

Work Capacity Evaluation
Musculoskeletal Conditions

U.S. Department of Labor
Office of Workers' Compensation Programs



Injured Worker's Name (<i>First, middle, last</i>) <input style="width:95%;" type="text"/>	OWCP No. <input style="width:95%;" type="text"/>	OMB No: 1240-0046 Expires: 03-31-2021
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Please answer the questions below concerning your patient (named above) for whom the Office of Workers' Compensation Programs (OWCP) has accepted the following conditions:

1a. Is the worker capable of performing his/her usual job without restriction? Yes No If no, please provide medical reasons to support your opinion in a narrative report.

Many employers can readily accommodate medical restrictions including modified duty assignment(s) or assignment of the injured worker into an alternative work location.

b. If the claimant is unable to perform his/her usual job, is the claimant able to work for 8 hours per workday with physical restrictions? Yes No If no, please provide medical reasons to support your opinion in a narrative report.

c. If less than 8 hours per workday, how many can he/she work?

d. Do you anticipate an increase in the number of hours this person will be able to work? Yes No

e. If yes, when will this person achieve an 8 hour workday?

If no, please provide medical reasons to support your opinion in a narrative report.

f. How long will the restrictions apply?

g. Has maximum medical improvement been reached? Yes No

2a. Please review the Guidance for Physicians included on pages 2 and 3 of this form. Based on the parameters provided, please indicate whether this person is capable of working within any of the following Strength Levels:

Sedentary Yes No **Light** Yes No **Medium** Yes No **Heavy** Yes No **Very Heavy** Yes No

2b. If not, please indicate whether this person has any **LIMITATION** in the activity listed and how many hours this person can perform each activity. If there are limitations in lifting, pulling and/or pushing, please provide the maximum number of pounds that can be handled by this person.

Activity	Limitation	# of Hours Able to Work	Activity	Limitation	# of Hours Able to Work	Lbs.
Sitting	<input type="checkbox"/> Yes	<input style="width: 40px;" type="text"/>	Repetitive Movements:			
Walking	<input type="checkbox"/> Yes	<input style="width: 40px;" type="text"/>	Wrists	<input type="checkbox"/> Yes	<input style="width: 40px;" type="text"/>	
Standing	<input type="checkbox"/> Yes	<input style="width: 40px;" type="text"/>	Elbow	<input type="checkbox"/> Yes	<input style="width: 40px;" type="text"/>	
Reaching	<input type="checkbox"/> Yes	<input style="width: 40px;" type="text"/>	Pushing	<input type="checkbox"/> Yes	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
Reaching above			Pulling	<input type="checkbox"/> Yes	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
Shoulder	<input type="checkbox"/> Yes	<input style="width: 40px;" type="text"/>	Lifting	<input type="checkbox"/> Yes	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
Twisting	<input type="checkbox"/> Yes	<input style="width: 40px;" type="text"/>	Squatting	<input type="checkbox"/> Yes	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
Bending/Stooping	<input type="checkbox"/> Yes	<input style="width: 40px;" type="text"/>	Kneeling	<input type="checkbox"/> Yes	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
Operating Motor Vehicle at work	<input type="checkbox"/> Yes	<input style="width: 40px;" type="text"/>	Climbing	<input type="checkbox"/> Yes	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
Operating a Motor Vehicle to/from work	<input type="checkbox"/> Yes	<input style="width: 40px;" type="text"/>	Breaks:			
			Duration	<input style="width: 100px;" type="text"/>	Frequency	<input style="width: 100px;" type="text"/>
			Duration	<input style="width: 100px;" type="text"/>	Frequency	<input style="width: 100px;" type="text"/>

3. If there are **OTHER** medical facts, situational factors, equipment or devices which need to be considered in the identification of a position for this person, please explain in a narrative report.

4. Physician's Name (<i>Type or print</i>) <input style="width:95%;" type="text"/>	5. Telephone Number (Include Area Code) <input style="width:95%;" type="text"/>
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6. Signature <input style="width:95%;" type="text"/>	7. Date <input style="width:95%;" type="text"/>
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Physical Demand Definitions for the OWCP

OWCP has adopted the following Strength Level definitions to indicate the absence or presence and frequency of the physical demand components requested on the OWCP-5b and OWCP-5c.

1. STRENGTH LEVEL

Sedentary Work

Sedentary Work involves exerting up to 10 pounds of force occasionally or a negligible amount of force frequently to lift, carry, push, pull, or otherwise move objects, including the human body. Sedentary work involves sitting most of the time, but may involve walking or standing for brief periods of time. Jobs may be defined as Sedentary when walking and standing are required only occasionally and all other Sedentary criteria are met.

Light Work

Light Work involves exerting up to 20 pounds of force occasionally or up to 10 pounds of force frequently, or a negligible amount of force constantly to move objects. Physical demand requirements are in excess of those for Sedentary Work. Even though the weight lifted may be only a negligible amount, a job/occupation is rated Light Work when it requires: (1) walking or standing to a significant degree; (2) sitting most of the time while pushing or pulling arm or leg controls; or (3) working at a production rate pace while constantly pushing or pulling materials even though the weight of the materials is negligible. (The constant stress and strain of maintaining a production rate pace, especially in an industrial setting, can be and is physically demanding of a worker even though the amount of force exerted is negligible.)

Medium Work

Medium Work involves exerting 20 to 50 pounds of force occasionally or 10 to 25 pounds of force frequently or an amount greater than negligible and up to 10 pounds constantly to move objects. Physical demand requirements are in excess of these for Light Work.

Heavy Work

Heavy Work involves exerting 50 to 100 pounds of force occasionally, or 25 to 50 pounds of force frequently, or 10 to 20 pounds of force constantly to move objects. Physical demand requirements are in excess of those for Medium Work.

Very Heavy Work

Very Heavy work involves exerting in excess of 100 pounds of force occasionally, or in excess of 50 pounds of force frequently or in excess of 20 pounds of force constantly to move objects, Physical demand requirements are in excess of those for Heavy Work.

LIMITS OF WEIGHTS LIFTED/CARRIED/PUSHED/PULLED

Rating	Occasionally	Frequently	Constantly
Sedentary	* - 10	*	N/A
Light	* - 20	* - 10	*
Medium	20 - 50	10 - 25	* - 10
Heavy	50 - 100	25 - 50	10 - 20
Very Heavy	100 +	50 +	20 +
* = negligible weight; N/A = Not Applicable			

The range excludes the lower number and includes the higher number, i.e., the range 10 - 25 excludes 10 (begins at 10 +) and includes 25.

Physical Demand Definitions for the OWCP (continued)

PRESENCE AND/OR FREQUENCY OF OTHER PHYSICAL DEMANDS

The following codes and definitions indicate the absence or presence and frequency of other Physical Demand components requested on the OWCP-5b and OWCP-5c.

Code	Frequency	Definition	Max # hrs./8-hr. day
N	Not Present	Activity/condition does not exist.	0
O	Occasionally	Activity/condition exists up to 1/3 of the time.	2 hrs. 40 min.
F	Frequently	Activity/condition exists from 1/3 to 2/3 of the time.	5 hrs. 20 min.
C	Constantly	Activity/condition exists 2/3 or more of the time.	8

2. REACHING

Forward flexion and/or abduction of the hand(s) and arm(s); generally, within a 0° - 90° range of motion from the shoulder; or extension within a 0° - 50° range of motion from the shoulder.

3. REACHING ABOVE THE SHOULDER

Forward flexion and/or abduction of the hand(s) and arm(s); generally at greater than 90° from the shoulder.

4. TWISTING

Turning, twisting, contorting, or flexing the torso in any direction towards the right or left.

5. BENDING/STOOPING

Bending body downward and forward by bending spine at the waist requiring full use of the lower extremities and back muscles.

6. OPERATING A MOTOR VEHICLE AT WORK

Driving any vehicle during the performance of one's duties.

7. REPETITIVE MOVEMENTS OF ELBOWS (HANDLING)

Seizing, holding, grasping, turning, or otherwise working with hand or hands using the whole arm.

8. REPETITIVE MOVEMENTS OF WRISTS (FINGERING)

Picking, pinching, or otherwise working primarily with fingers and wrists rather than the whole arm as in handling.

9. SQUATTING (CROUCHING)

Bending body downward and forward by bending legs and spine.

10. KNEELING

Bending legs at knees to come to rest on knee or knees.

11. CLIMBING

Ascending or descending ladders, stair, scaffolding, ramps, poles, and the like, using feet and legs or hands and arms. Body agility is emphasized.