

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 worker's 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 worker's 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 worker's 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 caretaker's 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.

Email accessibility@wsib.on.ca if you need a different format or accommodation. Disponible en français.

A. Worker Information	
Last Name	First Name
Injured part(s) of body (e.g. left knee)	

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?
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):
When are breaks scheduled?	Describe any unscheduled breaks in the regular work (e.g. line jams, meetings):
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 of the person completing this form		
Title	Telephone	Date (dd/mm/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. Page _____ of _____

Email accessibility@wsib.on.ca if you need a different format or accommodation. Disponible en français.

A. Worker Information		
Last Name	First Name	Title of Job Described

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. left shoulder) that occur in each duty.

List the Job Duties (the main functions or different parts of the job, e.g. "sweep; collect garbage; clean glass")	Indicate which of these activities occur during each duty (check any and all that occur)		
Duty #	Neck Postures / Movements:	Arm Postures / Movements:	Forces Exerted:
Duty Name	What are the positions of the neck? <input type="checkbox"/> Straight (i.e. neutral) <input type="checkbox"/> Bent (check appropriate) <input type="checkbox"/> Forward <input type="checkbox"/> Back <input type="checkbox"/> To the side <input type="checkbox"/> Turned (check appropriate) <input type="checkbox"/> Left <input type="checkbox"/> Right How often does the neck 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 upper arm? <input type="checkbox"/> At the side of the body (i.e. neutral) <input type="checkbox"/> Raised (check appropriate) <input type="checkbox"/> Forward <input type="checkbox"/> Back <input type="checkbox"/> To the side <input type="checkbox"/> Elbow between waist and shoulder level <input type="checkbox"/> Elbow above shoulder level How often does the upper arm 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 are performed? <input type="checkbox"/> Lifting: _____ <input type="checkbox"/> Lowering: _____ <input type="checkbox"/> Holding: _____ <input type="checkbox"/> Carrying: _____ <input type="checkbox"/> Pushing: _____ <input type="checkbox"/> Pulling: _____ Describe what the worker handles: (e.g. box, machine controls, mouse)
How often is this duty performed? (e.g. once a day, 5 times per hour)			
How long is this duty performed each time it is done? (e.g. 1 min., 2 hrs.)			

Duty #	Neck Postures / Movements:	Arm Postures / Movements:	Forces Exerted:
Duty Name	What are the positions of the neck? <input type="checkbox"/> Straight (i.e. neutral) <input type="checkbox"/> Bent (check appropriate) <input type="checkbox"/> Forward <input type="checkbox"/> Back <input type="checkbox"/> To the side <input type="checkbox"/> Turned (check appropriate) <input type="checkbox"/> Left <input type="checkbox"/> Right How often does the neck 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 upper arm? <input type="checkbox"/> At the side of the body (i.e. neutral) <input type="checkbox"/> Raised (check appropriate) <input type="checkbox"/> Forward <input type="checkbox"/> Back <input type="checkbox"/> To the side <input type="checkbox"/> Elbow between waist and shoulder level <input type="checkbox"/> Elbow above shoulder level How often does the upper arm 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 are performed? <input type="checkbox"/> Lifting: _____ <input type="checkbox"/> Lowering: _____ <input type="checkbox"/> Holding: _____ <input type="checkbox"/> Carrying: _____ <input type="checkbox"/> Pushing: _____ <input type="checkbox"/> Pulling: _____ Describe what the worker handles: (e.g. box, machine controls, mouse)
How often is this duty performed? (e.g. once a day, 5 times per hour)			
How long is this duty performed each time it is done? (e.g. 1 min., 2 hrs.)			

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.

A. 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 that occur in each duty.

List the Job Duties (the main functions or different parts of the job, e.g. "sweep; collect garbage; clean glass")	Indicate which of these activities occur during each duty (check any and all that occur)			
Duty #	Whole-body Postures / Movements:	How often does the neck move?	Forces Exerted:	
Duty Name How often is this duty performed? (e.g. once a day, 5 times per hour) How long is this duty performed each time it is done? (e.g. 1 min., 2 hrs.)	What are the positions of the body? <input type="checkbox"/> Sitting: _____ <input type="checkbox"/> Standing: _____ <input type="checkbox"/> Walking: _____ OR <input type="checkbox"/> Can alternate sitting, standing or walking as desired What are the positions of the hands? <input type="checkbox"/> Between floor and waist level <input type="checkbox"/> Between waist and shoulder level <input type="checkbox"/> Above shoulder level <input type="checkbox"/> Close to the body <input type="checkbox"/> Away from the body	What are the positions of the back? <input type="checkbox"/> Straight (i.e. neutral) <input type="checkbox"/> Bent forward: (check appropriate) <input type="checkbox"/> Slightly <input type="checkbox"/> Moderately <input type="checkbox"/> Fully <input type="checkbox"/> Bent to the side <input type="checkbox"/> Bent backwards (i.e. extended) <input type="checkbox"/> Twisted How often does the back 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 are performed? <input type="checkbox"/> Lifting: _____ <input type="checkbox"/> Lowering: _____ <input type="checkbox"/> Holding: _____ <input type="checkbox"/> Carrying: _____ <input type="checkbox"/> Pushing: _____ <input type="checkbox"/> Pulling: _____ Describe what the worker handles: (e.g. box, machine controls, wheelchair)	Indicate weight or effort (e.g. light, medium, heavy)

Duty #	Whole-body Postures / Movements:	How often does the neck move?	Forces Exerted:	
Duty Name How often is this duty performed? (e.g. once a day, 5 times per hour) How long is this duty performed each time it is done? (e.g. 1 min., 2 hrs.)	What are the positions of the body? <input type="checkbox"/> Sitting: _____ <input type="checkbox"/> Standing: _____ <input type="checkbox"/> Walking: _____ OR <input type="checkbox"/> Can alternate sitting, standing or walking as desired What are the positions of the hands? <input type="checkbox"/> Between floor and waist level <input type="checkbox"/> Between waist and shoulder level <input type="checkbox"/> Above shoulder level <input type="checkbox"/> Close to the body <input type="checkbox"/> Away from the body	What are the positions of the back? <input type="checkbox"/> Straight (i.e. neutral) <input type="checkbox"/> Bent forward: (check appropriate) <input type="checkbox"/> Slightly <input type="checkbox"/> Moderately <input type="checkbox"/> Fully <input type="checkbox"/> Bent to the side <input type="checkbox"/> Bent backwards (i.e. extended) <input type="checkbox"/> Twisted How often does the back 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 are performed? <input type="checkbox"/> Lifting: _____ <input type="checkbox"/> Lowering: _____ <input type="checkbox"/> Holding: _____ <input type="checkbox"/> Carrying: _____ <input type="checkbox"/> Pushing: _____ <input type="checkbox"/> Pulling: _____ Describe what the worker handles: (e.g. box, machine controls, wheelchair)	Indicate weight or effort (e.g. light, medium, heavy)

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.

A. Worker Information		
Last Name	First Name	Title of Job Described

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 (the main functions or different parts of the job, e.g. "sweep; collect garbage; clean glass")	Indicate which of these activities occur during each duty (check any and all that occur)		
Duty #	Elbow and Forearm Postures / Movements: What are the positions of the elbow?	Wrist and Hand Postures / Movements: What are the positions of the wrist?	Forces Exerted: Which of these actions are performed? Indicate weight or effort (e.g. light, medium, heavy)
Duty Name	<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°	<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	<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: _____
How often is this duty performed? (e.g. once a day, 5 times per hour)	What are the positions of the forearm? <input type="checkbox"/> Palm facing: <input type="checkbox"/> Up <input type="checkbox"/> Down <input type="checkbox"/> Thumb pointing: <input type="checkbox"/> Up <input type="checkbox"/> Down	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)	Describe what the worker handles: (e.g. box, machine controls, mouse)
How long is this duty performed each time it is done? (e.g. 1 min., 2 hrs.)	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)	<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)	

Duty #	Elbow and Forearm Postures / Movements: What are the positions of the elbow?	Wrist and Hand Postures / Movements: What are the positions of the wrist?	Forces Exerted: Which of these actions are performed? Indicate weight or effort (e.g. light, medium, heavy)
Duty Name	<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°	<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	<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: _____
How often is this duty performed? (e.g. once a day, 5 times per hour)	What are the positions of the forearm? <input type="checkbox"/> Palm facing: <input type="checkbox"/> Up <input type="checkbox"/> Down <input type="checkbox"/> Thumb pointing: <input type="checkbox"/> Up <input type="checkbox"/> Down	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)	Describe what the worker handles: (e.g. box, machine controls, mouse)
How long is this duty performed each time it is done? (e.g. 1 min., 2 hrs.)	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)	<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)	

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.

A. 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 that occur in each duty.

List the Job Duties (the main functions or different parts of the job, e.g. "sweep; collect garbage; clean glass")	Indicate which of these activities occur during each duty (check any and all that occur)			
Duty #	Whole-body Postures / Movements:	Lower Limb Postures / Movements:	Forces Exerted:	
Duty Name How often is this duty performed? (e.g. once a day, 5 times per hour) How long is this duty performed each time it is done? (e.g. 1 min., 2 hrs.)	What are the positions of the body? <input type="checkbox"/> Sitting: _____ <input type="checkbox"/> Standing: _____ <input type="checkbox"/> Walking: _____ OR <input type="checkbox"/> Can alternate sitting, standing or walking as desired If standing/walking, on what kinds of surfaces <input type="checkbox"/> Concrete or other hard surface <input type="checkbox"/> Carpet or matting <input type="checkbox"/> Uneven surface <input type="checkbox"/> Wet or slippery surface	Which of these actions are performed? <input type="checkbox"/> Squatting <input type="checkbox"/> Bending <input type="checkbox"/> Climbing stairs <input type="checkbox"/> Kneeling <input type="checkbox"/> Climbing ladders <input type="checkbox"/> Pivoting <input type="checkbox"/> Operating pedals <input type="checkbox"/> Jumping How often does the leg and/or foot 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 are performed? <input type="checkbox"/> Lifting: _____ <input type="checkbox"/> Lowering: _____ <input type="checkbox"/> Holding: _____ <input type="checkbox"/> Carrying: _____ <input type="checkbox"/> Pushing: _____ <input type="checkbox"/> Pulling: _____ Describe what the worker handles: (e.g. box, machine controls, wheelchair)	

Duty #	Whole-body Postures / Movements:	Lower Limb Postures / Movements:	Forces Exerted:	
Duty Name How often is this duty performed? (e.g. once a day, 5 times per hour) How long is this duty performed each time it is done? (e.g. 1 min., 2 hrs.)	What are the positions of the body? <input type="checkbox"/> Sitting: _____ <input type="checkbox"/> Standing: _____ <input type="checkbox"/> Walking: _____ OR <input type="checkbox"/> Can alternate sitting, standing or walking as desired If standing/walking, on what kinds of surfaces <input type="checkbox"/> Concrete or other hard surface <input type="checkbox"/> Carpet or matting <input type="checkbox"/> Uneven surface <input type="checkbox"/> Wet or slippery surface	Which of these actions are performed? <input type="checkbox"/> Squatting <input type="checkbox"/> Bending <input type="checkbox"/> Climbing stairs <input type="checkbox"/> Kneeling <input type="checkbox"/> Climbing ladders <input type="checkbox"/> Pivoting <input type="checkbox"/> Operating pedals <input type="checkbox"/> Jumping How often does the leg and/or foot 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 are performed? <input type="checkbox"/> Lifting: _____ <input type="checkbox"/> Lowering: _____ <input type="checkbox"/> Holding: _____ <input type="checkbox"/> Carrying: _____ <input type="checkbox"/> Pushing: _____ <input type="checkbox"/> Pulling: _____ Describe what the worker handles: (e.g. box, machine controls, wheelchair)	

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.

Page _____ of _____

Ensure you select the "Section 3" form that applies to the worker's area of injury.

Worker Information		
Last Name	First Name	Title of Job Described

F. Relevant Physical Demands

Indicate ALL the physical demands relating to the INJURED part of the body (e.g. right shoulder) that occur in this job.

Indicate which of these activities occur in the job (check any and all that occur):

Neck Postures / Movements	Arm Postures / Movements:	Forces Exerted:	
<p>What are the positions of the neck?</p> <p><input type="checkbox"/> Straight (i.e. neutral)</p> <p><input type="checkbox"/> Bent (check appropriate)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Forward <input type="checkbox"/> Back <input type="checkbox"/> To the side</p> <p><input type="checkbox"/> Turned (check appropriate)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Left <input type="checkbox"/> Right</p> <p>How often do the neck move?</p> <p><input type="checkbox"/> _____ times per hour OR</p> <p><input type="checkbox"/> Not at all (stays in the same position)</p> <p><input type="checkbox"/> Occasionally (no regular motion)</p> <p><input type="checkbox"/> Frequently (regular motion with pauses)</p> <p><input type="checkbox"/> Constantly (continuous motion)</p>	<p>What are the positions of the upper arm?</p> <p><input type="checkbox"/> At the side of the body (i.e. neutral)</p> <p><input type="checkbox"/> Raised (check appropriate)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Forward <input type="checkbox"/> Back <input type="checkbox"/> To the side</p> <p><input type="checkbox"/> Elbow between waist and shoulder level</p> <p><input type="checkbox"/> Elbow above shoulder level</p> <p>How often does the upper arm move?</p> <p><input type="checkbox"/> _____ times per hour OR</p> <p><input type="checkbox"/> Not at all (stays in the same position)</p> <p><input type="checkbox"/> Occasionally (no regular motion)</p> <p><input type="checkbox"/> Frequently (regular motion with pauses)</p> <p><input type="checkbox"/> Constantly (continuous motion)</p>	<p>Which of these actions are performed?</p> <p><input type="checkbox"/> Lifting: _____</p> <p><input type="checkbox"/> Lowering: _____</p> <p><input type="checkbox"/> Holding: _____</p> <p><input type="checkbox"/> Carrying: _____</p> <p><input type="checkbox"/> Pushing: _____</p> <p><input type="checkbox"/> Pulling: _____</p>	<p>Indicate weight or effort (e.g. light, medium, heavy)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Describe what the worker handles: (e.g. box, machine controls, mouse)</p> <p>_____</p>

G. Additional Information

Provide any other information about the job that you think will help the WSIB understand the physical demands relevant to the injured body area.

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.

Ensure you select the "Section 3" form that applies to the worker's area of injury.

Worker Information		
Last Name	First Name	Title of Job Described

F. Relevant Physical Demands

Indicate ALL the physical demands relating to the INJURED part of the body that occur in this job.

Indicate which of these activities occur in the job (check any and all that occur):

Whole-Body Postures / Movements		Back Postures / Movements:	Forces Exerted:	
<p>What are the positions of the body?</p> <p><input type="checkbox"/> Sitting: _____</p> <p><input type="checkbox"/> Standing: _____</p> <p><input type="checkbox"/> Walking: _____</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Can alternate sitting, standing or walking as desired</p> <p>What are the positions of the hands?</p> <p><input type="checkbox"/> Between floor and waist level</p> <p><input type="checkbox"/> Between waist and shoulder level</p> <p><input type="checkbox"/> Above shoulder level</p> <p><input type="checkbox"/> Close to the body</p> <p><input type="checkbox"/> Away from the body</p>	<p>Indicate how long at a time</p> <p>_____</p>	<p>What are the positions of the back?</p> <p><input type="checkbox"/> Straight (i.e. neutral)</p> <p><input type="checkbox"/> Bent forward (check appropriate)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Slightly <input type="checkbox"/> Moderately <input type="checkbox"/> Fully</p> <p><input type="checkbox"/> Bent to the side</p> <p><input type="checkbox"/> Twisted</p> <p>How often does the back move?</p> <p><input type="checkbox"/> _____ times per hour OR</p> <p><input type="checkbox"/> Not at all (stays in the same position)</p> <p><input type="checkbox"/> Occasionally (no regular motion)</p> <p><input type="checkbox"/> Frequently (regular motion with pauses)</p> <p><input type="checkbox"/> Constantly (continuous motion)</p>	<p>Which of these actions are performed?</p> <p><input type="checkbox"/> Lifting: _____</p> <p><input type="checkbox"/> Lowering: _____</p> <p><input type="checkbox"/> Holding: _____</p> <p><input type="checkbox"/> Carrying: _____</p> <p><input type="checkbox"/> Pushing: _____</p> <p><input type="checkbox"/> Pulling: _____</p>	<p>Indicate weight or effort (e.g. light, medium, heavy)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Describe what the worker handles: (e.g. box, machine controls, wheelchair)</p> <p>_____</p>

G. Additional Information

Provide any other information about the job that you think will help the WSIB understand the physical demands relevant to the injured body area.

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.

Ensure you select the "Section 3" form that applies to the worker's area of injury.

Worker Information		
Last Name	First Name	Title of Job Described

F. Relevant Physical Demands

Indicate ALL the physical demands relating to the INJURED part of the body (e.g. right wrist) that occur in this job.

Indicate which of these activities occur in the job (check any and all that occur):

Elbow and Forearm-Body Postures / Movements	Wrist and Hand Postures / Movements:	Forces Exerted:	
<p>What are the positions of the elbow?</p> <p><input type="checkbox"/> Straight</p> <p><input type="checkbox"/> Bent (check degrees)</p> <p style="margin-left: 20px;"><input type="checkbox"/> Less than 90° <input type="checkbox"/> 90° <input type="checkbox"/> More than 90°</p> <p>What are the positions of the forearm?</p> <p><input type="checkbox"/> Palm facing: <input type="checkbox"/> Up <input type="checkbox"/> Down</p> <p><input type="checkbox"/> Thumb pointing: <input type="checkbox"/> Up <input type="checkbox"/> Down</p> <p>How often do the elbow and / or forearm move?</p> <p><input type="checkbox"/> _____ times per hour OR</p> <p><input type="checkbox"/> Not at all (stays in the same position)</p> <p><input type="checkbox"/> Occasionally (no regular motion)</p> <p><input type="checkbox"/> Frequently (regular motion with pauses)</p> <p><input type="checkbox"/> Constantly (continuous motion)</p>	<p>What are the positions of the wrist?</p> <p><input type="checkbox"/> Straight (i.e. neutral)</p> <p><input type="checkbox"/> Bent forward (flexed)</p> <p><input type="checkbox"/> Bent backwards (extended)</p> <p><input type="checkbox"/> Bent to the side (check appropriate)</p> <p><input type="checkbox"/> Thumb side <input type="checkbox"/> Little finger side</p> <p style="text-align: center;">How often does the wrist move?</p> <p><input type="checkbox"/> _____ times per hour OR</p> <p><input type="checkbox"/> Not at all (stays in the same position)</p> <p><input type="checkbox"/> Occasionally (no regular motion)</p> <p><input type="checkbox"/> Frequently (regular motion with pauses)</p> <p><input type="checkbox"/> Constantly (continuous motion)</p>	<p>Which of these actions are performed?</p> <p><input type="checkbox"/> Gripping: _____</p> <p><input type="checkbox"/> Pinching: _____</p> <p><input type="checkbox"/> Pushing (palm): _____</p> <p><input type="checkbox"/> Pushing (fingers): _____</p> <p><input type="checkbox"/> Pulling: _____</p> <p><input type="checkbox"/> Fine finger activity: _____</p>	<p>Indicate weight or effort (e.g. light, medium, heavy)</p> <p>Describe what the worker handles: (e.g. box, machine controls, mouse)</p>

G. Additional Information

Provide any other information about the job that you think will help the WSIB understand the physical demands relevant to the injured body area.

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.

Ensure you select the "Section 3" form that applies to the worker's area of injury.

Worker Information		
Last Name	First Name	Title of Job Described

F. Relevant Physical Demands

Indicate ALL the physical demands relating to the INJURED part of the body (e.g. right ankle) that occur in this job.

Indicate which of these activities occur in the job (check any and all that occur):

Whole-Body Postures / Movements:	Lower Limb Postures / Movements:	Forces Exerted:	
<p>What are the positions of the body?</p> <p>Indicate how long at a time</p> <p><input type="checkbox"/> Sitting: _____</p> <p><input type="checkbox"/> Standing: _____</p> <p><input type="checkbox"/> Walking: _____</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Can alternate sitting, standing or walking as desired</p> <p>If standing/walking, or what kind of surfaces?</p> <p><input type="checkbox"/> Concrete or other hard surface</p> <p><input type="checkbox"/> Carpet or matting</p> <p><input type="checkbox"/> Uneven surface</p> <p><input type="checkbox"/> Wet or slippery surface</p>	<p>Which of these actions are performed?</p> <p><input type="checkbox"/> Squatting <input type="checkbox"/> Bending</p> <p><input type="checkbox"/> Climbing stairs <input type="checkbox"/> Kneeling</p> <p><input type="checkbox"/> Climbing ladders <input type="checkbox"/> Pivoting</p> <p><input type="checkbox"/> Operating pedals <input type="checkbox"/> Jumping</p> <p style="text-align: center;">How often does the leg and/or foot move?</p> <p><input type="checkbox"/> _____ times per hour OR</p> <p><input type="checkbox"/> Not at all (stays in the same position)</p> <p><input type="checkbox"/> Occasionally (no regular motion)</p> <p><input type="checkbox"/> Frequently (regular motion with pauses)</p> <p><input type="checkbox"/> Constantly (continuous motion)</p>	<p>Which of these actions are performed?</p> <p><input type="checkbox"/> Lifting: _____</p> <p><input type="checkbox"/> Lowering: _____</p> <p><input type="checkbox"/> Holding: _____</p> <p><input type="checkbox"/> Carrying: _____</p> <p><input type="checkbox"/> Pushing: _____</p> <p><input type="checkbox"/> Pulling: _____</p>	<p>Indicate weight or effort (e.g. light, medium, heavy)</p> <p>Describe what the worker handles: (e.g. box, machine controls, wheelchair)</p>

G. Additional Information

Provide any other information about the job that you think will help the WSIB understand the physical demands relevant to the injured body area.

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.

A. Worker Information

Last Name	First Name
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B. Additional Considerations for Injury Risk

The forms that make up the Physical Demands Information Form (PDIF) capture common physical demands and aspects of injury risk. However, there are other physical demands and factors in jobs that may contribute to injuries but may not be captured on the PDIF forms. Review the following list. If any of these factors apply to the area of the body that is injured and the job you have described in the PDIF, **check them off and include this page with the other forms.**

Back

- Whole-body vibration (e.g. on a vibrating machine platform or a vehicle driven over uneven surfaces)
- Forceful exertions soon after periods of sitting or bending (e.g. lifting, pushing, pulling)
- Working in a cold environment
- Lifting or carrying uneven loads (e.g. heavier on one side than the other, oddly shaped)

Shoulder

- Rotational movements at the shoulder, particularly if repetitive or forceful (e.g. tossing a part into a bin to the side, throwing garbage bags into a garbage truck)
- Elevation of the shoulders (e.g. if keyboard or working height is too high)
- Sudden forceful movements or jerking forces (e.g. pulling/jerking a cart to start it moving)
- Exerting high forces with the hands far from the body
- Rapid repeated movements of the arm at the shoulder
- Working in a cold environment or draft

Neck

- Sustained head-tilting or turning to look at displays or parts (e.g. computer monitor, parts on assembly bench) *Consider the effect of glasses/bifocals, glare, protective eye/head wear
- Extreme neck movements (e.g. looking behind the body when backing up a vehicle)
- Elevation of the shoulders (e.g. if keyboard or working height is too high)
- Exerting high forces with the hands with the neck bent or turned
- Working in a cold environment or draft

Elbow, Forearm, Wrist, Hand

- Movement of the elbow and/or wrist while exerting force with the hand (e.g. turning a stiff knob, reaching with a load in the hands)
- Non-neutral positions of the wrist and/or forearm while pinching or exerting force with the hand (e.g. using a hand tool in an awkward position)
- Exposure to local vibration (e.g. pneumatic tool, motorized equipment such as a lawn mower)
- Contact stress (e.g. the arm or wrist pressing against the edge of a table, a tool pressing into the hand)
- Banging or striking with the hand
- Repetitive and/or forceful finger movements (e.g. keyboarding, operating a trigger control)
- Wearing thick or loose-fitting gloves (which can decrease touch sensitivity and dexterity and increase pinch or grip force)
- Working in a cold environment
- Handling cold objects
- Handling wet objects
- Handling awkwardly shaped objects requiring a wide grip or only allowing use of a few fingers

Lower Limb

- Footwear that is flat or unsupportive, too stiff or heavy, not cushioned, or slippery
- Using the knee as a hammer (e.g. carpet layers)
- Bumping knees on equipment or furniture (e.g. under a desk)
- Bracing knees against equipment/machinery (e.g. when doing extended reaching)
- Extended reaching forward with the legs straight, resulting in hyper-extension forces on the knee(s) (e.g. when reaching into a car engine)
- Working with awkward or twisted knee or foot positions (e.g. sitting at a work surface without adequate clearance for the legs underneath)