

School District of Ladysmith  
 1700 Edgewood Ave E  
 Ladysmith, WI 54848

**Physical Capabilities Worksheet**

**ERTW Physician's Response** Please complete this form after your examination of the patient. Indicate the patient's restrictions, if any, including modified hours, duties, environmental factors and any other information pertinent to this employee's healthy recovery and possible early return to work.

**Patient Name** \_\_\_\_\_ **Injury/Surgery Date** \_\_\_\_\_

**Medical Diagnosis** \_\_\_\_\_

In an eight-hour workday, how many hours can this employee:

**Sit** [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] **Continuously** [ ] **With Rests**  
**Stand** [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] **Continuously** [ ] **With Rests**  
**Walk** [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] **Continuously** [ ] **With Rests**

In a given day, how many total hours can this employee work?

**Upper Extremities**

Which hand is dominant? [ ] Right [ ] Left  
 Can the employee perform these repetitive actions?

	<b>Yes</b>	<b>No</b>
<b>Simple grasping</b>	[ ] R [ ] L	[ ] R [ ] L
<b>Pushing and pulling</b>	[ ] R [ ] L	[ ] R [ ] L
<b>Fine manipulation</b>	[ ] R [ ] L	[ ] R [ ] L

**Lower Extremities**

Can the employee perform repetitive actions to operate foot controls or motor vehicles?

	<b>Yes</b>	<b>No</b>	<b>Simultaneous</b>
[ ] R [ ] L	[ ] R [ ] L	[ ] Yes [ ] No	

Please indicate the extent to which the employee can perform the following:

<b>Lifting/Carrying</b>	N	O	F	C	<b>Activity</b>	N	O	F	C
10 lbs. or less					Bend				
11 - 20 lbs.					Squat				
21 - 40 lbs.					Kneel				
41 - 60 lbs.					Twist/Turn				
61 - 100 lbs.					Climb				
<b>Pushing/Pulling</b>					Crawl				
13 - 25 lbs.					Reach Above Shoulder				
26 - 40 lbs.					Type/Keyboard				
41 - 60 lbs.					<b>Driving</b>				
61 - 100 lbs.					Automatic				
100+ lbs.					Standard				
<b>Comments</b>									

Occasionally, F = Frequently, C = Continuously)

**Physician Name** \_\_\_\_\_

**Physician Telephone** \_\_\_\_\_

**Physician Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Please Fax this form to:**  
 School District of Ladysmith  
 1700 Edgewood Ave E  
 Ladysmith, WI 54848  
 Fax: 715-532-7445  
 Attn: ERTW Coordinator