Functional Capacity Evaluation

October 10, 1997

Patient's Name: Mary Doe  Eval Date: October 9, 1997

Global Effort Rating: Reliable Questionable Unreliable

Primary Limiting Factor: Self-reported global symptomatic responses to activity that are reported to be minimally task specific and non-responsive to symptom control measures.

Current Symptom Reports

Usual Pain Frequency: Occasional Intermittent Frequent Constant
Usual Pain Severity: Minimal Slight Moderate Severe
Worst Pain Frequency: Occasional Intermittent Frequent Constant
Worst Pain Severity: Minimal Slight Moderate Severe

Perceived Job Demands / Abilities (refer to chart on next page)

PDC Job Level: Sedentary Light Medium Heavy Very Heavy
Abilities Level (SFS): Below Sedentary Sedentary Light Medium Heavy Very Heavy

Measured Function

Cardiovascular Fitness (YMCA) ....... 90th percentile
Lateral Pinch (B&L) ...................... Right 16 lbs CV 1% Left 14 lbs CV 1%
Power Grip (Jamar Span 2) ............. Right 83 lbs CV 2% Left 92 lbs CV 3%
Standing Range of Motion
  Eye Level .................... Able
  Stoop to Knee ............ Slightly Restricted
  Crouch to Knee .......... Slightly Restricted
  Kneel to Knee .......... Slightly Restricted
Infrequent Lift (ELC) ................. Waist > Shoulder 20 lbs Floor > Waist 20 lbs Floor > Shoulder 15 lbs
Bilateral Carry x 100 feet .......... 15 lbs
Bilateral Climb x 10 feet .......... Deferred

Assessment:

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<th>Perceived Ability</th>
<th>Tested Ability</th>
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<tbody>
<tr>
<td>Sitting 45 min; 3 hrs/shift</td>
<td>30 min w SRA *</td>
<td>40 min w SRA *</td>
<td></td>
</tr>
<tr>
<td>Standing 40 min; 2 hrs/shift</td>
<td>30 min w SRA *</td>
<td>30 min w SRA *</td>
<td></td>
</tr>
<tr>
<td>Walking 60 min; 3 hrs/shift</td>
<td>WNL</td>
<td>WNL</td>
<td></td>
</tr>
<tr>
<td>Carrying &lt; 20 lbs 30 min; 3 hrs/shift</td>
<td>Unable</td>
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<td></td>
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<tr>
<td>Carrying &gt; 20 lbs 30 min; 2 hrs/shift</td>
<td>Unable</td>
<td>Unable</td>
<td></td>
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Summary:

Patient's subjective status corresponds with objective findings: yes no
Patient's perception of ability to perform functional activities has improved: yes no not available
Patient's functional abilities have improved: yes no not available
Comments:
Ms. Doe globally limits her participation in work activities as a function of whether or not she will have a painful response to activity. She demonstrates fluid movements through full ranges of motion. She demonstrates excellent body mechanics, except when attempting to lift from the floor with a tight skirt, which she reports is required at work. She has not yet learned symptom control strategies that can be used in a work setting.

Ms. Doe appears to have good potential to improve and to develop strategies for symptom negotiation. She appears to be motivated to return to work as a Flight Attendant for No-Name Airlines, although she has begun to have doubts that this will be possible. Her physical therapy program should include strategies for symptom negotiation, which can be achieved in a work environment. She should vigorously pursue work conditioning to improve lift capacity. At the present time, she is lifting only 13% of her body weight; 32% is considered normal for her age. If she is to return to work, based on the job description, she will need to lift at a super-normal level, approximately 62% of her body weight. If she achieves this level for lifting, the pushing and pulling demands of this job will be acceptable. Ms. Doe should be re-tested in three weeks to ascertain her progress. At that time, we can perform a brief work simulation to determine what shortfalls, if any, will be found as she returns to work.

Thank you for the opportunity to provide this service. This report represents a distillation of the findings of this functional capacity evaluation. Additional detail is available by request. Please contact either of the undersigned.

Vicki Kaskutas, OTR/L (314) 286-1672
Manager, Work Performance Laboratory

Leonard N. Matheson, PhD, CVE (314) 286-1605
Director, Work Performance Laboratory
Washington University School of Medicine Program in Occupational Therapy

<table>
<thead>
<tr>
<th>PHYSICAL DEMAND LEVEL</th>
<th>OCCASIONAL 0 - 33% of the workday</th>
<th>FREQUENT 34 - 66% of the workday</th>
<th>CONSTANT 67 - 100% of the workday</th>
<th>Typical Energy Required</th>
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<tr>
<td>SEDENTARY</td>
<td>10 lbs.</td>
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<td>1.5 - 2.1 METS</td>
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<td>Over 20 lbs.</td>
<td>Over 7.5 METS</td>
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* Symptomatic repsonse to activity
Functional Capacity Evaluation
November 6, 1997

Patient's Name: Mary Doe Eval Date: October 30, 1997

Global Effort Rating: Reliable Questionable Unreliable

Primary Limiting Factor: Self-reported global symptomatic responses to activity

Current Symptom Reports

Usual Pain Frequency: Occasional Intermittent Frequent Constant
Usual Pain Severity: Minimal Slight Moderate Severe
Worst Pain Frequency: Occasional Intermittent Frequent Constant
Worst Pain Severity: Minimal Slight Moderate Severe

Perceived Job Demands / Abilities (refer to chart on next page)

PDC Job Level: Sedentary Light Medium Heavy Very Heavy
Abilities Level (SFS): Below Sedentary Sedentary Light Medium Heavy Very Heavy

Measured Function

Cardiovascular Fitness (YMCA)........... 90th percentile
Infrequent Lift (ELC) .................... Waist > Shoulder 30 lbs Floor > Waist 20 lbs Floor > Shoulder 25 lbs
Percent Improvement .................... Waist > Shoulder 50% Floor > Waist Even Floor > Shoulder 67%
Bilateral Carry x 100 feet ............ 25 lbs

Assessment:

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<td>30 min; 2 hrs/shift</td>
<td>Unable</td>
<td>Adequate load</td>
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Summary:

Patient's subjective status corresponds with objective findings: yes no
Patient's perception of functional ability has improved: yes no not available
Patient's functional abilities have improved: yes no not available

Comments:
Ms. Doe continues to globally limit her participation in work activities and her exercise program as a function of whether or not she will have a painful response to activity. In the interval since the last test date (10/10/97), she withdrew from physical therapy and her exercise program for 10 days in order to attempt symptom control after exacerbation during a physical therapy evaluation, but was not successful. She has since returned to the program and has resumed her exercises.

In testing today, Ms. Doe demonstrates improvements in both lift capacity and self-perception of her work capacity, although she is not confident in her ability to apply this in a work setting on a regular full-time basis. At the present time, she is lifting 22% of her body weight, a substantial improvement since the last evaluation;
32% is considered normal for her age. She also demonstrates difficulties with handling simulated work activities, principally lifting objects above waist level, as if to overhead luggage racks. Carrying capacity is also less than necessary for a return to work.

Ms. Doe continues to have good potential to improve and to develop strategies for symptom negotiation. Her work hardening program should include conditioning for work related tasks, combined with strategies for symptom negotiation. She should also be assisted to develop strategies for manipulating the equipment she will have to handle on the job. We undertook some of this during the evaluation and it appears that she both appreciated and benefited from this instruction. Ms. Doe should be re-tested in three weeks to ascertain her progress. At that time, we will again perform a lift capacity test and a work simulation to determine her status for return to work.

Thank you for the opportunity to provide this service. This report represents a distillation of the findings of this functional capacity evaluation. Additional detail is available by request. Please contact either of the undersigned.

Vicki Kaskutas, OTR/L (314) 286-1672
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* Symptomatic response to activity
Functional Capacity Evaluation  
November 21, 1997

Patient's Name: Mary Doe  Eval Date: November 20, 1997

Global Effort Rating: Reliable  Questionable  Unreliable

Primary Limiting Factor: Self-reported global symptomatic responses to activity

Current Symptom Reports

Usual Pain Frequency: Occasional  Intermittent  Frequent  Constant
Usual Pain Severity: Minimal  Slight  Moderate  Severe
Worst Pain Frequency: Occasional  Intermittent  Frequent  Constant
Worst Pain Severity: Minimal  Slight  Moderate  Severe

Perceived Job Demands / Abilities (refer to chart on next page)

PDC Job Level: Sedentary  Light  Medium  Heavy  Very Heavy
Abilities Level (SFS): Below Sedentary  Sedentary  Light  Medium  Heavy  Very Heavy

Measured Function

Cardiovascular Fitness (YMCA)....... 90th percentile
Infrequent Lift (ELC) .................Waist > Shoulder  50 lbs  Floor > Waist  60 lbs  Floor > Shoulder  45 lbs
Percent Improvement .................Waist > Shoulder  67%  Floor > Waist  200%  Floor > Shoulder  80%
Bilateral Carry x 100 feet ............45 lbs

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Summary:

Patient's subjective status corresponds with objective findings: yes  no
Patient's perception of functional ability has improved: yes  no  not available
Patient's functional abilities have improved: yes  no  not available

Comments:
Ms. Doe no longer globally limits her participation in work activities and her exercise program as a function of whether or not she will have a painful response to activity. In the interval since the last test date (10/30/97), she participated regularly in a work hardening program 3.5 hours per day.
In testing today, Ms. Doe demonstrates substantial improvements in both lift capacity, carry capacity, and self-perception of her work capacity. She believes that she is ready to return to work on a regular full-time basis. At the present time, she is lifting 40% of her body weight, a substantial improvement since the last evaluation; 32% is considered normal for her age. She also demonstrates competence with handling simulated work activities, including lifting objects above waist level, as if to overhead luggage racks. Carrying capacity is also is adequate for a return to work.

Thank you for the opportunity to provide this service. This report represents a distillation of the findings of this functional capacity evaluation. Additional detail is available by request. Please contact the undersigned.

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