WORK CONDITIONING/HARDENING
NON-MATERIAL HANDLING

BODYWORKShfr.com

1. After watching the video, complete the activities you were instructed to do.
2. For every day you do these tests, write the date and the time it took you to complete each one. Put the "time" in the appropriate day.

_____
Patient Name

Date										
ACTIVITY	**M**	**T**	**W**	**TH**	**F**	**M**	**T**	**W**	**TH**	**F**
Crawford: Pins										
Screws										
Purdue: Left Hand										
Right Hand										
Both Hands										
Hand Combination										
Minnesota: Placing Right Hand										
Placing Left Hand										
Turning										
Bennett Hand Tool Box: Transfer R to L										
Transfer: L to R (optional)										
Val-Par 202: Assembly										
#3										
Disassembly										
Val-Par 9: Transfer 1-2										
Transfer 2-3										
Transfer 3-4										
Transfer 4-1										
Bailey Board										
Bailey Box										
Peg Board										
Other										
Year: _____ # of visits: ___ Therapist Initials										

AFFIX STICKER