

The Physical Demands Information Form (PDIF) is a form used to gather and document specific information about the physical demands of jobs.

Completing the PDIF will help you to identify potential risk factors for injuries in a job, and may also help you discover ways to modify the job to reduce risk factors and/or accommodate an injured workers restrictions so they can return to work.

The PDIF can also help the Workplace Safety & Insurance Board (WSIB) to make benefit entitlement decisions.

The PDIF is not a complete Physical Demands Analysis. It collects key information about the physical demands of a job as they relate to a workers injury.

Who should complete the PDIF?

Ideally, the worker's immediate supervisor should complete the PDIF. The supervisor should get input from the injured worker, and/or from other people who are familiar with the physical demands of the job and the work processes involved.

The PDIF should be completed while observing the injured worker performing the job. If this is not possible, someone else who is familiar with the job should perform it. While observing the job ask about any details you require.

If the injured worker is not at work to help complete the PDIF, ask him or her to fill out a separate copy of the form. Return both copies to the WSIB.

Attach any additional information you need to describe the physical demands of the job and/or the context in which it is performed.

Choosing which sections to use

The PDIF has four sections. Complete:

- Section 1, AND
- Section 2 OR Section 3
- AND IF NECESSARY, Section 4.

Section 1: General Job Information

This section collects information about working conditions, requirements and the objectives of the job.

Section 2: Job Duties and Physical Demands

This section asks questions about the physical demands of the job that may relate to the workers injury. It requires you to separate the job into duties (primary functions or different parts) and then describe the physical demands involved in performing those duties.

The duties of a caretakers job, for example, might be: "Sweep the floors", "Clean the windows", "Clean the washrooms", and "Collect the garbage."

If it's easier, think about dividing the job into groups of tasks with similar physical activities.

There are four different pages in Section 2. Each collects information about physical demands that affect specific areas of the body. These are: 1) Neck and Shoulder; 2) Back; 3) Elbow, Forearm, Wrist, Hand; 4) Hip, Leg, Knee, Ankle, Foot.

Use only the page that corresponds to the worker's injury. For example, if the worker has a neck injury, use the Neck and Shoulder page.

Each page has room for describing two duties. Use as many copies of the page as you need to capture all the duties in the job.

Section 3: General Physical Demands

This section asks questions about the overall physical demands of the job as they may relate to the worker's injury. To complete this section, you do not have to break down the job into specific duties.

There are also four different pages in this section. Each collects physical demands information in relation to specific areas of the body. Use only the page that corresponds to the worker's injury.

Section 4: Additional Risk Factors

This section collects information about additional factors that can contribute to injuries.

Review these additional risk factors. If any apply to the job and injury, check them off and include Section 4 with the other PDIF sections.

Should I use Section 2 or 3?

If possible, always use Section 2. Breaking down a job into duties and describing the physical demands will be more accurate. It will also make it easier for you to identify what parts of a job an injured worker can and can't do, and what parts can be modified.

It may not be practical or feasible, however, to identify and describe all of the physical demands for jobs that involve a large variety and/or number of duties. For this type of job, it may be easier to identify and describe the general physical demands for the overall job.

As a guide, if the job has more than six to eight duties, you might want to consider using Section 3.

Need help?

To help you fill out the PDIF, we have included two completed examples using the various sections of the form. If you have any further questions and/or require additional assistance, you can contact your Adjudicator, Account Manager or Customer Service Representative.

SECTION 1: General Job Information

Please read the "Completing the Physical Demands Information Form" instruction page (attached).

Complete this form and then select a "SECTION 2" or "SECTION 3" form that applies to the worker's area of injury.
 To avoid delays, please complete in full, printing in black ink.

Claim Number

A. Worker Information

Last Name	First Name	Injured part(s) of body (e.g. left knee)
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B. Job Identification

Employer Name

Title of Job Described

This is a description of the : Regular Pre-injury Job Modified Pre-injury Job Other Job

C. Work Conditions

Describe the work environment (e.g. factory, office):	Does the worker work independently or as part of a team or line?
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What equipment or tools are used in the job? (e.g. computer, punch press)

D. Work Hours and Levels

What are the regular work shifts/hours?	Describe if/when the regular hours vary (e.g. rotating shifts, overtime):
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When are breaks scheduled?	Describe any unscheduled breaks in the regular work (e.g. line jams, meetings):
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Describe any production quotas, required work volumes or deadlines:

E. Overview of Job

Briefly describe the job. Include the outcomes or main objectives of the job (i.e. the job's main purpose).
 If the work is not the same every day, describe how it varies.

Name and Title of person completing this form: (please print)	Telephone ()
	Date (dd/mmm/yyyy)

Please submit this with a completed "SECTION 2" or "SECTION 3" form.
 When you have completed the Physical Demands Information Forms, please number all of your pages.

Please read the "Completing the Physical Demands Information Form" instruction page in SECTION 1.

SECTION 2: Job Duties and Physical Demands
 ELBOW, FOREARM, WRIST, HAND

Ensure you select the "SECTION 2" form that applies to the worker's area of injury.
 To avoid delays, please complete in full, printing in black ink.

Claim Number

Worker Information

Last Name	First Name	Title of Job Described
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F. Job Duties and Relevant Physical Demands

Use as many copies of this page as you need to detail all duties (main different parts) of the job.

Write one duty in each section, and indicate ALL physical demands relating to the INJURED part of the body (e.g. right wrist) that occur in each duty.

List the Job Duties <i>(the main functions or different parts of the job, e.g. "sweep; collect garbage; clean glass")</i>		Indicate which of these activities occur during each duty <i>(check any and all that occur)</i>		
Duty #		Elbow & Forearm Postures / Movements:	Wrist & Hand Postures / Movements:	Forces Exerted:
Duty Name		What are the positions of the elbow? <input type="checkbox"/> Straight (i.e. neutral) <input type="checkbox"/> Bent (check appropriate) <input type="checkbox"/> Less than 90° <input type="checkbox"/> 90° <input type="checkbox"/> More than 90° What are the positions of the forearm? Palm facing: <input type="checkbox"/> Up <input type="checkbox"/> Down Thumb pointing: <input type="checkbox"/> Up <input type="checkbox"/> Down How often does the elbow and/or forearm move? <input type="checkbox"/> _____ times per hour OR <input type="checkbox"/> Not at all (stays in the same position) <input type="checkbox"/> Occasionally (no regular motion) <input type="checkbox"/> Frequently (regular motion with pauses) <input type="checkbox"/> Constantly (continuous motion)	What are the positions of the wrist? <input type="checkbox"/> Straight (i.e. neutral) <input type="checkbox"/> Bent forward (flexed) <input type="checkbox"/> Bent backward (extended) <input type="checkbox"/> Bent to the side:(check appropriate) <input type="checkbox"/> Thumb side <input type="checkbox"/> Little finger side How often does the wrist move? <input type="checkbox"/> _____ times per hour OR <input type="checkbox"/> Not at all (stays in the same position) <input type="checkbox"/> Occasionally (no regular motion) <input type="checkbox"/> Frequently (regular motion with pauses) <input type="checkbox"/> Constantly (continuous motion)	Which of these actions or effort (e.g. light, medium, heavy) are performed? <input type="checkbox"/> Gripping: _____ <input type="checkbox"/> Pinching: _____ <input type="checkbox"/> Pushing (palm): _____ <input type="checkbox"/> Pushing (fingers): _____ <input type="checkbox"/> Pulling: _____ <input type="checkbox"/> Fine finger activity: _____ <i>Describe what the worker handles: (e.g. box, machine controls, mouse)</i>
How often is this duty performed? <i>(e.g. once a day, 5 times per hour)</i>	How long is this duty performed each time it is done? <i>(e.g. 1 min., 2 hrs.)</i>			

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Please submit this with a completed "SECTION 1: General Job Information" form.

When you have completed the Physical Demands Information Forms, please number all of your pages.

Please read the "Completing the Physical Demands Information Form" instruction page in SECTION 1.

SECTION 2: Job Duties and Physical Demands
 ELBOW, FOREARM, WRIST, HAND

Ensure you select the "SECTION 2" form that applies to the worker's area of injury.
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Claim Number

Worker Information

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