

ERGO EVALUATION –OFFICE

THE BACK SCHOOL



e-mail address

Date 3/30/16	Employee (EE) Justin Smith	Title Scheduling Manager	Time 9:00 AM
DEPARTMENT Production		Location 45 Example St	Cubicle # MANAGER Mary Brown
EVALUATOR: Marty Frame PT, MBA, CEAS		PHONE 111-222-3333	Injury / Proactive
DESCRIPTION OF WORK PROCESS / Issues reported: Employee reports he schedules production lines. He refers to his Ipad/laptop frequently. He also refers to paperwork for scheduling. He is aware of R > L neck and R wrist discomfort			
Photo BEFORE See below	Photo AFTER See below	Previous Injury / treatment: None	

Hours worked per day: 8-10 Hands- on comp. time/day: 95% Laptop User? yes Home computer user? Yes 1-2hrs/day Overtime Yes High volume periods Variable Details_

Equipment Used	Yes	Brand (if applicable)	Type (if applicable)
Mouse	X	Right Left Standard Trackball Stylus vertical	
Track Ball		Right Left Ambidextrous	
Keyboard	X	Standard Ergo Split 10 key Y/N	
VDT size = 24 ”	X	Flat Screen single or dual CRT	Uses both monitors equally
Phone / Headset		Shoulder rest Y/N Wire Cordless	
Stand option		Left Right Fixed manual electric	
Stapler		Standard Ergo ERGO Remover Y / N	
Document Holder		Right Left Center Mounted: desk VDT	
Task light /		Under-count Desk-top Floor	
Pencils / pens / printers		Standard Ergo close / far	
Other Chair	X	Adjustable seat pan depth, angle, lumbar support, arm rests	
Monitor stands		Non adjustable 6 inch monitor stands	

Visual Inspection	Yes	No	Adj	If No or if adjusted, explain
1. Is area free of clutter or obstacles? Top Under	X			
2. Is the Desk adjustable? Wall mounted? YES NO	n/a			1° Ht: 2 nd area
3. Are there 2 ins. of clearance between thighs & desk?		X		Remove pencil drawer
4. Are the thighs parallel to the floor & ankles neutral?	X			
5. Is there 2” between edge of seat and calf w/ rolled pan?		X		Adjusted seat pan depth
6. Is the backrest & seat pan adequate for a neutral spine?		X		Adjusted back rest height and angle. Instructed EE how to adjust
7. Feet flat on floor or using footrest correctly?	X			Flr. Mat
8. Armrests appropriate & adjusted properly?	X			Arm rests low and out of the way
9. Is the job done safely from a sitting position?	X			
10. Is the keyboard tray – adjustable & in proper position?	n/a			
11. Is the keyboard of proper size and shape for worker?	X			
12. Are appropriate input devices being used?		X		Excessive use of wrist and index finger with mousing
13. Is input device the appropriate size & side for hand?		X		Employee reports R wrist discomfort. Consider alternative mouse
14. Are wrists neutral/relaxed on keyboard or mouse?		X		Wrists in extension; Lowered feet on keyboard, raised chair
15. Can shoulders avoid reach/ twist/backward motions?		X		Over reaching for phone; moved closer
16. Is workstation setup for dominant hand? Rt Lt	X			
17. Are arms at side when keying w/o reaching outwards?		X		Shoulders abducted; Raised chair & instructed to keep elbows at his sides
18. Are sharp edges / contact stress avoided?		X		Resting wrists on desk when typing; reviewed proper typing technique
19. Is the 10 key pad used or needed?	X			Encouraged use of top row of # keys to equalize workload between R & L hands
20. Are frequently used tools in primary zone?	X			
21. Can gripping of thick folders or binders be avoided?	n/a			
22. Is the VDT at a comfortable distance? (18-36 inches)	X			Client reports no vision issues

Visual Inspection	Yes	No	Adj	If No or if adjusted, explain
23. Can excessive glare be avoided on VDT or eyes?	X			
24. If glasses are used, are they appropriate for job?	n/a			
25. If bifocals are used, has the VDT been lowered?	n/a			
26. Is static neck flexion, rotation or F.H.P. avoided?		X		Monitors to L and too high; Centered and lowered monitors; Order iPad stand
27. When using phone is the neck in neutral position?		X		Advised to hold phone and not hook it between shoulder and ear
28. Is phone headset needed?		X		Time on phone is <10 % of day, No headset needed. Client can hold phone
29. If used, is the document holder in correct position?		X		Order Document Holder
30. Is employee taking regular rest / stretch breaks?		X		Reviewed stretching exercises, provided handout
31. Has there been a recent eye examination?	X			
32. Is the lighting appropriate and glare free?	X			
33. Is the work environment free of excessive noise?	X			Private office
34. Is the work environment temperature appropriate?	X			

35. OTHER: Excessive wrist motion with mousing – Instructed to use arm movements with mousing

RECOMMENDED ADDITIONAL CORRECTIVE ACTION:

1. Order VuRyte Memoscape Plus Document Holder, Cost \$40
2. Order Go Travel Notebook stand Cost \$60
3. Order Contour Ergo Mouse Size med Cost \$80
4. Remove pencil drawer



Marty Frame PT, MBA, CEAS

On-file

EVALUATOR SIGNATURE:

3-30-16

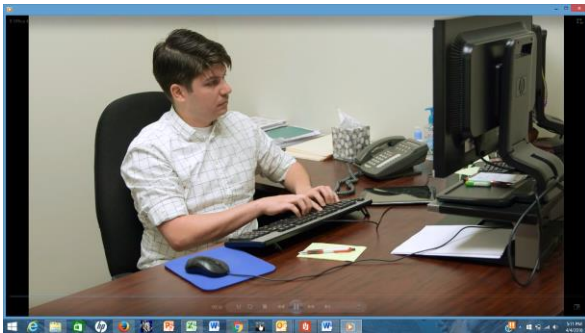
DATE

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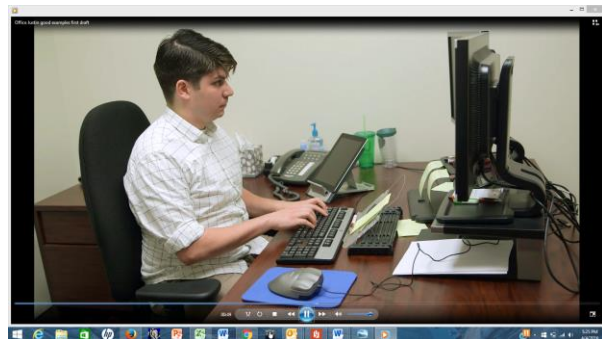
EMPLOYEE SIGNATURE:

DATE

Photographs and Diagram as needed:



BEFORE: Head/neck turned to L; Arms abducted & reaching Up for keyboard/mouse; iPad flat on desk



AFTER: Head/neck in neutral; Arms in neutral
iPad on stand

