Assessing the Functional Capacity Evaluation

Attorneys are asking California treating and medical legal physician evaluators to consider an injured workers functional status including loss of capacity and return to work ability. There are many systems — and some are either too complicated, too difficult to interpret or unscientific.

Some key components to consider are:

• Has the protocol been scientifically validated? Surprisingly, some FCE evaluators continue to invent their own protocols which have not undergone the necessary scientific peer review process.

• Can the FCE determine a loss of capacity based on age, gender and body weight? Most FCE’s do not have the normative data to accurately provide a loss of capacity percentage.

• Does the FCE give physicians the feedback they need with respect to work ability? An FCE should be able to give the physician a recommended category for work function such as the U.S. Department of Labor Physical Demand Characteristics for Work (PDC level). These levels are classified as Sedentary, Light, Medium, Heavy and Very Heavy and guide the physician in determining the most suitable work ability for the injured worker.

• Does the FCE consider other possible reasons for lack of effort or lack of treatment progress such as psychosocial risk factors? Today we know that psychosocial risk factors are one of the biggest predictors determining if injured workers return to work. Therefore a psychosocial assessment should be a part of the FCE. These assessments can be performed by non-mental health FCE evaluators.

<table>
<thead>
<tr>
<th>Physical Demand Level</th>
<th>Occasional 0-33% of the workday</th>
<th>Frequent 34%-66% of the workday</th>
<th>Constant 67%-100% of the workday</th>
<th>Typical Energy Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sedentary</td>
<td>10 lbs.</td>
<td>Negligible</td>
<td>Negligible</td>
<td>1.5 - 2.1 METS</td>
</tr>
<tr>
<td>Light</td>
<td>10 lbs.</td>
<td>10 lbs.</td>
<td>Negligible</td>
<td>2.2 - 3.5 METS</td>
</tr>
<tr>
<td>Medium</td>
<td>10 to 25 lbs.</td>
<td>10 to 25 lbs.</td>
<td>10 lbs.</td>
<td>3.6 - 6.3 METS</td>
</tr>
<tr>
<td>Heavy</td>
<td>25 to 50 lbs.</td>
<td>10 to 25 lbs.</td>
<td>10 to 20 lbs.</td>
<td>6.4 - 7.5 METS</td>
</tr>
<tr>
<td>Very Heavy</td>
<td>Over 50 lbs.</td>
<td>Over 50 lbs.</td>
<td>Over 20 lbs.</td>
<td>Over 7.5 METS</td>
</tr>
</tbody>
</table>
• Is a validated self-report measure utilized to assess the injured workers perception of capacity? One recently validated tool, the Multidimensional Task Ability Profile (MTAP) displayed good concurrent validity to actual physical performance. This is not the case with most patient reported instruments and this why the MTAP has been included as one of only two acceptable self-reported functional assessment tools in the 6th edition AMA guides.

If you have questions about FCE protocols or are in need of evidence-based FCE services and would like to contact us, you may do so at info@RehabOne.com.

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Scientific Sources:

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SpineOne's focus – and commitment – is to work with clients in helping them achieve optimized function in their lives. Through medically-directed treatment teams and evidenced-based rehabilitation, SpineOne has a direct impact on decreased neck and back pain and improved mobility and function. Another component of SpineOne's treatment approach is through a partnership with DBC – Documentation Based Care. This partnership brings together state-of-the-art technology with compassionate and collaborative treatment to deliver sustainable outcomes.