

OCCUPATIONAL HEALTH PHYSICAL THERAPY: EVALUATING FUNCTIONAL CAPACITY GUIDELINES

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1.0 Introduction

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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

12 13 The need for functional evaluation was identified in the 1980s by workers' compensation systems that 14 required specific information about worker functional capacities and limitations to expedite the return-15 to-work process. Historically, return-to-work decisions were based upon diagnoses and prognoses of 16 physicians, but did not include objective measurements of worker functional abilities and job match 17 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. 18 19 These functional tests initially examined and evaluated the ability of a worker to perform physical job 20 match conditions as described by the US Department of Labor in Selected Characteristics of Occupations as Defined in the Revised Dictionary of Occupational Titles² and The Revised 21 Handbook for Analyzing Jobs.³ Functional examination/evaluation, combined with diagnoses and 22 23 prognoses by physical therapists has emerged as a valid and effective tool to support safe return to 24 work, activities of daily living or leisure activities after an injury or illness. 25

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

36 2.0 Purpose of Document37

38 The purpose of this document is to establish guidelines for performance of Functional Capacity 39 Evaluations (FCEs) in a manner that promotes excellence, accountability and consistency. The use of 40 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 41 Physical Therapy and the Accompanying Criteria,⁴ the APTA Guide to Physical Therapist Practice, 42 Second Edition,⁵ and the standard language and framework for health and health-related states that 43 is described in The International Classification of Functioning, Disability and Health, known more 44 45 commonly as ICF⁶. 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 46 47 perspectives. The ICF includes a "robust and rich taxonomy that describes, rather than classifies, 48 individuals according to their functioning and provides a standard language that includes positive and 49 negative aspects of functioning."

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52 53	Thes	se guidelines for evaluating functional capacity are intended for use by:
53 54 55	2.1	Physical therapists to design and perform functional evaluations.
56 57 58	2.2	<i>Referral sources</i> to facilitate appropriate referral for FCE and to integrate the findings into case management.
59 60 61	2.3	Insurance companies, managed care organizations, and claims review organizations, that authorize, monitor, and remunerate for FCEs.
62 63 64	2.4	State Workers' Compensation regulatory agencies as definitions and guidelines for evaluees on workers' compensation.
65 66 67	2.5	<i>Disability management systems and regulators,</i> including the Social Security Disability Administration and disability insurance companies, as a resource document.
68 69 70	2.6	Employers, employees, organized labor, educators, students, researchers, and others as a resource document.
71	3.0 Defi	nitions
72 73 74 75	3.1	<i>Ability</i> ⁷ . A present competence to perform an observable behavior or a behavior which results in an observable product.
76 77	3.2	Activity ⁶ . An activity is the execution of a task or action by an individual.
78 79 80	3.3	Activity limitation ⁶ . Activity limitations are difficulties an individual may have in executing activities.
81 82 83	3.4	<i>Capacity</i> ⁶ .The highest probable level of functioning of an individual in a given domain at a point in time.
84 85 86	3.5	<i>Content validity</i> ⁷ . Demonstrated by data showing that the content of a selection procedure is representative of important aspects of performance on the job.
87 88 89	3.6	<i>Environmental factors</i> ⁶ . Environmental factors make up the physical, social and attitudinal environment in which people live and conduct their lives.
90 91 92	3.7	<i>Evaluation.</i> ⁵ A dynamic process in which the physical therapist makes clinical judgments based on data gathered during the examination.
93 94 95 96	3.8	<i>Examination.</i> 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.
97 98 99	3.9	<i>Functional capacity activity</i> . Any examination activity that generically or specifically simulates a work or practical lifestyle task.
100 101 102 103 104 105 106 107 108	3.10	<i>Functional Capacity Evaluation</i> (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.
109		There are two types of functional capacity evaluations:

110			
111		3.10.1	General Purpose FCE. The evaluation protocol consists of standardized tests and
112			measures that are applied to all evaluees. This type is appropriate when a targeted job
113			does not exist, or functional job requirements have not yet been determined. The results
114			from this type of FCE may be used to evaluate an evaluee's compatibility with specific
115			job or occupational demands when more information or options become available for
116			consideration.
117			
		2 10 2	Job anapific FCF. The evolution protocol is designed with emphasis on content validity
118		3.10.2	Job-specific FCE. The evaluation protocol is designed with emphasis on content validity
119			to measure an evaluee's ability to perform the physical demands of a specific, identified
120			job. This type of FCE may include participation in representative work samples in a clinic
121			or monitoring the evaluee while performing critical job tasks at the work-site to determine
122			the evaluee's ability to safely perform the required work tasks and to determine whether
123			there are participation restrictions.
124			
125	3.11		nal Capacity Evaluation Examiner. A physical therapist licensed in the jurisdiction in
126			he services are performed, who is able to demonstrate evidence of education, training,
127		and cor	mpetencies specific to the delivery of FCEs.
128			
129	3.12	Impairn	nents ⁶ . Impairments are problems in body function or structure such as a significant
130		deviatio	on or loss.
131			
132	3.13	Job and	alysis. The process of analyzing job duties and responsibilities to quantify functional job
133		deman	ds or performance expectations.
134			
135	3.14	Job des	scription. A general statement of job duties and responsibilities.
136			
137	3.15	Particip	pation ⁶ . Participation is involvement in a life situation.
138		•	
139	3.16	Particip	pation Restrictions ⁶ . Participation restrictions are problems an individual may experience
140			nvolvement in life situations.
141		0	
142	3.17	Perforn	nance. What an individual does in his or her current environment. Performance is affected
143		by a nu	mber of factors including behavioral attitudes, injury, pain and environmental and social
144		stresso	
145			
146	3.18	Job Ma	tch Condition. A type of functional capacity that may be used to systematically match and
147			worker functional capacities and job demands in a worker job match taxonomy.
148			les of physical job match conditions defined by the Department of Labor ^{2,3} that are
149			nly referenced by occupational health professionals include, but are not limited to:
150			
151		3.18.1	Balancing. Maintaining body equilibrium to prevent falling when walking, standing,
152			crouching or running on narrow, slippery, uneven or erratically moving surfaces; or
153			maintaining body equilibrium when performing gymnastics feats.
154			
155		3 18 2	Carrying. Transporting an object, usually holding it in the hands or arms or on the
156		0.10.2	shoulder.
157			
158		3.18.3	Climbing. Ascending or descending ladders, stairs, scaffolding, ramps, poles, and the
159		5110.0	like, using feet and legs or hands and arms. Body agility is emphasized.
160			
161		3.18.4	Crawling. Moving about on hands and knees or hands and feet.
162		0.10.7	eranning about on narias and knobs of hands and foot
163		3 18 5	Crouching. Bending body downward and forward by bending legs and spine.
164		5.10.0	ereasing, benang body dominard and formard by bonding logo and opino.
165		3,18.6	Far Vision. Clarity of vision at 20 feet or more.
166			

167 168 169	3.18.	7 Feeling. Perceiving the attributes of objects, such as size, shape, temperature, or texture.
170 171 172	3.18.3	<i>Finger dexterity.</i> Ability to move the fingers and manipulate small objects with the fingers rapidly or accurately.
173 174 175	3.18.9	9 <i>Fingering.</i> Picking, pinching, or otherwise working primarily with fingers rather than with the whole hand or arm as in handling.
175 176 177 178 179	3.18.	10 <i>Handling.</i> 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.
180 181	3.18.	11 Hearing. Perceiving the nature of sounds by ear.
182 183	3.18.	12 Kneeling. Bending legs at knees to come to rest on knee or knees.
184 185	3.18.	13 Lifting. Raising or lowering an object from one level to another (includes upward pulling).
186 187	3.18.	14 Manual dexterity. Ability to move the hands easily and skillfully. To work with the hands in placing and turning motions.
188 189 190 191 192	3.18.	15 <i>Motor coordination</i> . 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.
192 193 194	3.18.	16 Near acuity. Clarity of vision at 20 inches or less.
195 196	3.18.	17 Pulling. Exerting force upon an object so that the object moves toward the force (includes jerking).
197 198 199	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).
200 201 202	3.18.	19 Reaching. Extending hand(s) and arm(s) in any direction.
202 203 204	3.18.	20 Sitting. Remaining in a seated position.
205 206 207	3.18.2	21 Standing. Remaining on one's feet in an upright position at a work station without moving about.
208 209 210	3.18.2	22 <i>Stooping.</i> Bending body downward and forward by bending spine at the waist, requiring full use of the lower extremities and back muscles.
210 211 212 213 214	3.18.2	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.
214 215 216 217 218 219	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.
220 221 222	3.19 <i>Job I</i> evalu	<i>Nodification.</i> Change in a task to allow the demands of the job to match the abilities of the ee.
223 224		<i>cally stable.⁵</i> Medical stability is defined as that state in which primary healing is complete, progression of primary healing is not compromised. Clinically, medical stability refers to

225				esence of a set of signs and symptoms. Consistent means that the location of
226		the syn	nptoms ar	nd the presence of the signs have reached a plateau. The intensity of the
227		sympto	ms may v	vary with activity or intervention/treatment, but the location or pattern of change
228				nains consistent. ⁵
229		e. eyr		
230	3 21	Dhysic	al Doman	d Characteristic Levels for physical job match conditions of occupations listed in
	5.21			ionary of Occupational Titles include: ²
231		ine Rev	ised Dict	ionary of Occupational Thies include.
232				
233		3.21.1	Categori	es of Strength physical demand levels:
234				
235			3.21.1.1	Sedentary. Exerting up to 10 pounds of force occasionally or a negligible
236				amount of force frequently to lift, carry, push, pull, or otherwise move objects,
237				including the human body. Sedentary work involves sitting most of the time,
238				but may involve walking or standing for brief periods of time. Jobs are
239				Sedentary if walking and standing are required only occasionally and all other
240				Sedentary criteria are met.
241				occontary official are met.
242			2 21 1 2	Light Exerting up to 20 pounds of force accessionally, or up to 10 pounds of
			3.21.1.2	<i>Light.</i> Exerting up to 20 pounds of force occasionally, or up to 10 pounds of
243				force frequently, or a negligible amount of force constantly to move objects.
244				Even though the weight lifted may be only a negligible amount, a job should be
245				rated Light Work: (1) when it requires walking or standing to a significant
246				degree; or (2) when it requires sitting most of the time but entails pushing or
247				pulling of arm or leg controls; or (3) when the job requires working at
248				production rates pace entailing the constant pushing or pulling of materials
249				even though the weight of those materials is negligible.
250				
251			3 21 1 3	Medium. Exerting 20 to 50 pounds of force occasionally, or 10 to 25 pounds of
252			0.21.1.0	force frequently, or greater than negligible up to 10 pounds of force constantly
253				to move objects.
254				
255			3.21.1.4	Heavy. Exerting 50 to 100 pounds of force occasionally, or 25 to 50 pounds of
256				force frequently, or 10 to 20 pounds of force constantly to move objects.
257				
258			3.21.1.5	Very Heavy. Exerting in excess of 100 pounds of force occasionally, or in
259				excess of 50 pounds of force frequently, or in excess of 20 pounds of force
260				constantly to move objects.
261				
262			.lob mate	ch conditions that may be interpreted using strength physical demand levels
263				ifting, carrying, pushing and pulling.
			include i	nung, cariying, pusining and pulling.
264		0.04.0	Catagori	es of <i>Aptitude levels</i> ² relevant to some physical job match conditions are:
265		3.21.2	Categori	es of <i>Aplitude levels</i> relevant to some physical job match conditions are.
266				
267			3.21.2.1	Markedly Low. The lowest 10 percent of the population. This segment of the
268				population possesses a negligible degree of the aptitude.
269				
270			3.21.2.2	<i>Lower.</i> The lowest third exclusive of the bottom 10 percent of the population.
271				This segment of the population possesses a below average or low degree of
272				the aptitude.
273				
274			3.21 2 3	Medium. The middle third of the population. This segment of the population
275			5.21.2.0	possesses a medium degree of the aptitude ranging from slightly below to
276				slightly above average.
270				Singinity above average.
			2 04 0 4	Uigh The highest third evolution of the ten 40 percent of the percentation. This
278			3.21.2.4	<i>High.</i> The highest third exclusive of the top 10 percent of the population. This
279				segment of the population possesses an above average or high degree of
280				the aptitude.
281				

282		3.21.2.5 Extremely High. The top 10 percent of the population. This segment of the									
283 284		population possesses an extremely high degree of the aptitude (exceptional). Examples of functional capacity conditions that may be interpreted using the									
285		aptitude work demand levels include finger dexterity, manual dexterity,									
286 287		balancing and motor coordination.									
288	3.21.3	Categories of work tolerance levels ^{2,3} during an 8-hour day as defined by the US									
289 290		Department of Labor ^{2,3} are:									
291		3.21.3.1 Not Present (Never). Activity or condition does not exist									
292 293		3.21.3.2 Occasionally. Activity of condition exists up to 1/3 of time									
294 295 206		3.21.3.3 Frequently. Activity or condition exists from 1/3 to 2/3 of time									
296 297		3.21.3.4 Constantly. Activity of condition exists 2/3 or more of time.									
298 299		Examples of functional capacity conditions that are appropriate to evaluate by work									
300		tolerance levels include sitting, standing, bending.									
301 302		Additionally, given that some jobs require exposure that is more than an 8-hour work-									
303		shift, the functional capacity examiner may need to assess an evaluee's work tolerances									
304 305		for such work situations that involve <i>extra time or exposure</i> above an eight-hour shift. For example, an over-the road truck driver may sit and drive for up to 12 hours during a									
306		given day. A higher level of sitting tolerance representing extra time above an 8-hour									
307	shift would be required for truck drivers exposed to whole body vibration, compared to										
308 309		SEDENTARY office workers that may sit for up to 8 hours per day.									
310	3.22 Physic	al Demands of the Job. Those physical abilities required to perform work tasks									
311		ssfully. Physical demands as used in this document include work postures positions, body									
312 313	moven	nents, forces the worker applies to job tasks, repetition of the work tasks, and other work									
314	316330										
315	3.23 Skill. ⁷ /	A present, observable competence to perform a learned psychomotor act.									
316 317	3.24 Work b	behavior. ⁷ An activity or function performed to achieve the objectives of the job. Work									
318	behavi	iors involve observable (physical) components and unobservable (mental) components. A									
319	work b	ehavior consists of the performance of one or more tasks.									
320 321	4.0 Knowledge	Base									
322	For onto FC	C administration and useful interpretation, the ECE examiner should mast competency									
323 324		E administration and useful interpretation, the FCE examiner should meet competency nsure a high standard of service provision through adequate knowledge and skills in the									
325	following ar										
326											
327 328											
329	4.1 Exami	nation (includes history, systems review, and tests and measures) of the following									
330	system	IS:									
331 332	4.1.1	Cardiovascular/pulmonary ⁸									
333 334 335	4.1.2	Integumentary									
335 336 337	4.1.3	Musculoskeletal									
338 339	4.1.4	Neuromuscular									
222											

340 341	4.2	Admin	istration of FCEs and interpretation of tests results.
342	4.3	Evalua	ation of physical demands of the job.
343 344	4.4	Identif	ication of evaluee behaviors that interfere with physical performance.
345 346	4.5	Biome	chanical components of safe work practices.
347 348	4.6		t of relevant laws and regulations on FCE administration, including, but not limited to:
349	4.0		
350 351		4.6.1	Americans with Disabilities Act
352 353		4.6.2	Code of Uniform Guidelines for Employment Selection ⁷
354 355		4.6.3	Occupational Safety and Health Administration
356		4.6.4	Social Security Disability Administration
357 358		4.6.5	Workers' Compensation
359 360		4.6.6	Health Insurance Portability and Accountability Act (HIPAA)
361 362	50 Ad	mission	Criteria
363			
364 365	5.1	The pu	urpose(s) for performing an FCE should be defined.
366	5.2	Admis	sion criteria require that both of the following be present.
367 368 369		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.
370			
371 372		5.2.2	The evaluee must consent to participate.
373 374 375	5.3	evalua	sion-making process should be used to determine whether a functional capacity tion is appropriate. Indications for an FCE may include, but are not limited to, situations in objective functional information is required:
376			
377 378		5.3.1	Evaluee reaches a point where he/she is not making functional gains with intervention/treatment.
379 380		5.3.2	Evaluee has not returned to full or modified duty.
381 382		5.3.3	Evaluee is working, but having difficulty maintaining job/activity function is reported or
383		0.0.0	demonstrated.
384		E 0 4	Lie die eere evening versent thet evelves die deve die erenenen verste studen subjective
385 386		5.3.4	Healthcare examiner's report that evaluee displays discrepancy between subjective complaints and objective findings.
387			
388 389		5.3.6	Supporting documentation is required for disability determination, determination of loss of earning capacity, litigation settlement or case resolution.
390 391		5.3.7	Supporting documentation is requested to assist with future rehabilitation or vocational
392 393			planning.
394 395		5.3.8	Supporting documentation is requested to help render a job-placement decision.
396		5.3.9	Evaluee requires an opportunity to demonstrate safe performance of functional tasks.
397			

398		5.4	Contra	aindications for an FCE include any one or more of the following:
399 400			5.4.1	Performance of the test would compromise the evaluee's safety or medical condition ⁸ .
401 402 403			5.4.2	Communication barriers preclude understanding instructions, communicating concerns, and interpreting the evaluee's responses during the FCE.
404 405			5.4.3	Evaluee does not give consent to participate in an FCE.
406 407	6.0	Tes	t Comp	oonents
408 409 410 411			nponent umenta	ts of an FCE should include but are not limited to appropriate administration and tion of:
412 413		6.1	Intake	Information/Referral Issues
414			6.1.1	Referral source and relationship to the Evaluee.
415 416			6.1.2	Reason for the referral.
417 418			6.1.3	Underlying medical conditions that may impact work abilities.
419 420			6.1.4	Medical restrictions for safety during the FCE.
421 422			6.1.5	Documentation of Job demands when a job match is being requested.
423 424			6.1.6	Review of records, especially objective diagnostics.
425 426		6.2	Inform	ned consent
427 428			6.2.1	Review reason(s) and objective(s) of the functional capacity evaluation, for example:
429 430				6.2.1.1 Support return to work planning.
431 432				6.2.1.2 Improve communications between all parties.
433 434				6.2.1.3 Structured process to explore worker abilities or limitations.
435 436				6.2.4.4 Confirm suitability of a specific job option.
437			600	
438 439 440			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.
441 442 443			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.
444 445 446			6.2.4	Obtain release of information for involved parties and explain how the evaluee will receive the FCE information, when appropriate or required.
447 448			6.2.5	Address any evaluee's concerns before proceeding with evaluation.
449 450		6.3	Job du	uties and related physical demands.
451 452 453				w evaluee's most recent job duties and related physical demands to ensure agreement by aluee with information provided by employer (if available).
454		6 4		
455		0.4	History	<i>y</i>

156			
456 457		6.4.1	Mechanism of injury
458 459		6.4.2	Treatment to date
460 461		6.4.3	Objective diagnostic tests
462 463		6.4.4	Surgeries
464 465		6.4.5	Other relevant claims/medical history
466			
467 468		6.4.6	Evaluee's report of current symptoms and work/leisure limitations
469 470		6.4.7	Current medications
471	6.5	Systen	ns Review
472 473		6.5.1	Cardiovascular/pulmonary
474 475		6.5.2	Integumentary
476 477		6.5.3	Musculoskeletal
478			
479 480		6.5.4	Neuromuscular
481		6.5.5	Communication, Affect, Cognition, Language and Learning Styles
482 483	6.6	Physic	al examination appropriate for health condition(s) and referral questions.
484 485	6.7	Condu	ct functional capacity tests as appropriate to address the referral questions
486			
487 488		6.7.1	Static strength tests to evaluate consistency of effort (e.g. grip, pinch, pull)
489 490		6.7.2	Dynamic balance/agility
491		6.7.3	Finger dexterity tests
492 493		6.7.4	Manual dexterity tests
494 495		6.7.5	Cardiorespiratory endurance tests ⁸
496 497		6.7.6	Postural tolerance tasks
498 499		6.7.7	Lift/carry strength and endurance tests
500 501		6.7.8	Simulated or actual work tasks
502 503	6.8	Observ	vation of evaluee
504 505		6.8.1	Cooperation during participation.
506 507		6.8.2	Consistency and level of effort.
508 509		6.8.3	Behaviors that interfere with physical performance.
510 511		6.8.4	Body mechanics/safety.
512 513		6.8.5	Physiological responses and clinical findings.

515 6.9 Evalua

- 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).

520 7.0 Test Administration521

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. 77 7.9.2 Certain conditions may warrant administration of the examination activities over more than one day. 78 7.9.3 Quality assurance and defensibility necessitates adequate professional time to answer the legal and referral questions. 783 7.9.4 Additional testing may be warranted when the evaluee demonstrates inappropriate illness symptoms and behaviors. 784 Additional testing may be warranted when the evaluee demonstrates inappropriate illness symptoms and body mechanics. 785 7.9.5 Additional testing may be warranted the conclusion of a work hardening or conditioning program. 785 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. 785 8.0 Evaluation summary is an impartial, independent, evidence-based statement and opinion that should: 786 8.1 Address the purpose(s) of performing the FCE and specific referral questions. 787 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 or lifting and frequency of repetitions over a given duration.	670										
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630		9.1.5	Socioeconomic level
631 632		9.1.6	Educational level
633 634		9.1.7	Referral source
635 636		9.1.8	Purpose of the FCE
637 638			9.1.8.1 Quantification of safe functional abilities
639 640			9.1.8.2 Return-to-work and job-placement decisions
641 642			9.1.8.3 Disability evaluation
643 644 645			9.1.8.4 Determination of impact of non-work-related illness and injuries on work performance
646 647			9.1.8.5 Determination of function in non-occupational settings
648 649			9.1.8.6 Intervention and plan of care
650 651			9.1.8.7 Case management and case closure
652 653			9.1.8.8 Guidance for intervention/treatment
654 655		9.1.9	Administrative
656 657			9.1.9.1 Test duration in hours
658 659			9.1.9.2 Number of test days
660 661			9.1.9.3 Contact time per test by FCE provider
662 663 664		9.1.10	Previous work-related injury
665		9.1.11	Attorney involved/not involved
666 667	9.2	Previou	us and concurrent treatment
668 669 670		9.2.1	Type of provider
670 671 672		9.2.2	Type of treatment
672 673 674	9.3	Occupa	ational and injury data
674 675 676		9.3.1	Diagnoses by physicians
677 678		9.3.2	Diagnoses by physical therapists
679		9.3.3	Most Recent Employment Status
680 681 682			9.3.3.1 Full-time
682 683 684			9.3.3.2 Part-time/PRN
684 685 686			9.3.3.3 Retired
687			9.3.3.4 Laid off

880 9.3.3.5 Terminated 881 9.3.4 Return to work goal 883 9.3.4.1 Same job/same employer 884 9.3.4.2 Modified job/same employer 885 9.3.4.3 Different job/different employer 886 9.3.4.4 Similar job/different employer 887 9.3.4.5 Different job/different employer 700 9.3.4.5 Different job/different employer 701 9.3.4.5 None 703 9.3.5.1 Full duty 704 9.3.5.2 Limited duty 705 9.3.5.3 Disability leave 706 9.3.5.4 Personal leave 711 9.3.5.5 Unemployed 712 9.3.6 Date of injury/onset 713 9.3.7 Date(s) of FCE 722 9.3.9 Previous injury/New injury 723 9.3.11 Target job 724 9.3.11 Target job exists, the functional abilities of the evaluee and physical work demands of job match/don't match 725	688			
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745	744			9.4.3.4 Not responding
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746			9.4.3.5 Maximum benefit achieved							
747		~								
748		9.4.4	Intervention or treatment/No intervention or treatment (if requested)							
749	~ -									
750	9.5	Follow	v-up							
751		0 5 4								
752		9.5.1	Purpose(s) of the FCE met/not met							
753										
754		9.5.2	Continued medical or rehabilitation services engaged/not engaged							
755										
756		9.5.3	Continued, successful job placement 90 days after return to work. Note: Job placement							
757			success is affected by other factors, including the evaluee's motivations and employer							
758			commitment to job accommodation.							
759										
760	Ack	knowled	dgment							
761										
762			Igment is given to the professionals who participated in the development of the							
763			Functional Capacity Evaluation Standard, and the Standards for Performing FCEs, Work							
764			ng and Work Hardening Program (Maryland). Those documents were instrumental in							
765			reation of APTA Guidelines for Functional Capacity Evaluation Updates to these							
766			were initially drafted during a task force meeting on 2/6/08 with input from the							
767			ndividuals: Kevin Basile, PT, OCS, MTC (PA Chapter/MedRisk Consultant); Drew							
768			T (IA Chapter/Atlas Ergonomics); Larry Feeler, PT (TX Chapter/WorkSteps); Glenda							
769			hapter/Key Functional Assessments); Margot Miller, PT (MN Chapter/WorkWell							
770			Gwen Simons, PT, JD, OCS, FAAOMPT (ME Chapter/Simons & Associates); and Rick							
771			, PT, CPE, CDMS (OH Chapter/WorkAbility Systems). Further modifications were							
772			ased on peer review feedback of other professionals with expertise related to							
773			capacity evaluation, including: Jill Galper, PT, MEd, ABDA (PA Chapter/IMX); Susan							
774	Isernhagen, PT (MN Chapter/DSI Work Solutions); and Nicole Matoushek, PT, MPH (FL									
775	Chapter/ErgoRehab, Inc.).									
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778	Ref	erence	S							
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