



Temple Physical Therapy

230 George Street, 5th Floor
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| Are You Able To Perform The Following? | If "Yes", How Long or How Often? If "No", List Difficulties. | | |
|--|---|----|--|
| | YES | NO | |
| Sitting | | | |
| Standing | | | |
| Walking | | | |
| Carry (Amount of Weight) | | | |
| Squatting | | | |
| Kneeling | | | |
| Bending/Stoop (Leg Straight) | | | |
| Crouch (Leg Bent) | | | |
| Climb | | | |
| Reach Overhead | | | |
| Reach to Shoulder | | | |
| Reach to Waist | | | |
| Reach to Knee | | | |
| Reach to Floor | | | |
| Gripping | | | |
| Working with Small Objects | | | |
| Operate Foot Controls | | | |
| Sit/Stand/Walk (Total Duration Of All) | | | |
| Lift Floor to Waist (Amount of Weight) | | | |
| Lift Shoulder to Overhead (Amount of Weight) | | | |
| Push Objects/Doors (Amount of Weight) | | | |
| Pull Objects/Doors (Amount of Weight) | | | |