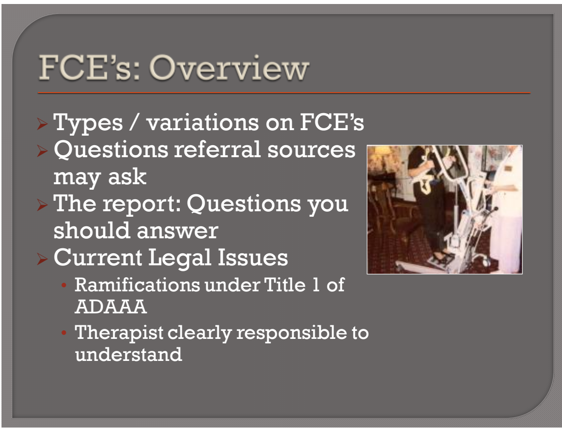
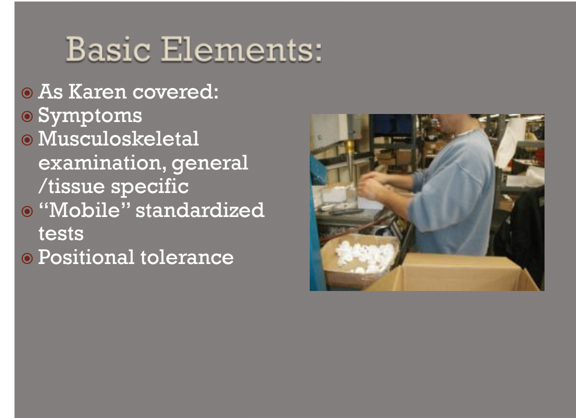
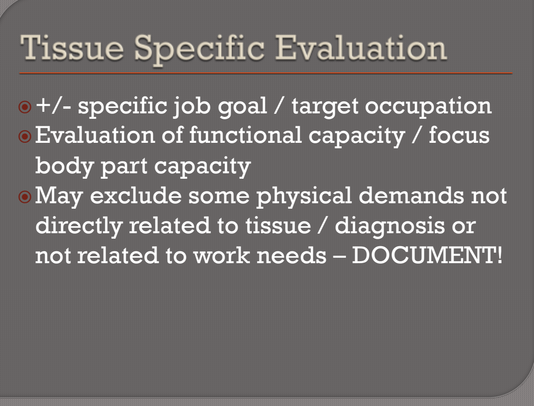
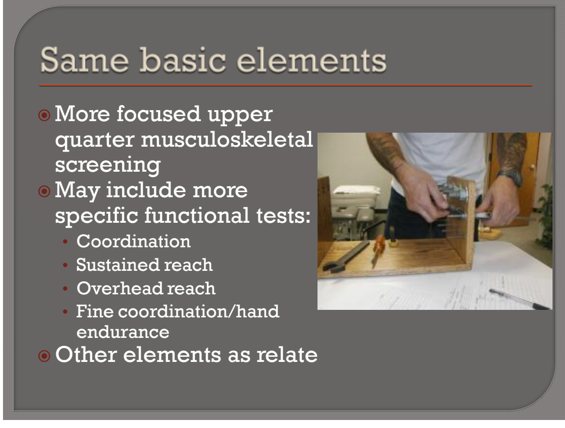


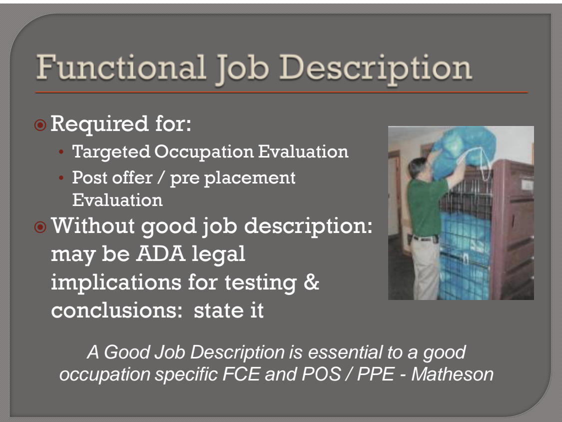
Work Oriented Evaluations:

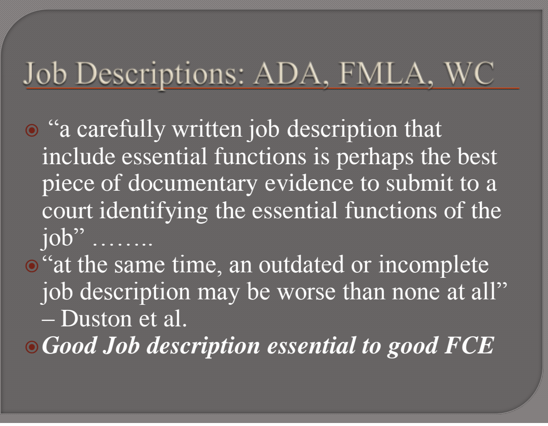
1. Functional / Physical Capacity Evaluation
   - Focus: general information about UE function
   - May include simulation of some work functions
   - Not specific to target occupation
   - or Simulates components of target occupation but not all – define clearly and why

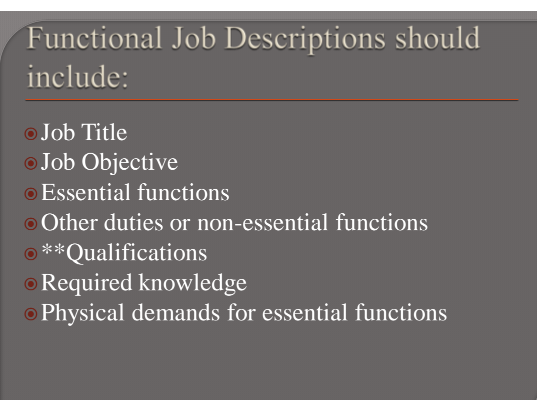


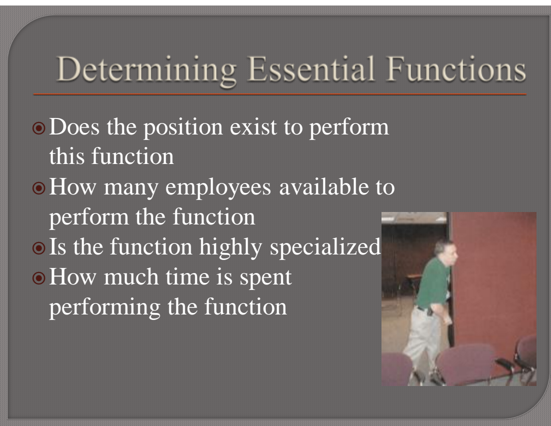


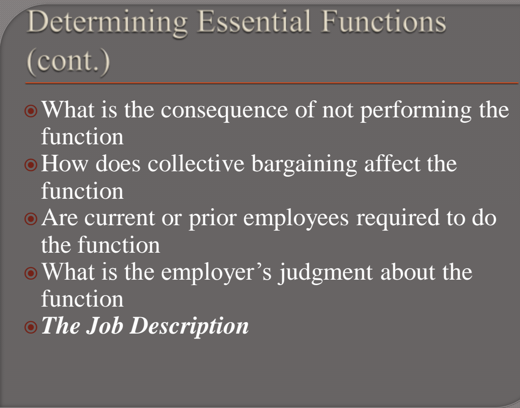


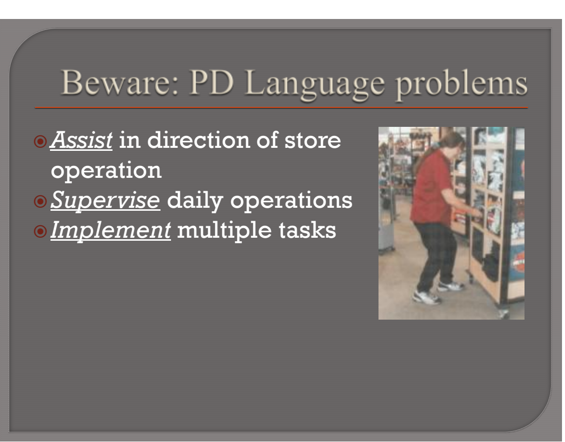

Functional Job Description
Required for:
Targeted Occupation Evaluation
Post offer / pre placement Evaluation
Without good job description: may be ADA legal implications for testing & conclusions: state it
A Good Job Description is essential to a good occupation specific FCE and POS / PPE - Matheson

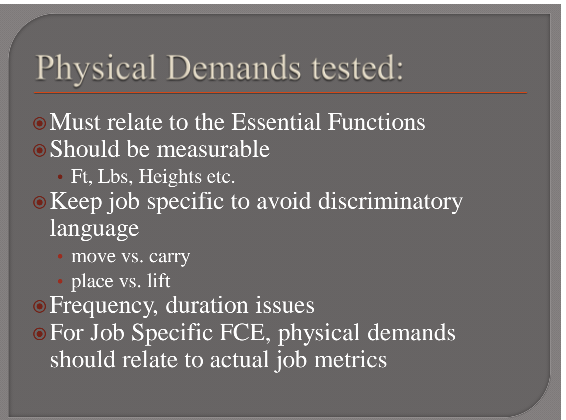

Job Descriptions: ADA, FMLA, WC
"a carefully written job description that include essential functions is perhaps the best piece of documentary evidence to submit to a court identifying the essential functions of the job" ……..
"at the same time, an outdated or incomplete job description may be worse than none at all" – Duston et al.
Good Job description essential to good FCE

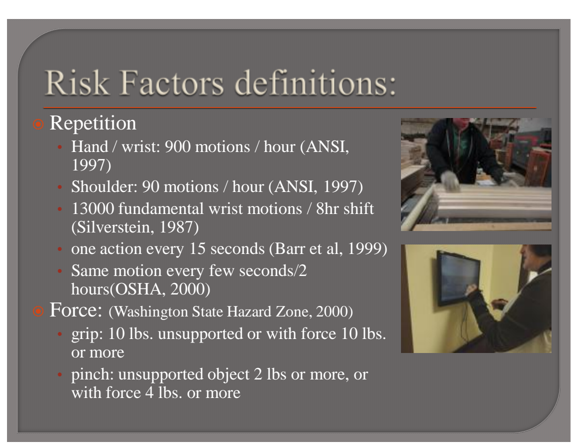

Functional Job Descriptions should include:
Job Title
Job Objective
Essential functions
Other duties or non-essential functions
**Qualifications
Required knowledge
Physical demands for essential functions


Determining Essential Functions
Does the position exist to perform this function
How many employees available to perform the function
Is the function highly specialized
How much time is spent performing the function

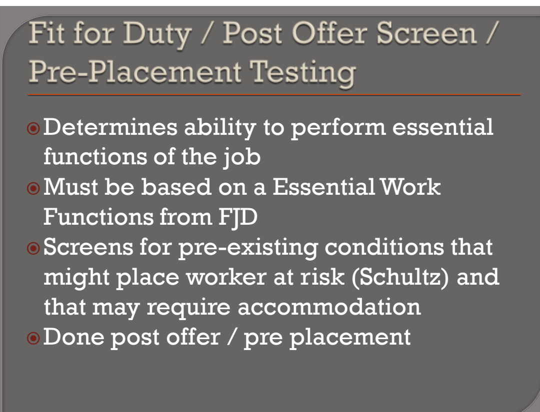

Determining Essential Functions (cont.)
What is the consequence of not performing the function
How does collective bargaining affect the function
Are current or prior employees required to do the function
What is the employer's judgment about the function
The Job Description

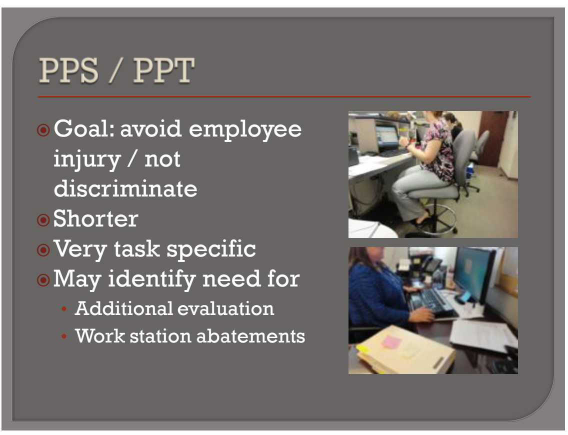

Beware: PD Language problems
Assist in direction of store operation
Supervise daily operations
Implement multiple tasks

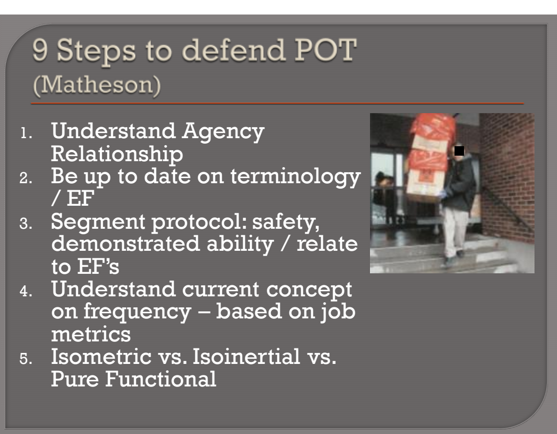

Physical Demands tested:
Must relate to the Essential Functions
Should be measurable
Ft, Lbs, Heights etc.
Keep job specific to avoid discriminatory language
move vs. carry
place vs. lift
Frequency, duration issues
For Job Specific FCE, physical demands should relate to actual job metrics


Risk Factors definitions:
Repetition
Hand / wrist: 900 motions / hour (ANSI, 1997)
Shoulder: 90 motions / hour (ANSI, 1997)
13000 fundamental wrist motions / 8hr shift (Silverstein, 1987)
one action every 15 seconds (Barr et al, 1999)
Same motion every few seconds/2 hours(OSHA, 2000)
Force: (Washington State Hazard Zone, 2000)
grip: 10 lbs. unsupported or with force 10 lbs. or more
pinch: unsupported object 2 lbs or more, or with force 4 lbs. or more

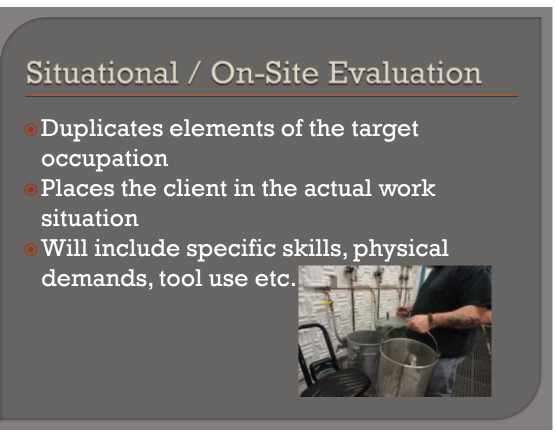
Reports:
Examples on website
Physical Demands Analysis
(Resource: Industrial Accident Prevention Association, Canada)


Fit for Duty / Post Offer Screen / Pre-Placement Testing
Determines ability to perform essential functions of the job
Must be based on a Essential Work Functions from FJD
Screens for pre-existing conditions that might place worker at risk (Schultz) and that may require accommodation
Done post offer / pre placement

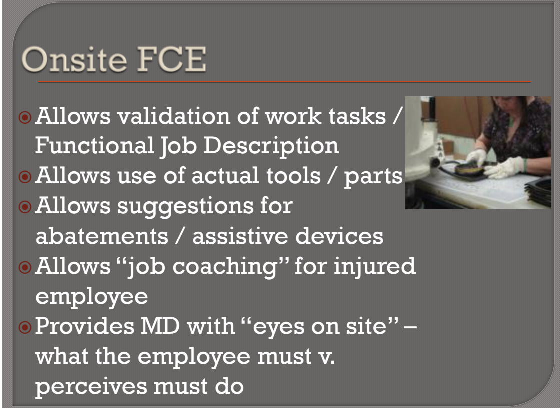

PPS / PPT
Goal: avoid employee injury / not discriminate
Shorter
Very task specific
May identify need for
Additional evaluation
Work station abatements

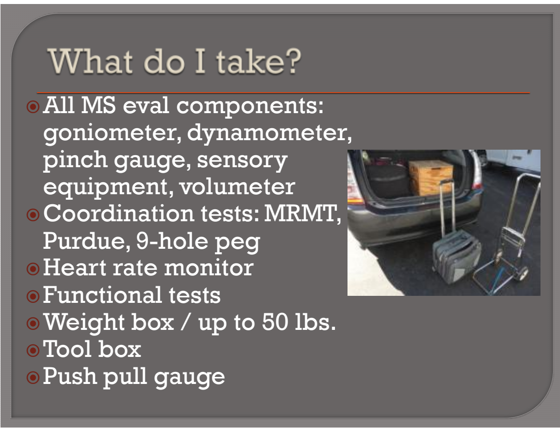

9 Steps to defend POT
(Matheson)
1. Understand Agency Relationship
2. Be up to date on terminology / EF
3. Segment protocol: safety, demonstrated ability / relate to EF's
4. Understand current concept on frequency – based on job metrics
5. Isometric vs. Isoinertial vs. Pure Functional

(Matheson 9 Key steps cont.)
6. Document protocol
7. Validate protocol
8. Keep records private
9. Stay incompliance with the law

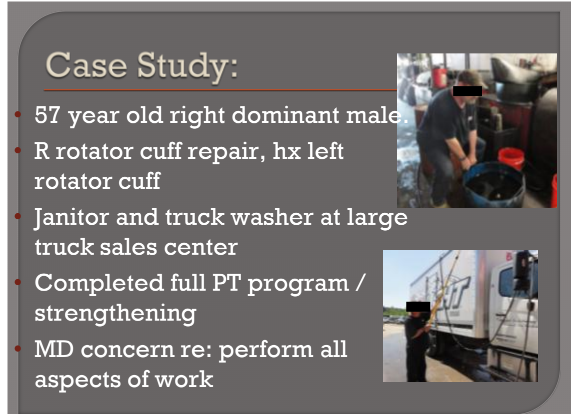

Situational / On-Site Evaluation
Duplicates elements of the target occupation
Places the client in the actual work situation
Will include specific skills, physical demands, tool use etc.

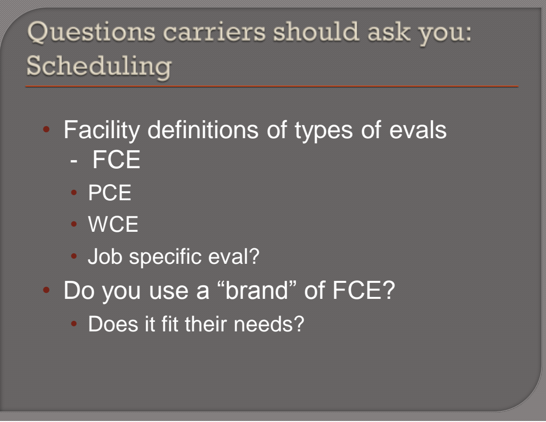
Work environment
Conference room
Cafeteria / break room
Office
Actual production floor
Challenges:
Limited space
Non-standard surfaces / space
Must bring all equipment for screening
Weights
Floor surfaces
Psychosocial concerns


Onsite FCE
Allows validation of work tasks / Functional Job Description
Allows use of actual tools / parts
Allows suggestions for abatements / assistive devices
Allows "job coaching" for injured employee
Provides MD with "eyes on site" – what the employee must v. perceives must do


What do I take?
All MS eval components: goniometer, dynamometer, pinch gauge, sensory equipment, volumeter
Coordination tests: MRMT, Purdue, 9-hole peg
Heart rate monitor
Functional tests
Weight box / up to 50 lbs.
Tool box
Push pull gauge

What do I use there?
Actual tools / equipment once MS screen is complete
Actual work stations / heights
Stairs / shelves, etc for physical placement of tests
Actual walking surfaces
Actual carts used to move equipment
Actual work positions



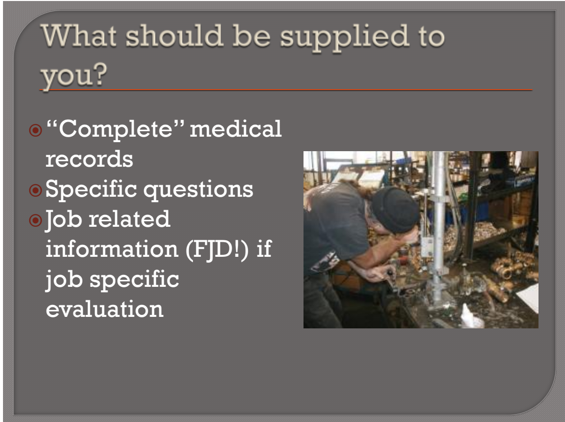


Qualifications about the Examiner: be prepared to answer

- No Who will actually do the eval
  - No Amount of supervision?
  - Experience of that person?
- Provide a CV
  - Training in FCE?
  - Experience – may need to request separately - #/month or #/year

You should provide (Schulaha, 2010):

- Summary of findings at beginning
  - Basis for conclusions
- Brief pertinent history
- Subjective statements
- Summary of objective musculoskeletal screen related to diagnosis
- Test protocols
- Observations
- Functional tests performed



Questions to answer:

- Time spent with patient / breaks and why?
- Were pain behaviors observed? If so, Why?
- What was the level of cooperation / attitude
- Is there evidence of cardiovascular/effort monitoring
- What body mechanics / movement patterns observed
- What postural observations – How related to tissue or not related

Questions to answer cont.

- What reasons tests were d/c'd
  - Psychophysical vs. Kinesiophysical
- Were inconsistencies noted / behavioral observations
  - were they consistent within tests, relative to diagnosis?
- What consistency of effort tests done?
  - How did test outcomes impact conclusions?

Work related questions

- Define DOT level of function, but be job specific in documentation
- What were abilities / limitations? Did they reflect maximal / optimal or minimal level?
- Did abilities and job demands correlate? If not, how did they deviate?
- Did fatigue and de-conditioning affect performance?
- Are limitations related to other dx?

Possible Accommodations / Recommendations:

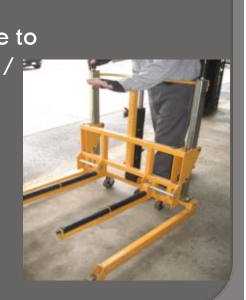
- Ergonomic abatements
- Alternate work methods
- Return to work sequence
- ? Job Shadowing

Findings / Recommendations: (case study)

- "excellent outcome both from surgical and conservative management"
- "lifting abilities into the Heavy Work category" (define weight)
- ***and*** "demonstrated /employer confirmed all work elements with modified acceptable methods or requested assistance"
- "physical capacity to perform the physical demands"

Recommendations:

- "Encouraged to continue to make use of all assistive / lift devices available"
- "Encouraged request assistance with heavier lifting (delivered tires)"



Medical-legal issues:

- Scrutinized
- Standardized to a certain extent, but construct validity is better with deviation for some parts
- Objectivity and clear documentation vital
- If Specific Job, testing and suggestions must reflect essential functions / physical demands

Medical / Legal Cont.

- Who is your customer?
  - Ethics of evaluating your own patient
  - Remain objective
  - Remember the goal of rehab: Return to Work
- Helping all parties

Don't promise / suggest anything (job related)!

Return to work paradigm:

- Same job, same employer
- Different job, same employer
- Same job, different employer
- Different job, different employer (transferable skills)
- Short term training
- Voc rehab

Legal cases

- Indergard v. Georgia-Pacific Corp
- Loma Linda University
- Majeski v. Metropolitan Life ins.
- EEOC v. E.I DuPont: testing not related to PD of an EF
- Key: Be aware

  Best resource:

  www.roymatheson.com

Physicians sued under ADA for adverse employment decisions

Decisions should be based on:

- Medical knowledge of employee
- Functional Capacity Evaluation based on physical demands of job

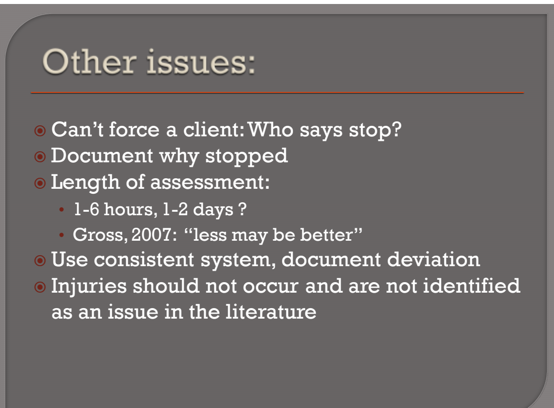
Matheson, 2013

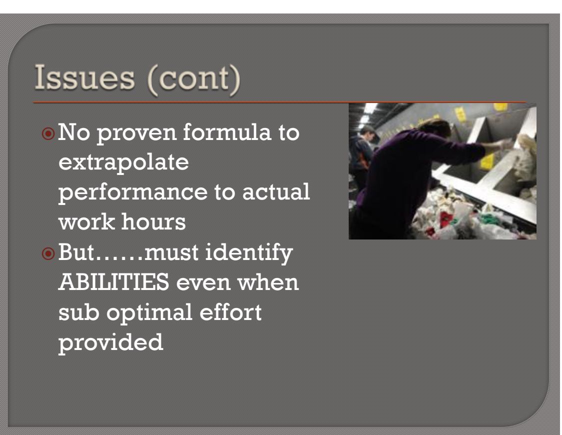
Physician Communicates to Employer:

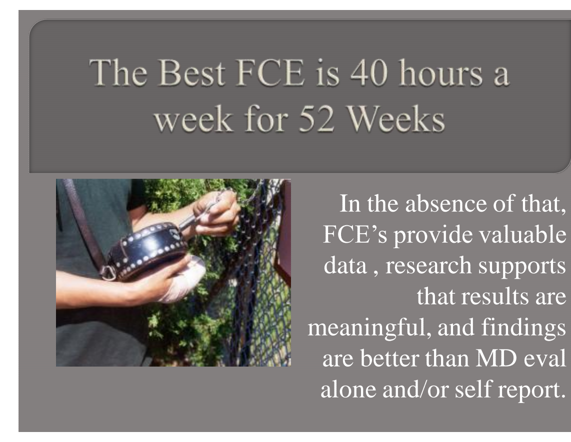
- Safe Medical Restrictions and abilities based on FCE
- Match or Mismatch of Safe Abilities to the Demands of Essential Functions of the Job
- And Return-to-Work Decision
- RA Remediation Opportunities: not usually within skill set of physician

"Red Flags"

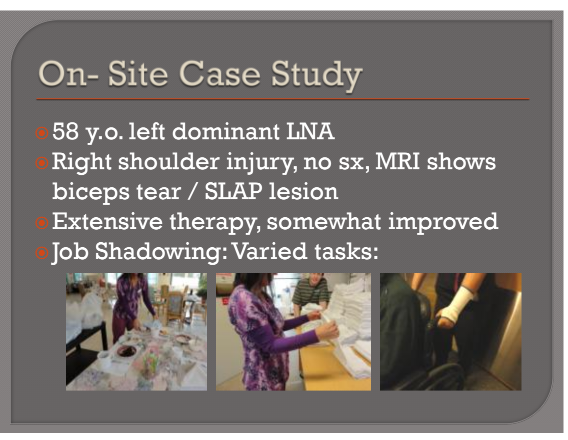
- Patient telling doctor can/can't do specific tasks at work
- Inconsistent behaviours / not directly related to dx / ms exam
- Exaggerated behaviours, complaints, pain
- Hesitency / fear re: RTW
- Outlaying treatment/time
- Observations / inconsistency

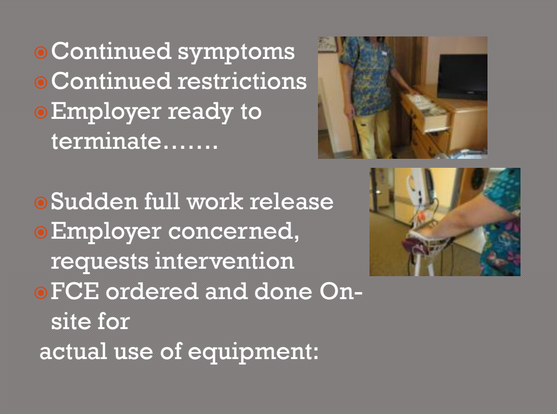


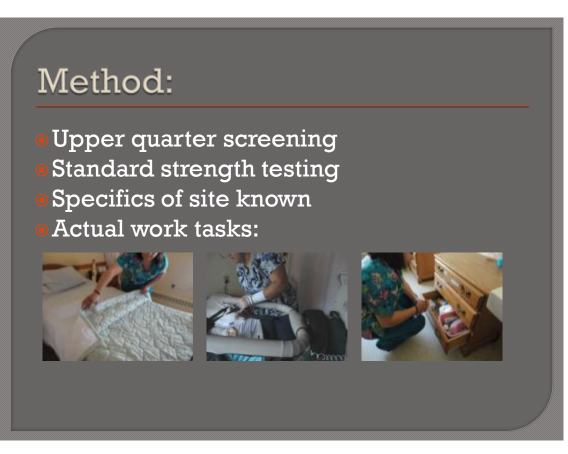




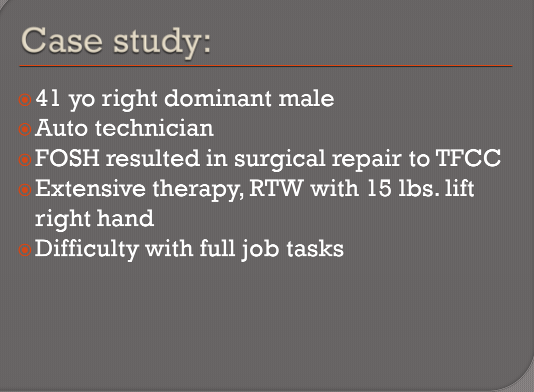
Case Studies



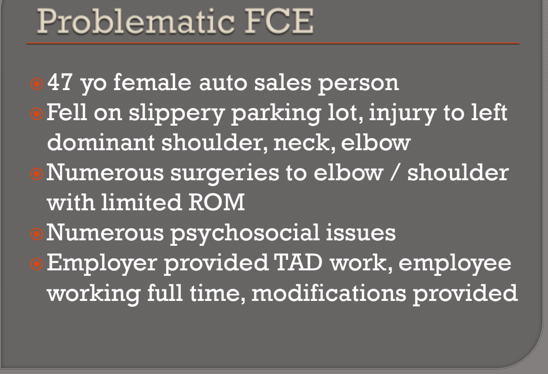

Continued symptoms
Continued restrictions
Employer ready to terminate…….
Sudden full work release
Employer concerned, requests intervention
FCE ordered and done On-site for
actual use of equipment:

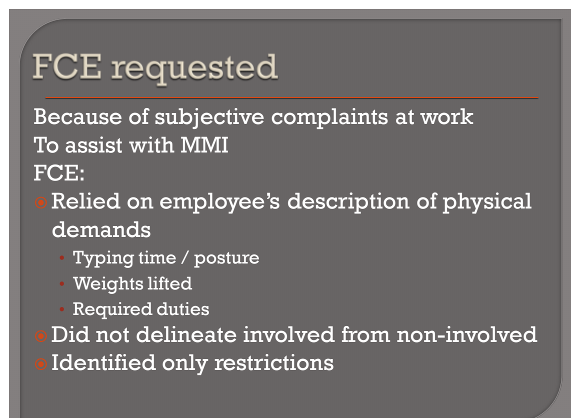

Method:
Upper quarter screening
Standard strength testing
Specifics of site known
Actual work tasks:

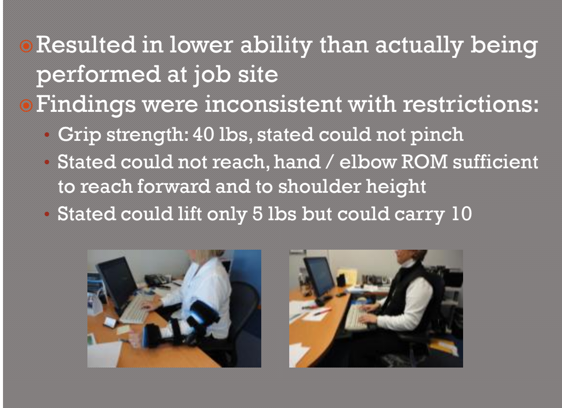
Training nurse, head nurse
Manikin with gait belt
FJD clarified
Identified abilities relative to FJD requirements
Bottom line: returned to work, no problems to date

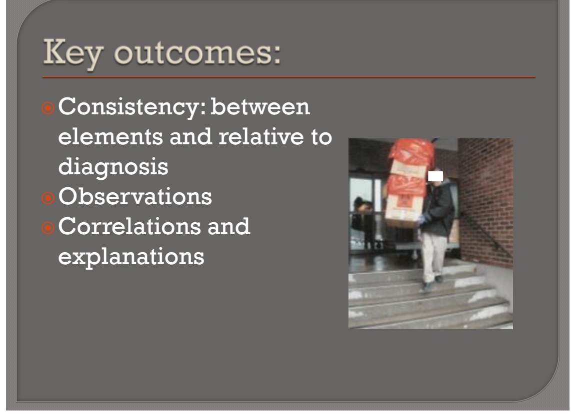

Case study:
41 yo right dominant male
Auto technician
FOSH resulted in surgical repair to TFCC
Extensive therapy, RTW with 15 lbs. lift right hand
Difficulty with full job tasks

Identified abilities / limitations / suggestions
Lifting bay door: needed power lift
Torque of impact driver
Impacto gloves
Changing heavy tires: tire lift


Problematic FCE
47 yo female auto sales person
Fell on slippery parking lot, injury to left dominant shoulder, neck, elbow
Numerous surgeries to elbow / shoulder with limited ROM
Numerous psychosocial issues
Employer provided TAD work, employee working full time, modifications provided


FCE requested
Because of subjective complaints at work
To assist with MMI
FCE:
Relied on employee's description of physical demands
Typing time / posture
Weights lifted
Required duties
Did not delineate involved from non-involved
Identified only restrictions


Resulted in lower ability than actually being performed at job site
Findings were inconsistent with restrictions:
Grip strength: 40 lbs, stated could not pinch
Stated could not reach, hand / elbow ROM sufficient to reach forward and to shoulder height
Stated could lift only 5 lbs but could carry 10


Key outcomes:
Consistency: between elements and relative to diagnosis
Observations
Correlations and explanations