

## Evaluation Summary - Functional Capacity Evaluation

**Date of Evaluation:** 11/21/2007

**Patient Name:** John B Good

**Patient Number:**

### Physical Demands of Work:

	NEVER	OCCASSIONAL	FREQUENT	CONSTANT
LIFTING		✓		
STANDING				✓
WALKING			✓	
SITTING			✓	
CARRYING		✓		
PUSHING		✓		
PULLING		✓		
CLIMBING		✓		
BALANCING		✓		
STOOPING			✓	
KNEELING		✓		
CROUCHING		✓		
CRAWLING	✓			
REACHING		✓		
HANDLING			✓	
FINGERING			✓	
FEELING			✓	
TALKING			✓	
HEARING			✓	
SEEING			✓	

The grayed items indicate the physical demands of the subject's occupation. The checked items indicate the subject's demonstrated abilities.

### Physical Demand Level:

	Sedentary	Sed/Light	Light	Light/Med	Medium	Med/Heavy	Heavy	Very Heavy
Occasional	10 lbs	15 lbs	20 lbs	35 lbs	50 lbs	75 lbs	100 lbs	>100 lbs
Frequent		8 lbs	10 lbs	15 lbs	25 lbs	35 lbs	50 lbs	>50 lbs
Constant				6 lbs	10 lbs	15 lbs	20 lbs	>20 lbs
	sit	sit/stand	stand/walk	stand/walk	stand/walk	stand/walk	stand/walk	stand/walk
METS	1.5	2.0	2.5	3.0	3.5	4.5	6.0	7.5 - 12.0

The subject's occupation requires performance at the Med/Heavy physical demand level (grayed column). Throughout testing, the subject demonstrated the ability to perform at the Med/Heavy physical demand level (highlighted column).

### Recommendations:

Mr. Good demonstrated the ability to perform all required activities associated with his job. Despite obvious mild permanent disability of the right leg due to neurological weakness of the muscles innervated by the L5 nerve root, most notably the ankle everters. I recommend Mr. Good return to work, with use of high top shoes, and/or ankle bracing to assist in stabilization of the right ankle to prevent inversion ankle sprains when walking on uneven surfaces.

Don Stover PT

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## General Information:

Date of Evaluation: 11/21/2007

**Patient Name:** John B. Good

**Patient Number:**

**Birth Date:** 6/6/65

**Sex:** Male

**Height:** 167.3 cm

**Weight:** 115.6 kg

**Medication:**

Mobic

**Employer Information**

Any city, Oklahoma

**Job Title:** crew leader

**Department:** Utilities Department

**Insurance Information**

Any city, Oklahoma

**Diagnosis**

s/p L5-S1 Disc Replacement

**Symptoms/Complaints**

*Primary symptoms/complaints:*

Central back tightness, which is mild and intermittent in nature, numb and tingle in toes right greater than left also intermittent in nature.

*Symptoms are aggravated by:*

Usually stiff in mornings, slight increase in tightness with excessive standing

*Symptoms are relieved by:*

Stretching exercise, walking

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## Job Evaluation

Occupation: crew leader, utilities dept.

**Physical Demands of Work:**

Lifting - Occasionally (1-33% of workday)

Standing - Constantly (67-100% of workday)

Walking - Occasionally (1-33% of workday)

Sitting - Frequently (34-66% of workday)

Carrying - Occasionally (1-33% of workday)

Pushing - Occasionally (1-33% of workday)  
Pulling - Occasionally (1-33% of workday)  
Climbing - Occasionally (1-33% of workday)  
Balancing - Occasionally (1-33% of workday)  
Stooping - Frequently (34-66% of workday)  
Kneeling - Occasionally (1-33% of workday)  
Crouching - Occasionally (1-33% of workday)  
Crawling - Never (0% of workday)  
Reaching - Occasionally (1-33% of workday)  
Handling - Frequently (34-66% of workday)  
Fingering - Frequently (34-66% of workday)  
Feeling - Frequently (34-66% of workday)  
Talking - Frequently (34-66% of workday)  
Hearing - Frequently (34-66% of workday)  
Seeing - Frequently (34-66% of workday)

**Physical Demand Classification: Medium/Heavy**

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## **The Ransford Pain Drawing**

The pain drawing is scored using the following penalty point system. Two points is generally considered the upper limit of normality. Scores greater than two could indicate poor psychometrics.

**The following indicators were present on the subject's pain drawing (point value):**

**Total Score = 0**

*Ransford RO, Cairns D, Moony V., The Pain Drawing as an Aid to the Psychologic Evaluation of Patients with Low-Back Pain., Spine, 1(2): June 1976.*

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## **The McGill Pain Questionnaire**

The following is the scoring summary for the McGill Pain Questionnaire. The Pain Rating Index (PRI) is the score based on the rank value of each word chosen. The NWC is the total number of words chosen. Total PRI(R) scores above 30 tend to indicate exaggeration of symptoms, but there is no current research to show an exact cut off point.

Scores for entire questionnaire:

- PRI = 10
- NWC = 5

Scores for the Sensory word groups (1-10):

- PRI = 9
- NWC = 4

Scores for the Affective word groups (11-15):

- PRI = 0
- NWC = 0

Scores for the Evaluative word group (16):

- PRI = 1
- NWC = 1

Scores for the Miscellaneous word groups (17-20):

- PRI = 0
- NWC = 0

*Melzack R., The McGill Pain Questionnaire: Major Properties and Scoring Methods., Pain; 1: 1975.*

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## The Oswestry Low Back Pain Disability Questionnaire

The patient's disability score was 6%

Minimal Disability - This group can cope with most living activities. Usually no treatment is indicated, apart from advice on lifting, sitting posture, physical fitness and diet. In this group some patients have particular difficulty with sitting, and this may be important if their occupation is sedentary, eg. a typist or truck driver.

*Fairbanks JCT, Couper J, Davies JB, O'Brien JP., The Oswestry Low Back Pain Disability Questionnaire., Physiotherapy 66(8): August 1980.*

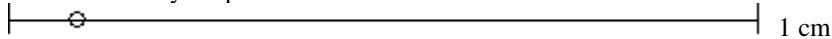
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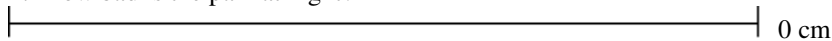
## Million Visual Analog Scale

Total scores above 90 are considered high. 0-44 is low and 45-89 is equivocal.

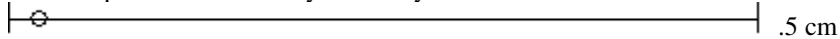
1. How bad is your pain?



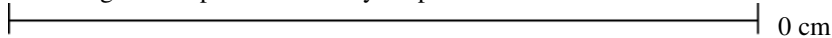
2. How bad is the pain at night?



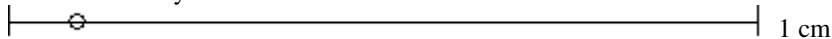
3. Does pain interfere with your lifestyle?



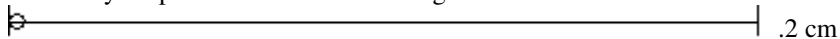
4. How good are pain killers for your pain?



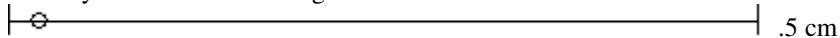
5. How stiff is your back?



6. Does your pain interfere with walking?



7. Do you hurt when walking?



8. Does your pain keep you from standing still?  
|-----| 0 cm

9. Does your pain keep you from twisting?  
|-----| 0 cm

10. Does your pain allow you to sit in an upright hard chair?  
|-----| 0 cm

11. Does your pain allow you to sit in a soft arm chair?  
|-----| 0 cm

12. Do you have back pain when lying in bed?  
|-----| 0 cm

13. How much does your pain limit your normal lifestyle?  
|○-----| .5 cm

14. Does your pain interfere with your work?  
|-----| 0 cm

15. How much have you had to change your work place because of back pain?  
|-----| 0 cm

Total Score = 3.7

*Million, Haavik, Jayson., Million Visual Analog Scale., Industrial Rehabilitation, 1990.*

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### **Zung Self-Rating Depression Scale**

1. I feel down-hearted and blue. (A little of the time) 1 point(s)
2. Morning is when I feel the best. (Some of the time) 3 point(s)
3. I have crying spells or feel like it. (A little of the time) 1 point(s)
4. I have trouble sleeping at night. (A little of the time) 1 point(s)
5. I eat as much as I used to. (Most of the time) 1 point(s)
6. I still enjoy sex. (Most of the time) 1 point(s)
7. I notice that I am losing weight. (A little of the time) 1 point(s)
8. I have trouble with constipation. (A little of the time) 1 point(s)
9. My heart beats faster the usual. (A little of the time) 1 point(s)
10. I get tired for no reason. (A little of the time) 1 point(s)
11. My mind is as clear as it used to be. (Most of the time) 1 point(s)
12. I find it easy to do the things I used to. (Good part of the time) 2 point(s)
13. I am restless and can't keep still. (A little of the time) 1 point(s)
14. I feel hopeful about the future. (Most of the time) 1 point(s)
15. I am more irritable than usual. (A little of the time) 1 point(s)
16. I find it easy to make decisions. (Most of the time) 1 point(s)
17. I feel that I am useful and needed. (Good part of the time) 2 point(s)
18. My life is pretty full. (Good part of the time) 2 point(s)
19. I feel that others would be better off if I were dead. (A little of the time) 1 point(s)
20. I still enjoy the things I used to do. (Good part of the time) 2 point(s)

Total Score = 26

(<50)Normal (50-59)Mild Depression (60-69)Moderate to Marked Depression (>=70)Severe Depression

Zung, WWK., *A self-rating depression scale.*, *Arch Gen Psychiatry.*, 1965; 12:63-70.

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## Posture Analysis

The following Postural Deviations were noted:

- Increased thoracic kyphosis
- Rounded and protracted shoulders
- Increased lumbar lordosis

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## Gait Analysis

The following Gait Abnormalities were noted:

- Right lateral swaying
- Left lateral swaying
- Decreased heel strike, right

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## Balance Analysis

The following Balance Deviations were noted:

- Right leg unilateral stance
- Heel walking on right foot

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## Lower Extremity Range of Motion

All motions were observed to be normal.

*AMA Guides to the Evaluation of Permanent Impairment, 4th Edition., 1994.*

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## Upper Extremity Range of Motion

All motions were observed to be normal.

*AMA Guides to the Evaluation of Permanent Impairment, 4th Edition., 1994.*

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## Digit Range of Motion

*AMA Guides to the Evaluation of Permanent Impairment, 4th Edition., 1994.*

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## Spine Range of Motion (AMA Protocol)

For measurements of a given motion to be valid according to the AMA Guides to the Evaluation of Permanent Impairment, there must be three consecutive (true) readings that are within 5 degree or 10% of each other. An additional validity test requires that the tightest straight leg raising angle minus the sum of sacral hip flexion and extension is less than or equal to 15 degrees or the lumbar flexion test is invalid. (This test is not used if the sum of sacral flexion and extension exceeds 55 degrees for men and 65 degrees for women).

	<b>Trial 1</b>	<b>Trial 2</b>	<b>Trial 3</b>	<b>Best</b>	<b>Valid?</b>
Straight Leg Raise (Right)	75°	75°	75°	75°	Yes
Straight Leg Raise (Left)	75°	75°	75°	75°	Yes
Lumbar Flexion (T12)	110°	110°	110°	60°	Yes
Lumbar Flexion (Sacral)	50°	50°	50°		
Lumbar Extension (T12)	30°	30°	30°	20°	Yes
Lumbar Extension (Sacral)	10°	10°	10°		
Right Lat Flexion (T12)	30°	30°	30°	28°	Yes
Right Lat Flexion (Sacral)	2°	2°	2°		
Left Lat Flexion (T12)	30°	30°	30°	28°	Yes
Left Lat Flexion (Sacral)	2°	2°	2°		

*AMA Guides to the Evaluation of Permanent Impairment, 4th Edition., 1994.*

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## Manual Muscle Testing

<b>Left</b>	<b>Muscle</b>	<b>Right</b>
5/5	Psoas	5/5
5/5	Quadriceps	5/5
5/5	Anterior Tibialis	5/5
5/5	Flexor Hallicus Longus	5/5
5/5	Extensor Hallicus Longus	3/5
5/5	Hamstrings	4/5
5/5	Gluteus Maximus	5/5
5/5	Gastrocnemius	5/5

### Notes:

right peroneus longus and brevis: 2/5, painless/weakness

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## Sensory Function

Sensory function was observed to be normal in the Right Upper Extremity, Left Upper Extremity, Right Lower Extremity and Left Lower Extremity.

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## Static Lifting

All trials recorded in pounds of force.

	<b>Trial 1</b>	<b>Trial 2</b>	<b>Trial 3</b>	<b>AVG</b>	<b>CV</b>	<b>PERC</b>
Arm Lift:	73	75	75	74.3	1.6%	25th
Leg Lift:	300	305	305	303.3	1.0%	90th

AVG = Average of Trials

CV = Coefficient of Variation (relative dispersion of trials).

PERC = Percentile performance rank.

*US Dept. of Health and Human Services (NIOSH), Work Practices Guide for Manual Lifting, March 1981.*

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## PILE (dynamic) Lift 1

Lifting from 0 to 30 inches.

	<b>Box</b>	<b>Load</b>	<b>RPE</b>	<b>HR</b>
Trial 1:	22	30	11	115
Trial 2:	22	40	12	116
Trial 3:	22	53	13	122
Trial 4:	22	63	14	124
Trial 5:	22	80	17	129

### Testing End Point: Psychophysical

Maximum Safe Lifting Weight: 85 pounds

*Mayer TG, et al., Progressive Isoinertial Lifting Evaluation., February 1988.*

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## PILE (dynamic) Lift 2

Lifting from 36 to 63 inches.

	<b>Box</b>	<b>Load</b>	<b>RPE</b>	<b>HR</b>
Trial 1:	22	10	11	103
Trial 2:	22	20	12	107
Trial 3:	22	30	13	110
Trial 4:	22	40	17	115

### Testing End Point: Biomechanical

Maximum Safe Lifting Weight: 52 pounds

*Mayer TG, et al., Progressive Isoinertial Lifting Evaluation., February 1988.*

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## Hand Strength

Dominant Hand = Right

### Hand Grip Strength:

	<b>Trial 1</b>	<b>Trial 2</b>	<b>Trial 3</b>	<b>Average</b>	<b>CV</b>	<b>SLI</b>
Right Hand:	105 kg	100 kg	103 kg	102.7	2.5%	0.0%
Left Hand:	97 kg	95 kg	90 kg	94.0	3.8%	0.0%

CV = Coefficient of Variation (relative dispersion of trials).

SLI = Strength Loss Index (percent below the norm).

*Swanson AB, Mateb IB, de Groot G., The Strength of the Hand., Bull Prosth Res., Fall 1970.*

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## Static Pushing/Pulling

	<b>Trial 1</b>	<b>Trial 2</b>	<b>Trial 3</b>	<b>Average</b>	<b>CV</b>
Pushing	65	70	60	65.0	7.7%
Pulling	65	65	70	66.7	4.3%

All trials are recorded in Pounds

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## **Gross Mobility**

The subject's gross mobility performance was tested on the following motion(s):

*Walking:*

Subject walks to the end of the movement course (25 feet), turns and returns.

The subject's performance rated as: No Restrictions

*Carrying:*

Subject picks up weighted box (25lbs), carries to the end of the movement course (25 feet), turns and returns.

The subject's performance rated as: No Restrictions

*Climbing:*

Subject climbs and descends the first three steps of a step ladder (for one minute).

The subject's performance rated as: No Restrictions

*Balancing:*

Subject Heel-Toe walks to the end of the movement course (25 feet), turns and returns.

The subject's performance rated as: No Restrictions

*Stooping:*

Subject stoops, performs a task (1 minute) and returns to standing position.

The subject's performance rated as: No Restrictions

*Kneeling:*

Subject kneels, performs a task (1 minute) and returns to standing position.

The subject's performance rated as: No Restrictions

*Crouching:*

Subject Crouches, performs a task (1 minute) and returns to standing position.

The subject's performance rated as: No Restrictions

*Crawling:*

Subject crawls to the end of the movement course (25 feet), turns and returns.

The subject's performance rated as: No Restrictions

*Reaching:*

While seated at a table, subject reaches for several objects placed on different areas of the table for approximately 1 minute.

The subject's performance rated as: No Restrictions

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## **YMCA 3-Minute Step Test**

After stepping continuously at 24 steps per minute on a twelve inch step for three minutes, the subject's heart rate was 104 beats per minute.

The subject is in the above average fitness category.

*Golding LA, Myers CR, Sinning WE: Y's Way to Physical Fitness, 3rd Ed. Champaign, IL: Human Kinetics Publishers, 1989.*

