

Name: Noah 24 TEST

Date of Birth:

Phone:

Address:

Company:

Occupation:

This assessment is designed to test your functional capacity in relation to the required physical demands to complete your proposed role. You will not be required to complete any task that you feel you are unable to perform safely and or confidently. The evaluator will cease the assessment if they are of the opinion that you are either unable or unsafe to proceed. You are expected to set your own limits and cease any task if you experience pain or fear that the task will exacerbate any pre-existing injuries or conditions. You will be given a comprehensive set of instructions prior to commencing each task and you may ask for clarification at any point prior attempting the task.

Is there any reason that you could not perform the work fitness assessment today?

☐ Yes

☐ No

**Signed:**

**Date:** 21/01/2020

### **Section 1: Range of Motion Assessment**

**Note: Injuries beyond recovered strains/ sprains, which are identified or declared by the candidate in their medical history, will undergo goniometric range of motion testing.**

<b><u>Region</u></b>	<b><u>Movement</u></b>	<b><u>Measurement</u></b>	<b><u>Comment</u></b>
Cervical	Flexion	Normal	
	Extension	Normal	
	Lateral flexion	L: Normal      R: Normal	
	Rotation	L: Normal      R: Normal	
Trunk	Extension	Normal	
	Forward flexion	Normal	
	Trunk rotation	L: Normal      R: Normal	
	Lateral flexion	L: Normal      R: Normal	
Shoulder	Flexion	L: Normal      R: Normal	
	Abduction	L: Normal      R: Normal	
Elbow	Flexion/ extension	L: Normal      R: Normal	
Wrist	Pronation	L: Normal      R: Normal	
	Supination	L: Normal      R: Normal	
	Flexion	L: Normal      R: Normal	
	Extension	L: Normal      R: Normal	
	Ulnar deviation	L: Normal      R: Normal	
	Radial deviation	L: Normal      R: Normal	
Hip	Flexion	L: Normal      R: Normal	
	External rotation	L: Normal      R: Normal	
	Internal rotation	L: Normal      R: Normal	
Knee	Flexion/ extension	L: Normal      R: Normal	
Ankle	Rotation	L: Normal      R: Normal	
	Plantar/ dorsiflexion	L: Normal      R: Normal	

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**Section 2: General Physical Capacity Assessment**

**Hamstring Flexibility**

L:

R:

PERFORMANCE	LEFT RATING	RIGHT RATING
Able to achieve >110	Excellent (4)	Excellent (4)
Able to achieve 80-110	Good (3)	Good (3)
Able to achieve 60-79	Fair (2)	Fair (2)
Able to achieve <60	Poor (1)	Poor (1)

**Upper Limb Strength Test: Grip Strength**

Dominant hand:

Age: 0

TRIAL	RIGHT HAND	LEFT HAND	RIGHT RATING	LEFT RATING
1			<input type="checkbox"/> Above normal range	<input type="checkbox"/> Above normal range
2			<input type="checkbox"/> Within normal range	<input type="checkbox"/> Within normal range
AVERAGE			<input type="checkbox"/> Below normal range	<input type="checkbox"/> Below normal range
NORMAL RANGE				

**Lower Limb Function**

TEST	RESULT	SCORE	COMMENT
Perform full depth squat and 5m duck walk	<b>UNABLE</b> <b>PARTIA</b> <b>ABLE</b> <b>N/A</b> Pain or Discomfort <input type="checkbox"/>	/1	
Perform 10 full depth squats 2 = able (10x30sec) 1 = partial (10x60secs) 0 = unable	<b>UNABLE</b> <b>PARTIA</b> <b>ABLE</b> <b>N/A</b> Pain or Discomfort <input type="checkbox"/>	/2	
Perform 45 second sustain squat (90degrees)	<b>UNABLE</b> <b>PARTIA</b> <b>ABLE</b> <b>N/A</b> Pain or Discomfort <input type="checkbox"/>	/1	

**Total:**    / 4

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**Core Strength: Prone Bridge**

TEST	SCORE	DESCRIPTION
Ability to hold position for 120 seconds	Excellent (4)	Effort use:
Ability to hold position 90 – 119 seconds	Good (3)	<input type="checkbox"/> Minimal <input type="checkbox"/> Moderate <input type="checkbox"/> Maximal
Ability to hold position for 60 – 89 seconds	Fair (2)	<input type="checkbox"/> Pain/ Discomfort experienced
Ability to hold position for less than 60 seconds	Poor (1)	<input type="checkbox"/> Test ceased due to poor technique
<b>COMMENTS:</b>		

**Overall manual handling rating**

TASK	SCORE	DESCRIPTION
<b>TECHNIQUE</b>	4	<input type="checkbox"/> Good technique
	3	<input type="checkbox"/> Good technique, but required minimal feedback
	2	<input type="checkbox"/> Good technique, but required extensive feedback
	1	<input type="checkbox"/> Good technique, but required extensive feedback on more than one
	0	<input type="checkbox"/> Poor technique, did not improve the following feedback
<b>COMMENTS:</b>		

**Note: Please ensure client has removed heart rate monitor before**

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## **FUNCTIONAL ASSESSMENT SUMMARY**

### **Section 1: Range of motion**

Normal pain-free ROM	Yes	No
<b>COMMENTS:</b>		

### **Section 2: General physical capacity**

	SCORE	RATING
Flexibility	/4	
Core strength	/4	
Cardiovascular fitness	/4	
Lower limb function	/4	
Total	0	Poor

General capacity rating	
13-16	Good
8-12	Average
0-7	Poor

### **Section 3: Job specific capacity**

TASK		PERFORMANCE
TECHNIQUE	Job specific capacity rating	
SCORE: /4	3-4	Low risk
	2	Medium risk
	0-1	High risk

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**Risk rating**

**Low risk                      Medium risk                      High risk**

Comments/ Recommendations:

Health & rehab coordinator review recommended ☐ Yes ☐ No

**Light build                      Medium build                      Heavy build**

Assessed by:                      Signed:                      Date: 21/01/2020