



## FUNCTIONAL CAPACITY EVALUATION SUMMARY REPORT

Client: Mr. John Doe  
Date of service: 10/11/2008  
Diagnosis: Mr. Doe reports he was riding his motorcycle on Hwy 12 in Idaho along the Lochsa River when he lost control of the motorcycle and went off the road and embankment. He laid by his bike for 4 days before crawling up to the Hwy to flag down help. He sustained a segmental left tibia fracture which required ORIF, a left fibula fracture, c/o right ulnar neuritis, he fractured his left scapula, and the proximal phalanx of his left index finger which required pin fixation.  
Job at time of injury: Deck Hand  
Date of injury: 08/27/2007  
Date last worked: 10/11/2008  
Worked Since: 10/11/2008  
Work Status: Yes  
Referred by: Randy Smith, MD

### Reasons for Referral

Mr. Doe was referred to this facility to answer the following questions about his current work/functional ability:

1. Did John Doe provide evidence of consistently full effort during two days of FCE testing?
2. What are John Doe's present functional physical abilities related to occupational demands?
3. What are John Doe's present functional physical limitations related to occupational demands?
4. What category of job (based on occupational requirements of tolerance and frequency) is John Doe presently capable of performing?

-----

In order to answer the referral source's questions, Mr. Doe underwent a functional capacity evaluation on 10/11/2008. A synopsis of the findings of the evaluation follows. A full report is appended hereto or is available by contacting the clinic.

## Physical Effort Findings

Overall test findings, in combination with clinical observations, suggest the presence of variable levels of physical effort on Mr. Doe's behalf. In describing sub-maximal effort, this evaluator is by no means implying intent. Rather, it is simply stated that Mr. Doe can do more physically at times than was demonstrated during this testing day. Any final vocational or rehabilitation decisions for Mr. Doe should be made with this in mind.

## Reliability of Client Reports Findings

Overall test findings, in combination with clinical observations, suggest some minor inconsistency to the reliability/accuracy of Mr. Doe's subjective reports of pain/limitation. Overall inconsistencies were considered minor, with his subjective reports generally matching well with distraction-based clinical observations. In describing such findings, this evaluator is by no means implying intent. Rather, it is simply stated that Mr. Doe may be able to do more at times than he currently states or perceives. While his subjective reports should not be disregarded, they should be considered within the context of such RCR findings.

## Summary of Findings

1. Did John Doe provide evidence of consistently full effort during two days of FCE testing?
2. What are John Doe's present functional physical abilities related to occupational demands?
3. What are John Doe's present functional physical limitations related to occupational demands?
4. What category of job (based on occupational requirements of tolerance and frequency) is John Doe presently capable of performing?

-----

1. John Doe demonstrated signs of variable effort during two-day FCE testing as evidenced by his JAMAR scores (MVE vs REG), Spinal Function Sort vs Hand Function Sort scores, Valpar 9 (Dexterity) scores vs Valpar 202 (Small Tool Handling) scores, and sporadic Competitive Test Performance.

2. John Doe's present functional physical abilities include: Good tolerance to low level (eyes open) balance, dynamic standing up to 90 minutes, above-shoulder work; Fair tolerance to crouching, squatting, stair ascending/descending, ladder ascending/descending (with <10 lbs.), sitting up to 45 minutes duration; Fair tolerance to LIGHT lifting floor< >waist 35 lbs, 12"< >waist 39 lbs, waist< >shoulder 22 lbs, shoulder< >overhead 17 lbs, carrying 20 lbs. for 30 feet, pushing-pulling 95 lbs. with Hand Truck.

3. John Doe's present functional physical limitations include: Poor tolerance to kneeling, crawling, trunk forward flexion, trunk side flexion, bending/stooping, spinal twisting/rotation, sustained low-level work, and lifting/carrying/pushing-pulling beyond above stated tolerance, walking greater than 300 feet, and upper level (eyes closed) balance.

4. John Doe is presently capable of performing the occupational demands of a SEDENTARY TO LIGHT job depending on the possible job modifications (mobility limitations). The job example of Utility Reader (electric) has been used for comparison in the PHYSICAL ABILITIES AND JOB MATCH portion of the FCE Summary.

### **Recommendations**

1. John Doe is should pursue an occupation rated as Sedentary to Light in physical demand with his present mobility restrictions in mind.
2. Because he has not had any physical therapy treatment following his 2007 MVA, John Doe would benefit form a home exercise program to address his gross lower extremity and trunk weakness. Periodic follow-up with the physical therapist prescribing the home program is appropriate.
3. Due to the extensive and chronic nature of Mr. Doe's left scapula, left lower leg, left knee, left ankle, left second digit PIP joint pain, right ulnar neuritis symptoms, and Pain Questionnaire responses, he would benefit from a chronic pain consultation

The results of this evaluation were reviewed with Mr. Doe at the conclusion of the evaluation.

Thank you for your referral of Mr. Doe.

Signed,

John Fiore, PT

SAPPHIRE PHYSICAL THERAPY  
2207 S. THIRD ST. W  
MISSOULA, MT 59801

### Physical Abilities and Job Match

The following table compares the client's demonstrated physical abilities to the critical physical demands of the job in question.

Mr. Doe's target job is Meter Reader (utilities). The typical work day is 540 minutes long with 60 minutes of lunch and other breaks resulting in a net time worked of 480 minutes.

The physical demands of the target job were determined by The Dictionary of Occupational Titles.

	Job Demand	Demonstrated Ability	Match?
<b>Strength</b>			
Lifting	Light. 20 lbs. Occasional (Up to 1/3 Day).	Light. Occasional. Fair tolerance floor<>waist height 35 lbs. max with c/o left knee soreness of 3 and compensatory posture in order to lower box to floor. Max HR= 108 bpm.	Yes
Lifting		Light. Occasional. Fair tolerance waist<>shoulder height with 22 lbs. max and c/o low back tightness of 3. Max HR= 110 bpm.	
Lifting		Light. Occasional. Fair tolerance shoulder<>overhead with 17 lbs. max and c/o left shoulder, right elbow, and low back soreness of 2. Max HR= 107 bpm.	
Carrying	Light. 20 lbs. for feet. Occasional (Up to 1/3 Day).	Light. Occasional. Fair tolerance 20 lbs. max over 30 feet with c/o light headedness, left shoulder and low back soreness of 3 with HR= 119 bpm.	Yes
Pushing	Light. 20 lbs. for feet. Occasional (Up to 1/3 Day).	Light. Occasional. Good tolerance (WITH HAND TRUCK) over 30 feet with c/o left knee and low back soreness of 3 and HR= 108 bpm.	Yes
Pulling	Light. 20 lbs. for feet. Occasional (Up to 1/3 Day).	Light. Occasional. Good tolerance (WITH HAND TRUCK) over 30 feet with c/o left knee and low back soreness of 3 and HR= 108 bpm.	Yes
<b>Mobility</b>			
Sitting	Occasional (Up to 1/3 Day).	Occasional. Fair tolerance with 45 minutes longest duration, 137 minutes total duration tested and frequent weight shifting in chair.	Yes
Static Standing	Occasional (Up to 1/3 Day).	Rare. Fair tolerance with greater weight bearing right leg, increase in low back stiffens.	No

Dynamic Standing	Occasional (Up to 1/3 Day).	Occasional. Good tolerance with 90 minutes longest duration, 172 minutes total duration tested with frequent weight shifting to right leg.	Yes
Walking	Occasional (Up to 1/3 Day).	Occasional. Fair tolerance <300 feet; Poor tolerance >300 feet due to left antalgic gait, c/o left leg pain, gross aerobic deconditioning and weakness; 46 minutes to walk 1 mile, 78 minutes total duration tested.	No
<b>Agility</b>			
Stairs/Ladders		Occasional. Fair tolerance with report of left ankle and low back soreness with repetition.	
Balancing		Occasional. Good tolerance to low level (eyes open). Poor tolerance, however, to upper level (eyes closed) balance.	
Bending/Stooping	Occasional (Up to 1/3 Day).	Rare. Poor tolerance due to pain secondary to lumbar spine degenerative changes.	No
Crouching/Squatting	Occasional (Up to 1/3 Day).	Occasional. Fair tolerance with some left knee discomfort with prolonged crouching/squatting.	Yes
Crawling		Rare. Poor tolerance due to difficulty kneeling secondary to left knee limited motion and gross lower extremity weakness.	
Twisting/Spinal Rotation		Rare. Poor tolerance due to lumbar spine degenerative changes.	
Above-Shoulder Work	Frequent (1/3 to 2/3 Day).	Occasional. Good tolerance despite left scapula fracture history (Valpar 9 test).	Yes
Low-Level Work	Occasional (Up to 1/3 Day).	Rare. Poor tolerance due to increased low back stiffness and left leg pain with prolonged low level work.	No
Prolonged Neck Positioning		Occasional. Good tolerance.	
Impact/Jarring		Rare. Poor tolerance due to lumbar spine degenerative changes, left tibia/fibula fracture history.	
<b>Dexterity</b>			
Fine Finger		No functional limitations noted. c/o numbness in right digits 4 and 5. Flexion contracture left digit 2 PIP joint.	
Grasping - Light	Occasional (Up to 1/3 Day).	No functional limitations.	Yes
Grasping - Firm	Frequent (1/3 to 2/3 Day).	No functional limitations. Bilateral hand grip rated as weak in the presence of low calculated effort.	Yes
Pinching	Occasional (Up to 1/3 Day).	No functional limitations.	Yes
Reaching Forward	Frequent (1/3 to 2/3 Day).	No functional limitations.	Yes
Writing	Frequent (1/3 to 2/3 Day).	No functional limitations.	Yes

<b>Coordination</b>			
Eye - Hand		No functional limitations.	
Eye - Hand - Foot		No functional limitations.	
Driving		No functional limitations.	
<b>Vision/Hearing</b>			
Near Acuity (<20 in.)	Frequent (1/3 to 2/3 Day).	No limitations noted.	Yes
Far Acuity (>20 ft.)		No limitations noted.	
Color Vision	Occasional (Up to 1/3 Day).	No limitations noted.	Yes
Depth Perception	Occasional (Up to 1/3 Day).	No limitations noted.	Yes
Hearing		No limitations noted.	

Sample FCE Report