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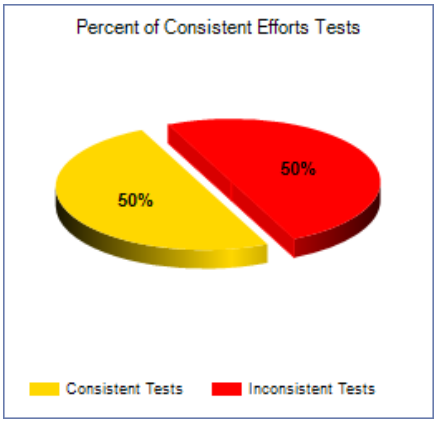
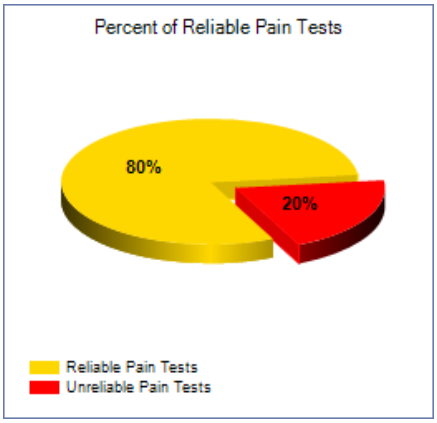
Functional Capacity Evaluation

Client:	Ima Cool	**Date of Injury:**	1/04/2019
Gender:	Female	**Evaluator:**	John Sample, MS, OTR/L
Date of Birth:	10/2/1980	**Time In:**	09:00 AM
Evaluation Date:	3/16/2020	**Time Out:**	01:00 PM
Diagnosis:	Neck and Upper Back Pain		
Referring Physician:	Dr. Painless		

Results





Material Handling Abilities

- Bilateral Lifting: 28 pounds
- Frequent Bilateral Lifting: 22 pounds
- Bilateral Carrying: 27 pounds
- Pushing: 20 horizontal force pounds
- Pulling: 15 horizontal force pounds

Client/Occupation Physical Demand Category

Client demonstrated the ability to perform within the LIGHT Physical Demand Category based on the definitions developed by the US Department of Labor and outlined in the Dictionary of Occupational Titles. Client is presently able to work full time while taking into account her need to alternate sitting and standing as noted in this report.

Consistency of Effort

During objective functional testing, this client demonstrated consistent effort throughout 50.0% of this test which would suggest significant observational and evidenced based contradictions resulting in consistency of effort discrepancies, self-limiting behaviors, and/or sub-maximal effort. The overall results of this evaluation do not represent a true and accurate representation of this client's overall physical capabilities. The functional results of this evaluation represent a minimal level of functioning for this client. During objective functional testing, the items that were inconsistent resulting in self limiting behavior/sub-maximal effort included right hand grip strength inconsistencies, left hand grip strength inconsistencies, right five span grip inconsistencies, left five span versus right grip inconsistencies, right grip strength testing inconsistencies secondary to higher right rapid grip exchange results, left grip strength testing inconsistencies secondary to higher left rapid grip exchange results, right five span grip strength testing inconsistencies secondary to higher right rapid grip exchange results and left five span grip strength testing inconsistencies secondary to higher left rapid grip exchange results.

Reliability of Pain Ratings

Throughout objective functional testing, this client reported reliable pain ratings 80.0% of the time which would suggest that pain could have been considered a limiting factor during functional testing.

Summary

Limiting Factors Noted During Testing

During this evaluation, the client presented with limiting factor(s) during objective functional testing which included: Mechanical Changes and Mechanical Deficits.

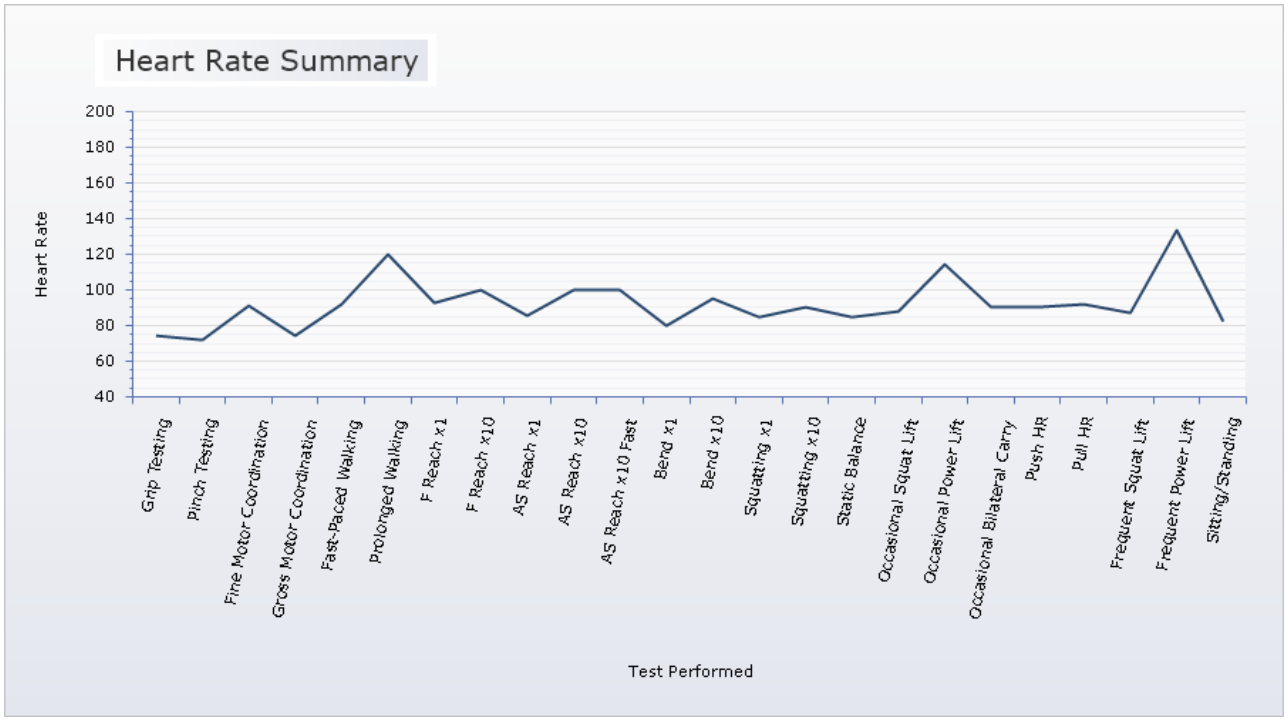
Assessment Purpose / Reason for Referral

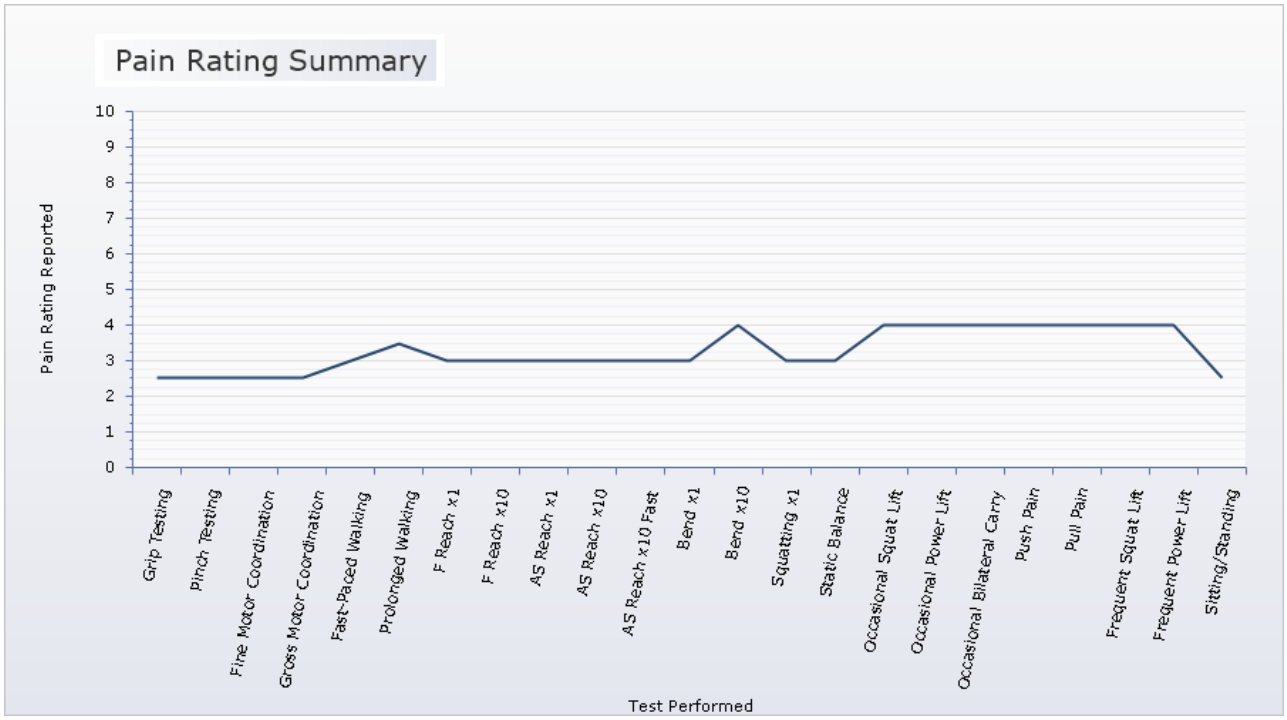
The purpose of this Baseline Functional Capacity Evaluation is to determine this client's overall musculoskeletal and functional abilities as it relates to the physical demands outlined by the United States Department of Labor in the Dictionary of Occupational Titles.

Job Demands Match Table

	Abilities from 3/16/2020 Evaluation
Material Handling	
Occasional Squat Lift	22 Pounds
Frequent Squat Lift	17 Pounds
Constant Squat Lift	0 Pounds
Occasional Power Lift	28 Pounds
Frequent Power Lift	22 Pounds
Constant Power Lift	0 Pounds
Occasional Bilateral Carry	27 Pounds
Occasional Pushing	20 HFP
Occasional Pulling	15 HFP
Upper Extremity	
Gross Coordination	Constant
Fine Coordination	Constant
Simple Grasping	Constant
Firm Grasping	Constant
Pinching	Constant
Non-Material Handling	
Bending	Frequent
Squatting	Frequent
Walking	Constant
Forward Reaching	Occasional
Above Shoulder Reaching	Occasional
Climbing	
Static Balance	Frequent
Sit-Stand	
Total Sitting	10 hours
At One Time Sitting	2 hours and 10 minutes
Total Standing	2 hours and 30 minutes
At One Time Standing	2 hours

Basic Diagnostics





Medical History and Present Status

History of Present Condition

Around Christmas a little over a year ago, she was in a MVA where her car was struck from the rear while she was wearing her seatbelt. She initially taken to the hospital, had X-rays (-) for fractures and was released. Subsequently her family physician prescribed pain killers and physical therapy for neck and lower back pain. She also reports the P.T. did not help but also that she had very poor compliance and attendance. The patient continues to experience discomfort despite reports of overall improvement since the accident.

Present Status

Patient reports discomfort that increases with changes to "her routine". She is no longer able to participate in running and sailing. She is also unable to concentrate on reading due to pain in her neck while sitting.

Musculoskeletal Testing

Cervical Range of Motion (Inclinometric)

Movement	Description	Range					
Cervical Flexion (50º)	Calvarium Angle	82	82	76			
	T1 ROM	30	32	28			
	Cervical Flexion Angle	52	50	48			
	+-10% or 5	Yes					
Maximum Cervical Flexion Angle = 52	% Impairment						
Cervical Extension (60º)	Calvarium Angle	95	95	95			
	T1 ROM	40	40	40			
	Cervical Flexion Angle	55	55	55			
	+-10% or 5	Yes					
Maximum Cervical Extension Angle = 55	% Impairment						
Cervical Left Lateral Bending Angle (45º)	Calvarium Angle	60	60	60			
	T1 ROM	20	20	20			
	Left Lateral Bending Angle	40	40	40			
	+-10% or 5	Yes					
Maximum Left Lateral Bending Angle = 40	% Impairment						
Cervical Right Lateral Bending Angle (45º)	Calvarium Angle	55	55	55			
	T1 ROM	20	20	20			
	Right Lateral Bending Angle	35	35	35			
	+-10% or 5	Yes					
Maximum Right Lateral Bending Angle = 35	% Impairment						
Cervical Left Rotation (80º)	Rotation Angle	60	72	66			
	+-10% or 5	Yes					
Maximum Cervical Left Rotation Angle = 72	% Impairment						
Cervical Right Rotation (80º)	Rotation Angle	65	65	70			
	+-10% or 5	Yes					
Maximum Cervical Right Rotation Angle= 70	% Impairment						

Lower Extremity Range of Motion and Strength

	Right		Left	
	AROM	Strength	AROM	Strength
Hip Flexion	WNL	5/5	WNL	5/5
Hip Extension	WNL	5/5	WNL	5/5
Hip Adduction	WNL	5/5	WNL	5/5
Hip Abduction	WNL	5/5	WNL	5/5
Hip Internal Rotation	WNL	5/5	WNL	5/5
Hip External Rotation	WNL	5/5	WNL	5/5
Knee Flexion	WNL	5/5	WNL	5/5
Knee Extension	WNL	5/5	WNL	5/5
Ankle Dorsiflex	WNL	5/5	WNL	5/5
Ankle Plantar	WNL	5/5	WNL	5/5
Ankle Inversion	WNL	5/5	WNL	5/5
Ankle Eversion	WNL	5/5	WNL	5/5

Upper Extremity Range of Motion and Strength

	Right		Left	
	AROM	PROM	AROM	PROM
Shoulder Flexion	165	WNL	WFL	WNL
Shoulder Extension	WFL	WNL	WFL	WNL
Shoulder Adduction	WFL	WNL	WFL	WNL
Shoulder Abduction	165	WNL	WFL	WNL
Horizontal Adduction	WFL	WNL	WFL	WNL
Horizontal Abduction	WFL	WNL	WFL	WNL
Internal Rotation	WFL	WNL	WFL	WNL
External Rotation	WFL	WNL	WFL	WNL
Elbow Flexion	WFL	WNL	WFL	WNL
Elbow Extension	WFL	WNL	WFL	WNL
Supination	WFL	WNL	WFL	WNL
Pronation	WFL	WNL	WFL	WNL
Wrist Flexion	WFL	WNL	WFL	WNL
Wrist Extension	WFL	WNL	WFL	WNL
Ulnar Deviation	WFL	WNL	WFL	WNL
Radial Deviation	WFL	WNL	WFL	WNL
Digit Opposition	WFL	WNL	WFL	WNL

Self Report Sensation

Reports no current disasthesia.

Consistency of Effort

Consistency of Effort

Consistency of Effort is determined based on this client demonstrating consistent or inconsistent biomechanical, observational, and evidence based consistency of effort criteria. The following items were deemed to be inconsistent during this assessment:

- right hand grip strength inconsistencies
- left hand grip strength inconsistencies
- right five span grip inconsistencies
- left five span versus right grip inconsistencies
- right grip strength testing inconsistencies secondary to higher right rapid grip exchange results
- left grip strength testing inconsistencies secondary to higher left rapid grip exchange results
- right five span grip strength testing inconsistencies secondary to higher right rapid grip exchange results and left five span grip strength testing inconsistencies secondary to higher left rapid grip exchange results

Reliability of Pain

McGill Pain Questionnaire

The McGill pain questionnaire was performed and the client scored 2 points on this questionnaire which would suggest good psychodynamics and the potential for reliable pain reports during functional testing.

Ransford Pain Drawing

The Ransford Pain Drawing tool was performed and the client scored 1 points on this tool which would suggest good psychodynamics and the potential for reliable pain reports during functional testing.

Oswestry Neck Disability Questionnaire

The Oswestry Neck Disability Index was performed and this client scored at a 50% which would suggest severe disability. Pain remains the main problem in this group of patients but travel, personal care, social life, and sleep are also affected. These patients require detailed investigation. This level may suggest the potential for unreliable pain reports during functional testing.

Reliability of Pain

Reliability of Pain testing is performed to determine whether this client's pain reports can be considered as limiting factors during functional testing. The following evidence based items were tested to determine this clients Reliability of Pain and were determined to represent unreliable pain reports:
- Oswestry Neck Disability Questionnaire

Upper Extremity Testing

Grip Strength

	Right	Left
Trial 1	65	38
Trial 2	45	30
Trial 3	55	28

	Right	Left
CV %	18.2 %	16.5 %

	Right	Left
Mean	74.1	66.3
Range	50-99	49-91

Rapid Exchange Grip Testing

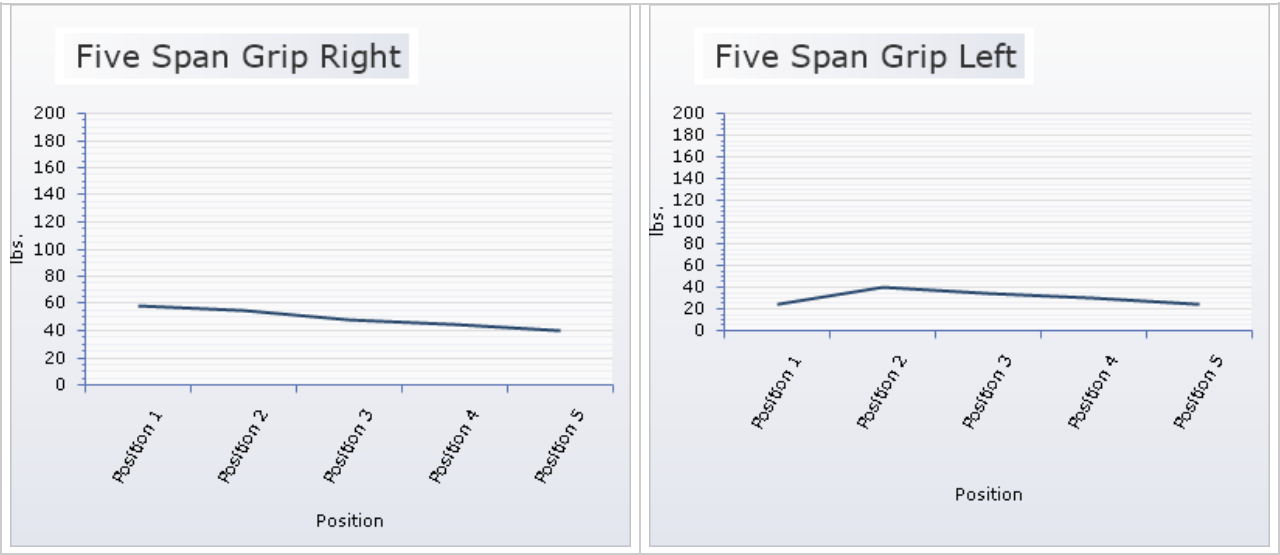
	Right	Left
Maximum Weight Noted In Tests 5-8	70	60

Key Pinch Testing

	Right	Left
Trial 1	13	14
Trial 2	12	12
Trial 3	12	14

	Right	Left
CV %	4.7 %	8.7 %

	Right	Left
Mean	16.6	16
Range	12-21	12-22



Grasping

She demonstrated the ability during simple grasping testing, to be able to perform this activity on a CONSTANT basis and firm grasping on a CONSTANT basis. She demonstrated a maximum grasping force on the left upper extremity of 60 pounds and the right upper extremity of 70 pounds. Following this test, her heart rate was 74 beats per minute and her pain using the OccuPro functional pain scale was reported at a 2 1/2 on this 0-10 functionally based pain scale.

Pinch Testing

Client demonstrated the ability during pinching testing, to be able to perform this activity on a CONSTANT basis. She demonstrated a maximum key pinch force on the left upper extremity of 14 pounds and a maximum key pinch force on the right upper extremity of 13 pounds. Following this test, her heart rate was 72 beats per minute and her pain using the OccuPro functional pain scale was reported at a 2 1/2 on this 0-10 functionally based pain scale.

Fine Motor

Client demonstrated the ability during fine motor coordination testing to be able to perform this activity on a CONSTANT basis. During Purdue Pegboard she performed the right handed test and completed 21 pegs which is considered High Avg, the left handed test and completed 20 pegs which is considered Excellent, both hands test and completed 12 rows which is considered Low Avg and the assembly test and completed 42 pegs which is considered Average. . Following this test, her heart rate was 91 beats per minute and her pain using the OccuPro functional pain scale was reported at a 2 1/2 on this 0-10 functionally based pain scale.

Gross Motor

Client demonstrated the ability during gross motor coordination testing to be able to perform this activity on a CONSTANT basis. During Box and Block testing she performed the right handed test and completed 85 blocks the left handed test and completed 85 blocks. Following this test, her heart rate was 74 beats per minute and her pain using the OccuPro functional pain scale was reported at a 2 1/2 on this 0-10 functionally based pain scale.

Non-Material Handling

Walking

Client demonstrated the ability during fast paced and prolonged walking testing, to perform this activity on a CONSTANT basis. The US Army regulation time for a fast paced walking testing is 66 seconds and she was able to complete this test in 56 seconds so it could be considered that she performed walking testing at a fast pace. During this test, she did not utilize an assistive device, her stride pattern was even and she exhibited a non-antalgic gait pattern. Following this test, her heart rate was 92 beats per minute and her pain using the OccuPro functional pain scale was a 3 on this 0-10 functionally based pain scale.
She was also asked to perform prolonged walking testing she performed this test on a treadmill while using hand support. She was asked to walk at 3.00 miles per hour for 15 minutes and demonstrated the ability to tolerate 15 minutes at 3.00 miles per hour. She did not utilize an assistive device, her stride pattern was even and she exhibited a non-antalgic gait pattern. Following this test, her heart rate was 120 beats per minute and her pain using the OccuPro functional pain scale was a 3 1/2 on this 0-10 functionally based pain scale.

Forward Reaching

Client demonstrated the ability during forward reaching testing, to be able to perform this activity on an OCCASIONAL basis. Prior to reaching testing she reported a history of neck and/or shoulder injuries. During this test, times 1 repetition and times 10 repetitions she demonstrated 100 percent of a full forward reach. During this test, she demonstrated an average reaching pace, a normal to abnormal scapulohumeral rhythm and she did demonstrate compensatory techniques. Following this test, her heart rate was 93 to 100 beats per minute and her pain using the OccuPro functional pain scale was a 3 on this 0-10 functionally based pain scale.

Above Shoulder Reaching

Client demonstrated the ability during above shoulder reaching testing, to be able to perform this activity on an OCCASIONAL basis. During this test, times 1 repetition and times 10 repetitions she demonstrated 100 percent of a full above shoulder reach.

During this test, she demonstrated a slow reaching pace and she an abnormal scapulohumeral rhythm. Following this test, her heart rate was 86 to 100 beats per minute and her pain using the OccuPro functional pain scale was a 3 on this 0-10 functionally based pain scale.

Bending Comments

Client demonstrated the ability during bending testing, to be able to perform this activity on a FREQUENT basis. During this test, times 1 repetition and times 10 repetitions she demonstrated 100 percent of a full bend. During this test, she demonstrated a slow to average bending pace, she had a normal to abnormal movement pattern and she did demonstrate compensatory techniques. Following this test, her heart rate was 80 to 95 beats per minute and her pain using the OccuPro functional pain scale was a 3 to 4 on this 0-10 functionally based pain scale.

Squatting

Client demonstrated the ability during repetitive squatting testing, to be able to perform this activity on a FREQUENT basis. During this test, times 1 repetition and times 10 repetitions she demonstrated 100 percent of a full squat. During this test, she demonstrated an average squatting pace, a normal movement pattern, she did not demonstrate compensatory techniques, she did demonstrate equal weight bearing on her lower extremities and She had no crepitus. Following this test, her heart rate was 85 to 90 beats per minute and her pain using the OccuPro functional pain scale was a 3 on this 0-10 functionally based pain scale.

Off of Ground Static Balance

Client demonstrated the ability during static balancing testing, to be able to perform this activity up off of the ground on a FREQUENT basis. During this test, she demonstrated the ability to perform a Romberg's test with her eyes open and was able to complete 30 seconds out of a requested 30 seconds, sharpened Romberg's was performed for 30 seconds out of a requested 30 seconds, a functional reach test was performed and she achieved an average functional reach of 15.50 inches compared to her age and gender of 15 inches, she performed a single leg stance on her right lower extremity and achieved 30 seconds out of a requested 30 seconds, a single leg stance on her right lower extremity with her eyes close and achieved 10 seconds out of a requested 30 seconds and a single leg stance on her left lower extremity and achieved 30 seconds out of a requested 30 seconds. Following this test, her heart rate was 85 beats per minute and her pain using the OccuPro functional pain scale was a 3 on this 0-10 functionally based pain scale.

Occasional Material Handling

Squat Lifting (Floor to Waist)

During Occasional Bilateral Squat Lifting testing, this client demonstrated the ability to lift 22 pounds from floor to waist. Following this test, her heart rate was 88 beats per minute and her pain using the OccuPro functional pain scale was a 4 on this 0-10 functionally based pain scale. She demonstrated fair lifting mechanics and required no verbal cueing. The limiting factors noted during this test were mechanical deficits.

Power Lifting (12 inches to Waist)

During Occasional Bilateral Power Lifting testing, this client demonstrated the ability to lift 28 pounds 12 inches to waist. Following this test, her heart rate was 114 beats per minute and her pain using the OccuPro functional pain scale was a 4 on this 0-10 functionally based pain scale. She demonstrated fair lifting mechanics and required no verbal cueing. The limiting factors noted during this test were mechanical deficits.

Bilateral Carrying

During Occasional Bilateral Carrying testing, she demonstrated the ability to carry 27 pounds. Following this test, her heart rate was 90 beats per minute and her pain using the OccuPro functional pain scale was a 4 on this 0-10 functionally based pain scale. She demonstrated good carrying mechanics and required no verbal cueing. The limiting factors noted during this test were mechanical deficits.

Pushing/Pulling

During Occasional Pushing testing, this client demonstrated the ability to push 20 horizontal force pounds. Following this test her heart rate was 90 beats per minute and her pain using the OccuPro functional pain scale was a 4 on this 0-10 functionally based pain scale. She demonstrated good pushing mechanics and required no verbal cueing. The limiting factors noted during this test were mechanical deficits.
During Occasional Pulling testing, this client demonstrated the ability to pull 15 horizontal force pounds. Following this test her heart rate was 92 beats per minute and her pain using the OccuPro functional pain scale was a 4 on this 0-10 functionally based pain scale. She demonstrated good pulling mechanics and required no verbal cueing. The limiting factors noted during this test were mechanical deficits.

Frequent Material Handling

Squat Lifting

During Frequent Bilateral Squat Lifting testing, this client demonstrated the ability to lift 17 pounds from floor to waist. Following this test, her heart rate was 87 beats per minute and her pain using the OccuPro functional pain scale was a 4 on this 0-10 functionally based pain scale. Her heart rate was also compared to her reported rating of perceived exertion which was a 10 using the Borg 6 – 20 Rating of Perceived Exertion scale which would suggest reliable pain reports. She demonstrated fair lifting mechanics and required no verbal cueing. The limiting factors noted during this test were mechanical changes.

Power Lifting (12 inches to waist)

During Frequent Bilateral Power Lifting testing, this client demonstrated the ability to lift 22 pounds 12 inches to waist. Following this test, her heart rate was 134 beats per minute and her pain using the OccuPro functional pain scale was a 4 on this 0-10 functionally based pain scale. Her heart rate was also compared to her reported rating of perceived exertion which was a 16 using the Borg 6 – 20 Rating of Perceived Exertion scale which would suggest reliable pain reports. She demonstrated fair lifting mechanics and required no verbal cueing. The limiting factors noted during this test were mechanical changes.

Sitting and Standing

Sit/Stand Comments

Sitting and standing abilities are based on observing this persons sit/stand abilities throughout this evaluation and comparing this to various questions asked of this client in regards to her self-reported sitting and standing abilities.
During this evaluation, before requiring a change of position this client was noted to sit for 2 hours and 10 minutes at one time. Based on sitting observation and self-report she is able to perform sitting for up to 10 hours total during a day and 2 hours and 10 minutes at one time before requiring a change of position. Based on standing observation and self-report she is able to perform standing for up to 2 hours and 30 minutes total during a day and 2 hours at one time before requiring a change of position.
Following overall functional testing her heart rate was 82 beats per minute and her pain using the OccuPro functional pain scale was a 2 1/2 on this 0-10 functionally based pain scale

Dr. Painless, thank you for the opportunity to work with your client.

If I can be of assistance in interpreting this Functional Capacity Evaluation, please feel free to contact me at:

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Electronically Signed/Authenticated by

Ken D Follett, AT, ATC | **Date:** 04/10/2020 01:54:01 PM CST
Licensed and Certified Athletic Trainer