



10. What is the applicant's ability to lift and bear weight?

11. Are there any restrictions on activities?

12. Describe the level of activity as it pertains to any orthopedic issues.

13. If the applicant has had surgery, when was it performed?

14. What type of surgery was performed?

15. Did the applicant undergo physical therapy?  Yes  No

16. Are there plans for future surgery?  Yes  No