

# FUNCTIONAL ASSESSMENT



CANDIDATE NAME: Tom Tom t

D.O.B: 07/12/1985

## Section 1: Range of movement

Region	Movement	Measurement	Comments
Cervical (visual)	Movement: Flexion	<input checked="" type="checkbox"/>	
	Movement: Extension	<input checked="" type="checkbox"/>	
	Movement: Lateral Flexion	L: <input checked="" type="checkbox"/> R: <input checked="" type="checkbox"/>	
	Movement: Rotation	L: <input checked="" type="checkbox"/> R: <input checked="" type="checkbox"/>	
Trunk (measured)	Movement: Extension		
	Movement: Lateral flexion	L: R:	
Shoulder (visual)	Movement: Flexion	L: <input checked="" type="checkbox"/> R: <input checked="" type="checkbox"/>	
	Movement: Abduction	L: <input checked="" type="checkbox"/> R: <input checked="" type="checkbox"/>	
Elbow (visual)	Movement: Flexion/extension	L: <input checked="" type="checkbox"/> R: <input type="checkbox"/>	d
Wrist (measured)	Movement: Pronation	L: R:	
	Movement: Supination	L: R:	
	Movement: Flexion	L: R:	
	Movement: Extension	L: R:	
	Movement: Ulnar deviation	L: R:	
	Movement: Radial deviation	L: R:	
Hip (visual)	Movement: Flexion	L: <input type="checkbox"/> R: <input type="checkbox"/>	d
	Movement: External rotation	L: <input type="checkbox"/> R: <input type="checkbox"/>	d
	Movement: Internal rotation	L: <input type="checkbox"/> R: <input type="checkbox"/>	d
	Movement: Straight leg raise	L: <input type="checkbox"/> R: <input type="checkbox"/>	d
Knee (visual)	Movement: Flexion/extension	L: <input type="checkbox"/> R: <input type="checkbox"/>	d
Ankle (visual)	Movement: Rotation	L: <input type="checkbox"/> R: <input type="checkbox"/>	d
	Movement: Plantar/dorsiflexion	L: <input type="checkbox"/> R: <input type="checkbox"/>	d

## Section 2: General Physical Capacity Assessment

Flexibility: Sit and reach test:



TRIAL	MEASUREMENT	
Trial 1		
Trial 2		
Trial 3		
AVERAGE		
Rate/Range		
Comments		

Upper Limb Function: Resisted Testing

Test	Comment	Illustration
Resisted wrist flexion and extension	<input type="checkbox"/> No Pain/Discomfort <input checked="" type="checkbox"/> Pain/Discomfort Comment: d	
Resisted shoulder adduction and abduction	<input type="checkbox"/> No Pain/Discomfort <input type="checkbox"/> Pain/Discomfort Comment:	

Cardiovascular Fitness: 3-minute step test



Time	HR	
HR prior to commencing		
1 Min		
2 Min		
3 Min		
Recovery 1 min		
SCORE		
Rate/Range		
Age predicted max HR max: 191 (220-Age)		
85% Max HR: 162.35 bpm		
Comments		

Cardiovascular Fitness Rank

CATEGORY SEX	18-25		26-35		36-45		46-55		56-65		>=65	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
Average(2)	104-110	95-100	104-110	96-102	107-112	100-105	113-118	103-111	113-118	103-109	116-121	104-110
Excellent(4)	52-81	50-76	58-80	51-76	51-84	49-76	63-91	56-82	60-92	60-77	70-92	59-81
Good(3)	85-93	79-84	85-92	79-85	89-96	80-88	95-101	87-93	97-103	86-94	96-101	87-92

CATEGORY SEX	18-25		26-35		36-45		46-55		56-65		>=65	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
Poor(1)	122-131	111-119	122-129	114-121	124-132	116-124	126-132	121-126	129-135	119-128	128-133	121-126

Upper limb strength test: Grip Strength (kg)

TRIAL	RIGHT HAND	LEFT HAND
Trial 1		
Trial 2		
Trial 3		
AVERAGE		
Rate/Range		
Comments <input type="checkbox"/> Above Normal Range <input type="checkbox"/> Within Normal Range <input type="checkbox"/> Below Normal Range		

LowerLimb Function: Duck walk:

Test	Result	Comment
Full Depth squat and 5m duck walk	UNABLE    PARTIAL    ABLE    (circle) <input type="checkbox"/> No Pain/Discomfort	

Balance Assessment: Dura Disc balance & Heel-toe Walk on foam

Test	Result	Comment
30 Second Dura Disc Balance	UNABLE    PARTIAL    ABLE    (circle) <input type="checkbox"/> No Pain/Discomfort	
Heel-toe walk	UNABLE    PARTIAL    ABLE    (circle) <input type="checkbox"/> No Pain/Discomfort	

Core Strength: Prone Bridge

Ability to hold position for seconds: \_\_\_\_\_ :

Rate:

Comments:

Effort used:

- ☐ MINIMAL    ☐ MODERATE    ☐ MAXIMAL  
☐ Pain/Discomfort experienced  
☐ Test ceased due to poor technique

Core Strength Rank

CATEGORY SEX		
	Female	Male
Excellent(4)	90-90	90-90
Fair(2)	30-59	30-59
Good(3)	60-89	60-89
Poor(1)	<=29	<=29

Lower Limb Strength: Squat Test

Candidate to perform as many full depths squats as possible \_\_\_\_\_ :

Rate:

Comments:

Lower Limb Strength Rank

CATEGORY	18-25		26-35		36-45		46-55		56-65	
SEX	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
Excellent(4)	>=37	>=44	>=33	>=40	>=27	>=35	>=22	>=29	>=18	>=25
Fair(2)	29-32	35-38	25-28	31-34	19-22	27-29	14-17	22-24	10-12	17-20
Good(3)	33-36	39-43	29-32	35-39	23-26	30-34	18-18	25-28	13-17	21-24
Poor(1)	<=28	<=34	<=24	<=30	<=18	<=26	<=13	<=21	<=9	<=16

Section 3: Job-Specific Functional Task Assessment

Bilateral Lifting Waist to Shoulder Height. Job demand: 20kgs

REP	WEIGHT	PAIN/LOCATION	RATING	COMMENTS FOLLOWING FEEDBACK
REP 1:			UNABLE	Manual Handling Technique: <input type="checkbox"/> GOOD <input type="checkbox"/> AVERAGE <input type="checkbox"/> POOR  <input type="checkbox"/> Technique Improved Following Feedback <input type="checkbox"/> Client's Limit Reached <input type="checkbox"/> Comtrolled Movement <input type="checkbox"/> Symmetrical Movement  Excessive Post trunk Lean: <input type="checkbox"/> YES <input type="checkbox"/> NO
REP 2:				
REP 3:				
REP 4:			PARTIAL	
REP 5:				
REP 6:				
REP 7:			ABLE	
REP 8:				
REP 9:				
REP 10:				
Managed: 0 kg				

Floor to Waist Lift

REP	WEIGHT	PAIN/LOCATION	RATING	COMMENTS FOLLOWING FEEDBACK	
Rep 1:			UNABLE	Prior to instruction: Manual Handling Technique <input type="checkbox"/> GOOD <input type="checkbox"/> AVERAGE <input type="checkbox"/> POOR	
Rep 2:				PARTIAL	Manual Handling Technique following Feedback: <input type="checkbox"/> GOOD <input type="checkbox"/> AVERAGE <input type="checkbox"/> POOR
Rep 3:					ABLE
Rep 4:			Kept load close to body <input type="checkbox"/> YES <input type="checkbox"/> NO		
Rep 5:			Kept a neutral spine <input type="checkbox"/> YES <input type="checkbox"/> NO		
Rep 6:			Demonstrated Good Squat position to lift load <input type="checkbox"/> YES <input type="checkbox"/> NO		
Rep 7:			Avoids trunk rotation <input type="checkbox"/> YES <input type="checkbox"/> NO		
Rep 8:			Demonstrates good Base of support <input type="checkbox"/> YES <input type="checkbox"/> NO		
Rep 9:					
Rep 10:					
Managed: 0 kg					

Carrying at Waist Height. Job Demand:30kgs up to 50m

REP	WEIGHT	PAIN/LOCATION	RATING	COMMENTS FOLLOWING FEEDBACK
REP 1:			UNABLE	Manual Handling Technique <input type="checkbox"/> GOOD <input type="checkbox"/> AVERAGE <input type="checkbox"/> POOR  <input type="checkbox"/> Client's Limit Reached Excessive Post trunk Lean <input type="checkbox"/> YES <input type="checkbox"/> NO
REP 2:				
REP 3:				
REP 4:			PARTIAL	
REP 5:				
REP 6:			ABLE	

REP 7:				
REP 8:				
REP 9:				
REP 10:				

Dynamic Push/Pull. Job Demand: 80kg up to 50m

REP	WEIGHT	PAIN/LOCATION	RATING	COMMENTS FOLLOWING FEEDBACK
REP 1:			UNABLE	<div><input type="checkbox"/> No Pain/Discomfort</div> <div><input type="checkbox"/> Controlled Movement</div> <div><input type="checkbox"/> Symmetrical Movement</div>
REP 2:				
REP 3:				
REP 4:			PARTIAL	
REP 5:				
REP 6:				
REP 7:			ABLE	
REP 8:				
REP 9:				
REP 10:				

Bilateral Overhead Lift from Shoulder. Job Demand: 20kgs

REP	WEIGHT	PAIN/LOCATION	RATING	COMMENTS FOLLOWING FEEDBACK
REP 1:			UNABLE	Manual Handling Technique: <input type="checkbox"/> GOOD <input type="checkbox"/> AVERAGE <input type="checkbox"/> POOR  <input type="checkbox"/> Technique Improved Following Feedback <input type="checkbox"/> Client's Limit Reached <input type="checkbox"/> Controlled Movement <input type="checkbox"/> Symmetrical Movement  Excessive Post trunk Lean <input type="checkbox"/> YES <input type="checkbox"/> NO
REP 2:				
REP 3:				
REP 4:			PARTIAL	
REP 5:				
REP 6:				
REP 7:			ABLE	
REP 8:				
REP 9:				
REP 10:				
Managed: 0 kg				

Functional task rating: Performance:

PERFORMANCE	SCORE	COMMENTS
Excellent	4	
Good	3	
Fair	2	
Poor	1	

Functional Task Rating: Technique:

TECHNIQUE	SCORE	COMMENTS
Excellent	4	
Good	3	
Fair	2	
Poor	1	

## FUNCTIONAL ASSESSMENT SUMMARY

Section 1: Range of Motion:

Normal pain-free ROM	Yes	No
Comments:		

Section 2: General Physical Capacity

	Score	Rating
Flexibility	/4	
Core Strength	/4	
Cardiovascular fitness	/4	
Muscular endurance	/4	
Total	/16	

Section 3 Summary: Job Specific capacity

	Score	Rating
Task Performance	/4	
Task technique	/4	
Total	/8	

Low Risk	Medium Risk	High Risk
Comments/Recommendations: sss		
Health & Rehab Coordinator Review Recommended <input type="checkbox"/> Yes <input type="checkbox"/> No		
Additional Tests Attached: Flexibility <input type="checkbox"/> Core stability <input type="checkbox"/> Wrist/elbow function <input type="checkbox"/> Shoulder function <input type="checkbox"/> Lower limb function <input type="checkbox"/> Balance <input type="checkbox"/>		

Assessed by: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_