

**RGG Law**

***MEDICAL SOURCE STATEMENT – PHYSICAL***

1240 E Independence Suite 200  
Springfield Missouri 65804  
Ph: (417) 520-0305; Fax: (417) 864-4774

Patient: \_\_\_\_\_ SSN: \_\_\_\_\_  
Medical Source: \_\_\_\_\_

*Based upon objective findings and your professional judgment, what can this patient still do, despite his or her medical impairment, on a regular and continuing basis (8 hours each day, 5 days per week)? Please note the following terms are defined as:*

- [ **OCCASIONALLY** – means very little to one-third of an 8-hour workday
- [ **FREQUENTLY** – means from one-third to two-thirds of an 8-hour workday

***Please check the appropriate boxes based on your professional judgment and definitions provided.***

**A. EXERTIONAL LIMITATIONS**

1. Occasionally Lift or Carry.

- Less than 10 pounds
- 10 pounds
- 20 pounds
- 50 pounds
- 100 pounds or more

2. Frequently Lift or Carry.

- Less than 10 pounds
- 10 pounds
- 25 pounds
- 50 pounds

3. Stand and/or walk (with normal breaks) for a total of:

- Less than 2 hours in an 8-hour workday
- At least 2 hours in a 8-hour workday
- Less than 4 hours
- 6 hours in an 8-hour workday

4.  Medically required hand-held assistive device is necessary for ambulation.

5. Sit (with normal breaks) for a total of:

- Less than 2 hours in an 8-hour workday
- Less than 4 hours in an 8-hour workday
- Less than 6 hours in an 8-hour workday
- 6 hours in an 8-hour workday

6.  Must periodically alternate sitting and standing to relieve pain or discomfort.

- Yes                       No

7. Push and/or pull (including operation of hand and/or foot controls):

- Unlimited, other than as shown for lift and/or carry
- Limited in **upper** extremities (describe nature and degree)
- Limited in **lower** extremities (describe nature and degree)

8. Comments or Explanations:

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**B. POSTURAL LIMITATIONS**

<input type="checkbox"/> None Established	Frequently	Occasionally	Never
1. Climbing – ramp/stairs/ladder/rope/scaffold.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Balancing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Stooping (Bend forward at waist).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Kneeling.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Crouching.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Crawling.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Comments and Explanations:			

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**C. MANIPULATIVE LIMITATIONS**

Use of Hands/Arms	Right			Left		
	Frequently	Occasionally	Less than Occasionally	Frequently	Occasionally	Less than Occasionally
Reaching						
Handling						
Fingering						
Feeling						

Comments and Explanations:

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**D. ENVIRONMENTAL LIMITATIONS**

<input type="checkbox"/> None	Unlimited	Avoid Concentrated Exposure	Avoid Even Moderate Exposure	Avoid All Exposure
1. Extreme cold.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Extreme heat.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Wetness.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Humidity.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Noise.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Vibration.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Fumes, odors, dusts, gases, poor ventilation, etc.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Hazards (machinery, dangerous equipment, heights, etc.....)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Describe how these environmental factors impair activities and identify hazards to be avoided:				

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COMMENTS: \_\_\_\_\_

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Signature of Medical Source

Date