SPE ORTHOPEDIC MEDICAL REPORT
P-142SPE Rev. 08-2022

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
DRIVER SERVICES DIVISION
60 STATE ST. WETHERSFIELD, CT 06161-1013
(860)263-5723
*http://*ct.gov/dmv

☐ **CDL**

☐ **PPEC**

INSTRUCTIONS:

1. **This form is to be used by applicants who are seeking INTRASTATE travel only.**
   (Intrastate is defined as the operation of a commercial motor vehicle only within the boundaries of Connecticut.)
2. **Parts I and II are to be completed by the applicant.**
3. **Part III must be completed by a BOARD CERTIFIED or BOARD QUALIFIED ORTHOPEDIC SURGEON OR PHYSIATRIST only.**
4. **The completion of the form must be based upon a personal examination completed WITHIN THE PAST NINETY (90) DAYS.**
5. **All parts of this form must be completed and submitted to *dmv.suspension @ct.gov* or to the mailing address listed above.**
6. **Incomplete forms will be returned.**

PART I - This part is to be completed by the applicant. Please print only.

APPLICANT'S NAME *(Last, First, MI)*	***DRIVER'S LICENSE NUMBER***	***TELEPHONE NUMBER*** ( )
APPLICANT'S MAILING ADDRESS *(House #, Street name, Apt. #, City, State, Zip Code)*		***APPLICANT'S EMAIL ADDRESS***

PART II - This part is to be completed by the applicant. The following is a universal job task description. Modifications to the printed job description(s) may be necessary by the applicant and can be addressed in the areas marked "other".
YOU MUST CHECK ALL BOXES IN SECTIONS A, B, AND C, AND D THAT ARE RELEVANT, OR MAY BE RELEVANT TO YOUR JOB DUTIES/TASKS.

A. VEHICLE TYPE

☐ **STRAIGHT TRUCK**
May have up to 5 axles utilizing van, flatbed, tank, or dump body.

- ☐ **A**. Over 10,001 lbs.
- ☐ **B**. Combination straight truck with Trailer over 10,001 lbs.
- ☐ **C**. Less than 10,001 lbs. and placarded for Hazardous Materials.

☐ **MOTOR HOME**
Gross vehicle weight rating of 10,001 lbs. or more.

☐ **TRACTOR-TRAILER**
Comprised of a power unit (TRACTOR) and one or more trailers.

☐ **PASSENGER VEHICLE**
Seating capacity _____

Type:

- ☐ Motor Coach
- ☐ Bus
- ☐ Van

B. JOB DUTIES/TASKS

- ☐ Short relay - Applicant drives less than two (2) hours to destination point, and may then drive back to starting point.
- ☐ Long relay - Applicant drives two (2) or more hours to destination point, and may then drive back to starting point.
- ☐ Applicant makes local deliveries, often with frequent stops.
- ☐ Applicant may climb in and out of the truck to load and unload cargo numerous times throughout his/her route.
- ☐ Type of cargo being transported: _____
- ☐ Other _____

Applicant's Name (*Please Print*)

CT License Number

C. ENVIRONMENTAL FACTORS

The applicant may be subject to:

- ☐ Abrupt duty hour changes.
- ☐ Sleep deprivation.
- ☐ Unbalanced work/rest cycles.
- ☐ Temperature and weather extremes.
- ☐ Long trips without regular meals.
- ☐ Short notice to assignment of run.
- ☐ Tight delivery schedule.
- ☐ Delay en route (e.g. traffic or other delays).
- ☐ Other _____

D. PHYSICAL DEMAND / JOB TASK DESCRIPTION

Moderate physical activity levels are associated with commercial driving. Perceptual skills are needed to monitor the driving situation for relevant information. Manipulation skills are needed to turn the steering wheel, apply brakes, shift gears, etc. The demands of this prospective commercial driver may also include:

☐ *Gear shifting*: The movement of the gear shift requires moderate strength, timely coordination and complex manipulation of the right upper and left lower extremity. This applicant's vehicle will be equipped with a transmission which is:

☐ Manual _____ speeds ☐ Semi-automatic (manual shift - no clutch) ☐ Fully automatic

☐ *Cargo*: This applicant may be required to handle cargo, inspect the vehicle, climb up and down ladders, and enter/leave the cab body multiple times daily.

☐ *Coupling/Uncoupling*: This applicant may be required to hook up one or more trailers which requires strength and the range of motion to climb, balance, turn, grip and pull.

☐ This applicant may be required to mount snow chains on tires which requires pulling/lifting motions in the range of 35 to 90 pounds.

☐ This applicant may be required to change tires which requires pulling/lifting motions in the range of 100 to 175 pounds.

APPLICANT CERTIFICATION:

I hereby certify that I am otherwise qualified under the Federal Motor Carrier Safety Regulations 49 CFR 391.41 (b)(1-13) and 49 CFR 391.44 Qualifications of Drivers, and in accordance with the Connecticut General Statutes, the Regulations of Connecticut State Agencies and the standards and the procedures adopted by the Department of Motor Vehicles (DMV). I also hereby authorize the licensed physician completing and signing this medical report to release such report to the DMV along with any other medical information necessary to determine my fitness to operate a commercial motor vehicle safely. Pursuant to sections 14-110 and 53a-157b of the Connecticut General Statutes, I swear under penalty of deliberate false statement, that the above information and any attachments hereto, is true and correct.

APPLICANT SIGNATURE **DATE**

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Applicant's Name (*Please Print*)

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PART III- This part is to be completed by a BOARD CERTIFIED or BOARD QUALIFIED ORTHOPEDIC SURGEON or PHYSIATRIST only.

The above-referenced applicant is being referred to you for a physical examination as required by section 391.49 of the Federal Motor Carrier Safety Regulations. The State of Connecticut Department of Motor Vehicles requires that the applicant shall furnish the examining orthopedic surgeon or physiatrist with a description of the job duties/tasks that are contained in Part II.

The examining orthopedic surgeon or physiatrist shall record the results of the physical exam dependent on the applicant's physical disability, and assess the applicant's physical capabilities in accordance with the following objectives as they relate to his/her ability to perform the job duties/tasks as described in Part II AND:

a. ***IN CASES INVOLVING LIMB IMPAIRMENT***: Determine whether the condition will likely remain medically stable over the applicant's lifetime.

b. ***IN CASES INVOLVING EITHER AN UPPER LIMB AMPUTATION OR LIMB IMPAIRMENT***: Determine whether the applicant is capable of demonstrating precision prehension (manipulating knobs and switches) and power grasp prehension (holding and maneuvering the steering wheel) with each limb separately.

The examining orthopedic surgeon or physiatrist must know the type of vehicle that will be driven, the environment, and the job demands involved. For their own safety, as well as the safety of others, drivers MINIMALLY MUST HAVE ADEQUATE:

a. ***STRENGTH*** - of the skeletal muscles to turn large diameter steering wheel (20-24 inches) rapidly and maintain a grip when confronted with tire failures and/or striking potholes or obstructions on the roadway.

b. ***MOBILITY*** - of the joints to reach various controls that must be pushed, pulled, or twisted; to climb, bend, crawl, lift, twist, and turn to position for visual inspection; to perform various related other associated tasks such as coupling and uncoupling trailers and vehicle inspections.

c. ***STABILITY*** - of the joints and of the torso to maintain alert driving posture to smoothly modulate foot and hand controls; to climb into and out of the vehicle cab and cargo components.

d. ***POWER GRASP AND PREHENSION*** - of hands and fingers to control the steering wheel relative to driving, backing and parking; operate the transmission (gear shift lever), air brake controls, and various other tasks such as operating light switches, directional signals and horns.

PHYSICAL EXAMINATION - MUST BE COMPLETED BY A BOARD CERTIFIED ORTHOPEDIC SURGEON OR PHYSIATRIST BASED UPON A PERSONAL EXAMINATION COMPLETED WITHIN THE PAST NINETY (90) DAYS.

1. **Date of examination:** _____

2. **What is the nature of the applicant's disability?** ***Please check all that apply:***

   The applicant has an: ☐ **Impairment** ☐ **Amputation**

   Location of impairment or amputation: ☐ **Arm** ☐ **Leg** ☐ **Hand** ☐ **Other (specify)** _____

   ☐ **Right side** ☐ **Left side**

3. **Does this applicant have adequate MUSCLE STRENGTH to perform the tasks required?** ☐ **YES** ☐ **NO**

4. **Does this applicant have adequate MOBILITY to perform the tasks required?** ☐ **YES** ☐ **NO**

5. **Does this applicant have adequate JOINT AND TRUNK STABILITY to perform the tasks required?** ☐ **YES** ☐ **NO**

6. **Does this applicant have adequate POWER GRIP AND PREHENSION FUNCTION of the hand and fingers to perform the tasks required?** ☐ **YES** ☐ **NO**

   If *NO* is answered to any of the above, please indicate the location of the affected deficiency and indicate if you believe that surgical reconstruction is recommended to produce power grip and/or prehension:

_____

_____

_____

_____

Power grip and precision prehension are defined here as "the capability of holding, clutching, clasping, or seizing firmly the steering wheel and/or other vehicle equipment to effectively control the vehicle and perform normal and emergency vehicle operations: steering (potholes, tire failures, etc.), and operate gear shift levers, air brake controls, light switches, directional signals, and horns".

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PART III- To be completed by the examining orthopedic surgeon or physiatrist. (Continued from page 3)

7. **If the applicant requires an orthotic or prosthesis, is it:**
   - a. **The appropriate type?** ☐ **YES** ☐ **NO**
   - b. **The appropriate type of terminal device?** ☐ **YES** ☐ **NO**
   - c. **Fitting satisfactorily and in good working condition?** ☐ **YES** ☐ **NO**
   - d. **To aid in the ability to demonstrate power grasp and prehension (in the case of an upper hand or upper limb impairment)?** ☐ **YES** ☐ **NO**

8. **Please describe clinically the prosthetic or orthotic device, power source, etc.**

9. **If NO is answered to any question in numbers 3 through 7, please explain in full detail below the reason for your selection (include attachments if necessary).**

10. **Please summarize your findings, which should include an assessment and medical opinion of whether the condition at the time of this evaluation will likely remain medically stable over the lifetime of the applicant.**

11. **IN YOUR MEDICAL OPINION, THIS APPLICANT HAS SUFFICIENT PHYSICAL ABILITY TO PERFORM THE JOB DUTIES/TASKS REQUIRED TO OPERATE THE COMMERCIAL MOTOR VEHICLES LISTED BELOW. CHECK ALL THAT APPLY.**

☐ **STRAIGHT TRUCK**
May have up to 5 axles utilizing van, flatbed, tank, or dump body.
- ☐ **A**. Over 10,001 lbs.
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☐ **PASSENGER VEHICLE**
Seating capacity

Type:
- ☐ Motor Coach
- ☐ Bus
- ☐ Van

List any vehicle modifications required for this driver:

12. **Does this condition warrant periodic medical reporting?** ☐ **YES*** ☐ **NO**

***If YES, please indicate suggested monitoring intervals:**

EVERY _____ **(months) FOR** _____ **(years).**

PHYSICIAN'S CERTIFICATION:

I certify that I have reviewed Parts I and II and completed Part III of this application under the guidelines set forth and the job duties/tasks required for the driver. Pursuant to sections 14-110 and 53a-157b of the Connecticut General Statutes, I swear under penalty of deliberate false statement, that the above information, and any attachments hereto, is true and correct.

Please check: ☐ **Physiatrist** ☐ **Orthopedic Surgeon**

Board Certified: ☐ **Yes** ☐ **No** **Board Qualified:** ☐ **Yes** ☐ **No**

PHYSICIAN'S NAME (Please Print or Type)	SPECIALTY	EXAMINATION DATE

PHYSICIAN'S ADDRESS	TELEPHONE NUMBER

PHYSICIAN'S SIGNATURE	LICENSE NUMBER	DATE SIGNED
X		