

Worker Name	Gender	Birth Date	Age	Examiner Name	Exam Date
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David Sample	Male	11/3/1971	47 yr	Rick Wickstrom PT, DPT, CPE	4/13/2019
Education Some College				He "passed" some general college classes for less than one year at Southern Ohio Community College around 1997 and stopped attending due to conflicts with his work and family schedule.	

Exam Service Type	Claim #	Claim Reference	Injury Date
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Disability Benefits Eligibility	***-**-8779	Social Security Disability Claim	7/8/16
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He had to stop working on 7/8/16 due to difficulty using his right leg for standing and walking activities that was the result of a severe cervical myelopathy.

He is represented in his SSDI Claim by Sample Attorney, Esq. of Sample Firm.

Attending Health Provider

Name	Sample NP, C-NP	How long?	0.4 yrs	Next Visit	4/24/19
Specialty	Nurse Practitioner	Send Report?	<input checked="" type="checkbox"/>		

Referral Issues/Consent/Intake (1)

He was referred for a comprehensive functional capacity evaluation by his primary provider, Sample NP, APRN-CNP. The purpose is to evaluate his extent of physical disability related to his application for SSDI benefits. His associated diagnoses include DDD (degenerative disc disease), thoracolumbar (M51.35), Lumbar back pain (M54.5), Spinal Stenosis of cervical region (M48.02), and Neuropathy (G62.9).

An informed consent was obtained prior to testing. The worker agreed to stop immediately and notify the examiner in the event of any unacceptable symptoms while performing any requested tasks.

Evaluation Methodology (1-4)

American Physical Therapy Association (APTA) defines Functional Capacity Evaluation (FCE) as "A comprehensive performance-based medical assessment of an individual's physical and/or cognitive abilities to safely participate in work and other major life activities. FCEs are designed, administered, and interpreted by licensed healthcare examiners that demonstrate evidence of education, training, and competencies to perform FCEs. WorkAbility Systems, Inc. endorses use of 2018 Current Concepts in Functional Capacity Evaluation by the Occupational Health SIG of the American Physical Therapy Association. Only therapy professionals trained to administer the WorkAbility Systems FCE method are authorized to use this ExamFIT reporting template.

He was driven to the appointment by his girlfriend. He reports that he has a Kentucky Driver's license but hasn't driven since Oct 2016 because he can't afford insurance.

Most Recent Employment

Company	Sample Company Anywhere KY	Seniority	5.0 yrs
Job Title	Machinist	Last Worked	7/8/16
Work Status	Disabled	How long?	2.7 yr
		Strength	Heavy (51-100#)
		Schedule	54-58 hrs/wk
		Stand	Constant (6-8 h)

He would lift heavy table jaw stock parts.

Prior Work Experience

This is a description of past relevant work experience before the most recent employment.

He has been a machinist for the past 22 years.

Comorbidity Survey (7-8)

The Self-Administered Comorbidity Survey is reliable (retest IC 0.94) and correlates with health status and utilization. It is more efficient and highly correlated with SF-36 subscales than the Charleston Index.

Based on self report of the following responses, the worker's total comorbidity score is: 14 / 45

Health Problem Type	Have this problem?	Any recent treatment?	Limits any activities?
1. Heart disease	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. High blood pressure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Lung disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Ulcer or other stomach disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Liver disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Anemia or other blood disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Depression or other mood disorder	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
11. Degenerative joint disease (e.g. arthritis)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
12. Back pain or other spine condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
13. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. He has coronary artery disease that necessitated stents in 6/24/11. He takes medications that include atorvastatin 40 mg. 1x/day for hyperlipidemia.

2. He has hypertension and takes medications that include Lisinopril 20 mg. and Metoprolol succinate 24 mg.

10. He takes medications for depression that include buPROPion 300 mg., Buspar.

11. He reports right hip problems that he attributed to gait compensation for his spine problems.

12. He had Anterior Cervical Fusion for cervical disc herniation at C5-C6 with myelopathy on 11/16/2016. He reports continuing to have residual nerve problems in his right lower arm and right leg. He takes medications that include cyclobenzaprine mg. for muscle spasms, diclofenac 1% topical gel, Duloxetine 30-60 mg. for muscle spasms, Gabapentin 800 mg. 3x/day for neuropathy, NORCO -325 mg every 6 hours for pain, and rOPINIRole 0.25, and Senna 8.6 laxative for constipation related to pain medication effects.

Review of Recent Symptoms (Ratings: 0=None, 10=Worst Imaginable)

Rating from 0 (No Pain) to 10 (Worst Imaginable Pain)

Highest pain rating in past 24 hours 8.0/10

Lowest pain rating in past 24 hours 5.0/10

Highest pain rating in past month 9.0/10

Lowest pain rating in past month 5.0/10

His worst pain is in the lower back and right leg (burning sensation of neuropathy). He also reports constant tingling/numbness from his right buttock to right feet, tingling/numbness in the right forearm to digits 4-5, and weakness of his right hand and right leg. He also reports chills, weight loss (from depression, normal 162 and lost weight to 146 lb.), unusual fatigue, trouble sleeping, headaches, ringing in the ears, sore throat, snoring, leg swelling (both ankles swell related to his heart), shortness of breath with exertion, feeling depressed, heartburn, constipation, urinating frequently.

Lifestyle Physical Function Screen (9)

This is a brief screen of the worker's perceived ability to perform a range of standardized lifestyle physical activities.

1. Toilet transfers	3-With some difficulty	14. Climb stairs normally	1-Unable to do
2. Bathe yourself	4-With a little difficulty	15. Shop in community	2-With much difficulty
3. Groom yourself	5-Without any difficulty	16. Travel long distances	2-With much difficulty
4. Dress upper body	3-With some difficulty	17. Play seated games	2-With much difficulty
5. Dress lower body	3-With some difficulty	18. Carry baby out to car	1-Unable to do
6. Car transfers	3-With some difficulty	19. Walk block flat ground	2-With much difficulty
7. Grip for meal prep	3-With some difficulty	20. Walk more than 1 mile	1-Unable to do
8. Hand wash dishes	3-With some difficulty	21. Run a short distance	1-Unable to do
9. Pick clothing off floor	2-With much difficulty	22. Run/jog 2 miles	1-Unable to do
10. Rake sweep 1 hr	1-Unable to do	23. Lift 10lb over shoulder	2-With much difficulty
11. Dig 2 foot hole	1-Unable to do	24. Lift 25lb box off floor	1-Unable to do
12. Get up from floor	1-Unable to do	25. Lift 50lb bag of sand	1-Unable to do
13. Change overhead bulb	1-Unable to do		

LIFESTYLE ACTIVITIES SCORE 25%

He is living as married with his Ex-wife in an single level apartment with 3 steps to enter. He does very minimal chores.

Recent Physical Activity

Cardio Activity Level (CAL) 0-Sedentary

Maximum strength level Light (11-25#)

He is attending physical therapy, does dishes, and limited vacuuming. He reports VERY POOR overall quality of life, POOR mental health, VERY POOR physical health, FAIR functioning at home, VERY poor sleep quality, NO alcohol use, and SMOKES 11-20 cigarettes per day.

Communication/Affect/Cognition

1. Communication (age-appropriate?)	Normal	He fidgets in sitting and gets up after about 30 minutes of sitting in a slow and guarded manner to walk around using a right knee brace and cane in the right hand, with an abnormal gait of hiking his right leg due to foot drop. He handwrites very slowly due to difficulties with gripping the pen. It took him nearly 40 minutes to complete our intake paperwork that takes most people about 20 minutes. He tends to recline back to keep his hips open for greater comfort in sitting.
2. Affect/behavior	Abnormal	
3. Orientation x 3 (person/place/time)	Normal	

Pre-Exam Vitals (4)

Stage 2 blood pressure is 160-199/100-109 mmHg at rest, and this usually warrants medication management.

Seated Heart Rate 110 bpm

Blood Pressure 150/100 mmHg

Pain 6.5/10

Right buttock and leg pain is his main complaint during sitting at rest.

Anthropometric Measures (10)

Anthropometric measures identify obesity or underweight conditions that affect health and fitness.

Weight 167 lb (75.9 kg) **Height** 66.0 in (168.0 cm) **BMI** 27.0 **Overweight**
Waist Girth 37.4 in (95.0 cm) **Waist to Height** 56.7% **Overweight**

Near Vision Screen (11)

Using a hand-held Snellen Card at 14 inches

Corrected?	Both	Right	Left	Rating
<input type="checkbox"/>	20/20	20/25	20/25	Extra high

Far Vision Screen (11)

Clarity of Vision using a 10 foot Wall Chart

Corrected?	Both	Right	Left	Rating
<input type="checkbox"/>	20/16	20/25	20/16	High

Active Movement Screen

This screen consists of a series of rated movements to assess flexibility, coordination, strength, and balance.

	Right	Left	Pain?	
1. Close hands	2-Fair	2-Fair	<input type="checkbox"/>	He is very unsteady and needed to be guarded for all standing tasks, with reports of right back and leg pain.
2. Flex elbows back	4-Normal	4-Normal	<input type="checkbox"/>	
3. Elevate shoulders	4-Normal	4-Normal	<input type="checkbox"/>	
4. Extend wrists	4-Normal	4-Normal	<input type="checkbox"/>	
5. Diagonal neck bend	4-Normal	2-Fair	<input checked="" type="checkbox"/>	
6. Rotate torso in stand	0-UNABLE	1-Poor	<input type="checkbox"/>	
7. Diagonal bend over	0-UNABLE	0-UNABLE	<input type="checkbox"/>	
8. Single leg stance	0-UNABLE	0-UNABLE	<input type="checkbox"/>	
9. Toe walk sideways	1-Poor	1-Poor	<input type="checkbox"/>	
10. Heel walk forward	1-Poor	1-Poor	<input type="checkbox"/>	
11. Step up and over	0-UNABLE	0-UNABLE	<input type="checkbox"/>	
12. Lunge back to kneel	0-UNABLE	0-UNABLE	<input type="checkbox"/>	
13. Deep squat down	0-UNABLE		<input type="checkbox"/>	

Upper Body Score 85.0%

Lower Body Score 8.3%

Overall Score 39.0%

Two Square Agility Test (TSAT) (15-16)

This dynamic balance test involves stepping forward and back between two squares as quickly as safely possible.

Method	Practice	T1	T2	T3	Best	CV	M/sec	Rating	Pain?
Right lead	26.20 s.	16.60	17.50		16.60 s.	3.7%	0.60 m/s	Very low	<input checked="" type="checkbox"/>

He led with the right forward and stepped back with the left foot, when not using the cane.

Usual Walk Speed (17-18)

This is a physical fitness screen that measures the amount of time that a worker moves at a usual or comfortable speed over a 6-meter distance. Usual gait speed < 1.0 m/s identifies persons at high risk of adverse health outcomes. Normal community ambulation requires > .8 M/sec.

Method	T1	T2	T3	Best	CV	M/sec	Rating	Pain?
Cane	7.50	8.70		7.50 sec.	10.5%	0.80 m/s	Medium	<input type="checkbox"/>

He uses his cane in the right hand and keeps the cane with the left leg. He hikes the right hip to clear his right foot (has foot drop)

Grip Strength (19-21)

This is a test of grip strength using alternate hands at position 2 with the Jamar Hand Dynamometer.

	T1	T2	T3	Mean	CV	%Norm	Rating	Pain?
Right (Preferred)	75#	72#	69#	72.0#	4%	75.6%	Low	<input type="checkbox"/>
Left	71#	78#	78#	75.7#	5%	82.8%	Low	<input checked="" type="checkbox"/>

Left wrist pain

Tripod Pinch Strength (19-20)

This is a test of tripod pinch strength with up to 3 trials using alternate hands with the B & L Pinch Gauge.

	T1	T2	T3	Mean	CV	%Norm	Rating	Pain?
Right (Preferred)	20#	18#	20#	19.3#	6%	79.6%	Low	<input type="checkbox"/>
Left	15#	15#	15#	15.0#	%	61.7%	Low	<input checked="" type="checkbox"/>

Left wrist pain

Keyboarding Speed Test (24)

Results are based on best NET SPEED in words per minute.

T1	T2	T3	Best	Mean	CV	Rating	Pain?
15	13		15 wpm	14.0 wpm	10%	Low	<input type="checkbox"/>

Stood erect

Grooved Pegboard Test (25-27)

This finger dexterity test measures the ability to manipulate small pegs with the fingers rapidly and accurately.

Right (Preferred)	T1	T2	Best	AgeSex%	Worker%	Rating	Pain?
Placing Test	91.6		91.6 sec.	77.4%	70.4%	Very low	<input type="checkbox"/>
Remove Test	19.6		19.6 sec.		92.3%	Medium	
Left	T1	T2	Best	AgeSex%	Worker%	Rating	Pain?
Placing Test	87.3		87.3 sec.	86.0%	73.9%	Very low	<input checked="" type="checkbox"/>
Remove Test	18.3		18.3 sec.		98.9%	Medium	

Left thumb cramping.

Best Finger Dexterity, one hand: **Very low**

Combined Finger Dexterity, both hands: **Very low**

WorkAbility Rate of Manipulation - Placing Test (28-29)

This is a brief dexterity test that involves moving 20 cylinders between the top and bottom boards using the right versus left hands.

Sit	T1	T2	T3	Best	CV	Worker%	Rating	Pain?
Right (Preferred)	26.2	21.3	24.5	21.3 s.	10%	102.8%	Medium	<input checked="" type="checkbox"/>
Left	22.3	24.9	24.1	22.3 s.	6%	98.2%	Medium	<input type="checkbox"/>

Right neck pain.

WorkAbility Rate of Manipulation - Turning Test (28-29)

This is a brief dexterity test that involves turning 20 cylinders over using the right versus left hands.

Upright	T1	T2	T3	Best	CV	Worker%	Rating	Pain?
Right (Preferred)	33.4	32.3	24.1	24.1 s.	17%	85.5%	Low	<input checked="" type="checkbox"/>
Left	25.5	22.6	22.0	22.0 s.	8%	93.6%	Medium	<input checked="" type="checkbox"/>

Low back pain from standing.

WorkAbility High Lift Strength (31, 34-38)

The standard method involves lifting progressive weights in a 16 x 12 x 10 inch tote without handles using both hands from a table, pivoting and raising the entire tote above a tape mark on the wall at head height before returning it to the table. This requires reaching up with both hands above head level.

Method Other	Safe Limit 5 lb	Mechanics 4-Normal	Strength Rating Very light
Time 5.5 sec.	RPE 2.5/10	HR /min.	Endpoint Mechanics limit
			Pain? <input type="checkbox"/>

He was unsteady with lifting the 10 lb. tote.

WorkAbility Low Lift Strength (31, 34-38)

The standard method involves lifting progressive weights in a 16 x 12 x 10 inch tote by its handles with both hands from a table, pivoting 90 deg. to lower the tote to the floor and returning it to the table. This requires lower reaching with both hands to 9 inches above the floor.

Method Standard	Safe Limit 10 lb	Mechanics 3-Guarded	Strength Rating Sedentary
Time 10.3 sec.	RPE 6.0/10	HR /min.	Endpoint Mechanics limit
			Pain? <input checked="" type="checkbox"/>

He reports increased right back and right leg pain.

WorkAbility Chest Lift Strength (31, 34-38)

The standard method involves lifting progressive weights in a 16 x 12 x 10 inch tote without handles using both hands from a table, pivoting and raising the top of the tote above a tape mark on the wall to 62 inches before returning it to the table. This involves lifting in the mid-range with both hands to a vertical height of 52 inches above the floor.

Method Standard	Safe Limit 10 lb	Mechanics 3-Guarded	Strength Rating Sedentary
Time 8.9 sec.	RPE 5.0/10	HR /min.	Endpoint Mechanics limit
			Pain? <input type="checkbox"/>

Unsteady

WorkAbility Short Carry Strength (31, 34-38)

For the standard test method, the worker carries a 16-inch x 12-inch x 10-inch tote with progressive weights by the handles with both hands along a short, 20-foot path.

Method Standard	Safe Limit 10 lb	Mechanics 3-Guarded	Strength Rating Sedentary
Time 12.4 sec.	RPE 6.0/10	HR /min.	Endpoint HR target limit
			Pain? <input type="checkbox"/>

Unsteady, right foot drop during swing through.

Other Exam Findings

He wears a right knee and low back brace.

He has 3 beet clonis on left foot. His right foot is hypersensitive. Cervical flexion 35 extension 55 side bend right 35 left 20, rotation both 50 deg.

Post Exam Vitals

Seated HR 108

BP / mmHg

Pain 8.0

Burning pain down his right lower back to leg.

Consistency of Performance

This is an overall summary that identifies inconsistencies during functional capacity testing.

Overall Consistency of Performance Medium

Worker was cooperative and provided a consistent performance on functional capacity tests that did not stress recent problem areas; however, some inconsistencies were identified for problems reported or exam findings.

- | | | | |
|--------------------------|---|-------------------------------------|---------------------------------|
| <input type="checkbox"/> | 1. Dramatic symptoms reported | <input type="checkbox"/> | 6. Excessive pain behaviors |
| <input type="checkbox"/> | 2. Non-anatomic or superficial tenderness | <input type="checkbox"/> | 7. Unaffected areas limitations |
| <input type="checkbox"/> | 3. Movement inconsistencies | <input type="checkbox"/> | 8. Refusal to attempt |
| <input type="checkbox"/> | 4. Strength inconsistencies | <input type="checkbox"/> | 9. Overestimates safe limits |
| <input type="checkbox"/> | 5. Cardiovascular signs inconsistencies | <input checked="" type="checkbox"/> | 10. Increased pain post exam |

He reports increased lower back and right leg pain in response to participation in functional capacity tasks.

Relevant Diagnostics/Records Findings

10/24/16 MRI of the cervical spine: At C3-C4 there is posterior central disc protrusion with mild ventral cord indentation and right foraminal narrowing without nerve tethering and mild right facet arthropathy. At C4-5 there is mild central disc protrusion and bilateral uncovertebral spurring with minimal bilateral foraminal narrowing. At C5-6 there is a large posterior central and right paracentral disc herniation. There is severe cord compression.

10/24/16 MRI of the thoracic spine revealed no significant abnormality.

11/7/16 Consult by Sample Doctor, MD of Sample Clinic: He began developing right leg pain about 5 months ago that progress to weakness and numbness of both hands about 3 months ago. He experienced no benefit from lumbar spine epidural steroid injections. Subsequent MRO of the cervical spine demonstrated severe cord compression from C5-C6 large disc herniation. Recommends proceeding with anterior cervical fusion and discectomy at C5-C6.

2/6/17 x-rays of the thoracic spine reveals very mild degenerative changes throughout the thoracic spine.

2/6/17 x-rays of the lumbar spine with mild degenerative changes from L3-L5. .

2/24/17 x-rays of the cervical spine reveal stable appearance of fixation at C5-6 with no malalignment and no instability on flexion and extension views.

Operational Definitions

OVERALL STRENGTH: Strength ratings for lift/carry are based on Occupational Requirements Survey (BLS) to replace the DOT.

Sedentary: Exerting up to 10 lb. of force occasionally or a negligible amount of force frequently to lift, carry, push, pull, or otherwise move objects. Sedentary work involves sitting most of the time but may involve walking or standing for brief periods.

Light: Exerting up to 25 lb. of force occasionally, up to 10 lb. of force frequently, or a negligible amount of force constantly to move objects. Even though the weight lifted may only be a negligible amount, a job should be rated Light Work: (1) when it requires walking or standing to a significant degree; or (2) when it requires sitting most of the time operate arm or leg controls; or (3) when the job requires constant pushing or pulling of materials that have a negligible amount of weight.

Medium: Exerting 25–50 lb. of force occasionally, or 10–25 lb. of force frequently, or up to 10 lb. of force constantly to move objects. Physical demand requirements are in excess of those for light work.

Heavy: Exerting 50–100 lb. of force occasionally, or 25–50 lb. of force frequently, or 10–20 lb. of force constantly to move objects. Physical demand requirements are in excess of those for medium work.

Extra Heavy: Exerting in excess of 100 lb. of force occasionally, 50 lb. frequently, or 25 lb. constantly to lift or carry materials.

LIFT/CARRY ABILITIES:

Constant lift/carry >30x/hour: Average load of materials lifted by one worker more often than two thirds (5.5 hrs) of the shift. or for over 30 repetitions per hour. This is usually determined for the job by averaging the heaviest 31 loads that are handled during a given hour.

Frequent lift/carry 13-30x/hour: Average load lifted or carried by one worker for one third (2.5 hr) to less than two thirds (5.5 hr) of shift or 13-30 repetitions per hour. Usually determined by averaging the heaviest 13 loads that are handled in a given hour.

Handling maximum lift/carry: Heaviest load that may be manually lifted or carried by a single worker in one or both hands.

High lift maximum > 52 inches: Maximum load raised with one or both hands between shoulder level to overhead (above 52 in)

Low lift maximum <15 inches: Maximum load raised with one or both hands below knee level (< 15 inches).

Mid- to chest lift maximum: Maximum load raised or lowered with one or both hands from waist to chest level.

Short carry maximum <=30 feet: Maximum load transported over short distances (<= 20 feet) while holding load with arm(s).

PHYSICAL APTITUDES: Physical aptitudes are rated based on level of aptitude, skill or proficiency required.

Ambulation agility: Ability to move about or change directions while walking, jogging, or running for a short period of time.

Examples - Low: slow walk at 1.8 to < 3 mph, Medium: normal walk at 3 to 4.25 mph, High: fast walk or jog at 4.25 to < 5.5 mph.

Close/near vision acuity: Ability to see details at close range with one or both eyes (e.g. to inspect items or read small print).

Aptitude ratings are based on Snellen equivalent (font size) performance with the use of one or both eyes: Examples - Low: 20/200 (26 pt) to < 20/70 (10 pt), Medium: 20/70 (10 pt) to < 20/30 (5 pt), High: 20/30 (5 pt) to < 20/20 (3 pt).

Far vision acuity: Ability to see details at a distance. Based on Snellen-equivalent performance: Examples – Low: 20/200 to < 20/70 (gross movement), Medium: 20/70 to < 20/30 (general observations), High: 20/30 (5 pt) to < 20/20 (drives).

Finger dexterity: Ability to manipulate small items rapidly and skillfully using the fingers of both hands. Examples – Low: Slow/below normal pace, Medium: Normal pace, High: Fast: Above normal pace.

Keyboarding speed: Moving fingers rapidly and accurately to complete computer keyboarding tasks. Examples - Low: 15 to 24 wpm), Medium: 25-34 wpm, High: 35-44 wpm.

PHYSICAL TOLERANCES: Physical tolerances are measured as the total number of hours during a work shift and then rated as None, Seldom: <0.2 hr, Occasional: 0.2<2.5 hr, Frequent: 2.5<5.5 hr, Constant: 5.5-8 hrs, and Extra time: >8 hours per shift.

Climb ladders, etc.: Ascending or descending ladders, scaffolding, etc. using both upper and lower extremities.

Climb steps during work: Ascending or descending stairs using primarily feet and legs. Arms and hands may hold onto railing for balance.

Fingering, dominant hand Using fingers of dominant hand to pick, pinch, or otherwise manipulate smaller items.

Fingering, other hand: Using fingers of the other hand to pick, pinch, or otherwise manipulate smaller items.

Foot/leg controls, both legs Operating foot controls with BOTH legs.

Foot/leg controls, one leg: Operating foot controls with only ONE leg.

Gripping, dominant hand: Using DOMINANT, preferred hand to grip items using a power grip with 10 or more pounds of force (comparable to clamping light duty automotive jumper cables).

Gripping, other hand Using OTHER, non-dominant hand to grip items using a power grip with 10 or more pounds of force (comparable to clamping light duty automotive jumper cables).

Keyboarding stamina: Using a traditional keyboard to enter text or data into a computer or other machine.

Reach high, dominant arm: Reaching with the DOMINANT or preferred arm above shoulder level to perform work tasks.

Reach high, other arm: Reaching with the OTHER, non-dominant arm above shoulder level to perform work tasks.

Reach middle, dominant arm: Reaching with DOMINANT, preferred arm at shoulder or below with shoulder angle \geq 45 deg.

Reach middle, other arm: Reaching with the OTHER, non-dominant arm at shoulder or below with shoulder angle \geq 45 deg.

Low postures (kneel/squat): Performing work tasks at knee level or below while kneeling, squatting or sitting on floor.

Sitting: Remaining in a seated position to perform work tasks. Includes driving time that is done while sitting.

Standing and walking: Remaining on one's feet at a work station or when moving about on foot.

Methodology References

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Functional Capacity Evaluation Summary of WorkAbility

Clinic: Sample Reports

Worker Name	Claim #	Injury Date	Examiner Name	Exam Date
David Sample	***-**-8779	7/8/16	Rick Wickstrom PT, DPT, CPE	4/13/2019

Most Recent Employer	Job Title	Work Status
Sample Company	Machinist	Disabled

Materials Handling Demands Worker Work Release Status Recommendations

Constant lift/carry >30x/hr	0 lb.	Permanent Restrictions
Frequent lift/carry 13-30x/hr	1 lb.	
Handling maximum lift/carry	10 lb.	
High lift maximum >52 in	5 lb.	
Low lift maximum <15 in	10 lb.	
Mid- to chest lift maximum	10 lb.	
Short carry maximum <=30 ft	10 lb.	

Functional Progress/Follow-up Plan

Maximum Benefit

Further Explanation (WorkAbilities/Progress)

Mr. Sample was cooperative and provided a consistent performance during functional capacity testing. His pain increased in his right back and right leg to his foot in response to testing. His static balance is only fair during static standing, and he must hold onto a sturdy fixture with one arm to avoid falling when he reaches to a low or high level. He has an abnormal gait and compensates for right foot drop by pushing down on the right cane and hiking his hip to clear the right foot during swing phase. He was observed to catch his right foot on the carpet multiple times. He may benefit from a right ankle foot orthosis or four-wheeled rolling walker with hand brakes and a drop seat to reduce his fall risk. It is very concerning that he demonstrates neurological findings of clonus for the left Achilles, hyperactive reflexes for both patellar reflexes, numbness/tingling in the right foot, and numbness and tingling of the ulnar border of the right hand. It is recommended that he received EMG/Nerve Conduction studies of both upper and lower extremities to further investigate whether his neurological findings are chronic residuals from severe spinal cord impingement (myelopathy) or nerve root impingement, or due to other health conditions.

From an employment perspective, he presents with profound physical limitations that are well-substantiated by objective findings. In my professional opinion, he has a poor prognosis for return to any level of physical demands on a sustained, full-time basis. He would not be able to tolerate sitting upright to perform unskilled SEDENTARY work that requires fingering with one or both hands for prolonged periods of time. His severe balance difficulties limit him from performing standing on more than an OCCASIONAL basis, and he would need to use one hand to assist with balance. He has limited finger dexterity that prevents him from manipulating at a competitive productivity level. He would be unable to return to his past relevant work as a machinist. His dependence on medications to alleviate chronic pain and depression would further limit his access to sustained remunerative employment on a full-time basis in the foreseeable future.

Physical Aptitudes	Worker
Ambulation agility	Very low
Close/near vision acuity	Extra high
Far vision acuity	Extra high
Finger dexterity	Very low
Keyboarding speed	Low

Physical Tolerances	Worker
Climb ladders, etc.	None
Climb steps/inclines	None
Fingering, dominant hand R	Frequent
Fingering, other hand	Frequent
Foot/leg controls, both legs	Seldom
Foot/leg controls, one leg	Occasional
Gripping, dominant hand R	Occasional
Gripping, other hand	Occasional
Keyboarding stamina	Occasional
Low postures (kneel/crawl)	None
Reach high, dominant arm	Seldom
Reach high, other arm	Seldom
Reach middle, dominant arm	Occasional
Reach middle, other arm	Frequent
Sitting	Frequent
Standing/walking	Occasional
See Operational Definitions for ratings	

Exam Certification

Signed electronically by Rick Wickstrom PT, DPT, CPE on 4/17/2019

Review By Healthcare Provider

Sample NP, C-NP | Nurse Practitioner

Signature of agreement _____ Date _____