



# State of Wyoming

## Department of Workforce Services



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Governor

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### 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

**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: \_\_\_\_\_

<b><u>STRENGTH (Scale 1-5)</u></b>	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

