

Physical Therapy
123 Main St.
Anytown, USA 12345

FUNCTIONAL CAPACITY EVALUATION

Date: 1/1/2007

Jane Doe

DOB: 1/1/1970

DX: Status Post Left Knee Arthroscopic Surgery - Persistent Pain

Physician: Dr. Smith

SECTION 1:

A: Cooperation

The client worked to full ability on most test items, but self-limited on others. Therefore, most values are a valid representation of the client's safe lifting capabilities. Those items that were self-limited are invalid.

B: Significant Findings

Client positive for Seated and Supine Straight Leg Raise testing with radicular symptoms to left lower extremity. Client negative for stress testing including Varus, Valgus, Lachman's, Anterior Drawer, Posterior Drawer and Apley's. Client reported severe pain with any internal or external rotation and McMurray's testing. Client was tender to palpation along the medial joint line, MCL, Medial head of the Gastrocnemius, in the Quadriceps tendon superior to the patella. Client reported increased sensitivity to light touch from medial left knee to the toes. Client reported pain in her left knee with left biceps, knee extension, bilateral shoulder flexion, and Torso lift testing. She was unable to complete Squat of leg lift testing.

SECTION 2:

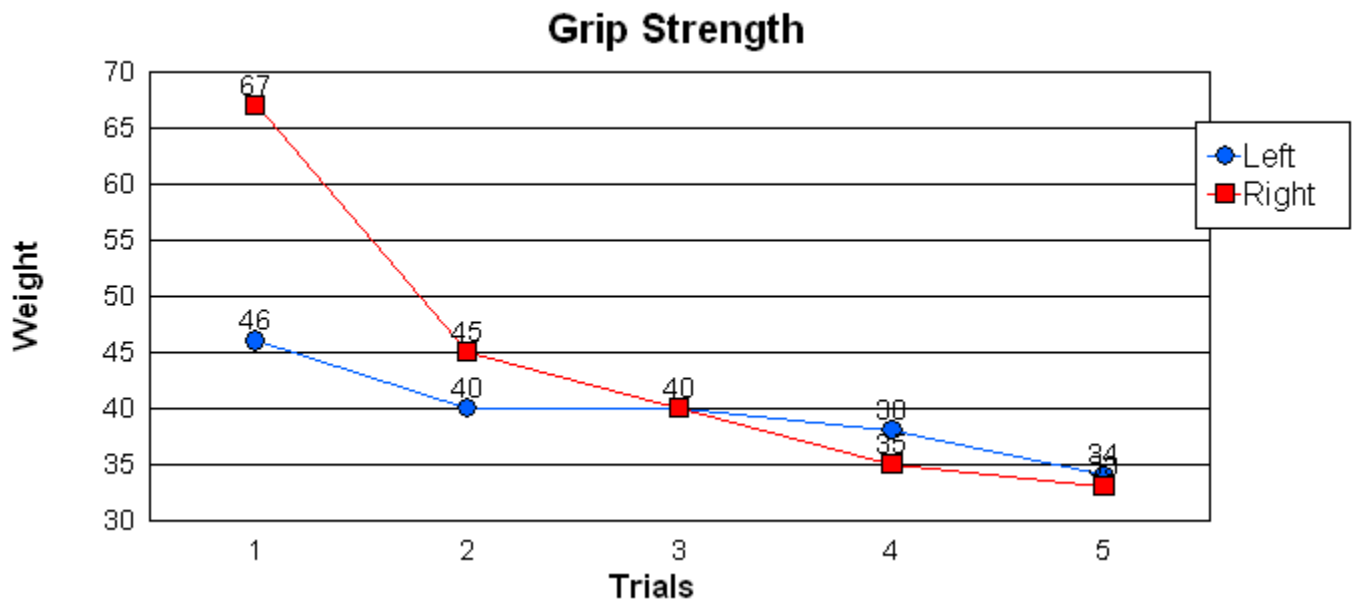
The following is a summary of the objective findings as performed by the client on 1/1/2007.

A: <u>Weight Capacities</u>	<u>Weight</u>	<u>Major Limiting Factors</u>
1. PILE/Floor to Waist (Self Limited)	0 lbs	(1, 2, 3, 4)
2. Pull	23 lbs	
3. Push	30 lbs	
4. Unilateral Carry Left (Self Limited)	10 lbs	(7)
5. Unilateral Carry Right (Self Limited)	10 lbs	(6)
6. Waist To Overhead Lift (Self Limited)	10 lbs	(4, 6)
7. Waist To Waist (Self Limited)	10 lbs	(1, 2, 4)
8. Weight Carry (Functionally-limited)	10 lbs	(1, 4, 5, 6)

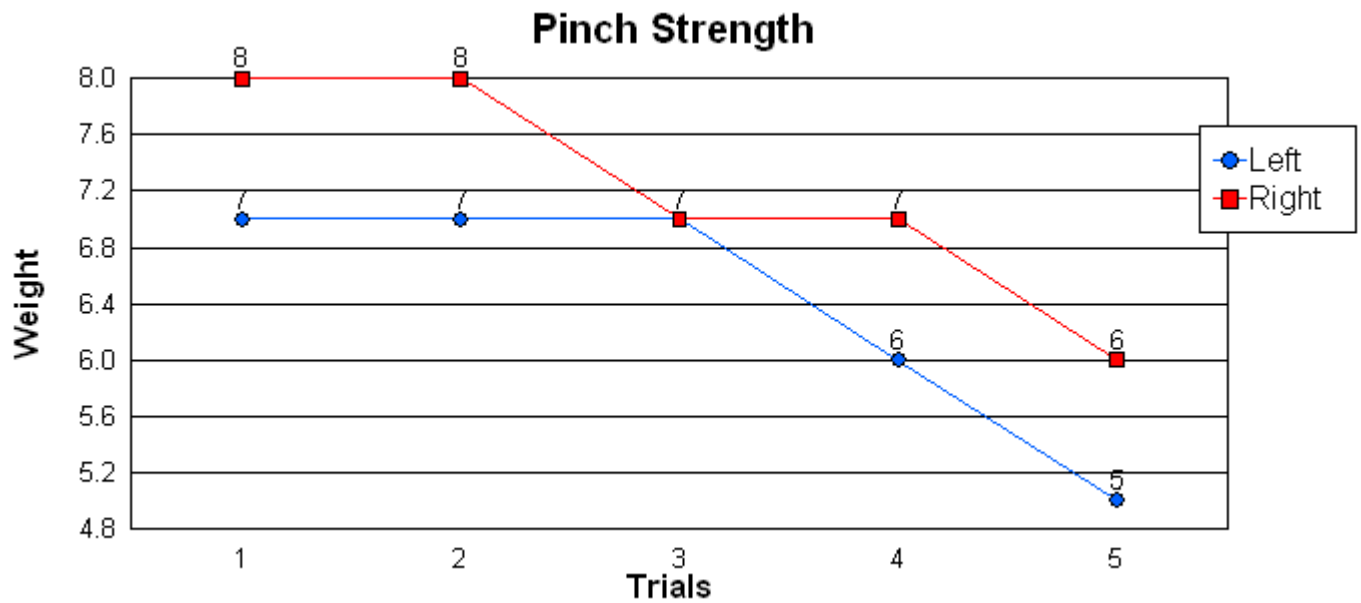
B: Major Limiting Factors

1. Slow pace
2. Complaint of pain - Left knee pain.
3. Difficulty with position transitions
4. Guarded/rigid mobility - General
5. Decreased weight bearing on left
6. Complaint of pain - Left knee pain and burning sensation.
7. Complaint of pain - Left knee pain and burning sensation.
8. Lower extremity strength/endurance
9. Impaired balance
10. Deviant gait

C: Grip Strength Average
 Grip, Right 44.0
 Grip, Left 39.6

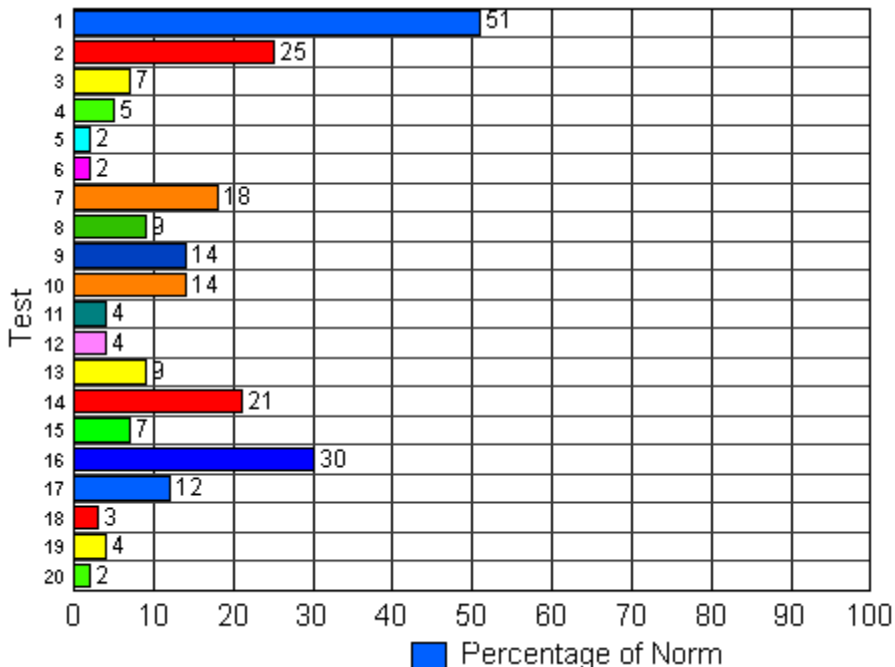


D: Pinch Strength Average
 Pinch, Right 7.2
 Pinch, Left 6.4



E: Normal Population Comparison / Percentage

Test	Score
1. % Body Fat	38
2. Spirometry	270
3. Pinch Right	8
4. Pinch Left	7
5. Grip Right	45
6. Grip Left	40
7. Supination Right	2.77
8. Pronation Right	2.54
9. Supination Left	2.65
10. Pronation Left	2.56
11. Wrist Flexion Right	3.67
12. Wrist Flexion Left	3.94
13. Elbow Flexion Right	17.84
14. Elbow Flexion Left	21.23
15. Knee Extension	48.61
16. Shoulder Flexion Right	10.14
17. Shoulder Flexion Left	9.03
18. Torso Lift	35.58
19. Leg Lift	45.41
20. Squats	3



SECTION 3:

PHYSICAL AND OCCUPATIONAL THERAPY SUMMARY.

A: History

Client reports she had been having intermittent left knee pain for approximately one month secondary to performing activities on her hands and knees. She bent down and felt a "pull" in her left knee and had immediate numbness from her medial left knee to her toes.

Client is taking a pain medication but is unable to recall the name of it at the time of the evaluation. Client also reports taking Tylenol Extra strength PRN.

Client is not using any supportive apparatus.

Client reports increased pain and restrictions with walking more than five minutes, use of stairs, any bending or squatting activity, driving, and finding a comfortable position to sleep. Client reports decreased bowling, walking for exercise, and shopping secondary to knee pain.

Initial treatment was Diagnosis of Ligament Strain, medication, and off work for several days. After one week and increased pain symptoms she was given an antiinflammatory, and sent to Physical Therapy for approximately two months. She was then referred to Dr. Smith. He then had x-rays taken and referred her back to Physical Therapy for another three weeks. Client then had arthroscopic knee surgery on her left knee. Following surgery she was referred back to Physical Therapy for approximately three months. She returned to work light duty. She has had one or two follow up visits with Dr. Smith but no further treatment.

B: Pain Behavior

Client describes her pain, at present, as a 6 on a scale of 0 to 10.

Client reports constant Left knee pain with radicular symptoms of burning, numbness, and tingling to her left foot.

C: Quality of Motion / Mobility

The client presented with slow and rigid mobility with some of the activities.

D: Safety and Work Efficiency

The client appeared to be safety conscious and works efficient within the guidelines as established in the FCE. All activities were performed safely.

E: Posture/Muscle Strength/Neurological

Moderately Forward Head, Minimally Rounded Shoulders, Level Iliac Crest, Level PSIS, Level ASIS.

Muscle strength was assessed and found unremarkable and within normal limits.

The neurological reflexes were assessed and found unremarkable and within normal limits.

Complaints of decreased sensation on the Left Lower Extremity, but non-dermatomal.

F: Ability to Complete TasksMajor Limiting Factors

The client was unable to perform the following activities:

Crawling	(6)
Kneeling	(6)

The client was functionally limited in the following activities:

Balance	(5, 6, 9)
Ladder	(5, 6, 8)
Squats	
Stair Climbing	(5, 6, 8)
Walking	(6, 10)
Weight Carry	(1, 4, 5, 6)

The client was able to perform the following activities:

Sitting

The client self-limited the following activities:

PILE/Floor to Waist	(1, 2, 3, 4)
Repetitive Bending	(1, 4, 6)
Standing	(6)
Unilateral Carry Left	(7)
Unilateral Carry Right	(6)
Waist To Overhead Lift	(4, 6)
Waist To Waist	(1, 2, 4)

G: Present Abilities Compared to Norming Population

The client was a below average performer for the following activities:

- Pinch Right
- Pinch Left
- Grip Right
- Grip Left
- Pronation Right
- Supination Left
- Pronation Left
- Wrist Flexion Right
- Wrist Flexion Left
- Elbow Flexion Right
- Knee Extension
- Shoulder Flexion Left
- Torso Lift
- Leg Lift
- Squats

The client was an average performer for the following activities:

- % Body Fat
- Spirometry
- Supination Right
- Elbow Flexion Left
- Shoulder Flexion Right

H: Job Classification Exertional Level

The Physical Capacity Profile testing indicates the individual could work at the Sedentary exertion level. The Sedentary level is defined as: Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently. Involves sitting most of the time, but may involve walking or standing. This is a generalized statement that could be superseded by specific factors noted during exam and testing, see Section 4A, Return to Work.

SECTION 4:

A: Return to Work

This client is currently functioning in the UNSPECIFIED exertion level for return to work. The client is able to Waist to Waist Lift 10 pounds, frequently 6-3 pounds; Weight Carry 10 pounds, frequently 6-3 pounds; Waist to Overhead Lift 10 pounds, frequently 6-3 pounds; Unilateral Carry with the Right Hand 10 pounds, frequently 6-3 pounds; Unilateral Carry with the Left Hand 10 pounds, frequently 6-3 pounds; PILE/Floor to Waist 0 pounds; Push 30 pounds, frequently 19-8 pounds. Pull 23 pounds, frequently 14-6 pounds.

B: Conclusion

Client demonstrates the ability to perform in the sedentary work category. Client demonstrates limitations with standing, walking, stairs, kneeling, crawling, balance, repetitive bending and use of ladders as per page six of this FCE.

C: *Functional Abilities*

Note: For an 8 hour work day (occasionally equals 1-33%; frequently 34-66%; continuously 67-100%.

1. In an 8 hour work day, the client can:

- a. Sit
- b. Stand
- c. Walk

Not at all	Occasionally	Frequently	Continuously	Time
	X			30:00
	X			4:44
X				0:38

2. Client is able to:

- a. Repetitive Bending
- b. Squats

Not at all	Occasionally	Frequently	Continuously	Time
X				0:48
X				0:15

Optional Activities:

- c. Crawl
- d. Ladder
- e. Overhead reach
- f. Overhead reach with tool simulation
- g. Kneeling
- h. Repetitive leg motion
- i. Balance
- j. Upper Extremity Coordination
- k. Stair Climbing

X				
X				
X				
X				
X				0:48

3. Client can carry (lbs.):

- a. Weight Carry
- b. Unilateral Carry Right
- c. Unilateral Carry Left

Not at all	Occasionally	Frequently	Continuously	Time
>10	10-7	6-3	2-1	0:30
>10	10-7	6-3	2-1	0:43
>10	10-7	6-3	2-1	0:19

4. Client can lift (lbs.):

- a. PILE lift
- b. Waist to Waist
- c. Waist to Overhead

Not at all	Occasionally	Frequently	Continuously	Time
X				0:22
>10	10-7	6-3	2-1	0:28
>10	10-7	6-3	2-1	0:21

5. Client can (lbs./force):

- a. Push
- b. Pull

Not at all	Occasionally	Frequently	Continuously
>30	30-20	19-8	7-1
>23	23-15	14-6	5-1

6. Client can use hands for repetitive action such as:

- | | Simple Grasping | | Firm Grasping | | Fine Manipulating | |
|----------|-----------------|----------|---------------|----------|-------------------|----------|
| a. Right | Yes <u>X</u> | No _____ | Yes <u>X</u> | No _____ | Yes <u>X</u> | No _____ |
| b. Left | Yes <u>X</u> | No _____ | Yes <u>X</u> | No _____ | Yes <u>X</u> | No _____ |

7. Client can use head and neck in:

- | | Static Position | | Frequent Flexing | | Frequent Rotating | |
|--|-----------------|----------|------------------|----------|-------------------|----------|
| | Yes <u>X</u> | No _____ | Yes <u>X</u> | No _____ | Yes <u>X</u> | No _____ |

Reasons for Limitations

- _____ Evaluator limited further performance due to objective signs of difficulty.
- _____ Evaluator and client limited further performance due to objective signs of difficulty and increased subjective complaints.
- _____ Client limited further performance due to increased subjective complaints.

Signature of Therapist: _____ Date: _____

Signature of Physician: _____ Date: _____

CC: _____

Lumbar Range of Motion (ROM)

Movement	Description	Range					
Lumbar Flexion	T12 ROM	70	73	72	70	-	-
	Sacral ROM	32	25	25	26	-	-
	True lumbar flexion angle	38	48	47	44	-	-
	+/- 10% or 5 degrees?	YES					
	Maximum true lumbar flexion angle	48					
	% Impairment	5					
Lumbar Extension	T12 ROM	17	18	20	-	-	-
	Sacral ROM	5	5	7	-	-	-
	True lumbar extension angle	12	13	13	-	-	-
	+/- 10% or 5 degrees?	YES					
	Maximum true lumbar extension angle	13					
	% Impairment	5					
Straight leg Raising (SLR), Right	Right SLR	70	68	68	-	-	-
	+/- 10% or 5 degrees?	YES					
	Maximum SLR right	70					
Straight leg Raising (SLR), Left	Left SLR	30	30	30	-	-	-
	+/- 10% or 5 degrees?	YES					
	Maximum SLR right	30					
Lumbar Right Lateral Flexion	T12 ROM	32	30	28	-	-	-
	Sacral ROM	5	5	5	-	-	-
	Lumbar left lateral flexion angle	27	25	23	-	-	-
	+/- 10% or 5 degrees?	YES					
	Maximum lumbar left lateral flexion angle	27					
	% Impairment	0					
Lumbar Left Lateral Flexion	T12 ROM	20	27	27	25	-	-
	Sacral ROM	7	5	6	5	-	-
	Lumbar right lateral flexion angle	13	22	21	20	-	-
	+/- 10% or 5 degrees?	YES					
	Maximum lumbar right lateral flexion angle	22					
	% Impairment	1					
Lumbar Ankylosis in Lateral Flexion	Position	-					
	% Impairment	-					

Total lumbar range of motion and ankylosis impairment 11%