

**PRE-PLACEMENT
SCREEN/RISK ANALYSIS**

A. HISTORY

DATE _____

1. Name _____ Male Female

2. Company Name _____

3. You are (Check one):

_____ Currently employed by company named in #2.

_____ Applying for employment with company named in #2

4. Position or Job Category _____

You will be asked to perform functional activities that represent various physical requirements of the job you have applied for. These activities may include lifting, pushing, pulling, carrying, climbing, bending and reaching. Are you currently able to do these things without restrictions?

YES NO

If No, what are the restrictions? _____

Signature _____

DO YOU HAVE OR HAVE YOU EVER HAD:

5. Back problems including back pain or back injury? YES NO
6. Back surgery? YES NO
7. Pain extending into one or both legs? YES NO
8. To take more than two weeks off from work or school due to a back problem? YES NO
9. To take time off from work or school due to a back problem that was more than two days but less than two weeks? YES NO
10. To consult a health care professional (MD, PT, DC, etc.) for back pain? YES NO
11. Knee problems including knee pain or knee injury? YES NO
12. Knee surgery? YES NO
13. Neck problems including neck pain or neck injury? YES NO
14. Neck surgery? YES NO
15. Shoulder, wrist or hand injury? Or surgery? YES NO
16. Foot or ankle pain, injury or surgery? YES NO
17. Any heart or breathing problems that you've seen or are currently seeing a physician for? YES NO
18. Any other injuries or medical conditions such as pregnancy, diabetes, etc., that limit your ability to perform work that involves lifting? YES NO

TESTS DONE

- Functional Test
 Risk Analysis

B. SUPPLEMENTAL HISTORY (To be completed by Therapist, if indicated):

1. Approximately when was the injury? _____
2. How were you injured? _____

3. What body part was injured? _____
4. What was the diagnosis? _____
5. What kind of treatment was done for this injury? _____
6. Did you undergo surgery? YES NO Describe? _____
7. Has the surgery corrected the problem? _____
8. Were you off work/school? YES NO How long? _____
9. Were you capable of returning to the same job after returning to work? _____
10. Did you receive compensation? _____
11. Were you given a disability rating? _____
12. Have you had any problems since? _____
13. Would the injury prevent you from doing this job? _____

OTHER COMMENTS: _____

C. POSTURE ANALYSIS

1. Gait: Normal Guarded List (L) List (R)
 Limp (L) Limp (R) To & From Chair Guarded

2. Sitting Attitude: Normal Protected On (L) On (R)
 Ischium Moves Constantly

C. POSTURE ANALYSIS (Continued)

3. Standing

a. Functional Leg Length

- Equal
- _____ Leg appears longer than _____ Leg

b. Pelvis

- Level _____
- Lateral tilt _____
 - Left side higher
 - Right side higher

c. Spinal A/P Curves

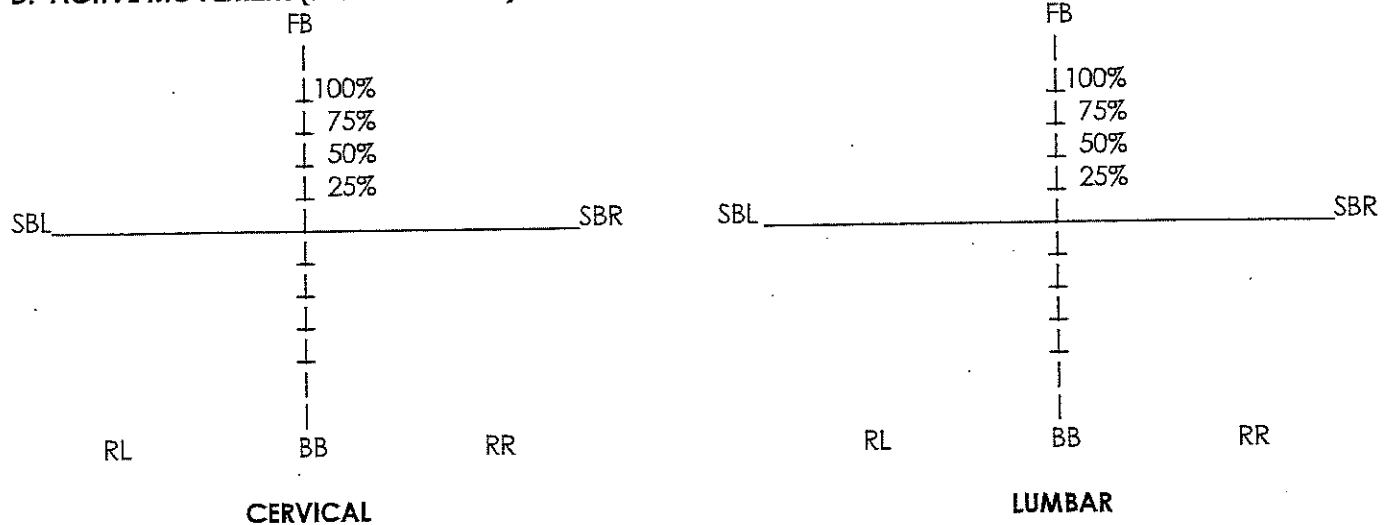
- Cervical: Normal Increased Decreased
- Thoracic: Normal Increased Decreased
- Lumbar: Normal Increased Decreased

d. Scoliosis Normal

L R Cervical L R Thoracic L R Lumbar

COMMENTS: _____

D. ACTIVE MOVEMENT (Percent Normal)



COMMENTS: _____

E. NEUROLOGICAL

LOWER QUARTER EXAMINATION

Functional Muscle Testing:	LEFT	RIGHT
L1-2 Psoas	_____	_____
L3 Quads	_____	_____
L4 Ant. Tib.	_____	_____
L5 E.H.L.	_____	_____
S1 F.H.L.	_____	_____
S2 Hams.	_____	_____

<u>REFLEXES</u>	LEFT	RIGHT
Knee Jk. L4	_____	_____
Ankle Jk. S1	_____	_____
SLR (Seated)	<u>+ / -</u>	<u>+ / -</u>

UPPER QUARTER EXAMINATION

Functional Muscle Testing:	LEFT	RIGHT
C1-2 Chin In	_____	_____
C1-2 Chin Up	_____	_____
C3 Head Laterally	_____	_____
C4 Shoulder Shrug	_____	_____
C4-6 Deltoid	_____	_____
C5-7 Shoulder Ext.	_____	_____
C5 Biceps	_____	_____
C6 Wrist Extensors	_____	_____
C7 Triceps	_____	_____
C8 Thumb Extensors	_____	_____
T1 Hand Intrinsic	_____	_____

TINEL'S SIGN + / - + / -

PHALEN'S TEST + / - + / -

GRIP STRENGTH L _____ lbs.
(Circle Dominant Hand)
R _____ lbs.

KEYS

MUSCLE STRENGTH

- 0 No Contraction
- 1 Trace
- 2 Poor
- 3 Fair
- 4 Good
- 5 Normal

REFLEXES

- 0 Absent
- 1+ Diminished
- 2+ Normal
- 3+ Increased
- 4+ Clonus

COMMENTS: _____

F. UPPER QUARTER SCREEN (Shoulder)

Range of Motion (Check)		WNL	Limited/ROM	Painful? (+ = yes)
Flexion (N => 170)	Right	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
	Left	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
Extension (N = 40)	Right	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
	Left	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
Abduction (N => 170)	Right	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
	Left	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
Ext. Rotation (N => 60)	Right	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
	Left	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
Int. Rotation (N => 60)	Right	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
	Left	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>

G. LOWER QUARTER SCREEN (Hip)

Range of Motion (Check)		WNL	Limited/ROM	Painful? (+ = yes)
Flexion (N => 120)	Right	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
	Left	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
Extension (N = 30)	Right	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
	Left	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
Abduction (N => 45-50)	Right	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
	Left	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
Ext. Rotation (N => 45)	Right	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
	Left	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
Int. Rotation (N => 35)	Right	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
	Left	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>

FABERE TEST

Right	Limited <u> + / - </u>	Painful <u> + / - </u>
Left	Limited <u> + / - </u>	Painful <u> + / - </u>

COMMENTS: _____

I. PALPATION

1. Condition

Skin _____

Muscle _____

Ligament _____

Spring Test _____

2. Position

Bony Alignment

- 1-
- 2-
- 3-
- 4-
- 5-
- 6-
- 7-
- 1 -
- 2 -
- 3 -
- 4 -
- 5 -
- 6 -
- 7 -
- 8 -
- 9 -
- 10 -
- 11 -
- 12 -
- 1-
- 2-
- 3-
- 4-
- 5-

J. SEGMENTAL MOBILITY

<u>SEGMENT</u>	<u>FB</u>
AA	_____
C1-2	_____
C2-3	_____
C3-4	_____
C4-5	_____
C5-6	_____
C7-T1	_____
T1-2	_____

<u>SEGMENT</u>	<u>FB</u>
T2-3	_____
T3-4	_____
T4-5	_____
T5-6	_____
T6-7	_____
T7-8	_____
T8-9	_____
T9-10	_____

<u>SEGMENT</u>	<u>FB</u>
T10-11	_____
T11-12	_____
T12-L1	_____
L1-2	_____
L2-3	_____
L3-4	_____
L4-5	_____
L5-S1	_____

MOBILITY KEY

- 0-Ankylosis
- 1-Considerable Hypomobility
- 2-Slight Hypomobility
- 3-Normal
- 4-Slight Hypermobility
- 5-Considerable Hypermobility
- 6-Unstable
- NT-Not Tested

K. LOWER EXTREMITY FLEXIBILITY

		<u>Degrees</u>	<u>Points</u>	<u>Rating</u>
1. Hamstrings (supine, hip flexed to 90 degrees active knee extension)	Right	_____	_____	_____
	Left	_____	_____	_____
2. Quadriceps (prone, passive knee flexion)	Right	_____	_____	_____
	Left	_____	_____	_____

FLEXIBILITY SCALE

<u>Total Points</u>	<u>Rating</u>
20	Superior
14-19	Above Avg
10-13	Average
6-9	Below Avg
0-5	Poor

TOTAL POINTS _____

FLEXIBILITY RATING _____

L. LIFTING TECHNIQUE

The client's lifting technique/body mechanics are evaluated using the scale below. This assessment is done during the functional testing. In the event lifting is not part of the functional testing, use the following procedure to make the assessment:

Client shall lift an empty box weighing approximately 10 pounds, from floor to waist, ten times repeatedly.

1. Body Mechanics

The following grades, the lifting technique preferred by the client, WITHOUT instruction.

Point Value:	<u>5</u>	<u>3</u>	<u>0</u>
TYPE OF LIFT	<input type="checkbox"/> Diagonal	<input type="checkbox"/> Straight	<input type="checkbox"/> Twisted
LUMBAR POSTURE	<input type="checkbox"/> Locked-in	<input type="checkbox"/> Flat	<input type="checkbox"/> Kyphosis/Lordosis
FOOT DISTANCE FROM OBJECT	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Too Close	<input type="checkbox"/> Too Far
BASE OF SUPPORT	<input type="checkbox"/> Shoulder Width	<input type="checkbox"/> Too Wide	<input type="checkbox"/> Too Narrow
KNEE BEND	<input type="checkbox"/> Properly Flexed	<input type="checkbox"/> Slightly Bent	<input type="checkbox"/> Straight
TOTAL POINTS _____	RATING _____ (Before Instruction)		

Superior = 25 Above Average = 20-24 Average = 15-19 Below Average = 10-14 Poor <= 10

2. Client was instructed in proper lifting technique after observing his/her preferred lifting technique. Please comment on Client's performance after instruction.

RISK ANALYSIS

Examinee _____

Employer _____

EXAM SUMMARY	POOR	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	SUPERIOR
Flexibility	_____	_____	_____	_____	_____
*Lifting Technique	_____	_____	_____	_____	_____

*Before Instruction

INJURY HISTORY

Has past history to:

- Back
- Neck
- Wrist
- Hand
- Elbow
- Shoulder
- Knee
- Ankle
- Foot
- Hip

SUMMARY

Based on the results of the physical exam and job-specific
Functional testing:

- Applicant appears capable of safely performing the essential physical demands of this position.
- Applicant is NOT capable of safely performing the essential physical demands of this position.

COMMENTS: (ie structure, endurance, history, suggested action/follow-up) _____

- Denies history of injury
- No significant findings on physical exam
- No difficulty with job specific tasks

Results mailed _____ (Date) Called in to _____ (Name) at _____ (Time)

Examiner _____ Date _____

**Children's Hospital and Medical Center
Critical Care Transport
Critical Care Paramedic, Critical Care Nurse, EMT**

Name: _____

1. **Reaching:** Candidate is required to safely reach overhead with both upper extremities for 20 repetitions.
Met/Not Met Comments: _____

2. **Squatting / Bending:** Candidate is required to safely squat/bend to touch the floor for 20 repetitions.
Met/Not Met Comments: _____

3. **Occasional Lifts and Lower:** Candidate is required to safely lift with 66 lbs of force on one shoulder(use 4 $\frac{3}{4}$ plates on OH press machine) up to 54 inch height for 1 repetition(2 person lift of 233 lbs isolette up into vehicle)
Met/Not Met Comments: _____

4. **Carry:** Candidate is required to safely carry **all at once** 36 lbs in a "CC bag"(use backpack) AND 22 lbs in "Med bag" (use OH box) AND 20 lbs in "1st in bag"(use backpack) a distance of 20 feet for 1 repetition. (transporting bags)
Met/Not Met Comments: _____

5. **Climbing:** Candidate is required to safely climb up onto an 18 inch step, turn around and step down for 2 repetitions. Can use railing. (step into/out of ambulance)
Met/Not Met Comments: _____

6. **Push Force:** Candidate is required to safely push with 100 lbs of force(use standard handle on BTE) at a height of 54 inches for 1 repetition. (maneuvering isolette up ramp)
Met/Not Met Comments: _____

7. **Push/Pull :** Candidate is required to safely push/pull with 60 lbs of force a distance of 10 feet. (maneuvering a transport cot)
Met/Not Met Comments: _____

Weight: _____

Completed by: _____ Date: _____

6/20

