

MINNESOTA OCCUPATIONAL HEALTH
Pre-CRT Physical Examination QUESTIONNAIRE

Upper Extremities/Back Questionnaire

Name:	Date:	Age:	<input type="radio"/> Male <input type="radio"/> Female Female
Address:			
Home Phone:		Work Phone:	
Are you right- or left-handed? <input type="radio"/> Right <input type="radio"/> Left			
Company:			Position:

Please Answer the Following Questions: **Yes** **No**

1. Do you have any neck or back pain.....
2. Do you have any pain in your:
 - hand
 - wrist.....
 - elbow.....
 - arm.....
 - shoulder
 - knees
 - back
3. Have you ever had surgery on your hands, wrists, neck, back, shoulders, or arms? .
4. Have you ever broken or dislocated your fingers, hands, wrists, arms, or shoulders?
5. Have you ever worn a brace or splint on your wrist or arm?.....
6. Do you have numbness or tingling in your hands or arms?.....
7. Have you ever had numbness or tingling in your hands or arms in the past?
8. Have you ever had an EMG?.....
9. Have you ever had a CT or MRI Scan of your neck, shoulder, or arm?
10. Have you ever had shoulder or neck problems?
11. Have you ever had shooting pains down your arms?
12. Have you ever been advised to have surgery, which wasn't performed on your shoulder, arm, wrist, or hand?
13. Did any of your jobs in the past year involve:
 - Repetitive or forceful gripping or pinching
 - Repetitive wrist motion
 - Overhead reaching
14. Please describe any jobs you have performed in the past year:

15. Please check any of the following conditions you have or have had in the past:

- Tendinitis
- Tennis elbow
- Bursitis
- Neck strain
- Arthritis
- Hypothyroidism or low thyroid
- Slipped disc
- Surgeries
- Whiplash
- Carpal tunnel
- Impingement syndrome
- Thoracic outlet syndrome
- Diabetes
- Disc herniation
- Back injury

If you circled any of the above, please provide further information below, including dates and physicians seen.

16. Please check any of the following hobbies or sports you have done in the past year:

- Knitting
- Embroidery
- Tennis
- Golf
- Basketball
- Playing a musical instrument
- Crocheting
- Carpentry work/hammering
- Racquetball
- Baseball
- Bowling

17. Please list any hobbies or sports you have done frequently in the past year, which are not listed above:

18. Please complete the following illnesses/injury checklist below:

Have you ever had:

- a. Frequent headaches, dizziness, fainting spells YESNO
- b. Swelling of legs or ankles YESNO
- c. High Blood Pressure, Stroke YESNO
- d. Back injury YESNO
- e. Herniated disc YESNO
- f. Back strain YESNO
- g. Recurring back ache YESNO
- h. Bursitis or tendonitis YESNO
- i. Rheumatism YESNO
- j. ArthritisYES NO
- k. Gout YESNO
- l. Scars or identifying marks YESNO

- m. knee injury YESNO
- n. carpal tunnel YESNO
- o. tendonitis YESNO
- p. shoulder injury YESNO

Explain any YES answers below under the comments section.

- 19. Have you ever had shoulder, elbow, wrist or finger Problems (i.e. sprain, injury, dislocation, tendonitis) YESNO
- 20. Have you ever had any back trouble or back injuries? YESNO
- 21. DO you have any condition that may require a special work assignment or accommodation if you are hired? (i.e. walking, bending, lifting, standing?) YESNO
- 22. Have you ever developed a health problem from using a vibrating tool? YESNO
- 23. Do you have any physical defects or partial disability? YESNO
- 24. Have you ever received a pension, insurance payment or compensation for any work-related injury? YESNO
- 25. Have you ever received a Veteran's benefit due to injury YESNO
- 26. Have you ever been injured in a car accident? YESNO
- 27. Have you ever been advised to have a surgical operation or medical treatment that has not been done? YESNO
- 28. Are you presently under the care of a physician or chiropractor? YESNO
- 29. Do you have any other health concerns not mentioned above? YESNO
- 30. Have you had injuries or illnesses in the past that happened at work ? YES.....NO

Comments _____

I hereby certify that I have answered the questions above to the best of my knowledge and that the answers are true and complete. I authorize Minnesota Occupational Health to release this information to my employer.

Patient Signature _____ **Date** _____

MINNESOTA OCCUPATIONAL HEALTH

PRE-CRT PHYSICAL EXAM RECORD

FOR OFFICE USE ONLY

BLOOD PRESSURE MUST BE TAKEN PRIOR TO PATIENT PERFORMING CRT

If blood pressure EXCEEDS 160/90 must have physician clearance prior to doing CRT






Patient's Name			Employer		
Height	Weight	Blood Pressure Sitting	Pulse	UA DIP	

Brief general physical exam

Normal (N) Abnormal (AB) Not performed (O)	N	AB	O	Abnormal Findings
1.Chest				
2.Lungs				
3.Heart				
4.Inguinal rings (Hernia check)				
5.Spine/Back				

Upper Extremity Physical Examination

N	AB	Neck:	N	AB	Range of Motion:
		Inspection			Flex., Ext.
		Tenderness			Lat. Bending
N	AB	Shoulder:	N	AB	Range of Motion:
		Inspection			Flex., Ext.
		Tenderness			Abd., Add.
					Int., Ext., Rot.

					Adson's Maneuver	
N	AB	Elbow:		N	AB	Range of Motion:
		Inspection				Flex., Ext.
		Tenderness				Pro., Sup.
						Tinel's - Ulnar
N	AB	Wrist:		N	AB	Range of Motion:
		Inspection				Flex., Ext.
		Tenderness				Rad., Ulnar Dev.
		Tinel's				No Ganglions
		Phalen's				
N	AB	Hand:		N	AB	Sensation:
		Inspection				Pin Prick
		No Thenar Atrophy				2 Pt Dis.
		Strength:				
		Grip				
		Pinch				
		Finger-Thumb				
N	AB	Back:		N	AB	Range of Motion
		Inspection				Flex., Ext.
YES	NO	Surgical Scars:		YES	NO	
		Wrists				Knees
		Shoulders				Back
		Elbow				Hip
Comments & Recommendations:						

- Medically recommended with limitations as noted.
- Medically recommended only after correction or control of condition as noted.
- Medical recommendation reserved pending additional medical information.
- Medically recommended for position

Physician Signature

Date



EXAMINATION – REPORT TO EMPLOYER

Date _____

Examinee Name _____ DOB _____

Company _____ Position _____

Examinee was seen today for:

Preplacement Examination

Recommendations:

*Reminder: Medical recommendations **DO NOT** account for drug test results or CRT's/work simulations.

- Medically recommended for the position.
- Medical recommendation reserved, until control of condition or documentation received of correction.
- Medical recommendation reserved, pending additional medical information.
- Medically recommended with limitations as noted below:

Comments:

- This individual **HAS** been advised of the findings of this examination.
- This individual **HAS NOT** been advised of the findings of this examination

(PHYSICIANS SIGNATURE)

----/--/----
(DATE)
