



## Functional Capacity Evaluation

### SAMPLE REPORT – RETURN TO WORK

Client Name: Frank T.

Date of FCE: 1/05/2011

Therapist: Laurie T.

Referrer: Dr. Smith

#### Facility

WorkWell Prevention & Care  
11 East Superior Street, Suite 410  
Duluth, MN 55802  
866-997-9675





WorkWell Prevention & Care  
11 East Superior Street, Suite 410  
Duluth, MN 55802  
866-997-9675

### **Summary Report**

Name: Frank T.

Test Date: 1/05/2011

DOB: 8/20/1956

Date of Injury: 08/15/2010

Gender: M

Address: Canal Park Drive

City: Duluth

State: MN

Zip Code: 55806

Physician: Dr. Smith

Employer: Company A

Primary Diagnosis: R shoulder SLAP tear, grade 3-4 arthritis R shoulder with R anterior labral tear and impingement syndrome.

Secondary Diagnosis: None

**Reason for Testing:** Determine ability to return to previous job.

**Description of Test Done:** A one-day WorkWell CORE FCE with job specific testing added to determine ability to RTW.

**Effort and Cooperation:** Client's patterns of movement and physiological responses are consistent with maximum effort. Client demonstrated cooperative behavior and was willing to work to maximum abilities on all test items.

**Consistency of Performance:** Client's performance was consistent throughout the entire FCE. His motion and strength limitations were consistent with his performance in the lifting and carrying test activities. His perceived abilities as measured in the Spinal Function Sort are higher than the levels identified during the FCE. The client's right shoulder strength and ROM limitations were consistent with the referral diagnosis, throughout the physical examination and the functional testing.

**Pain Report:** Client reported an occasional popping in his R shoulder with elevated work and overhead activities. He did not have any complaints of pain with any of the test activities.

**Safety:** Client demonstrated safe performance using appropriate body mechanics throughout all subtests. He did require instructions in pacing as he tends to perform at a quick pace.

**Quality of Movement:** Client does compensate for decreased endurance and strength in the R shoulder with asymmetrical movement patterns and overcompensating with the strength of his L UE. This was evident in waist to crown lifting and elevated work. Client demonstrated smooth and coordinated movements in all other FCE test activities.

**Abilities/Strengths:** Client has no limitations in walking, standing work, sitting, FB standing, stairs, ladder climb, crouching, and kneeling.

**Limitations:** Weakness and decreased endurance in the R shoulder is evident in waist to crown lifting and elevated work. See FCE test results and job match grid for details

**Job Match Grid: Line Associate**

CRITICAL DEMAND FROM JOB DESCRIPTION	FCE ABILITIES	JOB MATCH Yes/No
1 hand forward reach 50" occasionally	Forward unilateral reaching of 50-52" in FB reaching posture	YES
2 handed forward reach 52" occasionally 30" frequently	2 handed forward reach in FB standing posture 52" and 36" frequently	YES
Elevated work – reaching upward with one hand a distance of 63" occasionally	Client able to reach up to 67" with R and L hand	YES
Elevated work at height of 63" with 5# tool occasionally	Client able to reach to the 63", but unable to maintain reach with 5# weight in right hand. Currently ability rarely on R. Able to complete frequently with L hand	NO with R hand YES with L hand
Floor to 41" shelf – lifting 60# occasionally	Client's abilities 50# rarely, 45# occasionally	NO
Waist to shoulder lifting – 40# occasionally	Client's abilities 35# rarely, 30# occasionally	NO
1 handed carry up to 50 feet with 15# occasionally	Client's abilities R handed carry of 35# occasionally and L handed carry of 45# occasionally	YES
Static Pull 75# using one hand occasionally	Pull force of 50# with R hand and 80# with L hand	YES if allowed to use L hand
Walking and standing done on a frequent basis through out workday	Walking – frequently Standing work – frequently	YES
Ladder climbing with 15# tool belt on waist – occasionally	Ladder climb with 15# tool belt on waist – frequently	YES

**Potential Barriers to Return to Work:** A job match was done using the critical demands of the client's job. At this time there is not a match with his safe maximum abilities per FCE testing. The client has decreased strength in the R shoulder limiting his ability to do lifting and elevated work. The results of the FCE reflect the client's current abilities. Return to work would require modifications or restricted duty at this time.

**Physical Return to Work Options Explored:** Based on client's current safe abilities, he is unable to complete the job requirements for lifting. There is not a job match at this time. Options for RTW include modifying the 3 job demands he is currently unable to perform or restricted return to work based on client's current safe abilities if available through employer.

**Therapist's Recommendations Regarding Return to Work:** Client may benefit from a work conditioning program to increase strength and ROM in the R shoulder in functional activities. The client has the potential to meet the job requirements based on his current FCE results and the critical demands of the job.

If restricted duty or modifications are available, recommend 4 hours/day at work initially and work conditioning 4 hours/day. Gradually increase work hours over a 3-4 week period or until client's abilities meet all of the critical demands of the job.

**Summary/Recommendations:** The projections are for 8 hours a day 5 days a week at the levels indicated on the FCE grid.

US Dept of Labor Physical Demand Level: **Client is functioning in the medium PDL range with maximum safe abilities per FCE test results.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Test Results and Interpretation

The interpretation of WorkWell's standardized functional testing is based on assumptions including normal breaks, basic ergonomic conditions and that the tested functions are usually not required more than 2/3 of a normal working day. If a function is required continuously, job related testing should be performed.

Interpretation of observed function regarding activity during a normal working day.

Frequency	Weighted Activities Observed Physiologic Effort Level	Position/Ambulation Quantitative + Qualitative Results	% of Workday
NEVER	Contraindicated	Not Possible	0%
RARELY	Maximum	Significant Limitation	1-5%
OCCASIONALLY	Heavy	Some Limitation	6-33%
FREQUENTLY	Low	Slight/No Limitation	34-66%
SELF-LIMITED	Client stopped test; sub maximum effort level		Submax. %

Name: Frank T.

Test Date: 1-05-2011

Lifting, Strength (lbs)	Unable	Max. Rarely 1-5%	Heavy Occasionally 6-33%	Low Frequently 34-66%	Limitations	Recommendations
Waist to Floor (11")		50	45	30	Decreased strength in R scapular stabilizers and R should musculature	
Waist to Crown (Hands at Handles)		35	30	25	R shoulder weakness and decreased endurance	
Waist to Crown (Preferred Method)		35	30	25		
Front Carry (Long)		50	45	30		
Right Carry		40	35	25		
Left Carry		50	45	40		

Push-Pull (Static)	Force Generated	Limitations	Recommendations
Push Static	120		
Pull Static	115		
One-handed pull	L = 80 R = 50		

(There are numerous variables impacting Push/Pull including load, equipment, surface, etc. This is not meant to indicate the "weight that is moved".)

Posture, Flexibility, Ambulation	Unable	Significant Limitation Rarely 1-5%	Some Limitation Occasionally 6-33%	No Limitation Frequently 34-66%	Limitations	Recommendations
Elevated Work (Weighted)			X		Decreased R shoulder ROM and strength	Use step ladder so work is done at chest height or lower.
Fwd Bend Standing				X		
Sitting				X		
Standing Work				X		
Walking- 6MWT				X		

Posture, Flexibility, Ambulation	Unable	Significant Limitation Rarely 1-5%	Some Limitation Occasionally 6-33%	No Limitation Frequently 34-66%	Limitations	Recommendations
Crouch				X		
Kneeling / Half Kneeling				X		
Stairs				X		
Ladder climb (Two handed)				X		

Hand/Finger Strength	Force Generated (pounds)	Mean for Age/Gender	Values for approx 2/3 of this age/gender group range	Limitation	Recommendations
Hand Grip Right	50	70.4	57 - 84		
Hand Grip Left	42	62.3	49 - 76		

Coordination	Standard Score	Rating	Limitation	Recommendations
PCE Round Blocks Dominant Hand	95	Average		
PCE Round Blocks Non Dominant Hand	85	Average		
PCE Peg Board Dominant Hand	100	Average		
PCE Peg Board Non Dominant Hand	90	Average		

## JOB SPECIFIC TESTING

Posture, Flexibility, Ambulation	Client's abilities	Limitations
1- handed reaching at 50" on an occasional basis	50-52" with each hand in FB reaching posture	None
2 handed forward reach at 52" occasionally and 30" frequently	2 handed reaching at 52" and 35" with no limitations (frequent ability)	None
Elevated work – reaching 63" with one hand occasionally	67" reaching with both R and L hand without limitations (frequently)	None
Elevated work at height of 63" with 5# tool occasionally.	L hand = Frequently R hand = rarely	Decreased R UE strength and endurance
Static Pull force of 75# using one hand - occasionally	50# with R 80# with L	Does not meet job demand with use of R hand
Ladder climb with 15# tool belt around waist – occasionally	Frequent ability (no limitations)	None
LIFTING AND CARRYING	Client's abilities	Limitations
Floor to 41" shelf lift of 60# occasionally	50# rarely 45# occasionally	Decreased strength in R shoulder
Waist to shoulder lifting of 40#	35# rarely 30# occasionally	Decreased strength in R shoulder



WorkWell Prevention & Care  
11 East Superior Street, Suite 410  
Duluth, MN 55802  
866-997-9675

### **WorkWell FCE History**

Name: Frank T.

Test Date: 1/5/2011

DOB: 8/20/1956

Date of Injury: 8-15-2010

Gender: M

Address: Canal Park Drive

City: Duluth

State: MN

Zip Code: 55806

Physician: Dr. Smith

Employer: Company A

Primary Diagnosis: R shoulder SLAP tear, grade 3-4 arthritis R shoulder with R anterior labral tear and impingement syndrome.

Secondary Diagnosis: None

Occupation at time of injury: Line Associate

Dept. of Labor category of work: Medium

**Mechanism/Type of Injury:** Client was working on the line on August 15, 2010. When he pulled a lever he felt a pop in his right shoulder and the immediate onset of pain. The pain increased through out the day such that he reported the injury to his supervisor. GP sent him to urgent care for medical attention that afternoon.

**Previous Treatment:** Occupational therapy post op from October 2010 to 12/21/2010. Has been working on strengthening and ROM for R shoulder.

**Pertinent Surgery/Other Clinical Tests/Past Medical History:** October 5, 2010 had right shoulder arthroscopy with SLAP repair, debridement of labral tear and subacromial decompression.

**Current Medications:** Aspirin PRN, reports taking multiple vitamins and fish oil tablets.

**Functional Status/ Activity Level:** Client reports he is performing all ADL's independently. He is able to do housework and yard work without any apparent limitations. He does report some difficulty with reaching into cupboards for plates and bowls with the R UE. He reports being very active getting in walks on a daily basis of up to 2-3 miles.

**Chief Complaints/Symptoms:** Client reports occasional twinges of pain in the R shoulder noted more with reaching activities and some difficulty with sleeping on the R shoulder. Pain generally at 2/10 with worse days being at most a 4/10.

**Return to work Information:** Client is anxious to return to his job. This referral is for RTW determination.

**Goals:** Get back to work full time as soon as possible.



WorkWell Prevention & Care  
 11 East Superior Street, Suite 410  
 Duluth, MN 55802  
 866-997-9675

**WorkWell FCE Physical Exam**

Systems Review

Blood Pressure: 120/84

Heart Rate (resting): 78

Weight: 210

Height: 6'2"

Gait: Normal, brisk gait without assistive device.

Posture: R shoulder slightly depressed.

Coordination: WFL

Movement Characteristics: slightly slower and guarded with movements of the R shoulder. All other movements are WFL.

Atrophy/Edema: None noted.

Integumentary: Normal.

**PAR-Q**

Yes	No	Question
	X	1. Has your doctor ever said that you have a heart condition *and* that you should only do physical activity recommended by a doctor?
	X	2. Do you feel pain in your chest when you do physical activity?
	X	3. In the past month, have you had chest pain when you weren't doing physical activity?
	X	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
X		5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
	X	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
	X	7. Do you know of any other reason why you should not do physical activity?

# 5 – Client answered yes due to R shoulder injury. There are no contraindications to proceeding with the FCE.

**Musculoskeletal System**

Neck	Normal	Range of Motion	Muscle Strength
Flexion	45	WFL	WFL
Extension	45	WFL	WFL
Right Lateral Flexion	45	WFL	WFL
Left Lateral Flexion	45	WFL	WFL
Right Rotation	90	WFL	WFL
Left Rotation	90	WFL	WFL



Trunk	Normal	Range of Motion	Muscle Strength
Flexion	80	WFL	WFL
Extension	30	WFL	WFL
Right Lateral Flexion	35	WFL	WFL
Left Lateral Flexion	35	WFL	WFL
Right Rotation	45	WFL	WFL
Left Rotation	45	WFL	WFL

**Comments/Quality of Motion- Spine:**

All neck and trunk motion and strength is WNL

Shoulder	Normal	Range of Motion		Muscle Strength	
		Right	Left	Right	Left
Forward Flexion	180	145	WFL	4	5
Extension	60	WFL	WFL	5	5
Abduction	180	140	WFL	4-	5
Internal Rotation	70	50	WFL	4	5
External Rotation	60	45	WFL	4	5

Elbow	Normal	Range of Motion		Muscle Strength	
		Right	Left	Right	Left
Flexion	150	WFL	WFL	5	5
Extension	0	WFL	WFL	5	5

Wrist	Normal	Range of Motion		Muscle Strength	
		Right	Left	Right	Left
Flexion	80	WFL	WFL	5	5
Extension	70	WFL	WFL	5	5
Ulnar Deviation	30	WFL	WFL	5	5
Radial Deviation	20	WFL	WFL	5	5

Gross Hand Motion	Range of Motion		Muscle Strength	
	Right	Left	Right	Left
	WFL	WFL	Not tested	Not tested

**Comments/Quality of Motion- Upper Quarter:**

Client presents with decreased R shoulder flexion, abduction, internal and external rotation. His posture is such that the R shoulder is slightly depressed. Movement quality is decreased toward the end of range and movement in the right shoulder is slow and guarded.

Hip	Normal	Range of Motion		Muscle Strength	
		Right	Left	Right	Left
Flexion (knee extd)	90	WFL	WFL	5	5
Flexion (knee flxd)	120	WFL	WFL	5	5
Abduction	45	WFL	WFL	5	5
Adduction	30	WFL	WFL	5	5
Extension	30	WFL	WFL	5	5
Internal Rotation	45	WFL	WFL	5	5
External Rotation	45	WFL	WFL	5	5

Knee	Normal	Range of Motion		Muscle Strength	
		Right	Left	Right	Left
Flexion	135	WFL	WFL	5	5
Extension	0	WFL	WFL	5	5

Ankle	Normal	Range of Motion		Muscle Strength	
		Right	Left	Right	Left
Plantar Flexion	50	WFL	WFL	5	5
Dorsiflexion	20	WFL	WFL	5	5
Inversion	35	WFL	WFL	5	5
Eversion	15	WFL	WFL	5	5

**Other**

Toe Rise Reps (10)	Right	10	Left	10
Knee Squat (20)	20			

**Comments/Quality of Motion- Lower Extremity:** Normal ROM and strength through out the LE's. Brisk, normal walking pattern.

**Neuromuscular System**

Sensory Testing: WNL  
 Reflex Ankle Jerk: WNL  
 Reflex Knee Jerk: WNL  
 Reflex Upper Extremities: WNL

Screening for Gross Balance- CTSIB	Time (s)	Time (s)
	Trial 1	Trial 2
Quiet Standing, Eyes Open	30	
Quiet Standing, Eyes Closed	30	
Quiet Standing on Foam, Eyes Open	30	
Quiet Standing on Foam, Eyes Closed	30	

Self Report

FABQ	Score	Interpretation
Results	34	Low risk for prolonged disability / work absence

**First Day Summary of Physical Assessment:**

Client presents with decreased ROM and strength in the R shoulder consistent with diagnosis. All other ROM and strength within normal limits. Client started testing with pain rating of 1/10 and at end of test reported 4/10 pain in R shoulder. Self report indicates client's perception is that he is at low risk for prolonged disability/work absence.

Therapist Signature \_\_\_\_\_

Date \_\_\_\_\_