Red Flags, Red Herrings & Red Birds….What's going on with FCE's…Really?!

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Functional Capacity Evaluation(FCE)

A Functional Capacity Evaluation (FCE) is defined as a comprehensive medical assessment of an individual's safe functional tolerances and physician limitations relative to work activities.

FCE – A Physical Therapist's Definition...and thoughts

"Functional Capacity is the relationship of risk in the presence of decreased capacity unrelated to tolerance by itself."

"Functional Capacity is the relationship of risk (chance of harm to oneself or to others if they participate in activities, AMA standard) in the presence (objective evidence/not subjective) of decreased capacity (ROM, strength, or neurologic) unrelated to tolerance (subjective pain responses) by itself."

"A lack of understanding of risk has increased confusion on return to work protocols and what is truly risk for the patient to do work."

"Physical therapist's have little to no experience in the workforce delineation. Physicians do not apply AMA guidelines and approaches. Each leads to miscommunication. Add in all the others Re: work comp systems – such as R/S, Attorney, Judges, etc... A real problem."

"Some physical therapists do not like to do FCEs....and don't take time to do them well."

"There Has To Be a campaign for greater flow of communication and understanding – Right now – Train Wreck!!"

Problems for Vocational Rehab Specialists, the employer and return to work process

- Confusing FCE results.
- Unrealistic FCE outcomes for return to work.
- FCE's based on inaccurate job descriptions (both from injured worker and employer).
- "Permanent" decisions being made Re: impairment, loss of wage earning capacity and final disposition of the claim based on the "miscommunications" as noted above...
- FCE's are being relied upon to "dictate" how $1,000's are being spent.

Case Studies... Red Flags and Red Herrings

FUNCTIONAL CAPACITY EVALUATION

PATIENT	Case Study # 5	PHYSICIAN	
DIAGNOSIS	(R) Elbow - epicondylitis	DATE OF EVALUATION	06/28/2017
CASE MANAGER		RETURN TO MD	To be scheduled
DATE OF BIRTH	11/05/1973		

REFERRAL INFORMATION: is a 43-year-old female referred to for a Functional Capacity Evaluation per The request of The purpose of her Functional Capacity Evaluation is to determine her global level of physical/functional capacities. This evaluation was scheduled for 06/28/2017 from 8:00AM until 12:00 PM.

INFORMED CONSENT: The informed consent was read and no questions were left unanswered. The informed consent form was reviewed prior to beginning this functional capacity evaluation. Testing procedures were also verbally explained as well as demonstrated, when needed.

SUMMARY OF RESULTS

PHYSICAL DEMAND LEVELS (DOT Definitions in pounds):

	Sedentary	Light	Medium	Heavy	Very Heavy
Occasional (0-33%)	Up to 10#	Up to 20#	21-50#	51-100#	>100#
Frequent (34-66%)	Negligible	Up to 10#	11-25#	26-50#	>50#
Constant (67-100%)	Negligible	Negligible	Up to 10#	11-20#	>20#

1. **Physical Testing:** is performing material handling capacities within the **Medium** work range for floor to waist level lifting, and carrying; within the **Light** work range for waist to shoulder; and within the **Sedentary** work range for shoulder to overhead level lifting. She is performing non-material handling tasks on an **occasional** basis for non-material handling work tasks.

2. **Primary Limiting Factors:** would report pain in the right elbow.

3. **Cardiovascular:** AHR = 65 – 80% of her safe targeted heart rate.

4. **Consistency of Effort:** She provided consistent effort on this FCE.

5. **Reliability of Client Report:** 1 out of 5 for heightened psychometric findings based on questionnaires she completed.

In summary: provided a valid Functional Capacity Evaluation. She performed within the **Medium** work range for floor to waist level lifting, and carrying; within the **Light** work range for waist to shoulder; and within the **Sedentary** work range for shoulder to overhead level lifting. She is performing non-material handling tasks on an **occasional** basis for non-material handling work tasks. Overall, would more than likely have a difficulty returning to her pre-injury job within the Medium work range due to only able to lift 25# instead of 50#.

Case Studies... Red Flags and Red Herrings

04/28/2017

SUBJECTIVE INFORMATION (PROVIDED BY THE PATIENT)

HISTORY OF INJURY: Injury Date: 06/22/2016. reports she was at work where she has to do a lot of heavy lifting all day, every day and she was unable to grip the box any longer. She reports she informed her supervisor and went to security to make a statement. She reports she went to a doctor in and was sent to see . reports that she was given anti-inflammatory medication and referred to physical therapy. She reports she went back to work light duty and it took a while for her surgery to be approved. She reports she underwent surgery on 03/14/2017. reports she returned to work with breaks to ice her (R) elbow on 05/18/2017.

PRIMARY SUBJECTIVE COMPLAINTS: (R) elbow

On/Off or Constant Pain	Constant when at work
Location & Type of Pain	(R) lateral elbow – burning, sharp, stabbing and tingling
What increases pain/symptoms	Work – lifting and grasping
What decreases pain/symptoms	Ice, elevate and rest
Pain Rating	During intake interview = 4/10 Best - past 30 days = 4/10 Worst - past 30 days = 8/10

PREVIOUS MEDICAL HISTORY: None

Medication: None

WORK HISTORY:

Employer		**Job Title**	Picker
Work Classification	Medium – 50lbs	**Years with Employer**	7years
Work Tasks	Lifting/carrying/push/pull: Boxes of electronics and totes full of product		
Non-Material Handling tasks	Standing, walking, stooping, bending, crouching, squatting, balance, reaching floor to overhead, and fine/gross motor skills		
PATIENT'S GOALS / EXPECTATIONS	Go back to school		

OBJECTIVE INFORMATION

Musculoskeletal Screen: Height - 5 feet 6 inches; Weight – 203 lbs; BP = 130/78 bpm, HR = 89

Soft Tissue Examination	Palpation throughout right elbow – tender touch points at lateral epicondyle
Neurosensory	
Circumference Girth Measurement	Right elbow crease: 32.0 cm Left elbow crease: 32.0 cm

Reflexes	RIGHT	LEFT
UE – Bicep	2	2
UE – Triceps	2	2
LE – Knee	2	2
LE – Ankle	2	2

Case Studies...Red Flags and Red Herrings

06/30/2017

Hand Strength	Trial 1	Trial 2	Trial 3	Ave	CV%
Right Grip position 2	20	20	25	21.67	10.88%
Left Grip position 2	77	72	82	77.00	5.30%
Right Tip pinch	2	2	2	2.00	0.00%
Left Tip pinch	11	9	11	10.33	9.12%
Right Palmar Pinch	3	5	4	4.00	20.41%
Left Palmar Pinch	16	18	17	17.00	4.80%
Right Lateral Pinch	6	7	5	6.00	13.61%
Left Lateral Pinch	16	17	16	15.67	7.96%

MATERIAL HANDLING CAPACITIES / DYNAMIC LIFTING: RHR = 89 bpm.
Results follow:

Maximum Safe HR based on age (43 y/o) 85% = 150 bpm, 80% = 142 bpm, 75% = 133 bpm, 70% = 124 bpm, 65% = 115 bpm, 60% = 106 bpm			
	Weight Load x Repetition	COMMENT	AHR
OCCASIONAL			
Bilateral lifting - floor to knuckle level	20# x 1 rep 30# x 1 rep 25# x 3 reps	Reports able to do a little more. Reports unable to lift more than 1 rep Reports burning in right elbow. 5/10	143 bpm – 80% of the safe targeted HR.
Bilateral lifting - knuckle to shoulder level (60inches)	20# x 5 reps	Reports burning in right elbow. 5/10	138 bpm 75% of the safe targeted HR.
Bilateral lifting - shoulder to overhead level (76 inches)	7# x 5 reps	Reports burning in right elbow. 5/10	122 bpm – 65% of the safe targeted HR
Bilateral carrying – Distance of 30 feet	25# x 6 reps	Reports burning in right elbow. 5/10	135 bpm – 75% of the safe targeted HR.
Push/Pull – distance of 30 feet	Wheeled cart weighted to 150# x 6 reps	Reports burning in right elbow. 5/10	117 bpm – 65% of the safe targeted HR

NON-MATERIAL HANDLING CAPACITIES:

Sitting	Performed on an occasional basis.
Walking	Performed on an occasional basis
Standing/walking	Performed on an occasional basis.
Standing	Performed on an infrequent basis.
Balance	Performed on an occasional basis while ambulating throughout the clinic.
Squatting	Performed on an occasional basis
Stooping/bending	Performed on an occasional basis.
Reaching	Performed on an occasional basis

POST-FUNCTIONAL CAPACITY ASSESSMENT: Reports 4/10 pain. Initial pain rating was 4/10. HR = 89 bpm

Case Study #1... Jane Doe-Assembler

- 43 year old female
- History - factory worker
- Injury – elbow/right tennis elbow release
- Successful surgery
  - Job analysis with employer was conducted/identified light job.
  - Could not perform alternative light job per FCE.

Reasons- → Standing (elbow problem?)
→ Reaching

Case Studies... Jane Doe – Assembler

Implications of FCE Findings

- With current employer – No jobs
- Open Labor Market – No/few jobs

Due to

- Sit- Occasionally
- Walk – Occasionally
- Standing/walking – Occasionally
- Standing-Infrequently
- Reach-Occasionally

Red Flags:

- 89% of jobs require frequent standing.
- 92% of jobs require frequent/constant reaching.
- The physician DID adopt the FCE in total.
- Unskilled worker – No transferable skills.

Case Studies...Jane Doe-Assembler

Implications of FCE Findings

Vocational Implication:

- We now have an elbow injury/scheduled member with potential of TOTAL LOSS of wage earning capacity.

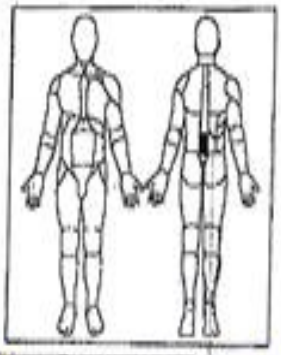
Solutions:

1. In this case the defense attorney recommended deposition of the physician to discuss FCE.
   - Most likely the physician did not read FCE in it's entirety and did not notice unrelated standing/walking restrictions.
2. Depo of physical therapist
3. Recommend new FCE
4. Additional job analysis with employer
5. Labor Market Survey – if needed.

Case Studies... Red Flags and Red Herrings

Name: Case Study # 2
Occupation: Store Manager
Employer:
Injury/Onset Date: 10/08/2013
Evaluation Date: 08/18/2014
Diagnosis: Lumbar disc degeneration
Height, Weight: 57", 242lb
Starting BP, HR, Pain: 134/75, 87 bpm, Pain 2 out of 10

This report summarizes the results of the ErgoScience FCE Physical Work Performance Evaluation™. This evaluation is substantiated by reliability and validity research conducted at the University of Alabama at Birmingham and reported in the *Journal of Occupational Medicine*, September 1994.



Overall Level of Work: Falls within the Light range. Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly (Constantly: activity or condition exist 2/3 or more of the time) to move objects. Physical demand requirements are in excess of those for Sedentary Work. Even though the weight lifted may be only a negligible amount, a job should be rated Light Work: (1) when it requires walking or standing to significant degree; or (2) when it requires sitting most of the time but entails pushing and/or pulling of arm or leg controls; and/or (3) when the job requires working at a production rate pace entailing the constant pushing and/or pulling of materials even though the weight of those materials is negligible. NOTE: The constant stress and strain of maintaining a production rate pace, especially in an industrial setting, can be and is physically demanding of a worker even though the amount of force exerted is negligible. Please note that the dynamic strength/manual materials handling section of the report indicates a higher level of work than that determined by considering the client's performance on the entire test. Our research shows that the safe, overall level of work is significantly influenced by non-materials handling (i.e. position tolerance and mobility) abilities. To ignore these non-materials handling demands, negatively impacts the validity of the test. **Please see the Task Performance Table for specific abilities.**

Tolerance for the 8-Hour Day: Based on the individual task scores in Dynamic Strength, Position Tolerance and Mobility, the client is able to tolerate the Light level of work for the 8-hour day/40-hour week.

Self Limiting Behavior: Client participated fully in all tasks. No self-limiting behavior noted.

- Self Limiter = 20% of tasks = Within normal limits*
- Self-Limiting 21% to 33% of tasks = Exceeds normal limits*
- Self-Limiting > 33% of tasks = Significantly exceeds normal limits*

*When compared to a motivated group of patients who participated in research.

Case Studies... Red Flags and Red Herrings

TASK PERFORMANCE

Tasks	Client Performance[1]	Job Demand Emp&Client	Match Emp&Client
Floor to waist lift	36 lb Occas.	35lbs	Yes
Waist to eye level lift	36 lb Occas.	35 lbs	No
Two handed carrying	31 lb Occas.	35lbs	No
Pushing	55 lb Occas.[3]	?[3]	?
Pulling	55 lb Occas.[3]	?[3]	?
Sitting	Frequently	Frequently	Yes
Standing	Frequently	Frequently	Yes
Work arms over head-standing	Occasionally	Occasionally	Yes
Work bent over-standing/stooping	Occasionally	Frequently	No
Work kneeling	Occasionally	Occasionally	Yes
Climbing stairs	Frequently	?	?
Repetitive squatting	Occasionally	Frequently	?
Walking	Frequently	Constantly	?
Crawling	Occasionally	?	?
Climbing a ladder	Occasionally	Occasionally	Yes
Balance on level surfaces	Adequate	Required	Yes

1 Occasionally = up to 1/3 of the day, Frequently = 1/3 to 2/3 of the day, Constantly = 2/3 to the full day. Frequent lifting = 33% of Occasional, Constant lifting = 20% of Occasional.

2 D.O.T. The aptitudes: 1 (90-100 percentile), 2 (67-89 percentile), 3 (34-66 percentile), 4 (11-33 percentile), 5 (0-10 percentile).

3 Pounds of force is the amount of force the client exerted during the pushing and pulling tasks. If pushing or pulling is required for work, the force required for the task should be measured with a force gauge for comparison.

Case Studies... Red Flags and Red Herrings

#	Detail Type	Description
1.	Assessment	Lumbosacral spondylosis without myelopathy (721.3).
	Impression	Patient presents with a nonfocal neuro exam and ready to return to work. Resolution of his symptoms. He has no neuro deficits. Recommend return to work. Recommend FCE. He is at MMI today, 4/9/15.
	Plan Orders	The patient had the following test(s) completed today The patient was instructed to return to the office as needed. 04/09/2015.

Work Status Note

Patient name:

Date of visit: 04/09/2015 Treating provider:

Work Restrictions:
The patient is permitted to engage in a light level of work activity, which means lifting 20 pounds maximum, frequent lifting or carrying of objects that weigh up to 10 pounds, walking or standing to a significant degree, or sitting most of the time with pushing and pulling of arm/leg controls.

Electronically signed by .

Case Study #2... John Doe – Store Manager

- 65 year old male
- History – Skilled worker
- Injury – Back/Laminectomy L4-5
- Job as Manager required 35lbs. Lifting (no description or job analysis)
- Could not perform job per FCE?
  - Reason - Lifting

Case Studies...John Doe-Store Manager –

Implications of FCE Summary/Findings

- The summary of the FCE says "Light range"... But is not consistent with the Task Performance Section, which is "Medium range".
- Per Task Performance Section of FCE, the injured workers performance was off only several pounds of being able to return to previous job.
- The physician signed off on "Light" physical demand & most likely did not read anything but the summary.
- Injured worker AWW was $1,050/$54,600 annually.
- Per "Light" physical demands (20lbs.) the injured workers wage earning capacity most likely cut in half.
- Wage earning capacity may have been reduced, but not as drastic if therapist had followed Task Performance Section of "Medium" and not light as sited in summary.

Case Studies...John Doe-Store Manager –
Implications of FCE Summary/Findings

Red Flags:

- Large % of retail store management jobs require medium physical demand ability (Per actual job surveys in the work force)
- Note that FCE performed 8/2014 and MMI date 4/19/15 with "Resolution of Symptoms and No neuro deficits"

Solutions:

1. Recommend new FCE per last physician note of MMI & resolution of symptoms. Injured worker may have improved physical functioning.
2. Depo of physician to clarify inconsistency of FCE findings vs. summary.
3. Depo of physical therapist to clarify inconsistency of FCE findings vs. summary.
4. Job analysis at employer regarding store manager.
5. Labor market survey, if needed.

In Summary…

- Do not be afraid to question FCE results.
- Are there physical restrictions noted on the FCE that are not consistent with the on-the-job injury (ex: standing restrictions for carpal tunnel).
- Does the FCE state that the injured worker will not be able to RTW in previous job per the workers' description?
- Have a Voc. Rehab Specialist look over the FCE and advise re: vocational implications.
- Request a job analysis be performed by a Voc. Rehab Specialist to be provided to the Physical Therapist prior to a FCE.
- Encourage defense to write letters of clarification to the physician or depose.
- Depose Physical Therapist?
- Look for the Red Birds!

Thank You

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