Functional Capacity Evaluation

To: Mary G Jones
ABC Insurance
1000 Main Street, Suite A
Anytown, US 12345
Phone: **Fax:**

Re: Mark Smith
Case Number: Sample
Social Security Number: 123-45-6789
Evaluation Date: 07-02-2002
Onset of Injury or Illness: 11-07-1997

Job Information

Employer: WebMasters, Inc.
Hired: 3-29-1997 **Last Worked:** 11-17-1998 **DOT #:**
Job Title: Webmaster
Job Description: Keyboarding up to 6 hours per day to design and deploy web sites.

Required PDC:

Physical Demand Level	Occasional	Frequent	Constant	Energy Required
	0-33% of workday	34-66% of workday	67-100% of workday	
Light	11 - 20 lbs.	1 - 10 lbs.	Negligible	2.2 - 3.5 METS

Clinical Information

Sex: Male **BP:** 120/80 **Dominant Side:** Right **Injured Side:** Left
Height: 5'11 **Weight:** 170 **Resting Heart Rate:** 75

Medications:

The patient does not take any prescription medications.

Medical History:

Here is some medical history on Mr. Smith...

Complaints

Chief Complaints:

Patients states that he has numbness and tingling in the thumb and forefinger of his left hand.

Symptoms Aggravated By:

Patient states that his symptoms are aggravated by repetive keyboard use.

Symptoms Alleviated By:

Patient states that his symptoms are relieved by taking frequent breaks.

Diagnosis

354.0 - Carpal tunnel syndrome
724.00 - Spinal stenosis nos

Conclusions and Recommendations

Here are my conclusions about Mr. Smith's functional capacity... Here are my recommendations for improving Mr. Smith's functional capacity...

Current PDC:

Physical Demand Level	Occasional	Frequent	Constant	Energy Required
	0-33% of workday	34-66% of workday	67-100% of workday	
Light	11 - 20 lbs.	1 - 10 lbs.	Negligible	2.2 - 3.5 METS

Leonard H McCoy, MD

Biomechanical Evaluation

Gait

Patient presented with: a wide-based gait; a guarded gait; a slow gait; prolonged weight-bearing on left stance phase; prolonged weight-bearing on right stance phase; unequal stance time with right greater than the left.

Posture

Patient presented with: increased thoracic kyphosis; increased lumbar lordosis; decreased medial longtitudinal arches; lumbar scoliosis.

Manual Muscle Testing

Grade Scale			
5	Active movement against gravity with full resistance	2	Active movement with gravity eliminated
4	Active movement against gravity with some resistance	1	Slight contraction and no movement
3	Active movement against gravity without resistance	0	No contraction

Elbow

Key Muscle Testing

Right/Left rated as Good, Fair or Poor

Wrist flexors = Good/Good; Wrist extensors = Good/Good. Here are some notes about Mr. Smith's wrist muscle testing...

Range of Motion

Elbow

Motion	Left	Right
Flexion	35 deg	35 deg
Extension	65 deg	65 deg
Pronation	35 deg	35 deg
Supination	30 deg	30 deg

Wrist

Motion	Left	Right
Flexion	70 deg	80 deg
Extension	35 deg	45 deg
Radial Deviation	35 deg	40 deg
Ulnar Deviation	40 deg	45 deg

Sensation

Right upper extremity sensation was intact, however left upper extremity sensation was not. Left lower extremity sensation was intact, however right lower extremity sensation was not.

Two-Point Discrimination *(Key = 2-Pt Value / % of Digit Length)*

Left Hand	Right Hand
Thumb - Radial: 7mm / 100% Ulnar: 7mm / 100%	Thumb - Radial: 6mm / 100% Ulnar: 5mm / 100%
Index - Radial: 7mm / 100% Ulnar: 7mm / 100%	Index - Radial: 6mm / 100% Ulnar: 5mm / 100%
Middle - Radial: 7mm / 100% Ulnar: 7mm / 100%	Middle - Radial: 5mm / 100% Ulnar: 5mm / 100%
Ring - Radial: 7mm / 100% Ulnar: 7mm / 100%	Ring - Radial: 6mm / 100% Ulnar: 6mm / 100%
Little - Radial: 7mm / 100% Ulnar: 7mm / 100%	Little - Radial: 7mm / 100% Ulnar: 7mm / 100%

Here are some notes about Mr. Smith's Two-Point Discrimination test...

Physical Demands Evaluation

Cardiovascular Endurance Screen

Bike (10 Minutes)

Heart Rate	Pre-Test 71 bpm / Post-Test 95 bpm
Blood Pressure	Pre-Test 120/70 / Post-Test 130/80
Cardiac Recovery	Regained Pre-Test Heart Rate in 9 minutes

Test was terminated due to: (check all that apply)

X Angina	BP Rise: Systolic >250mm Hg	X Nausea, unsteadiness, pallor or cynosis
Drop in systolic reading >10mm Hg	X BP Rise: Diastolic >120mm Hg	

Treadmill (10 Minutes)

Heart Rate	Pre-Test 75 bpm / Post-Test 105 bpm
Blood Pressure	Pre-Test 120/80 / Post-Test 130/80
Cardiac Recovery	Regained Pre-Test Heart Rate in 6 minutes

Test was terminated due to: (check all that apply)

Angina	BP Rise: Systolic >250mm Hg	X Nausea, unsteadiness, pallor or cynosis
X Drop in systolic reading >10mm Hg	BP Rise: Diastolic >120mm Hg	

Cardiovascular Profile

Limiting Factors:
(check all that apply)
Heart attack
Heart surgery
Abnormal ECG
Heart disease
Angina
Heart palpitations
Stroke
BP has been 160/90
On BP Meds
Pregnant (now)

Profile/Score: 6	
1. Age: (56 or over = 1 pt, 55 or under = 0 pts)	0
2. Sex: (Male = 1 pt, Female = 0 pts)	1
3. Blood Pressure	0
Either number 160/100 or more = 10 pts	
Either number 140/90 or more = 5 pts	
Both numbers 140/90 or less = 0 pts	
4. Weight	2
25 lbs or more overweight = 4 pts	
10-24 lbs overweight = 2 pts	
Less than 10 lbs overweight = 0 pts	
5. Smoking	3
2 pks/day or more = 10 pts	
1-2 pks/day or quit < 1 yr ago = 6 pts	
< 5 cigars/day, or regular pipe = 6 pts	
< 1 pk/day or quit > 1 yr ago = 3 pts	
Never smoked = 0 pts	

Gross Mobility

This portion of the evaluation was designed to observe the patient while performing certain key tasks. He was unable to balance. Climbing was restricted. He was unable to crawl. Forward Bending was not restricted. Kneeling was restricted. Lifting/Carrying was not restricted. Squatting was not restricted.

During the lifting/carrying portion of the Gross Mobility Course, the patient was scored on the use of proper body mechanics. While lifting objects from the floor, he bent his hips and knees simultaneously, his ears, hips and shoulders were aligned, his feet were shoulder-distance apart, he held the object close to his body prior to rising. While lowering objects to the floor, he bent his hips and knees simultaneously, his feet were shoulder-distance apart, he held the object close to his body prior to lowering. While transferring objects, he held the object close to his body, he held the object at the midline, he turned as a unit. While pulling objects, he maintained proper foot placement, he bent his hips and knees simultaneously, he displayed no forward trunk flexion. For each item performed properly, one point was given. The patient's resulting score was 13 out of a possible 20.

Here are some notes about Mr. Smith's gross mobility...

Sitting, Standing, Walking

Patient can sit for 30 minutes or more without an increase in symptoms. Patient can not stand for 30 minutes because Patient can walk for 30 minutes or more without an increase in symptoms.

Grip Strength

Side	Trial 1	Trial 2	Trial 3	Average	CofV	Strength Loss Index	
Right				0		0%	
Left	57	60	56	57.7	2.9%	0%	

Three grip strength trials were evaluated using a Jaymar dynamometer at position 2. The three trials were averaged

and a Strength Loss Index (SLI) was determined. SLI = (Normal Strength of Non-Injured Side - Abnormal Strength of Injured Side)/Normal Strength of Non-injured Side.

Pinch Strength

Lateral Pinch

Side	Trial 1	Trial 2	Trial 3	Average	CofV	Strength Loss Index	
Right	23	23	22	22.7	2.1%	0%	
Left	15	18	17	16.7	7.5%	26%	

Three pinch strength trials were evaluated using a pinch gauge. The three trials were averaged and a Strength Loss Index (SLI) was determined. SLI = (Normal Strength of Non-Injured Side - Abnormal Strength of Injured Side)/Normal Strength of Non-injured Side.

Here are some notes about Mr. Smith's lateral pinch test...

Lifting

Static Lift, Arm

Start Heart Rate	Trial 1	Trial 2	Trial 3	End Heart Rate	Average	C of V
70 bpm	25	80	25	100 bpm	43.30	59.80%

Dynamic Lift

Lift One

Height of Lift was inches. **Maximum Safe Lift:** lbs.

	Box Weight	Weight in Box	Total Weight	Heart Rate	RPE	EndPoint
Final Lift			0 lbs.			Biomechanical

The test was terminated because the patient achieved or exceeded the predetermined anthropometric safe lifting limit (which is based on the patient's adjusted body weight).

Lift Two

Height of Lift was inches. **Maximum Safe Lift:** lbs.

	Box Weight	Weight in Box	Total Weight	Heart Rate	RPE	EndPoint
Final Lift			0 lbs.			Aerobic

The test was terminated because the patient achieved or exceeded the age-determined target heart rate.

Lift Three

Height of Lift was inches. **Maximum Safe Lift:** lbs.

	Box Weight	Weight in Box	Total Weight	Heart Rate	RPE	EndPoint
Final Lift	lbs.	lbs.	0 lbs.	bpm		Aerobic

The test was terminated because the patient achieved or exceeded the age-determined target heart rate.

Pushing/Pulling

Pushing

(Demands were evaluated on a 20 foot course.)

	Weight on Sled	Force	Heart Rate	RPE	EndPoint
Final Push	75 lbs.	25 lbs.	100 bpm	2	
Max Safe Push	lbs.				

Pulling

(Demands were evaluated on a 20 foot course.)

	Weight on Sled	Force	Heart Rate	RPE	EndPoint
Final Pull	75 lbs.	25 lbs.	100 bpm	2	
Max Safe Pull					

Physophysical Evaluation

Waddell's Signs

This test was used to help determine whether or not the patient required a more detailed psychological evaluation. He demonstrated non-organic signs for overreaction, regional weakness, rotation simulation, superficial tenderness. The patient's total score for this test was 4. (Scores of three or more typically indicate poor psychometrics.)

Ransford Pain Drawing

This test was used to determine whether or not the patient required any further psychological evaluation. When asked to complete a standard pain drawing, he included the following item(s): back pain radiating to groin, circled painful areas, drew in additional painful area(s) in the trunk, head, neck or upper extremities (small areas), lateral whole leg pain (trochanteric and lateral thigh areas allowed), total leg pain, used arrows. Given one point for each item appearing in the drawing, the patient's total score for this test was 10. (Scores less than three typically indicate normality. Scores of three or more may indicate poor psychometrics.)

Roland-Morris Back Pain Scale

This test was used to determine the patient's perception of his disability due to back pain. When asked to complete a

Roland-Morris questionnaire, he checked the following item(s):

My back is painful almost all of the time.
I sleep less well because of my back pain.
Because of my back, I go upstairs more slowly than usual.
Because of my back, I am not doing any of the jobs that I usually do around the house.
Because of my back, I have to hold on to something to get out of an easy chair.
I get dressed more slowly because of my back.

Given one point for each item checked in the questionnaire, the patient's total score for this test was 6. Scores range from 0 (No disability) to 24 (Severe Disability).

Modified Oswestry Questionnaire

This test was used to gauge any limitations in the patient's ADL. When asked to complete the questionnaire, he selected the following statements to illustrate how his pain had affected his ability to manage everyday life:

Pain Intensity - The pain is mild and does not vary much.
Personal Care - Washing and dressing increase the pain but I manage not to change my way of doing it.
Lifting - Pain prevents me from lifting heavy weights off the floor.
Walking - I can not walk more than 1/4 mile without increasing pain.
Sitting - I can only sit in my favorite chair as long as I like.
Standing - I can not stand for longer than 30 minutes without increasing pain.
Sleeping - Pain prevents me from sleeping at all.
Social Life - My social life is normal but increases the degree of pain.
Traveling - Pain restricts all forms of travel.
Changing Degree of Pain - My pain seems to be getting better, but improvement is slow at present.

The patient's score for this test was 25 points out of a possible 50 points (indicating a 50% disability.) Here are some notes about Mr. Smith's Oswestry Score...