

FUNCTIONAL ASSESSMENT



CANDIDATE NAME: q w

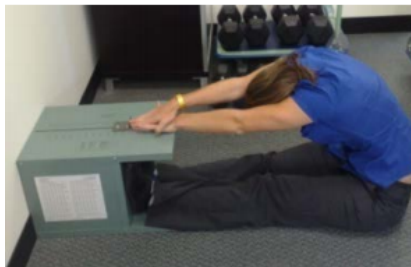
D.O.B: 08/09/1983

Section 1: Range of movement

Region	Movement	Measurement	Comments
Cervical (visual)	Movement: Flexion	<input checked="" type="checkbox"/>	1
	Movement: Extension	<input checked="" type="checkbox"/>	2
	Movement: Lateral Flexion	L: <input checked="" type="checkbox"/> R: <input checked="" type="checkbox"/>	3
	Movement: Rotation	L: <input checked="" type="checkbox"/> R: <input checked="" type="checkbox"/>	4
Trunk (measured)	Movement: Extension	5	6
	Movement: Lateral flexion	L 7 R 8	9
Shoulder (visual)	Movement: Flexion	L: <input checked="" type="checkbox"/> R: <input checked="" type="checkbox"/>	1
	Movement: Abduction	L: <input checked="" type="checkbox"/> R: <input checked="" type="checkbox"/>	2
Elbow (visual)	Movement: Flexion/extension	L: <input checked="" type="checkbox"/> R: <input checked="" type="checkbox"/>	3
Wrist (measured)	Movement: Pronation	L: 4 R: 5	6
	Movement: Supination	L: 7 R: 8	9
	Movement: Flexion	L: 1 R: 2	3
	Movement: Extension	L: 4 R: 5	6
	Movement: Ulnar deviation	L: 7 R: 8	9
	Movement: Radial deviation	L: 1 R: 2	3
Hip (visual)	Movement: Flexion	L: <input checked="" type="checkbox"/> R: <input checked="" type="checkbox"/>	4
	Movement: External rotation	L: <input checked="" type="checkbox"/> R: <input checked="" type="checkbox"/>	5
	Movement: Internal rotation	L: <input checked="" type="checkbox"/> R: <input checked="" type="checkbox"/>	6
	Movement: Straight leg raise	L: <input checked="" type="checkbox"/> R: <input checked="" type="checkbox"/>	7
Knee (visual)	Movement: Flexion/extension	L: <input checked="" type="checkbox"/> R: <input checked="" type="checkbox"/>	8
Ankle (visual)	Movement: Rotation	L: <input checked="" type="checkbox"/> R: <input checked="" type="checkbox"/>	9
	Movement: Plantar/dorsiflexion	L: <input checked="" type="checkbox"/> R: <input checked="" type="checkbox"/>	1

Section 2: General Physical Capacity Assessment

Flexibility: Sit and reach test:



TRIAL	MEASUREMENT	
Trial 1	3	
Trial 2	45	
Trial 3	21	
AVERAGE	23	
Rate/Range	Fair	
Comments q		

Upper Limb Function: Resisted Testing

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

Cardiovascular Fitness: 3-minute step test



Time	HR	
HR prior to commencing	1	
1 Min	2	
2 Min	3	
3 Min	4	
Recovery 1 min	51	
SCORE	51	
Rate/Range	Excellent	
Age predicted max HR max: 189 (220-Age)		
85% Max HR: 160.65 bpm		
Comments a		

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	1	11
Trial 2	2	12
Trial 3	3	13
AVERAGE	2	12
Rate/Range	31-40	31-40
Comments <input type="checkbox"/> Above Normal Range <input checked="" 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 checked="" type="checkbox"/> No Pain/Discomfort	z

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

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

Core Strength: Prone Bridge

Ability to hold position for seconds: :60

Rate: Good

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 :55

Rate: Excellent

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:	12	ew	<div>UNABLE</div> <div>PARTIAL</div> <div>ABLE</div>	Manual Handling Technique: <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> AVERAGE <input type="checkbox"/> POOR <input checked="" type="checkbox"/> Technique Improved Following Feedback <input checked="" type="checkbox"/> Client's Limit Reached <input checked="" type="checkbox"/> Controlled Movement <input checked="" type="checkbox"/> Symmetrical Movement Excessive Post trunk Lean: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
REP 2:	34	rewq		
REP 3:	54	er		
REP 4:	42	er		
REP 5:	54	f		
REP 6:	23	f		
REP 7:	23	s		
REP 8:	234	as		
REP 9:	43	f		
REP 10:	23	s		
Managed: 234 kg				

Floor to Waist Lift

REP	WEIGHT	PAIN/LOCATION	RATING	COMMENTS FOLLOWING FEEDBACK
Rep 1:	3	q	<div>UNABLE</div> <div>PARTIAL</div> <div>ABLE</div>	Prior to instruction: Manual Handling Technique <input type="checkbox"/> GOOD <input type="checkbox"/> AVERAGE <input checked="" type="checkbox"/> POOR Manual Handling Technique following Feedback: <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> AVERAGE <input type="checkbox"/> POOR <input checked="" type="checkbox"/> Client's Limit Reached Kept load close to body <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Kept a neutral spine <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Demonstrated Good Squat position to lift load <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Avoids trunk rotation <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Demonstrates good Base of support <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Rep 2:	32	w		
Rep 3:	23	e		
Rep 4:	12	r		
Rep 5:	4	t		
Rep 6:	34	y		
Rep 7:	42	wfsd		
Rep 8:	34	ad		
Rep 9:	34	as		
Rep 10:	34	d		
Managed: 42 kg				

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

REP	WEIGHT	PAIN/LOCATION	RATING	COMMENTS FOLLOWING FEEDBACK
REP 1:	43	ery	<div>UNABLE</div> <div>PARTIAL</div> <div>ABLE</div>	Manual Handling Technique <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> AVERAGE <input type="checkbox"/> POOR <input checked="" type="checkbox"/> Client's Limit Reached Excessive Post trunk Lean <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
REP 2:	65	tye		
REP 3:	87	yety		
REP 4:	78	yetye		
REP 5:	76	tyyt		
REP 6:	467	eryer		

REP 7:	457	tyertyer		
REP 8:	45	ty		
REP 9:	456	tyerty		
REP 10:	564	ert		
				


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

REP	WEIGHT	PAIN/LOCATION	RATING	COMMENTS FOLLOWING FEEDBACK
REP 1:	5634	ry	UNABLE	<div><input checked="" type="checkbox"/> No Pain/Discomfort</div> <div><input checked="" type="checkbox"/> Controlled Movement</div> <div><input checked="" type="checkbox"/> Symmetrical Movement</div>
REP 2:	563456	ertyert		
REP 3:	3456	yerty		
REP 4:	34563	ertyer	PARTIAL	
REP 5:	563	tyert	ABLE	
REP 6:	5634	yeyer		
REP 7:	45634	tyerty		
REP 8:	5634	ertye		
REP 9:	63456	rtyery		
REP 10:	456	ty		

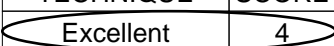
Bilateral Overhead Lift from Shoulder. Job Demand: 20kgs

REP	WEIGHT	PAIN/LOCATION	RATING	COMMENTS FOLLOWING FEEDBACK
REP 1:	12	rr	<div>UNABLE</div> <div>PARTIAL</div> <div>ABLE</div>	Manual Handling Technique: <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> AVERAGE <input type="checkbox"/> POOR <input checked="" type="checkbox"/> Technique Improved Following Feedback <input checked="" type="checkbox"/> Client's Limit Reached <input checked="" type="checkbox"/> Controlled Movement <input checked="" type="checkbox"/> Symmetrical Movement Excessive Post trunk Lean <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
REP 2:	34	werwer		
REP 3:	12	qwer		
REP 4:	34	qwerq		
REP 5:	42	werqwe		
REP 6:	23	rqwer		
REP 7:	75	qwerwqer		
REP 8:	43	wqerwqer		
REP 9:	23	wer		
REP 10:	56	wer		
Managed: 75 kg				

Functional task rating: Performance:

PERFORMANCE	SCORE	COMMENTS
Excellent	4	yerty
	3	
Fair	2	
Poor	1	

Functional Task Rating: Technique:

TECHNIQUE	SCORE	COMMENTS
	4	yertye
Good	3	
Fair	2	
Poor	1	

FUNCTIONAL ASSESSMENT SUMMARY

Section 1: Range of Motion:

Normal pain-free ROM	Yes	No
Comments: fgdfgf		

Section 2: General Physical Capacity

	Score	Rating
Flexibility	2/4	Fair
Core Strength	3/4	Good
Cardiovascular fitness	4/4	Excellent
Muscular endurance	4/4	Excellent
Total	/16	Good

Section 3 Summary: Job Specific capacity

	Score	Rating
Task Performance	3/4	Good
Task technique	4/4	Excellent
Total	/8	Satisfactory

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

Assessed by:

Signed:



Date: