

## Functional Capacity Evaluation

**Patient Name: Mr. D.**  
**Physician: Michael Doctor, M.D.**

**Date: August 29, 2008**  
**Dx: Lumbar Radiculopathy**

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### History:

Mr. D. is a 60 year old male who reports injuring his neck, back, right knee and right shoulder as a result of falling 25-30 feet off some scaffolding while working for Alarmco on 3/20/02. He states he underwent surgical repair to the right knee some time later in 2002, followed by a course of Physical Therapy, and was continuing to treat for the neck, back and right shoulder as well. After a period of time without significant symptom relief, Mr. D. states he was referred by his attorney to Dr. F., whom apparently ordered an MRI showing significant lumbar disc injury. He states he had 4-5 weeks of Chiropractic and Physical Therapy treatment while under Dr. F.'s care. However, Mr. D. states he continued to have no significant improvement in his symptom over time, and was subsequently referred to P. Medical Group by his attorney, where he is currently treating with Dr. G. for his neck and Dr. M. for the low back. He states Dr. M. is recommending lumbar fusion, which he would like to avoid if at all possible. Mr. D. states he was previously released to light duty, but his employer could not accommodate restrictions. Presently, Mr. D. complains of constant neck/right UE pain and low back/right LE pain.

### Reason for Referral:

Mr. D. is being referred for a Functional Capacity Evaluation in order to determine his overall physical capabilities and tolerances, and to determine any physical barriers that may prevent him from returning to work.

### Evaluation Results:

The results of this evaluation are considered **valid**; Mr. D. exhibited a full and consistent effort during the evaluation.

Mr. D. demonstrated the physical capabilities to function **at the SEDENTARY Physical Demand Level**, as outlined by the U.S. Department of Labor, **which is indicative of a 2-hand maximum/occasional lift of 10#**. **This is a general classification and this report must distinguish that Mr. D. demonstrated difficulty performing certain activities outlined on his job description, most notably his inability to up to 80# frequently. He also demonstrated functional deficits with the repetitive stooping, twisting, squatting and standing/walking tolerances that are required to perform his previous essential job demands.** (Please refer to the *'Physical Activity Sheet'* on the last page of this report for a summary of Mr. D.'s overall physical capabilities and tolerances.)

**ELITE PHYSICAL THERAPY**

**Patient Name: Mr. D**

**Date: August 29, 2008**

**Recommendations:**

1. Mr. D. may return to work at the Sedentary Physical Demand Level, respectful of the physical capabilities and tolerances outlined in this report, per the approval of his treating physician.

A formal Job Description **was not** available at the time of this evaluation, so a verbal description of the essential job demands was obtained from Mr. D. **per Mr. D.; he needs to function at the VERY HEAVY Physical Demand Level for return to work as a Laborer, which is indicative of a frequent lifting requirement of 80#.** His ability to perform his self-described essential job demands is outlined below:

**Mr. D.'s specific essential job tasks - *\*Based on his self-described job demands.***

Specific Job Activity	Able to perform	Unable to perform
<b>Constant standing/walking.</b>		√ <b>Achieved occasional tolerance.</b>
Occasional climbing.	√ With noted deficits.	
<b>Frequent stooping.</b>		√ <b>Achieved occasional tolerance.</b>
<b>Frequent twisting.</b>		√ <b>Achieved occasional tolerance.</b>
<b>Frequent squatting.</b>		√ <b>Achieved occasional tolerance.</b>
<b>Frequent lift/carry of up to 80#.</b>		√ <b>Achieved 10# max lift/carry.</b>

**Conclusion:**

Mr. D.'s current functional abilities and musculoskeletal findings demonstrate that he **can not return to his previous full work activity.** He exhibited functional deficits with the necessary standing, walking, lifting, stooping, twisting and squatting tolerances that are required to perform his essential job demands.

Mr. D. exhibited **significant** deficits upon the Musculoskeletal Exam, which would have a negative impact on his overall level of physical functioning.

### Significant Musculoskeletal Findings:

1. Palpation: Tender throughout the lumbar segments and right > left PVM.
2. Lumbar AROM: Limited to ~75% of normal flexion, 25% normal extension, and 50% of bilateral side flexion with increased pain reported.
3. Strength: 3/5 gross static strength of the core/abdominal musculature.
4. Observation: Significantly guarded, antalgic movement patterns with transfers and position changes.
5. Neurological Screen: LE DTR's 1+ bilaterally; trace weakness noted for the right S1 myotome; decreased sensation to light touch reported throughout the right LE; + SLR at 35° on the left.
6. Waddell's Signs: Tested positive for 2/5 Waddell's signs.

### General Condition:

Resting heart rate	72	Beats/min
Resting blood pressure	158/97	S/d

### Body Composition

Total body weight	190 lbs
Height	5 feet, 11 inches
Body mass index	Normal

### Consistency Measurements:

#### Dynametric measurements

- **Passed** bell curve analysis of maximum grip strength tests. Average strength readings for all 5 positions should form a bell curve distribution.
- **Passed** distracted, cross-referenced pinch/ grip strength test. Averages of maximum grip and pinch strength should be < 15% different from same tests when done while distracted with bilateral activity.

#### Observed vs. Measured

- There was no self limiting behavior noted during the evaluation, denoting a consistent effort throughout.

#### Questionnaire Scores (*Actual questionnaires are available upon request.*)

- Scored 77 on the Quadruple Visual Analogue Scale indicating a perceived high intensity pain level.
- Scored 62% on his Oswestry questionnaire, indicating a high level of perceived disability.

ELITE PHYSICAL THERAPY

Patient Name: Mr. D

Date: August 29, 2008

- Scored 0 on the Ransford Pain Drawing (Score of > 2 indicates poor psychometrics).

### **Conclusions**

Mr. D. exhibited consistent objective deficits and pain mannerisms, and exhibited no exaggerations of subjective complaints in combination with physiological responses (i.e. increased heart rate with increased pain complaints). He has given an overall full and consistent effort during this evaluation, and as such the conclusions are considered **valid**.

### **Functional Performance:**

#### **Sitting:**

Mr. D. demonstrated frequent weight shifting and antalgic postures with sitting for even short periods of time. He exhibited occasional tolerance to this activity.

#### **Standing:**

Mr. D. exhibited frequent weight shifting and antalgic postures with prolonged standing. He exhibited occasional tolerance to this activity.

#### **Walking:**

Mr. D. performed continuous walking on a treadmill for 25 minutes at a below average speed of 1.0 to 1.2 mph, with a progressively antalgic gait and objective pain mannerisms noted. He exhibited occasional tolerance to this activity.

#### **Climbing:**

Mr. D. demonstrated the ability to ascend/descend 2 flights of 12 stairs while utilizing a reciprocal gait pattern. He exhibited significantly guarded, antalgic movement patterns with this activity, particularly in regards to the right LE. He exhibited occasional overall climbing tolerance.

#### **Stooping:**

Mr. D. demonstrated moderately guarded, antalgic movement patterns with sustained and repetitive bending/stooping postures, with objective pain mannerisms noted. He exhibited occasional tolerance to this activity.

#### **Twisting:**

Mr. D. demonstrated moderately guarded, antalgic movement patterns with repetitive twisting/trunk rotation, with objective pain mannerisms noted. He exhibited occasional tolerance to this activity.

**ELITE PHYSICAL THERAPY**

**Patient Name: Mr. D**

**Date: August 29, 2008**

**Squatting:**

Mr. D. demonstrated moderately guarded, antalgic movement patterns with repetitive functional squatting. He exhibited occasional tolerance to this activity.

**Lift/Carry:**

Mr. D. demonstrated the ability to perform a **2-hand OCCASIONAL lift/carry of 10#** from floor to chest level for a distance of 15 feet. He exhibited moderately guarded, antalgic movement patterns with this activity, particularly with floor level lifting.

**Push/Pull:**

Mr. D. demonstrated the ability to perform an **OCCASIONAL 2-hand push/pull of a 100# wheeled cart (10# force required)** for a distance of 25 feet on commercial carpeting. He exhibited moderately guarded, antalgic movement patterns during this activity, with objective pain mannerisms noted.

**Reaching:**

Mr. D. demonstrated constant tolerance with no observable deficits with performing left UE repetitive reaching to all levels. He demonstrated occasional tolerance with moderate functional deficits with performing right UE repetitive reaching, particularly at above shoulder levels.

**Grasping/Handling:**

Mr. D. demonstrated constant tolerance and no functional deficits with left hand repetitive grasping/handling activities. He exhibited frequent tolerance with mild functional deficits with forceful, repetitive grasping with the right hand.

**Abdominal strength test:**

Mr. D. exhibited poor overall dynamic abdominal and core strength and control when performing functional tasks.

If you have any questions regarding this evaluation, please call 312-360-0702.  
Thank you for this referral.

Sincerely,

Jeffrey D. Goode, MPT  
Industrial Rehabilitation Coordinator

**ELITE PHYSICAL THERAPY**

**Patient Name: Mr. D**

**Date: August 29, 2008**

# **Functional Activity Sheet**

**Patient Name: Mr. D**

**ELITE PHYSICAL THERAPY**

**Date: August 29, 2008**

<b>Functional Activities</b>	<b>Constant 66% - 100%</b>	<b>Frequent 33% - 65%</b>	<b>Occasional 1% - 33%</b>	<b>Unable to Performed</b>	<b>Comments</b>
Sitting			X		Frequent weight shifting and antalgic postures noted.
Standing			X		Frequent weight shifting and antalgic postures noted with prolonged standing.
Walking			X		Progressively antalgic gait right LE with prolonged walking.
Climbing			X		Significantly guarded, antalgic movement patterns noted, particularly in regards to R LE.
Stooping			X		Generally poor tolerance with repetitive stooping/ bending.
Twisting			X		Generally poor tolerance with repetitive twisting.
Squatting			X		Moderately guarded, antalgic movement patterns with repetitive squatting.
2-Hand Lift/Carry			10# floor to chest x 15 ft.		Moderately antalgic movement patterns, particularly w/ floor level lifting.
2-Hand Push/Pull			100# cart (10# force) x 25 ft.		Moderately guarded, antalgic movement patterns noted.
Grasping/ Handling	Left Hand.	Right Hand.			Mild right hand functional deficits with forceful, repetitive grasping.
Reaching	Left UE.		Right UE.		Moderate right UE deficits with repetitive reaching, particularly to above shoulder.
Core/Abdominal Strength					Poor overall dynamic core stability w/ functional activities.

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