

EVALUATOR

Functional Ability Evaluation

DATA COLLECTION FORM

This data collection document is provided for evaluator use to document the findings during the functional abilities' exam for the sole purpose of ease of transfer into the online Workerfacts FCE template.

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This form is standardized for FCE / FRE and Fit for Duties Exams.

A large, faint watermark of the Workerfacts logo is centered on the page. It features a stylized globe with a compass rose and a banner across the middle with the word "WORKERFACTS" in bold, white, sans-serif capital letters.

WORKERFACTS

Client Name: _____ ID# _____ Date: ____ / ____ / ____

Evaluator Information:

Clinic Name:		Date:
Address:		Start time:
		End time:
Phone:	Fax:	
Evaluator Name and Title:		
Evaluator Signature:		

Client Information:

Client Name:		ID #:
Address:		Phone (H):
		Phone (W):
DOB: / /	Age:	Gender: M F
Height: in	Weight: lbs	Dom Side: L R
Employer:		Pulse: BP: /
Address:		Contact:
Occupation:		Phone:
Occupational Description:		DOT #:
Referred by:		Provided by:
Type of Test:	FCE:	Job Specific / Own Occ
(check one)	Rehab:	Baseline
	Other:	Post-Offer
		Job Generic / Any Occ
		Progress
		(write in)

Additional Contacts:

Physician:	Contact Name:
Address:	Phone:
Insurance Co:	Contact Name:
Address:	Phone:
Attorney:	Contact Name:
Address:	Phone:

Intake Data:

Intake Interview:

Client Name: _____ ID# _____ Date: ____ / ____ / ____

History:

Injury:	Date:	
Therapies:	From:	Until:
	From:	Until:
Medications:	From:	Until:
	From:	Until:
	From:	Until:
Employment	From:	Until:
	From:	Until:
	From:	Until:
Education/Training:	From:	Until:
	From:	Until:

Specific Referral Questions:

What is the present range of motion noted for the client for the affected area of injury?

What is the present strength noted for the client for the affected area of injury?

What are the present limitations to returning to full duties in their previous position?

What accommodations could be made to the workplace to provide increased abilities/comfort to the client based on the present condition?

Client Name: _____ ID# _____ Date: ____ / ____ / ____

Specific Referral Questions:

Was the client consistent and reliable in their efforts?

Distraction test consistency - When performing distraction tests for sustained posture the client should demonstrate similar limitations and or abilities.

Status: PASS / FAIL (circle one)

Comments:

Consistency with diagnosis - Based on the diagnosis and complaints of the individual it is expected that it would relate to a similar function performance pattern during testing.

Status: PASS / FAIL (circle one)

Comments:

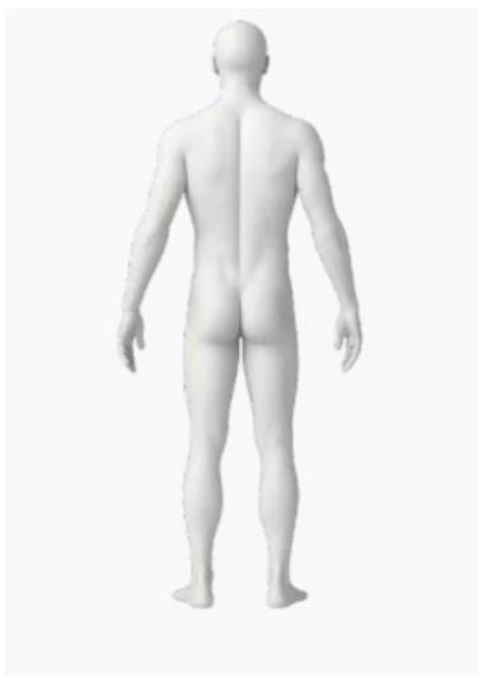
Client Name: _____ ID# _____ Date: ____ / ____ / ____

Pain/Symptom Illustration

Front View



Back View



Area of Primary Concern

P1 Primary

P2 Secondary

Pain Indicator

~ Primary

/ Shooting

x Burning

• Pins and Needles

o Numbness

General

T Temperature

SW Swelling

S Scar

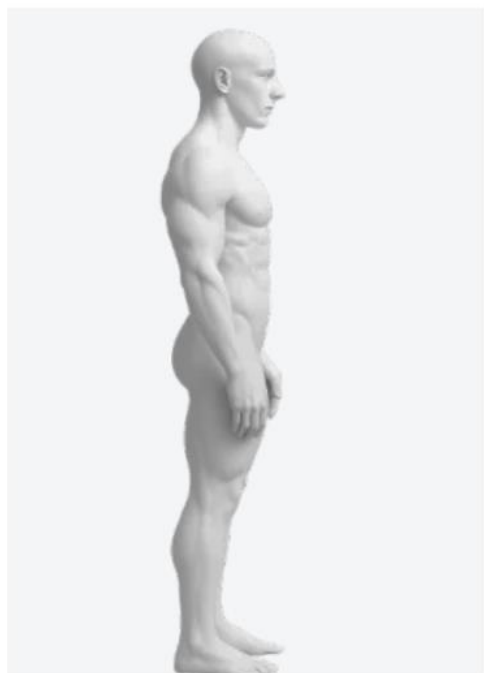
C Crepitus

Pain Level Indicator

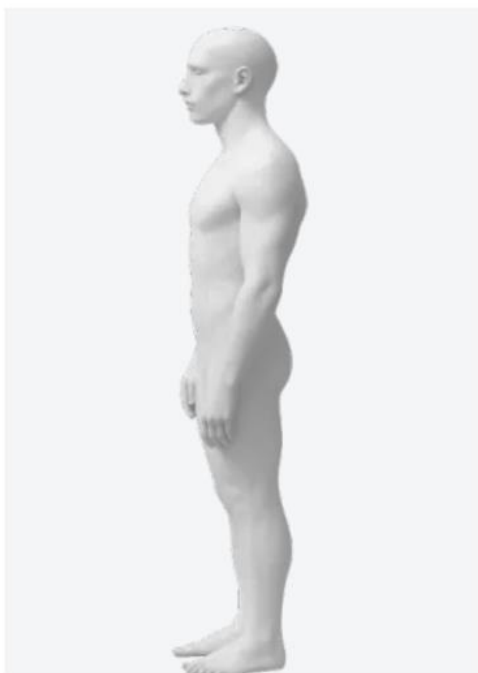
(Place # beside body area)

Mild	1
Discomforting	2
Distressing	3
Horrible	4
Excruciating	5

Left Side



Right Side



Clinical observations:

I agree that representations made in this form are accurate and true.

Claimant Signature: _____ Date ____ / ____ / ____

Activity Rating Chart

Rate your ability to perform each of these activities at an average pace (acceptable to most workers and employers) as a percent of an 8 hour workday as follows:

" 0 " means.....Unable to perform the activity

" 1 " means.....Able to perform the activity 10% of the day

" 5 " means.....Able to perform the activity 50% of the day

"10" means.....Able to perform the activity 100% of the day (able to perform with no restrictions)

Activity	Rating (please circle the appropriate number)										
Standing	0	1	2	3	4	5	6	7	8	9	10
Sitting	0	1	2	3	4	5	6	7	8	9	10
Feeling	0	1	2	3	4	5	6	7	8	9	10
Fingering	0	1	2	3	4	5	6	7	8	9	10
Handling	0	1	2	3	4	5	6	7	8	9	10
Reaching	0	1	2	3	4	5	6	7	8	9	10
Crawling	0	1	2	3	4	5	6	7	8	9	10
Crouching	0	1	2	3	4	5	6	7	8	9	10
Kneeling	0	1	2	3	4	5	6	7	8	9	10
Stooping/Bending	0	1	2	3	4	5	6	7	8	9	10
Balance	0	1	2	3	4	5	6	7	8	9	10
Climbing	0	1	2	3	4	5	6	7	8	9	10
Walking	0	1	2	3	4	5	6	7	8	9	10
Pushing/Pulling	0	1	2	3	4	5	6	7	8	9	10
Carrying	0	1	2	3	4	5	6	7	8	9	10
Lifting 10 lbs.	0	1	2	3	4	5	6	7	8	9	10
Lifting 20 lbs.	0	1	2	3	4	5	6	7	8	9	10
Lifting 50 lbs.	0	1	2	3	4	5	6	7	8	9	10

I agree that representations made in this form are accurate and true.

Claimant Signature: _____ Date ____/____/____

Client Name: _____ ID# _____ Date: ____ / ____ / ____



Hand Strength

Hand Grip Strength			Standard – Position 2						
L					R				
	1	2	3	PE		1	2	3	PE
Comments									

Hand Grip Strength		Rapid Exchange					
L							
R							
	1	2	3	4	5	6	PE
Comments							

Hand Grip Strength			MMVE – Use for Hand Injury							
Pos 1	L					R				
Pos 2	L					R				
Pos 3	L					R				
Pos 4	L					R				
Pos 5	L					R				
		1	2	3	PE		1	2	3	PE
Comments										

Pinch Grip Strength										
Key	L					R				
Tip	L					R				
Palmar	L					R				
		1	2	3	PE		1	2	3	PE
Comments										

Spinal Range of Motion – Lumbar

Lumbar Flexion	Trial 1	Trial 2	Trial 3	Trial 4	Trial 5	Trial 6
T12 ROM						
Sacral ROM						
Flexion Angle						
Comments						

Lumbar Extension	Trial 1	Trial 2	Trial 3	Trial 4	Trial 5	Trial 6
T12 ROM						
Sacral ROM						
Extension Angle						
Comments						

Lumbar Left Flexion	Trial 1	Trial 2	Trial 3	Trial 4	Trial 5	Trial 6
T12 ROM						
Sacral ROM						
Flexion Angle						
Comments						

Lumbar Right Flexion	Trial 1	Trial 2	Trial 3	Trial 4	Trial 5	Trial 6
T12 ROM						
Sacral ROM						
Flexion Angle						
Comments						

Lumbar	Trial 1	Trial 2	Trial 3	Trial 4	Trial 5	Trial 6
Straight Leg Raise - Left						
Straight Leg Raise - Right						
Comments						

Client Name: _____ ID# _____ Date: ____ / ____ / ____



Spinal Range of Motion – Cervical

Cervical Flexion	Trial 1	Trial 2	Trial 3	Trial 4	Trial 5	Trial 6
Occipital ROM						
T1 ROM						
Flexion Angle						
Comments						

Cervical Extension	Trial 1	Trial 2	Trial 3	Trial 4	Trial 5	Trial 6
Occipital ROM						
T1 ROM						
Extension Angle						
Comments						

Cervical Left Flexion	Trial 1	Trial 2	Trial 3	Trial 4	Trial 5	Trial 6
Occipital ROM						
T1 ROM						
Flexion Angle						
Comments						

Cervical Right Flexion	Trial 1	Trial 2	Trial 3	Trial 4	Trial 5	Trial 6
Occipital ROM						
T1 ROM						
Flexion Angle						
Comments						

Cervical Rotation	Trial 1	Trial 2	Trial 3	Trial 4	Trial 5	Trial 6
Left						
Right						
Comments						

Client Name: _____ ID# _____ Date: ____ / ____ / ____



Spinal Range of Motion – Thoracic

Thoracic Min Kyphosis	Trial 1	Trial 2	Trial 3	Trial 4	Trial 5	Trial 6
T1 Reading						
T12 Reading						
Minimum Kyphosis						
Comments						

Thoracic Flexion	Trial 1	Trial 2	Trial 3	Trial 4	Trial 5	Trial 6
T1 ROM						
T12 ROM						
Flexion Angle						
Comments						

Thoracic Left Rotation	Trial 1	Trial 2	Trial 3	Trial 4	Trial 5	Trial 6
T1 ROM						
T12 ROM						
Rotation Angle						
Comments						

Thoracic Right Rotation	Trial 1	Trial 2	Trial 3	Trial 4	Trial 5	Trial 6
T1 ROM						
T12 ROM						
Rotation Angle						
Comments						

Affected Joint – Extremity Range of Motion

LEFT ROM		RIGHT ROM
	Shoulder Flexion	
	Shoulder Extension	
	Shoulder Abduction	
	Shoulder Adduction	
	Shoulder Internal Rotation	
	Shoulder External Rotation	
	Elbow Flexion	
	Elbow Extension	
	Elbow Pronation	
	Elbow Supination	
	Wrist Dorsal Flexion	
	Wrist Palmar Flexion	
	Wrist Ulnar Deviation	
	Wrist Radial Deviation	
	Hip Flexion	
	Hip Extension	
	Hip Abduction	
	Hip Adduction	
	Hip Internal Rotation	
	Hip External Rotation	
	Knee Flexion	
	Knee Extension	
	Ankle Dorsal Flexion	
	Ankle Plantar Flexion	
	Ankle Inversion	
	Ankle Eversion	

Affected Joint – Extremity Range of Motion – Fingers

Left		Right
	Thumb IP Flexion	
	Thumb IP Extension	
	Thumb MP Flexion	
	Thumb MP Extension	
	Thumb Radial Abduction	
	Index Finger DIP Flexion	
	Index Finger DIP Extension	
	Index Finger PIP Flexion	
	Index Finger PIP Extension	
	Index Finger MP Flexion	
	Index Finger MP Extension	
	Middle Finger DIP Flexion	
	Middle Finger DIP Extension	
	Middle Finger PIP Flexion	
	Middle Finger PIP Extension	
	Middle Finger MP Flexion	
	Middle Finger MP Extension	
	Ring Finger DIP Flexion	
	Ring Finger DIP Extension	
	Ring Finger PIP Flexion	
	Ring Finger PIP Extension	
	Ring Finger MP Flexion	
	Ring Finger MP Extension	
	Little Finger DIP Flexion	
	Little Finger DIP Extension	
	Little Finger PIP Flexion	
	Little Finger PIP Extension	
	Little Finger MP Flexion	
	Little Finger MP Extension	
	Little Finger MP Extension	

Affected Joint – Extremity Range of Motion – Toes

Left		Right
	Great Toe IP Flexion	
	Great Toe MP Dorsi Flexion	
	Great Toe MP Plantar Flexion	
	2 nd Toe MP Dorsi Flexion	
	2 nd Toe MP Plantar Flexion	
	3 rd Toe MP Dorsi Flexion	
	3 rd Toe MP Plantar Flexion	
	4 th Toe MP Dorsi Flexion	
	4 th Toe MP Plantar Flexion	
	5 th Toe MP Dorsi Flexion	
	5 th Toe MP Plantar Flexion	

Static Lifting – Low

Low Lift	Lbs	Pre-HR	Post-HR
Trial 1			
Trial 2			
Trial 3			
Comments:			

Static Lifting – Mid

Mid Lift	Lbs	Pre-HR	Post-HR
Trial 1			
Trial 2			
Trial 3			
Comments:			

Static Lifting – High

High Lift	Lbs	Pre-HR	Post-HR
Trial 1			
Trial 2			
Trial 3			
Comments:			

Dynamic Lifting – Low

<input type="checkbox"/>	Frequent – 4 Lifts per 20 Seconds – 67% of workday
<input type="checkbox"/>	Occasional – 1 Lift per 10 seconds – 33% of workday

Low Lift	Lbs	Pre-HR	Post-HR		
Cycle 1					
Cycle 2					
Cycle 3					
Cycle 4					
Cycle 5					
Cycle 6					
Cycle 7					
Cycle 8					
Reason for Termination (Circle One)	Psychophysical (weight or discomfort)	Physiological (Heart rate)	Safety (clinician)		
Perceived Exertion:					
Comments:					

Dynamic Lifting – Mid

<input type="checkbox"/>	Frequent – 4 Lifts per 20 Seconds – 67% of workday
<input type="checkbox"/>	Occasional – 1 Lift per 10 seconds – 33% of workday

Mid Lift	Lbs	Pre-HR	Post-HR		
Cycle 1					
Cycle 2					
Cycle 3					
Cycle 4					
Cycle 5					
Cycle 6					
Cycle 7					
Cycle 8					
Reason for Termination (Circle One)	Psychophysical (weight or discomfort)	Physiological (Heart rate)	Safety (clinician)		
Perceived Exertion:					
Comments:					

Client Name: _____ ID# _____ Date: ____ / ____ / ____



Dynamic Lifting – High

<input type="checkbox"/>	Frequent – 4 Lifts per 20 Seconds – 67% of workday
<input type="checkbox"/>	Occasional – 1 Lift per 10 seconds – 33% of workday

High Lift	Lbs	Pre-HR	Post-HR		
Cycle 1					
Cycle 2					
Cycle 3					
Cycle 4					
Cycle 5					
Cycle 6					
Cycle 7					
Cycle 8					
Reason for Termination (Circle One)	Psychophysical (weight or discomfort)	Physiological (Heart rate)	Safety (clinician)		
Perceived Exertion:					
Comments:					

Dynamic Lifting – Overhead

<input type="checkbox"/>	Frequent – 4 Lifts per 20 Seconds – 67% of workday
<input type="checkbox"/>	Occasional – 1 Lift per 10 seconds – 33% of workday

Overhead Lift (If required for job)	Lbs	Pre-HR	Post-HR		
Cycle 1					
Cycle 2					
Cycle 3					
Cycle 4					
Cycle 5					
Cycle 6					
Cycle 7					
Cycle 8					
Reason for Termination (Circle One)	Psychophysical (weight or discomfort)	Physiological (Heart rate)	Safety (clinician)		
Perceived Exertion:					
Comments:					

Methods Time Measurement – Bi-Manual Handling

	Time in seconds	2 Rows of 6
Trial 1		Comments:
Trial 2		
Trial 3		

Methods Time Measurement – Carry

	Time in (sec)	Weight	Distance
Trial 1			
Trial 2			
Trial 3			
Comments:			

Methods Time Measurement – Push/Pull Cart

Push	Time in (sec)	Weight	Distance
Trial 1			
Trial 2			
Trial 3			
Comments:			

Methods Time Measurement – Push/Pull Cart

Pull	Time in (sec)	Weight	Distance
Trial 1			
Trial 2			
Trial 3			
Comments:			

Methods Time Measurement – Climb Stairs

	Time in (sec)	Number of Stairs (up only):
Trial 1		
Trial 2		
Trial 3		
Comments:		

Methods Time Measurement – Climb Ladder

	Time in (sec)	Number of Rungs (up & down):
Trial 1		
Trial 2		
Trial 3		
Comments:		

Client Name: _____ ID# _____ Date: ____ / ____ / ____



Methods Time Measurement –

<input type="text"/>	Time in (sec)	Weight	Distance
Trial 1			
Trial 2			
Trial 3			
Comments:			

Methods Time Measurement –

<input type="text"/>	Time in (sec)	Weight	Distance
Trial 1			
Trial 2			
Trial 3			
Comments:			

Methods Time Measurement –

<input type="text"/>	Time in (sec)	Weight	Distance
Trial 1			
Trial 2			
Trial 3			
Comments:			

Methods Time Measurement –

<input type="text"/>	Time in (sec)	Weight	Distance
Trial 1			
Trial 2			
Trial 3			
Comments:			

Methods Time Measurement –

<input type="text"/>	Time in (sec)	Weight	Distance
Trial 1			
Trial 2			
Trial 3			
Comments:			

Client Name: _____ ID# _____ Date: ____ / ____ / ____



Affected Joint – Muscle Testing

Grade	Description of Muscle Function	% Motor Deficit
5	Complete active range of motion against gravity with full resistance	0
4	Complete active range of motion against gravity with some resistance	1-25
3	Complete active range of motion against gravity only, without resistance	26-30
2	Complete active range of motion with gravity eliminated	51-75
1	Evidence of slight contractility, no joint movement	76-99
0	No evidence of contractility	100

LEFT Lbs / Grade		RIGHT Lbs / Grade
	Shoulder Flexion	
	Shoulder Extension	
	Shoulder Abduction	
	Shoulder Adduction	
	Shoulder Internal Rotation	
	Shoulder External Rotation	
	Elbow Flexion	
	Elbow Extension	
	Elbow Pronation	
	Elbow Supination	
	Wrist Dorsal Flexion	
	Wrist Palmar Flexion	
	Wrist Ulnar Deviation	
	Wrist Radial Deviation	
	Hip Flexion	
	Hip Extension	
	Hip Abduction	
	Hip Adduction	
	Hip Internal Rotation	
	Hip External Rotation	
	Knee Flexion	
	Knee Extension	
	Ankle Dorsal Flexion	
	Ankle Plantar Flexion	
	Ankle Inversion	
	Ankle Eversion	

Client Name: _____ ID# _____ Date: ____ / ____ / ____



CAFT (Canadian Aerobic Fitness Test)

Male - Age	CAFT Stepping Rates:	Female - Age
15 - 19 & 20s	(132, 144, 156) bpm	
30s	(114, 120, 132) bpm	15 - 19
40s	(102, 114, 120) bpm	20s & 30s
50s	(84, 102, 114) bpm	40s
60s	(66, 84, 102) bpm	50s & 60s

Starting Stepping Rate:	
Heart Rate after 1 st Session ____/10 sec	
Heart Rate after 2 nd Session ____/10 sec	
Heart Rate after 3 rd Session ____/10 sec	
Last Stepping Rate Completed:	
Heart Rate if Claimant discontinued Test:	
Comments:	

Client Name: _____ ID# _____ Date: ____ / ____ / ____



Single Stage Treadmill Test

Four minute warm-up phase	Have the client at their maximal comfortable walking speed by the end of the four minutes.
Four minute testing phase	<p>Increase incline on the treadmill to 5% incline and have the client complete 4 minutes of walking.</p> <p>At the end of the testing phase, record their walking speed in mph (miles per hour) and their heart rate in bpm (beats per minute).</p>
Four minute cool down phase	Lower the treadmill to 0% incline and gradually reduce speed over a 4 minute period to allow client to cool down.

Variables:	Age	Speed (mph)	Heart Rate (bpm)

Calculation:			
		$(21.8 \times \text{MPH}) + 15.1$	
Minus	$0.327 \times \text{BPM}$		
Minus	$0.263 \times \text{MPH} \times \text{Age}$		
Plus	$0.00504 \times \text{BPM} \times \text{Age}$		
Plus	Female = 0 Male = 5.98		
		Estimated VO2 MAX	
Divide	3.5	Max MET Level	
Multiply	.33	RTW MET Level	

Ebbeling CB, Ward A, Pulec EM, Widrick J, Rippe JM, Development of a single stage Submaximal treadmill walking test. Med Sci Sports Exercise 23(8): 966-73

Client Name: _____ ID# _____ Date: ____/____/____



Summary

Reliable: Yes No	Maximal Effort: Yes No	Symptom Magnification Behavior: Yes No
Purpose of Assessment:		
Reliability & Consistency		
Functional Abilities:		
Functional Limitations:		
Conclusions:		

What would be the Physical Demand Classification for this client? (circle one)

SEDENTARY LIGHT MEDIUM HEAVY VERY HEAVY

Dictionary of Occupational Titles References

Table 1: Activity Frequency – Dictionary of Occupational Titles Volume II, Fourth Edition, Revised 1991		Lifting Activity Height Definitions
Constant (C)	67 – 100% of the workday	High – above shoulder
Frequent (F)	34 – 66% of the workday	Mid – knuckle to shoulder
Occasional (O)	0 – 33% of the workday	Low – floor to knuckle
Not Present (N)	Activity is not performed	Full – full vertical work plane

Table 2: PDC – Dictionary of Occupational Titles – Volume II, Fourth Edition, Revised 1991			
Physical Demand Level	OCCASIONAL 0-33% of the workday	FREQUENT 34-66% of the workday	CONSTANT 67-100% of the workday
Sedentary (S)	1 – 10 lbs.	Negligible	Negligible
Light (L)	11 – 20 lbs.	1 – 10 lbs.	Negligible
Medium (M)	21 – 50 lbs.	11 – 25 lbs.	1 – 10 lbs.
Heavy (H)	51 – 100 lbs.	26 – 50 lbs.	11 – 20 lbs.
Very Heavy (VH)	Over 100 lbs.	Over 50 lbs.	Over 20 lbs.