PUSHING (record distance)	_____pounds _____reps	_____(max 5x at 100#) _____ _____max HR _____VAS Score
PULLING (record distance)	_____pounds _____reps	_____(max 5x at 100#) _____ _____max HR _____VAS Score



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

MUSKOSKELETAL 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: _____

<u>STRENGTH (Scale 1-5)</u>	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 ASSESMENT _____

POST TEST

BP: _____

P: _____
(Heart Monitor if available)

VAS Pain Score: _____

Provider Signature

