MEDICAL SOURCE STATEMENT OF ABILITY TO DO WORK-RELATED ACTIVITIES (PHYSICAL)

		NAME OF INDIV	'IDUAL	,		,	SOCIAL S	SECURIT	TY NUM	BER	
THIS ST	TATEME	NT ADDRESSES LIN	MITATIO	ONS FROM						ГО ТНЕ РВ	RESENT
ECTI	<u>ON 1</u> : \$	SITTING/STANI	DING/V	VALKING	Ť						
				At One	Time Wit	hout Interr	uption_				
		Minutes		Hours							
A.	Sit			□ 1	□ 2	□ 3	□ 4	□ 5	□ 6	□ 7	□ 8
B.	Stand			□ 1	$\square 2$	□ 3	□ 4	□ 5	□ 6	□ 7	□ 8
C.	Walk			□ 1	\square 2	□ 3	□ 4	□ 5	□ 6	□ 7	□ 8
				Total T	ime In An	8-Hour W	<u>orkday</u>				
		Minutes		<u>Hours</u>							
A.	Sit			□ 1	□ 2	□ 3	□ 4	□ 5	□ 6	□ 7	□ 8
B.	Stand			□ 1	$\square 2$	□ 3	□ 4	□ 5	□ 6	□ 7	□ 8
C.	Walk			□ 1	\square 2	□ 3	□ 4	□ 5	□ 6	□ 7	□ 8
		fy the particular mory, and symptoms i								, laborator	y test
ECTI(<u>ON 2</u> : U	USE OF LOWER E	EXTREM	11TIES							
ls any (of the fol	llowing medically n	ecessary	?							
] Cane	☐ Crutches		□ Walker		Wheelchai	r				
oes the	e patient	need to elevate a le	g/legs to	a position	at or abov	ve waist le	vel?				
] No										
] Yes—F	For at least :									
	F	Hours	□ 1	□ 2	□ 3	□ 4	□ 5	□ 6	□7	□ 8	

YES NO

Can the individual v	vaik a block at a	reasonable pace	on rough of u	or von surraces				
Can the individual c	elimb a few steps	at a reasonable j	pace with the	use of a single l	nand rail?			
Vould the patient no		for periods of ti	me periodica	lly from when	the patient	gets out	of bed in	the
□ No								
☐ Yes—For at lea	ast:							
Hours		1	□3 □	4 🗆 5	□ 6	□7	□ 8	
Please identify the p linical and laborato								findings
CTION 3: USE O	F UPPER EXT	FREMITIES						
CTION 3: USE O	nity			Eraquantly		Cont	inually	
Activity		Occasionally (up to 1/3 of		Frequently (1/3 to 2/3 of	an 8 hr day)		inually r 2/3 of ar	ı8hr d
Right Upper Extrem Activity REACHING	nity	Occasionally			an 8 hr day)			ı8hrd
Activity REACHING (Overhead)	nity	Occasionally			an 8 hr day)			n8hrd
Activity REACHING (Overhead) REACHING	nity	Occasionally			an 8 hr day)			ı8hrd
Activity REACHING (Overhead)	nity	Occasionally			an 8 hr day)			18hr d
Activity REACHING (Overhead) REACHING (All Other)	nity	Occasionally			an 8 hr day)			ı8hrd
Activity REACHING (Overhead) REACHING (All Other) HANDLING	nity	Occasionally			an 8 hr day)			18 hr d
Right Upper Extrem Activity REACHING (Overhead) REACHING (All Other) HANDLING FINGERING	nity	Occasionally			an 8 hr day)			n8hr d
Right Upper Extrem Activity REACHING (Overhead) REACHING (All Other) HANDLING FINGERING	Never	Occasionally			an 8 hr day)			18 hr d
Right Upper Extrem Activity REACHING (Overhead) REACHING (All Other) HANDLING FINGERING FEELING Left Upper Extremit Activity	Never	Occasionally	an 8 hr day)			Conti		
Right Upper Extrem Activity REACHING (Overhead) REACHING (All Other) HANDLING FINGERING FEELING Left Upper Extremit Activity REACHING	Never	Occasionally (up to 1/3 of	an 8 hr day)	(1/3 to 2/3 of		Conti	r 2/3 of ar	
Right Upper Extrem Activity REACHING (Overhead) REACHING (All Other) HANDLING FINGERING FEELING Activity REACHING (Overhead)	Never	Occasionally (up to 1/3 of	an 8 hr day)	(1/3 to 2/3 of		Conti	r 2/3 of ar	
Right Upper Extrem Activity REACHING (Overhead) REACHING (All Other) HANDLING FINGERING FEELING Activity REACHING (Overhead) REACHING	Never	Occasionally (up to 1/3 of	an 8 hr day)	(1/3 to 2/3 of		Conti	r 2/3 of ar	
Right Upper Extrem Activity REACHING (Overhead) REACHING (All Other) HANDLING FINGERING FEELING Activity REACHING (Overhead)	Never	Occasionally (up to 1/3 of	an 8 hr day)	(1/3 to 2/3 of		Conti	r 2/3 of ar	
Right Upper Extrem Activity REACHING (Overhead) REACHING (All Other) HANDLING FINGERING FEELING Activity REACHING (Overhead) REACHING (All Other)	Never	Occasionally (up to 1/3 of	an 8 hr day)	(1/3 to 2/3 of		Conti	r 2/3 of ar	

Lifting/Carrying

Printed Name (Legibly please)

Max Lift/Carry	Never	Occasionally	Frequently	Continuously
-		(up to 1/3 of an 8 hr day)	(1/3 to 2/3 of an 8 hr day)	(over 2/3 of an 8 hr day)
Up to 10 lbs.				
11 to 20 lbs.				
21 to 50 lbs.				
51 to 100 lbs.				
Please identify the parti	cular medic	al or clinical findings (i.e., p	ohysical exam findings, x-ray	/MRI/CT scan findings,
imical and laboratory	testing/diagn	iostic techniques, etc.) whic	h support your assessment in	n Section 3:
CTION 4: POSTURA	AL LIMITA	ATIONS		
			T	
Activity	Never	Occasionally (up to 1/3 of an 8 hr day)	Frequently (1/3 to 2/3 of an 8 hr day)	Continually (over 2/3 of an 8 hr day
Climb stairs and ramps		(up to 1/3 of all of ill day)	(1/3 to 2/3 of all o ill day)	(OVEL 273 OF AIR O III da
Balance				
Balance				
Balance Stoop				
Balance Stoop Kneel				
Balance Stoop Kneel Crouch	cular medic	al or clinical findings (i.e., r	shysical evam findings v-ray	/MRI/CT scan findings
Balance Stoop Kneel Crouch	cular medicatesting/diagn	al or clinical findings (i.e., postic techniques, etc.) whic	ohysical exam findings, x-ray h support your assessment in	r/MRI/CT scan findings, n Section 4:
Balance Stoop Kneel Crouch	cular medicatesting/diagn	al or clinical findings (i.e., postic techniques, etc.) whic	ohysical exam findings, x-ray h support your assessment in	//MRI/CT scan findings, n Section 4:
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Balance Stoop Kneel Crouch	cular medicatesting/diagn	al or clinical findings (i.e., postic techniques, etc.) whic	ohysical exam findings, x-ray h support your assessment in	r/MRI/CT scan findings, in Section 4:
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Balance Stoop Kneel Crouch	cular medicatesting/diagn	al or clinical findings (i.e., postic techniques, etc.) whic	ohysical exam findings, x-ray h support your assessment in	r/MRI/CT scan findings, in Section 4:
Balance Stoop Kneel Crouch	cular medicatesting/diagn	nostic techniques, etc.) whic	ohysical exam findings, x-ray h support your assessment in	r/MRI/CT scan findings, n Section 4:

Medical Specialty