



Temple Physical Therapy

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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)			