OCCUPATIONAL HEALTH PHYSICAL THERAPY: EVALUATING FUNCTIONAL CAPACITY GUIDELINES

Rescinded as APTA guidelines in May 2011, adopted by Orthopaedic Section BOD July 11, 2011

1.0 Introduction

A Functional Capacity Evaluation (FCE) is a comprehensive battery of performance based tests that is used commonly to determine ability for work, activities of daily living, or leisure activities.[1]

The need for functional evaluation was identified in the 1980s by workers' compensation systems that required specific information about worker functional capacities and limitations to expedite the return-to-work process. Historically, return-to-work decisions were based upon diagnoses and prognoses of physicians, but did not include objective measurements of worker functional abilities and job match demands. Physical therapists, whose core competencies include functional evaluation, began to develop functional capacity tests for comparison to the physical demands of jobs and occupations. These functional tests initially examined and evaluated the ability of a worker to perform physical job match conditions as described by the US Department of Labor in *Selected Characteristics of Occupations as Defined in the Revised Dictionary of Occupational Titles*[2] and *The Revised Handbook for Analyzing Jobs.*[3] Functional examination/evaluation, combined with diagnoses and prognoses by physical therapists has emerged as a valid and effective tool to support safe return to work, activities of daily living or leisure activities after an injury or illness.

The Functional Capacity Evaluation today quantifies safe functional abilities, and is a pivotal resource for:

1.1 Return-to-work and job-placement decisions
1.2 Disability evaluation
1.3 Determination of how non-work-related illness and injuries impact work performance
1.4 Determination of functioning in non-occupational setting
1.5 Intervention and treatment planning
1.6 Case management and case closure

2.0 Purpose of Document

The purpose of this document is to establish guidelines for performance of Functional Capacity Evaluations (FCEs) in a manner that promotes excellence, accountability and consistency. The use of the term guidelines is consistent with the current APTA definition, Guideline: A statement of advice (Standing Rule #16). This document is to be used in context with the APTA *Standards of Practice for Physical Therapy* and the Accompanying Criteria,[4] the APTA *Guide to Physical Therapist Practice, Second Edition,*[5] and the standard language and framework for health and health-related states that is described in *The International Classification of Functioning, Disability and Health,* known more commonly as ICF[6]. The 2008 APTA House of Delegates voted unanimously to endorse the ICF Model, which uses a broad view of health-related states from biological, personal, and social perspectives. The ICF includes a "robust and rich taxonomy that describes, rather than classifies, individuals according to their functioning and provides a standard language that includes positive and negative aspects of functioning."

These guidelines for evaluating functional capacity are intended for use by:

2.1 *Physical therapists* to design and perform functional evaluations.

2.2 *Referral sources* to facilitate appropriate referral for FCE and to integrate the findings into case management.

2.3 *Insurance companies, managed care organizations, and claims review organizations*, that authorize, monitor, and remunerate for FCEs.

2.4 *State Workers' Compensation regulatory agencies* as definitions and guidelines for evaluees on workers' compensation.

2.5 *Disability management systems and regulators,* including the Social Security Disability Administration and disability insurance companies*,* as a resource document.

2.6 *Employers, employees, organized labor, educators, students, researchers, and others* as a resource document.

3.0 Definitions

3.1 *Ability*[7]. A present competence to perform an observable behavior or a behavior which results in an observable product.

3.2 *Activity*[6]. An activity is the execution of a task or action by an individual.

3.3 *Activity limitation*[6]*.* Activity limitations are difficulties an individual may have in executing activities.

3.4 *Capacity*[6].The highest probable level of functioning of an individual in a given domain at a point in time.

3.5 *Content validity*[7]. Demonstrated by data showing that the content of a selection procedure is representative of important aspects of performance on the job.

3.6 *Environmental factors*[6]*.* Environmental factors make up the physical, social and attitudinal environment in which people live and conduct their lives.

3.7 *Evaluation.*[5] A dynamic process in which the physical therapist makes clinical judgments based on data gathered during the examination.

3.8 *Examination*.[5] A comprehensive screening and specific testing process leading to diagnostic classification or, as appropriate, to a referral to another practitioner. Examination has three components: history, systems review, and tests/measures.

3.9 *Functional capacity activity*. Any examination activity that generically or specifically simulates a work or practical lifestyle task.

3.10 *Functional Capacity Evaluation* (FCE). An FCE is a detailed examination and evaluation that objectively measures the evaluee's current level of functioning, primarily within the context of the demands of competitive employment, activities of daily living or leisure activities. Measurements of function from an FCE are used to make return-to-work/activity decisions, disability determinations, or to design rehabilitation plans. An FCE measures the ability of an individual to perform functional or work-related tasks and predicts the potential to sustain these tasks over a defined time frame. This supports tertiary prevention by preventing needless disability or activity restrictions.

There are two types of functional capacity evaluations:

3.10.1 *General Purpose FCE*. The evaluation protocol consists of standardized tests and measures that are applied to all evaluees. This type is appropriate when a targeted job does not exist, or functional job requirements have not yet been determined. The results from this type of FCE may be used to evaluate an evaluee's compatibility with specific job or occupational demands when more information or options become available for consideration.

3.10.2 *Job-specific FCE.* The evaluation protocol is designed with emphasis on content validity to measure an evaluee's ability to perform the physical demands of a specific, identified job. This type of FCE may include participation in representative work samples in a clinic or monitoring the evaluee while performing critical job tasks at the work-site to determine the evaluee's ability to safely perform the required work tasks and to determine whether there are participation restrictions.

3.11 *Functional Capacity Evaluation Examiner*. A physical therapist licensed in the jurisdiction in which the services are performed, who is able to demonstrate evidence of education, training, and competencies specific to the delivery of FCEs.

3.12 *Impairments*[6]*.* Impairments are problems in body function or structure such as a significant deviation or loss.

3.13 *Job analysis*. The process of analyzing job duties and responsibilities to quantify functional job demands or performance expectations.

3.14 *Job description*. A general statement of job duties and responsibilities.

3.15 *Participation*[6]*.* Participation is involvement in a life situation.

3.16 *Participation Restrictions*[6]. Participation restrictions are problems an individual may experience during involvement in life situations.

3.17 *Performance*. What an individual does in his or her current environment. Performance is affected by a number of factors including behavioral attitudes, injury, pain and environmental and social stressors.

3.18 *Job Match Condition.* A type of functional capacity that may be used to systematically match and classify worker functional capacities and job demands in a worker job match taxonomy. Examples of physical job match conditions defined by the Department of Labor[2,3] that are commonly referenced by occupational health professionals include, but are not limited to:

3.18.1 *Balancing*. Maintaining body equilibrium to prevent falling when walking, standing, crouching or running on narrow, slippery, uneven or erratically moving surfaces; or maintaining body equilibrium when performing gymnastics feats.

3.18.2 *Carrying.* Transporting an object, usually holding it in the hands or arms or on the shoulder.

3.18.3 *Climbing.* Ascending or descending ladders, stairs, scaffolding, ramps, poles, and the like, using feet and legs or hands and arms. Body agility is emphasized.

3.18.4 *Crawling.* Moving about on hands and knees or hands and feet.

3.18.5 *Crouching.* Bending body downward and forward by bending legs and spine.

3.18.6 *Far Vision.* Clarity of vision at 20 feet or more.

3.18.7 *Feeling*. Perceiving the attributes of objects, such as size, shape, temperature, or texture.

3.18.8 *Finger dexterity.* Ability to move the fingers and manipulate small objects with the fingers rapidly or accurately.

3.18.9 *Fingering.* Picking, pinching, or otherwise working primarily with fingers rather than with the whole hand or arm as in handling.

3.18.10 *Handling.* Seizing, holding, grasping, turning, or otherwise working with hand or hands. Fingers are involved only to the extent that they are an extension of the hand, such as to turn a switch or shift automobile gears.

3.18.11 *Hearing.* Perceiving the nature of sounds by ear.

3.18.12 *Kneeling.* Bending legs at knees to come to rest on knee or knees.

3.18.13 *Lifting.* Raising or lowering an object from one level to another (includes upward pulling).

3.18.14 *Manual dexterity.* Ability to move the hands easily and skillfully. To work with the hands in placing and turning motions.

3.18.15 *Motor coordination.* Ability to coordinate eyes and hands or fingers rapidly and accurately in making precise movements with speed. Ability to make a movement response accurately and quickly.

3.18.16 *Near acuity.* Clarity of vision at 20 inches or less.

3.18.17 *Pulling.* Exerting force upon an object so that the object moves toward the force (includes jerking).

3.18.18 *Pushing.* Exerting force upon an object so that the object moves away from the force (includes slapping, striking, kicking, and treadle actions).

3.18.19 *Reaching.* Extending hand(s) and arm(s) in any direction.

3.18.20 *Sitting.* Remaining in a seated position.

3.18.21 *Standing*. Remaining on one's feet in an upright position at a work station without moving about.

3.18.22 *Stooping.* Bending body downward and forward by bending spine at the waist, requiring full use of the lower extremities and back muscles.

3.18.23 *Talking.* Expressing or exchanging ideas by means of the spoken word to impart oral information to clients or to the public and to convey detailed spoken instructions to other workers accurately, loudly, or quickly.

3.18.24 *Walking.* Moving about on foot. It is acknowledged that not all physical job match conditions have well established, objective tests and measures for testing evaluees. This may limit the usefulness of including some factors during a functional capacity evaluation or job analysis process.

3.19 *Job Modification.* Change in a task to allow the demands of the job to match the abilities of the evaluee.

3.20 *Medically stable*.[5] Medical stability is defined as that state in which primary healing is complete, or the progression of primary healing is not compromised. Clinically, medical stability refers to

the consistent presence of a set of signs and symptoms. Consistent means that the location of the symptoms and the presence of the signs have reached a plateau. The intensity of the symptoms may vary with activity or intervention/treatment, but the location or pattern of change of symptoms remains consistent.[5]

3.21 *Physical Demand Characteristic Levels* for physical job match conditions of occupations listed in the Revised Dictionary of Occupational Titles include:[2]

3.21.1 Categories of Strength physical demand levels:

3.21.1.1 *Sedentary.* Exerting up to 10 pounds of force occasionally or a negligible amount of force frequently to lift, carry, push, pull, or otherwise move objects, including the human body. Sedentary work involves sitting most of the time, but may involve walking or standing for brief periods of time. Jobs are Sedentary if walking and standing are required only occasionally and all other Sedentary criteria are met.

3.21.1.2 *Light.* Exerting up to 20 pounds of force occasionally, or up to 10 pounds of force frequently, or a negligible amount of force constantly to move objects. Even though the weight lifted may be only 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 but entails pushing or pulling of arm or leg controls; or (3) when the job requires working at production rates pace entailing the constant pushing or pulling of materials even though the weight of those materials is negligible.

3.21.1.3 *Medium.* Exerting 20 to 50 pounds of force occasionally, or 10 to 25 pounds of force frequently, or greater than negligible up to 10 pounds of force constantly to move objects.

3.21.1.4 *Heavy.* Exerting 50 to 100 pounds of force occasionally, or 25 to 50 pounds of force frequently, or 10 to 20 pounds of force constantly to move objects.

3.21.1.5 *Very Heavy.* Exerting in excess of 100 pounds of force occasionally, or in excess of 50 pounds of force frequently, or in excess of 20 pounds of force constantly to move objects.

Job match conditions that may be interpreted using strength physical demand levels include lifting, carrying, pushing and pulling.

3.21.2 Categories of *Aptitude levels*[2] relevant to some physical job match conditions are:

3.21.2.1 *Markedly Low.* The lowest 10 percent of the population. This segment of the population possesses a negligible degree of the aptitude.

3.21.2.2 *Lower.* The lowest third exclusive of the bottom 10 percent of the population. This segment of the population possesses a below average or low degree of the aptitude.

3.21.2.3 *Medium.* The middle third of the population. This segment of the population possesses a medium degree of the aptitude ranging from slightly below to slightly above average.

3.21.2.4 *High.* The highest third exclusive of the top 10 percent of the population. This segment of the population possesses an above average or high degree of the aptitude.

3.21.2.5 *Extremely High*. The top 10 percent of the population. This segment of the population possesses an extremely high degree of the aptitude (exceptional). Examples of functional capacity conditions that may be interpreted using the aptitude work demand levels include finger dexterity, manual dexterity, balancing and motor coordination.

3.21.3 Categories of work tolerance levels[2,3] during an 8-hour day as defined by the US Department of Labor[2,3] are:

3.21.3.1 *Not Present (Never).* Activity or condition does not exist

3.21.3.2 *Occasionally.* Activity of condition exists up to 1/3 of time

3.21.3.3 *Frequently.* Activity or condition exists from 1/3 to 2/3 of time

3.21.3.4 *Constantly*. Activity of condition exists 2/3 or more of time.

Examples of functional capacity conditions that are appropriate to evaluate by work tolerance levels include sitting, standing, bending.

Additionally, given that some jobs require exposure that is more than an 8-hour work-shift, the functional capacity examiner may need to assess an evaluee's work tolerances for such work situations that involve *extra time or exposure* above an eight-hour shift. For example, an over-the road truck driver may sit and drive for up to 12 hours during a given day. A higher level of sitting tolerance representing extra time above an 8-hour shift would be required for truck drivers exposed to whole body vibration, compared to SEDENTARY office workers that may sit for up to 8 hours per day.

3.22 *Physical Demands of the Job.* Those physical abilities required to perform work tasks successfully. Physical demands as used in this document include work postures positions, body movements, forces the worker applies to job tasks, repetition of the work tasks, and other work stressors.

3.23 *Skill*.[7] A present, observable competence to perform a learned psychomotor act.

3.24 *Work behavior*.[7] An activity or function performed to achieve the objectives of the job. Work behaviors involve observable (physical) components and unobservable (mental) components. A work behavior consists of the performance of one or more tasks.

4.0 Knowledge Base

For safe FCE administration and useful interpretation, the FCE examiner should meet competency criteria to ensure a high standard of service provision through adequate knowledge and skills in the following areas:

4.1 Examination (includes history, systems review, and tests and measures) of the following systems:

4.1.1 Cardiovascular/pulmonary[8]

4.1.2 Integumentary

4.1.3 Musculoskeletal

4.1.4 Neuromuscular

4.2 Administration of FCEs and interpretation of tests results.

4.3 Evaluation of physical demands of the job.

4.4 Identification of evaluee behaviors that interfere with physical performance.

4.5 Biomechanical components of safe work practices.

4.6 Impact of relevant laws and regulations on FCE administration, including, but not limited to:

4.6.1 Americans with Disabilities Act

4.6.2 Code of Uniform Guidelines for Employment Selection[7]

4.6.3 Occupational Safety and Health Administration

4.6.4 Social Security Disability Administration

4.6.5 Workers' Compensation

4.6.6 Health Insurance Portability and Accountability Act (HIPAA)

5.0 Admission Criteria

5.1 The purpose(s) for performing an FCE should be defined.

5.2 Admission criteria require that both of the following be present.

5.2.1 The evaluee must be medically stable[5] or the FCE test protocol should be administered within the safe confines of the evaluee's health condition.

5.2.2 The evaluee must consent to participate.

5.3 A decision-making process should be used to determine whether a functional capacity evaluation is appropriate. Indications for an FCE may include, but are not limited to, situations in which objective functional information is required:

5.3.1 Evaluee reaches a point where he/she is not making functional gains with intervention/treatment.

5.3.2 Evaluee has not returned to full or modified duty.

5.3.3 Evaluee is working, but having difficulty maintaining job/activity function is reported or demonstrated.

5.3.4 Healthcare examiner's report that evaluee displays discrepancy between subjective complaints and objective findings.

5.3.6 Supporting documentation is required for disability determination, determination of loss of earning capacity, litigation settlement or case resolution.

5.3.7 Supporting documentation is requested to assist with future rehabilitation or vocational planning.

5.3.8 Supporting documentation is requested to help render a job-placement decision.

5.3.9 Evaluee requires an opportunity to demonstrate safe performance of functional tasks.

5.4 Contraindications for an FCE include any one or more of the following:

5.4.1 Performance of the test would compromise the evaluee's safety or medical condition[8].

5.4.2 Communication barriers preclude understanding instructions, communicating concerns, and interpreting the evaluee's responses during the FCE.

5.4.3 Evaluee does not give consent to participate in an FCE.

6.0 Test Components

Components of an FCE should include but are not limited to appropriate administration and documentation of:

6.1 Intake Information/Referral Issues

6.1.1 Referral source and relationship to the Evaluee.

6.1.2 Reason for the referral.

6.1.3 Underlying medical conditions that may impact work abilities.

6.1.4 Medical restrictions for safety during the FCE.

6.1.5 Documentation of Job demands when a job match is being requested.

6.1.6 Review of records, especially objective diagnostics.

6.2 Informed consent

6.2.1 Review reason(s) and objective(s) of the functional capacity evaluation, for example:

6.2.1.1 Support return to work planning.

6.2.1.2 Improve communications between all parties.

6.2.1.3 Structured process to explore worker abilities or limitations.

6.2.4.4 Confirm suitability of a specific job option.

6.2.2 Explain what is involved during the FCE, what the worker can expect, including that if any inconsistencies in performance occur, they will be discussed with the worker as they arise and are documented.

6.2.3 Address the risks for injury, aggravation of symptoms, or possibility of soreness in response to testing and explain exam procedures that will help reduce such risks.

6.2.4 Obtain release of information for involved parties and explain how the evaluee will receive the FCE information, when appropriate or required.

6.2.5 Address any evaluee's concerns before proceeding with evaluation.

6.3 Job duties and related physical demands.

Review evaluee's most recent job duties and related physical demands to ensure agreement by the evaluee with information provided by employer (if available).

6.4 History

6.4.1 Mechanism of injury

6.4.2 Treatment to date

6.4.3 Objective diagnostic tests

6.4.4 Surgeries

6.4.5 Other relevant claims/medical history

6.4.6 Evaluee's report of current symptoms and work/leisure limitations

6.4.7 Current medications

6.5 Systems Review

6.5.1 Cardiovascular/pulmonary

6.5.2 Integumentary

6.5.3 Musculoskeletal

6.5.4 Neuromuscular

6.5.5 Communication, Affect, Cognition, Language and Learning Styles

6.6 Physical examination appropriate for health condition(s) and referral questions.

6.7 Conduct functional capacity tests as appropriate to address the referral questions

6.7.1 Static strength tests to evaluate consistency of effort (e.g. grip, pinch, pull)

6.7.2 Dynamic balance/agility

6.7.3 Finger dexterity tests

6.7.4 Manual dexterity tests

6.7.5 Cardiorespiratory endurance tests[8]

6.7.6 Postural tolerance tasks

6.7.7 Lift/carry strength and endurance tests

6.7.8 Simulated or actual work tasks

6.8 Observation of evaluee

6.8.1 Cooperation during participation.

6.8.2 Consistency and level of effort.

6.8.3 Behaviors that interfere with physical performance.

6.8.4 Body mechanics/safety.

6.8.5 Physiological responses and clinical findings.

6.9 Evaluation of history, records, and test results to recommend safe work abilities.

6.10 Comparison of evaluee's safe work abilities with job or task demands (if known and requested by the referral source).

7.0 Test Administration

The physical therapist providing an FCE has the responsibility to ensure that an FCE is appropriate for the evaluee, that the tasks of FCE can be performed safely, that any conflicts of interest with parties involved in the FCE process are identified and managed to ensure objectivity. Important characteristics of test administration include:

7.1 Ensuring that evaluees are screened for underlying medical conditions that prohibit or limit participation in functional testing.

7.2 An FCE includes musculoskeletal screening and kinesiological assessment of the manner that tests are performed to analyze root causes of an evaluee's disability; therefore, an FCE should be performed by the physical therapist and should not be delegated to support staff that cannot perform PT examination/evaluation procedures within their scope of work.

7.3 Identifying, quantifying and analyzing the functional abilities/limitations includes:

7.3.1 Designing and implementing tests of basic functional abilities.

7.3.2 Designing and implementing tests to simulate job-specific tasks.

7.4 Identifying evaluee behaviors that might interfere with physical performance during the:

7.4.1 Interview process.

7.4.2 Examination process.

7.4.3 Functional testing process.

7.5 Comparing the physical demands of work with the results of functional testing, reported lifestyle activities and medical records reviewed (when relevant).

7.6 Documenting results of a completed evaluation process.

7.7 When appropriate, identifying:

7.7.1 Job modifications that would make a job compatible with the physical abilities of the evaluee.

7.7.2 Interventions that would improve the physical abilities of the evaluee.

7.7.3 Need for referral to other professionals.

7.8 Selection of the examination location – The location should be accessible to the evaluee and appropriate to address the referral issues (e.g. work-site, clinic).

7.8.1 A general purpose FCE may be conducted in a clinic or work-site location.

7.8.2 The work-site location may be important if the examiner needs to verify job demands and/or confer with the employer about accommodation options.

7.9 Duration

7.9.1 Because case complexity is quite variable, the amount of professional time to administer a general purpose or job-specific FCE may range from 3-6 hours for a single day exam, to 5-8 hours for a two-day exam.

7.9.2 Certain conditions may warrant administration of the examination activities over more than one day.

7.9.3 Quality assurance and defensibility necessitates adequate professional time to answer the legal and referral questions.

7.9.4 Additional testing may be warranted when the evaluee demonstrates inappropriate illness symptoms and behaviors.

7.9.5 Additional time may be necessary for work simulation or job task demonstrations to evaluate pacing and body mechanics.

7.9.6 A full standardized FCE is not always needed. For example, only limited functional capacity testing may be warranted at the conclusion of a work hardening or conditioning program.

8.0 Evaluation Summary

The evaluation summary is an impartial, independent, evidence-based statement and opinion that should:

8.1 Address the purpose(s) of performing the FCE and specific referral questions.

8.2 Quantify the recommended safe work abilities and leisure activity limitations of the evaluee. For example, lifting abilities should be defined based on the zone of lifting and frequency of repetitions over a given duration.

8.3 Identify limiting factors to FCE performance and whether recommended functional capacities are temporary or permanent (when appropriate).

8.4 Compare the physical abilities of the evaluee to the physical demands of the job/activity (when appropriate).

8.5 Document the level of evaluee participation and consistency during the FCE.

8.6 Identify appropriate recommendations to promote return-to-work; including modification of the environment, tasks or tools to permit the evaluee's return to the job or activity; and further interventions or referrals needed (if requested).

9.0 Data Generation for Outcome Measures

The following are examples of FCE data that may be important to measure outcomes:

9.1 Sociodemographic data

9.1.1 Age

9.1.2 Gender

9.1.3 Race

9.1.4 Ethnicity

9.1.5 Socioeconomic level

9.1.6 Educational level

9.1.7 Referral source

9.1.8 Purpose of the FCE

9.1.8.1 Quantification of safe functional abilities

9.1.8.2 Return-to-work and job-placement decisions

9.1.8.3 Disability evaluation

9.1.8.4 Determination of impact of non-work-related illness and injuries on work performance

9.1.8.5 Determination of function in non-occupational settings

9.1.8.6 Intervention and plan of care

9.1.8.7 Case management and case closure

9.1.8.8 Guidance for intervention/treatment

9.1.9 Administrative

9.1.9.1 Test duration in hours

9.1.9.2 Number of test days

9.1.9.3 Contact time per test by FCE provider

9.1.10 Previous work-related injury

9.1.11 Attorney involved/not involved

9.2 Previous and concurrent treatment

9.2.1 Type of provider

9.2.2 Type of treatment

9.3 Occupational and injury data

9.3.1 Diagnoses by physicians

9.3.2 Diagnoses by physical therapists

9.3.3 Most Recent Employment Status

9.3.3.1 Full-time

9.3.3.2 Part-time/PRN

9.3.3.3 Retired

9.3.3.4 Laid off

9.3.3.5 Terminated

9.3.4 Return to work goal

9.3.4.1 Same job/same employer

9.3.4.2 Modified job/same employer

9.3.4.3 Different job/same employer

9.3.4.4 Similar job/different employer

9.3.4.5 Different job/different employer

9.3.4.6 None

9.3.5 Work activity status

9.3.5.1 Full duty

9.3.5.2 Limited duty

9.3.5.3 Disability leave

9.3.5.4 Personal leave

9.3.5.5 Unemployed

9.3.6 Date of injury/onset

9.3.7 Date(s) of FCE

9.3.8 Time between date of injury/onset and date of FCE

9.3.9 Previous injury/New injury

9.3.10 Total work time lost

9.3.11 Target job

9.4 FCE findings

9.4.1 Physical demands characteristics[1] strength and aerobic level

9.4.2 If a target job exists, the functional abilities of the evaluee and physical work demands of job match/don't match

9.4.3 Functional Progress (if relevant)

9.4.3.1 Unspecified

9.4.3.2 Appropriate

9.4.3.3 Slow

9.4.3.4 Not responding

9.4.3.5 Maximum benefit achieved

9.4.4 Intervention or treatment/No intervention or treatment (if requested)

9.5 Follow-up

9.5.1 Purpose(s) of the FCE met/not met

9.5.2 Continued medical or rehabilitation services engaged/not engaged

9.5.3 Continued, successful job placement 90 days after return to work. Note: Job placement success is affected by other factors, including the evaluee's motivations and employer commitment to job accommodation.

Acknowledgment

Acknowledgment is given to the professionals who participated in the development of the California Functional Capacity Evaluation Standard, and the Standards for Performing FCEs, Work Conditioning and Work Hardening Program (Maryland). Those documents were instrumental in the initial creation of APTA Guidelines for Functional Capacity Evaluation Updates to these guidelines were initially drafted during a task force meeting on 2/6/08 with input from the following individuals: Kevin Basile, PT, OCS, MTC (PA Chapter/MedRisk Consultant); Drew Blossen, PT (IA Chapter/Atlas Ergonomics); Larry Feeler, PT (TX Chapter/WorkSteps); Glenda Key (CA Chapter/Key Functional Assessments); Margot Miller, PT (MN Chapter/WorkWell Systems); Gwen Simons, PT, JD, OCS, FAAOMPT (ME Chapter/Simons & Associates); and Rick Wickstrom, PT, CPE, CDMS (OH Chapter/WorkAbility Systems). Further modifications were included based on peer review feedback of other professionals with expertise related to functional capacity evaluation, including: Jill Galper, PT, MEd, ABDA (PA Chapter/IMX); Susan Isernhagen, PT (MN Chapter/DSI Work Solutions); and Nicole Matoushek, PT, MPH (FL Chapter/ErgoRehab, Inc.).

References

1. Gross, Douglas P. Are Functional Capacity Evaluations Affected by the Patient's Pain? Current Pain and Headache Reports 2006 Apr: 10(2): 107-113.

2. Selected Characteristics of Occupations as Defined in the Revised Dictionary of Occupational Titles. U.S. Department of Labor. National Technical Information Service, PB94-116282, 1993.

3. The Revised Handbook for Analyzing Jobs. US Department of Labor Employment and Training Administration. 1991.

4. *Criteria for Standards of Practice for Physical Therapy* (BOD S03-06-16-38). Alexandria, VA: American Physical Therapy Association; 1996.

5. Guide to Physical Therapist Practice, Second Edition. *Phys Ther*. 2001;81:9-744.

6. World Health Organization. The International Classification of Functioning, Disability and Health.

7. Section 60-3, Uniform Guidelines on Employment Selection Procedures (1978); 43 FR 38295 (August 25, 1978). Equal Employment Opportunity Commission, 29 CFR Part 1607.

8. ACSM's Guidelines for Exercise Testing and Prescription 7th Edition. American College of Sports Medicine, 2006.