

**MEDICAL PROVIDER'S ASSESSMENT  
OF PATIENT'S ABILITY TO DO PHYSICAL WORK-RELATED ACTIVITIES**

Patient's Name: \_\_\_\_\_

Social Security No: XXX-XX-\_\_\_\_\_

The Social Security Office of Disability Adjudications and Review has the responsibility to determine whether your patient is "disabled" (as that term is defined by the Social Security Act). As a treating medical provider you can help us by giving us information about how your patient's diagnosed medical condition(s) affect his/her ability to engage in specific work-related activities in a regular work setting on a day-to-day basis.

**PLEASE NOTE THAT YOUR OPINIONS AND CONCLUSIONS MAY NOT BE GIVEN SIGNIFICANT WEIGHT IF THEY ARE NOT BACKED UP BY REFERENCE TO SPECIFIC SUPPORTIVE MEDICAL FINDINGS (CLINICAL OBSERVATIONS AND/OR OBJECTIVE TEST RESULTS. SEE LAST PAGE FOR DISCUSSION OF TERMS.**

How many min/hrs can do the following w/o interruption:

Sit \_\_\_\_\_  
Stand \_\_\_\_\_  
Walk \_\_\_\_\_

How many total hrs can do the following in an 8-hr workday:

Sit \_\_\_\_\_  
Stand \_\_\_\_\_  
Walk \_\_\_\_\_

Option to change position between sitting and standing required?  Yes  No

How frequently? \_\_\_\_\_

Capable of walking effectively?  Yes  No

Is a medical assistive device required for ambulation (e.g. cane)  Yes  No

Medical assistive device required when: \_\_\_\_\_

Date first limited in these activities? \_\_\_\_\_

**Please identify supportive medical findings and/or attach pertinent clinical notes or test results:**

\_\_\_\_\_  
\_\_\_\_\_

Please indicate extent of ability to engage in the following work activities:

LIFT (unassisted)	Continuously	Frequently [i.e. ≤ 6 hr/day]	Occasionally [i.e. ≤ 2 hr/day]	Never
5 Lbs	[ ]	[ ]	[ ]	[ ]
10 Lbs	[ ]	[ ]	[ ]	[ ]
20 Lbs	[ ]	[ ]	[ ]	[ ]
50 Lbs	[ ]	[ ]	[ ]	[ ]

  

CARRY (unassisted)	Continuously	Frequently [i.e. ≤ 6 hr/day]	Occasionally [i.e. ≤ 2 hr/day]	Never
5 Lbs	[ ]	[ ]	[ ]	[ ]
10 Lbs	[ ]	[ ]	[ ]	[ ]
20 Lbs	[ ]	[ ]	[ ]	[ ]
50 Lbs	[ ]	[ ]	[ ]	[ ]

Date first limited in these activities? \_\_\_\_\_

**Please identify supportive medical findings and/or attach pertinent clinical notes or test results:**

\_\_\_\_\_

	Continuously	Frequently [i.e. ≤ 6 hr/day]	Occasionally [i.e. ≤ 2 hr/day]	Never
Stoop (To bend forward and down from the waist or the middle of the back:)	[ ]	[ ]	[ ]	[ ]
	[ ]	[ ]	[ ]	[ ]
Reach above shoulder level				
▪ Right	[ ]	[ ]	[ ]	[ ]
▪ Left	[ ]	[ ]	[ ]	[ ]
Squat	[ ]	[ ]	[ ]	[ ]
Kneel	[ ]	[ ]	[ ]	[ ]
Climb ramp/stairs	[ ]	[ ]	[ ]	[ ]
Climb ladders/ropes/scaffolds	[ ]	[ ]	[ ]	[ ]
Crouch	[ ]	[ ]	[ ]	[ ]
Crawl	[ ]	[ ]	[ ]	[ ]

Date first limited in these activities? \_\_\_\_\_

**Please identify supportive medical findings and/or attach pertinent clinical notes or test results:**

\_\_\_\_\_

\_\_\_\_\_

Limitations in the use of his/her hands? [ ] Yes [ ] No

	Continuously	Frequently [i.e. ≤ 6 hr/day]	Occasionally [i.e. ≤ 2 hr/day]	Never
<b><u>HANDLE</u></b> (use of the whole hand to seize, hold, grasp, turn)	[ ]	[ ]	[ ]	[ ]
<b><u>FINGER</u></b> (use of fingers to pick, pinch, etc)	[ ]	[ ]	[ ]	[ ]
<b><u>FEEL</u></b> (use of the fingertips to feel size, shape temperature or texture):	[ ]	[ ]	[ ]	[ ]

Date first limited in these activities? \_\_\_\_\_

**Please identify supportive medical findings and/or attach pertinent clinical notes or test results:**

\_\_\_\_\_

\_\_\_\_\_

	Continuously	Frequently [i.e. ≤ 6 hr/day]	Occasionally [i.e. ≤ 2 hr/day]	Never
Push/Pull/Operate Hand Controls (within the weight limits set above)				
▪ Rt Upper Extremity	[ ]	[ ]	[ ]	[ ]
▪ Lft Upper Extremity	[ ]	[ ]	[ ]	[ ]

Date first limited in these activities? \_\_\_\_\_

**Please identify supportive medical findings and/or attach pertinent clinical notes or test results:**

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Able to use his/her feet and legs for repetitive movements such as the operation of pedals and foot controls?

Yes: [ ] Both [ ] Rt only [ ] Lft only

No: [ ]

Date first limited in these activities? \_\_\_\_\_

**Please identify supportive medical findings and/or attach pertinent clinical notes or test results:**

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Ability to work in the following environmental conditions:

	Continuously	Frequently [i.e. ≤ 6 hr/day]	Occasionally [i.e. ≤ 2 hr/day]	Never
Unprotected Heights	[ ]	[ ]	[ ]	[ ]
Dangerous moving machinery	[ ]	[ ]	[ ]	[ ]
Temperature extremes	[ ]	[ ]	[ ]	[ ]
Humidity or wetness	[ ]	[ ]	[ ]	[ ]
Pulmonary irritants	[ ]	[ ]	[ ]	[ ]
Vibration	[ ]	[ ]	[ ]	[ ]
Noise	[ ]	[ ]	[ ]	[ ]
motor vehicles	[ ]	[ ]	[ ]	[ ]
Other: _____	[ ]	[ ]	[ ]	[ ]
_____	[ ]	[ ]	[ ]	[ ]
_____	[ ]	[ ]	[ ]	[ ]

Date first limited in these activities? \_\_\_\_\_

**Please identify supportive medical findings and/or attach pertinent clinical notes or test results:**

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Limitation in ability to:

Explain:

	No	Yes
See	[ ]	[ ]
Hear	[ ]	[ ]
Speak	[ ]	[ ]
Balance	[ ]	[ ]

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Date first limited in these activities? \_\_\_\_\_

**Please identify supportive medical findings and/or attach pertinent clinical notes or test results:**

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Other work-related activities which are affected by his/her impairments?

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Are subjective complaints consistent with the objective medical findings? Please explain.

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Is surgery or hospitalization for any of the above-mentioned conditions contemplated? Please explain.

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Remarks or additional comments:

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Date 1 <sup>st</sup> treated: _____	Date of most recent treatment: _____
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Signature of Doctor

Date: \_\_\_\_\_

Name of Doctor [Typed or Printed]

**Basic Definition for Disability.** The law defines disability as the inability to do any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months. To meet this definition, an individual must have a severe impairment, which makes them unable to do your previous work or any other substantial gainful activity which exists in the national economy.

**Symptoms, signs, and laboratory findings.** Medical findings consist of symptoms, signs, and laboratory findings: (a) *Symptoms* are patient's own description of physical or mental impairments. Patient statements alone are not enough to establish that there is a physical or mental impairment. (b) *Signs* are anatomical, physiological, or psychological abnormalities which can be observed, apart from statements (symptoms). Signs must be shown by medically acceptable clinical diagnostic techniques. Psychiatric signs are medically demonstrable phenomena that indicate specific psychological abnormalities, e.g., abnormalities of behavior, mood, thought, memory, orientation, development, or perception. They must also be shown by observable facts that can be medically described and evaluated. (c) *Laboratory findings* are anatomical, physiological, or psychological phenomena which can be shown by the use of medically acceptable laboratory diagnostic techniques. Some of these diagnostic techniques include chemical tests, electrophysiological studies (electrocardiogram, electroencephalogram, etc.), roentgenological studies (X-rays), and psychological tests.

**Physical exertion requirements.** To determine the physical exertion requirements of work in the national economy, we classify jobs as *sedentary*, *light*, *medium*, *heavy*, and *very heavy*. These terms have the same meaning as they have in the *Dictionary of Occupational Titles*, published by the Department of Labor. In making disability determinations under this subpart, we use the following definitions:

(a) *Sedentary work.* Sedentary work involves lifting no more than 10 pounds at a time and occasionally lifting or carrying articles like docket files, ledgers, and small tools. Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required occasionally and other sedentary criteria are met.

(b) *Light work.* Light work involves lifting no more than 20 pounds at a time with frequent lifting or carrying of objects weighing up to 10 pounds. Even though the weight lifted may be very little, a job is in this category when it requires a good deal of walking or standing, or when it involves sitting most of the time with some pushing and pulling of arm or leg controls. To be considered capable of performing a full or wide range of light work, you must have the ability to do substantially all of these activities. If someone can do light work, we determine that he or she can also do sedentary work, unless there are additional limiting factors such as loss of fine dexterity or inability to sit for long periods of time.

(c) *Medium work.* Medium work involves lifting no more than 50 pounds at a time with frequent lifting or carrying of objects weighing up to 25 pounds. If someone can do medium work, we determine that he or she can also do sedentary and light work.

(d) *Heavy work.* Heavy work involves lifting no more than 100 pounds at a time with frequent lifting or carrying of objects weighing up to 50 pounds. If someone can do heavy work, we determine that he or she can also do medium, light, and sedentary work.

(e) *Very heavy work.* Very heavy work involves lifting objects weighing more than 100 pounds at a time with frequent lifting or carrying of objects weighing 50 pounds or more. If someone can do very heavy work, we determine that he or she can also do heavy, medium, light and sedentary work.

**Medically required hand-held assistive device.** A hand-held assistive device is medically required when there a need for a hand-held assistive device to aid in walking or standing, and describing the circumstances for which it is needed (i.e., whether all the time, periodically, or only in certain situations; distance and terrain; and any other relevant information).

**What We Mean by Inability to Ambulate Effectively.** Inability to ambulate effectively means an extreme limitation of the ability to walk; i.e., an impairment(s) that interferes very seriously with the individual's ability to independently initiate, sustain, or complete activities. Ineffective ambulation is defined generally as having

insufficient lower extremity functioning to permit independent ambulation without the use of a hand-held assistive device(s) that limits the functioning of both upper extremities. To ambulate effectively, individuals must be capable of sustaining a reasonable walking pace over a sufficient distance to be able to carry out activities of daily living. They must have the ability to travel without companion assistance to and from a place of employment or school. Therefore, examples of ineffective ambulation include, but are not limited to, the inability to walk without the use of a walker, two crutches or two canes, the inability to walk a block at a reasonable pace on rough or uneven surfaces, the inability to use standard public transportation, the inability to carry out routine ambulatory activities, such as shopping and banking, and the inability to climb a few steps at a reasonable pace with the use of a single hand rail. The ability to walk independently about one's home without the use of assistive devices does not, in and of itself, constitute effective ambulation.

**Inability to perform fine and gross movements effectively.** Inability to perform fine and gross movements effectively means an extreme loss of function of both upper extremities; i.e., an impairment(s) that interferes very seriously with the individual's ability to independently initiate, sustain, or complete activities. To use their upper extremities effectively, individuals must be capable of sustaining such functions as reaching, pushing, pulling, grasping, and fingering to be able to carry out activities of daily living. Therefore, examples of inability to perform fine and gross movements effectively include, but are not limited to, the inability to prepare a simple meal and feed oneself, the inability to take care of personal hygiene, the inability to sort and handle papers or files, and the inability to place files in a file cabinet at or above waist level.

**Pain or other symptoms.** Pain or other symptoms may be an important factor contributing to functional loss. In order for pain or other symptoms to be found to affect an individual's ability to perform basic work activities, medical signs or laboratory findings must show the existence of a medically determinable impairment(s) that could reasonably be expected to produce the pain or other symptoms. The intensity and persistence of such pain or other symptoms is important to determine their impact on the individual's functioning.