

Occupational Therapy Ergonomic Assessment

Date of Assessment: _____

Student Name:		DOB:	
School:		Grade & Class:	
Reason for Assessment:	<input type="checkbox"/> Prevention or early intervention <input type="checkbox"/> Reactive: symptomatic, date of onset: _____		

School Day

Breaks	<input type="checkbox"/> Every 20 minutes <input type="checkbox"/> Every hour <input type="checkbox"/> At set morning tea / lunch breaks <input type="checkbox"/> When I have to (due to pain, discomfort etc.) <input type="checkbox"/> Other: _____
Break Time Activities	<input type="checkbox"/> Mixture between sitting and movement <input type="checkbox"/> Sit to eat <input type="checkbox"/> Stand <input type="checkbox"/> Walk <input type="checkbox"/> Exercise / movement activities <input type="checkbox"/> Mainly seated <input type="checkbox"/> Other: _____
Physical Requirements of School Day	<input type="checkbox"/> Sitting _____ % <input type="checkbox"/> Movement _____ % <input type="checkbox"/> Typing _____ % <input type="checkbox"/> Mousing _____ % <input type="checkbox"/> Writing _____ % <input type="checkbox"/> Other: _____

Background

History of injuries: _____

Current symptoms: _____

Type of Pain / Discomfort (continuous / intermittent; sharp / dull; etc): _____

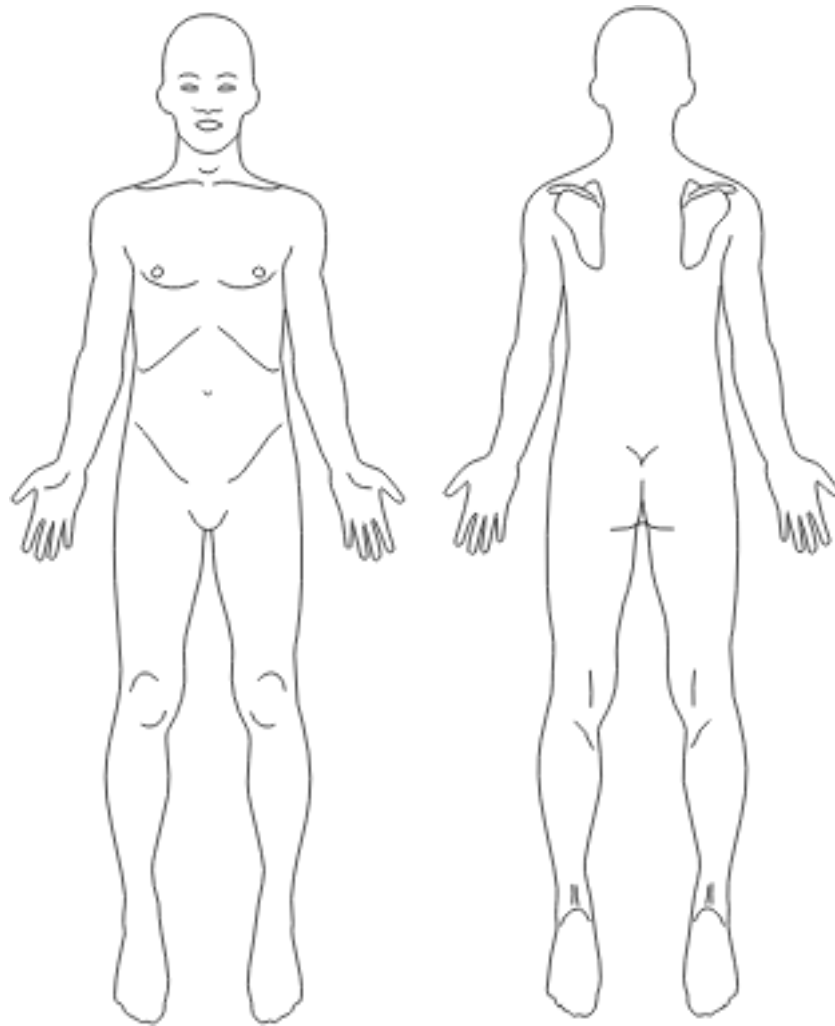
Pain Scale											
Best	0	1	2	3	4	5	6	7	8	9	10
Worst	0	1	2	3	4	5	6	7	8	9	10
Today	0	1	2	3	4	5	6	7	8	9	10

Current Treatment: _____

Aggravating Factors: _____

Relieving Factors: _____

Circle Areas of Discomfort / Pain:



Note. Male Anatomy Front And Back Line Art by Gordon Dylan Johnson, from Open Clip Art, under CC0 license.

Workstation Assessment

Equipment	Current Set Up	Changes Made	Recommendations
Desk	<input type="checkbox"/> Desk height is appropriate <input type="checkbox"/> Desk height is not appropriate <input type="checkbox"/> Fixed height <input type="checkbox"/> Height adjustable desk	<input type="checkbox"/> No changes required <input type="checkbox"/> Height of desk raised / lowered	<input type="checkbox"/> Adjustable desk <input type="checkbox"/> Remove tidy tray for extra leg room <input type="checkbox"/> Addition of equipment (eg. books) to raise height of desk <input type="checkbox"/> Other: _____
Chair	<input type="checkbox"/> Fixed chair height <input type="checkbox"/> Appropriate seat pan <input type="checkbox"/> Backrest <input type="checkbox"/> Armrest <input type="checkbox"/> Seat cushioning	<input type="checkbox"/> No changes required <input type="checkbox"/> Height of chair raised / lowered <input type="checkbox"/> Angle of chair adjusted <input type="checkbox"/> Remove armrests <input type="checkbox"/> Depth of chair adjusted	<input type="checkbox"/> Smaller / larger chair <input type="checkbox"/> Footrest <input type="checkbox"/> Equipment to alter the chair height (e.g., chair raisers/cushion) <input type="checkbox"/> Other: _____
BYOD Device	<input type="checkbox"/> Laptop <input type="checkbox"/> Tablet <input type="checkbox"/> Directly in front of student <input type="checkbox"/> Correct viewing distance and angle <input type="checkbox"/> Appropriate height (max. Top of screen at eye level)	<input type="checkbox"/> No changes required <input type="checkbox"/> Device centred <input type="checkbox"/> Height of device raised / lowered <input type="checkbox"/> Angle of device adjusted <input type="checkbox"/> Depth of device adjusted	<input type="checkbox"/> Addition of equipment (e.g., raiser, books, etc.) to raise height of device <input type="checkbox"/> External keyboard <input type="checkbox"/> External mouse <input type="checkbox"/> Other: _____
Assistive Technology	<input type="checkbox"/> External mouse (R / L) <input type="checkbox"/> Keyboard <input type="checkbox"/> Raiser <input type="checkbox"/> Other: _____	<input type="checkbox"/> No changes required <input type="checkbox"/> Mouse moved closer to student <input type="checkbox"/> Keyboard	<input type="checkbox"/> Recommend external mouse <input type="checkbox"/> Recommend keyboard <input type="checkbox"/> Recommend

	<input type="checkbox"/> Nil equipment	centred / moved further away / moved closer	raiser <input type="checkbox"/> Other: _____ _____
Storage / Set Up	<input type="checkbox"/> Sufficient space Yes / No <input type="checkbox"/> Items frequently used close to student	<input type="checkbox"/> No changes required <input type="checkbox"/> Items re-arranged	<input type="checkbox"/> Tidy workstation <input type="checkbox"/> Alternate storage options (e.g., tidy tray, shelves in classroom) <input type="checkbox"/> Other: _____ _____

Sensory Environment

Environment	Current Environment	Recommendations
Lighting	<input type="checkbox"/> Adequate lighting <input type="checkbox"/> Dull lighting <input type="checkbox"/> Nil glare <input type="checkbox"/> Excessive glare	<input type="checkbox"/> Installation of new lights <input type="checkbox"/> Curtains to reduce glare <input type="checkbox"/> Change seating layout to reduce glare <input type="checkbox"/> Adjust the brightness of the screen <input type="checkbox"/> Other: _____ _____
Noise	<input type="checkbox"/> Appropriate noise levels <input type="checkbox"/> Mainly loud environment <input type="checkbox"/> Mainly quiet environment	<input type="checkbox"/> Use noise level dial <input type="checkbox"/> Other: _____ _____
Ventilation and Temperature	<input type="checkbox"/> Well ventilated <input type="checkbox"/> Nil ventilation <input type="checkbox"/> Options to adjust cooling / heating <input type="checkbox"/> Nil control over cooling / heating	<input type="checkbox"/> Open windows / door <input type="checkbox"/> Turn fans or air conditioning on <input type="checkbox"/> Wear appropriate clothing (e.g., jumper) <input type="checkbox"/> Other: _____ _____

Post Assessment Follow-Up

- ☐ Copy of report to teacher / principal / student / parent / other _____
- ☐ Summary of recommendations for school
 - ☐ _____
 - ☐ _____
 - ☐ _____
 - ☐ _____
 - ☐ _____
 - ☐ _____
 - ☐ _____
 - ☐ _____
- ☐ Re-assessment required for review _____ Timeframe _____
- ☐ Provided education on strategies including resources for brain / movement breaks, desk set-up, sensory environment

Assessor Name:

Date:

Signature:

References:

Division of Occupational Health and Safety. (n.d.). *Computer workstation ergonomics: Self-assessment checklist*. National Institute of Health.
<https://ors.od.nih.gov/sr/dohs/Documents/checklist-ergonomics-computer-workstation-self-assessment.pdf>

Johnson, G, D. (2016). *Male anatomy front and back line art* [Image]. Open Clip Art.
<https://openclipart.org/detail/267821/male-anatomy-front-and-back-line-art>