



Work Evaluation Center

136 West Paces Road
Mooresville, NC 28117
Phone: 704-892-5486

**FUNCTIONAL
CAPACITY
EVALUATION**

Feb 23, 2002

Dr. John Bonefixer
333 Orthopedic Way
Surgery, NC 28111

RE: Brian L. Stevens (998877665)

Answer the referral question...

PURPOSE OF ASSESSMENT

Mr. Stevens was referred for a Functional Capacity Evaluation to determine his ability to return to his position as a Carpenter with Acme Construction. Mr. Stevens sustained a right knee injury in November 2000 and subsequent arthroscopic menisectomy in February 2001. He was evaluated on 6/13/01 from 9:00 am till 1:00 pm.

RELIABILITY AND CONSISTENCY OF EFFORTS

How consistent were they?

The results of this evaluation suggest that Mr. Stevens gave a reliable effort, with 47 of 57 consistency measures within expected limits. 3/6 heart rates did not rise as expected with static tests. 1/6 static tests had a coefficient of variation above 15%. 1/3 static tests demonstrated an inappropriate horizontal strength change. Data suggests that the client was self-limited with activities below waist height. This is consistent with reported pain complaints. 3/12 grip measures and 1/6-pinch measures had coefficients of variation above 15%. All of the inconsistencies were noted to be on the right. The client does not have any medical condition consistent with right-sided weakness. He self reports pain with gripping because of weight shift to the right lower extremity. The client also demonstrated a positive rapid exchange grip on the right. This suggests that the client was self limited with right-handed grip tasks. Overall data suggests that although the client's demonstrated efforts were consistent they were also sub maximal. The client did report pain as a primary limiting factor. Inconsistencies were noted when client was both aware and unaware of observation. Mildly antalgic gait on the right was absent when the client was not directly aware of observation. In addition when client was ascending stairs he led with his right leg and descended with his left lower extremity first. This is inconsistent with expected findings. Weakness with right upper extremity function is inconsistent with demonstrated abilities and suggests evidence of symptom magnification behavior.

FUNCTIONAL ABILITIES

Final summary of functional abilities...

Client's functional abilities were compared to a job description provided by his employer. Client's demonstrated abilities meet specified job demands in the following categories: Stoop, Crouch, Reach Immediate (L), Reach Immediate (R), Reach Overhead (L), Reach with Weight, Handling, Bi-Manual Handling, Feeling, Eye-Hand-Foot, Tool Use.

Mr. Stevens demonstrates the ability to lift in the medium physical demand level for low and mid lifts and the light physical demand level for high and full lifts. He demonstrated poor body mechanics with low level lifting only performing a partial squat and lifting with his lower back. His mechanics improve from knuckle level and above. He was able to sustain sitting for 45 minutes and standing for 30 minutes. He did demonstrate a mildly antalgic gait on the right but this was not consistent through out the evaluation. There was no obvious change in swelling of his right knee after the evaluation.

Final summary of functional restrictions

RESTRICTIONS AND MODIFICATIONS

Client did not demonstrate ability to meet the following job demand categories: High Lift, Mid Lift, Low Lift, Full Lift, Walk, Carry - 10 Lb, Carry - 20 Lb, Carry - 50 Lb, Push Cart - 40 Lb, Pull Cart - 40 Lb, Balance, Crawl, Kneel, Climb Stairs, Reach Overhead (R), Standing. Mr. Stevens had the greatest difficulty with full crouch posture and working below knuckle height. He was successful with a 1/2 kneel modification.

Recommendations

RECOMMENDATIONS

Mr. Stevens does not demonstrate the ability to meet all the job demands of his position as a "Rough Carpenter" with Acme Construction. He does demonstrate the ability to return to a modified position for an 8-hour day. If the above listed restrictions are observed and related accommodations are developed, he could return to his job. Another option is to return to the "Finishing Carpenter" job. A finishing carpenter uses many of the same skills as a rough carpenter but demands are in the medium rather than heavy physical demand category. Mr. Stevens does demonstrate additional rehabilitation potential and could conceivably increase his functional abilities to his original job duties. He would benefit from additional conditioning to increase aerobic endurance and lifting tolerance and develop self-symptom management strategies. Ideally Mr. Stevens would begin a work conditioning program and transition to modified duty for a 4-hour day

Sincerely,

Terry Tester, PT

Functional Abilities Summary

Mr. Stevens’s demonstrated abilities in this evaluation (FCE) are summarized below. A value of **n/a** indicates the activity was not included in the evaluation. If job demands were provided with this evaluation, functional abilities are compared to the corresponding job demand level. FCE performance below job demand is shown as a **Yes** in the deficit column, while mixed performance (both above and below the job demand level) is shown as **?** indicating a possible deficit.

Activities Rated by Strength Level						
Activity	FCE Performance (PDC Category)	Equivalent Strength Level			Job Demand (PDC Category)	Deficit
		Occasional 0 to 2.6 hours/day	Frequent 2.7 to 5.3 hours/day	Constant 5.4 to 8 hours/day		
Low Lift (floor to knuckle)	Medium	21 - 50 lb	11 - 25 lb	1 - 10 lb	Heavy	Yes
Mid Lift (knuckle to shoulder)	Medium	21 - 50 lb	11 - 25 lb	1 - 10 lb	Heavy	Yes
High Lift (shoulder and above)	Light	11 - 20 lb	1 - 10 lb	negligible	Medium	Yes
Carry	Medium	21 - 50 lb	11 - 25 lb	1 - 10 lb	Heavy	Yes
Push (static)	Light	11 - 20 lb	1 - 10 lb	negligible	Heavy	Yes
Pull (static)	Light	11 - 20 lb	1 - 10 lb	negligible	Heavy	Yes
Overall Strength Category	Light	11 - 20 lb	1 - 10 lb	negligible	Heavy	Yes
Activities Rated by Frequency and Duration						
Activity	FCE Performance			Job Demand	Deficit	
Walk	Occasional			Frequent	Yes	
Climb Stairs	Occasional			Frequent	Yes	
Balance	Occasional			Frequent	Yes	
Stoop	Constant			Frequent	No	
Kneel	Declined			Occasional	Yes	
Crouch	Frequent			Frequent	No	
Crawl	Declined			Occasional	Yes	
Reach (immediate)	Left: Frequent		Right: Frequent	Frequent	No	
Reach (overhead)	Left: Frequent		Right: Occasional	Frequent	Yes on R	
Handling	Unilateral: Constant		Bilateral: Frequent	Frequent	No	
Fingering	Unilateral: Constant		Bilateral: Constant	Not Required	No	
Feeling	Frequent			Occasional	No	
Eye-hand-foot	Frequent			Occasional	No	
Sitting	Constant			Not Required	No	
Standing	Frequent			Constant	Yes	
Push Cart	Declined			Constant	Yes	
Pull Cart	Declined			Constant	Yes	
Other Activities						
Grip Strength (position 2)	Left: 98.5 lb		Right: 33.5 lb		No	
Cardiovascular Fitness	Below average					



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**FUNCTIONAL
CAPACITY
EVALUATION**

PATIENT INFORMATION:

Report Date: **02/23/02**

Patient: **Brian L. Stevens** ID#: **998877665** DOB: **02/23/82** Age: **19**
 Address: **123 Main Street** Sex: **M** Dom. Hand: **R**
Anytown, VA 23111 Height: **68** in Weight: **143** lb
 Phone (H): **757-555-1234** Phone (W): **757-5554321**
 Initial Visit: **06/13/01** Occupation: **Carpenter**
 ... Referred by: **VerNova** Employer: **Acme Construction**
 ... Resting Pulse Rate: **84** Insurance Co: **The Principle Group**
 ... Blood Pressure (sitting): **104/64** Physician: **Dr. John Bonebreaker**
 Tested By: **Terry Tester, PT** Attorney: **n/a**



Injury: Diagnosis	Side	Injury Date	ICD-9 Code
Right medial meniscal tear	R	11/01/00	n/a

JOB INFORMATION:

Company: **Acme Construction** Representative: **n/a**
 Address: **n/a** **n/a, n/a n/a**
 Phone: **n/a** FAX: **n/a**
 Job Title: **Carpenter** Job Subtitle: **n/a**

Employment History:

Jun 2000 to Present: Acme Construction - Rough Carpenter

Education:

1996 to 2000: Anytown High School

HISTORY:

Mechanism and History of Injury:

Mr. Stevens reports that on November 1, 2000 he was working a site. He was walking across uneven terrain and over some construction debris. It was damp after a recent rain. He tripped when something he was standing on slipped out from under his foot. He quit work immediately. He was taken to the hospital by ambulance. He was placed in a knee splint and spent a week at home with his knee immobilizer. He then started therapy but continued to have difficulties with popping and catching. In February 2001 he was scheduled for arthroscopic surgery to repair a medial meniscus tear. He had therapy for 6 weeks after his surgery. He is better but reports he is still unable to do everything he needs to for his job.

Medications:

Nov 1, 2000 to present: Naprosyn

Nov 1, 2000 to present: Flexeril

Document relevant information...

Intake Interview:

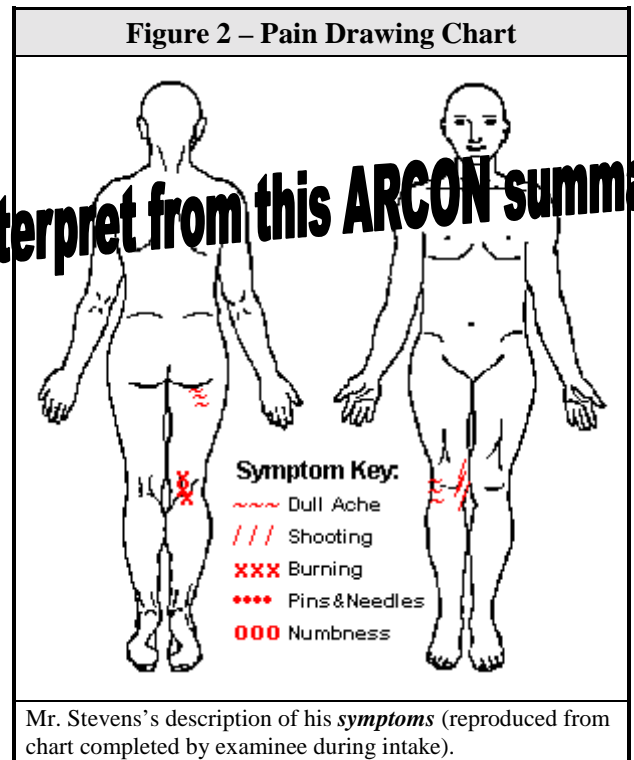
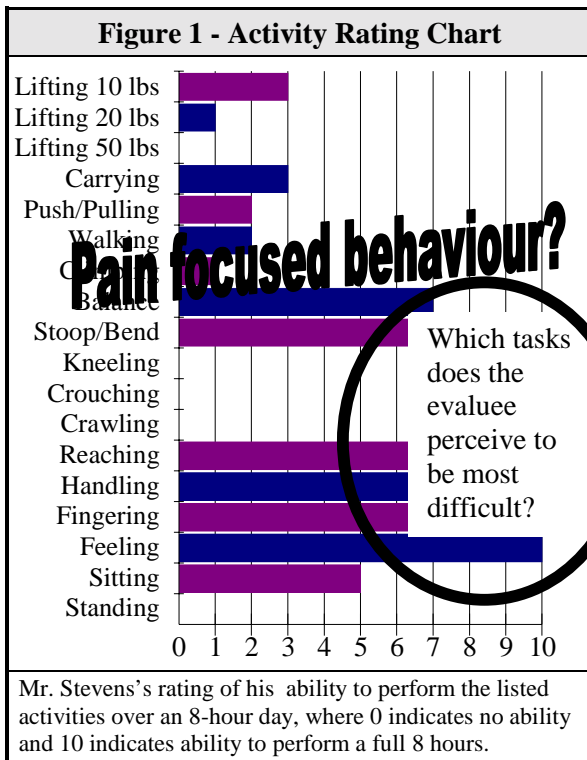
Mr. Stevens drove himself to the evaluation. He was on time for his appointment. He reports he took some Ibuprofen this morning prior to coming to this evaluation. He reviewed the informed consent and after verbalizing understanding signed the document.

SUMMARY:

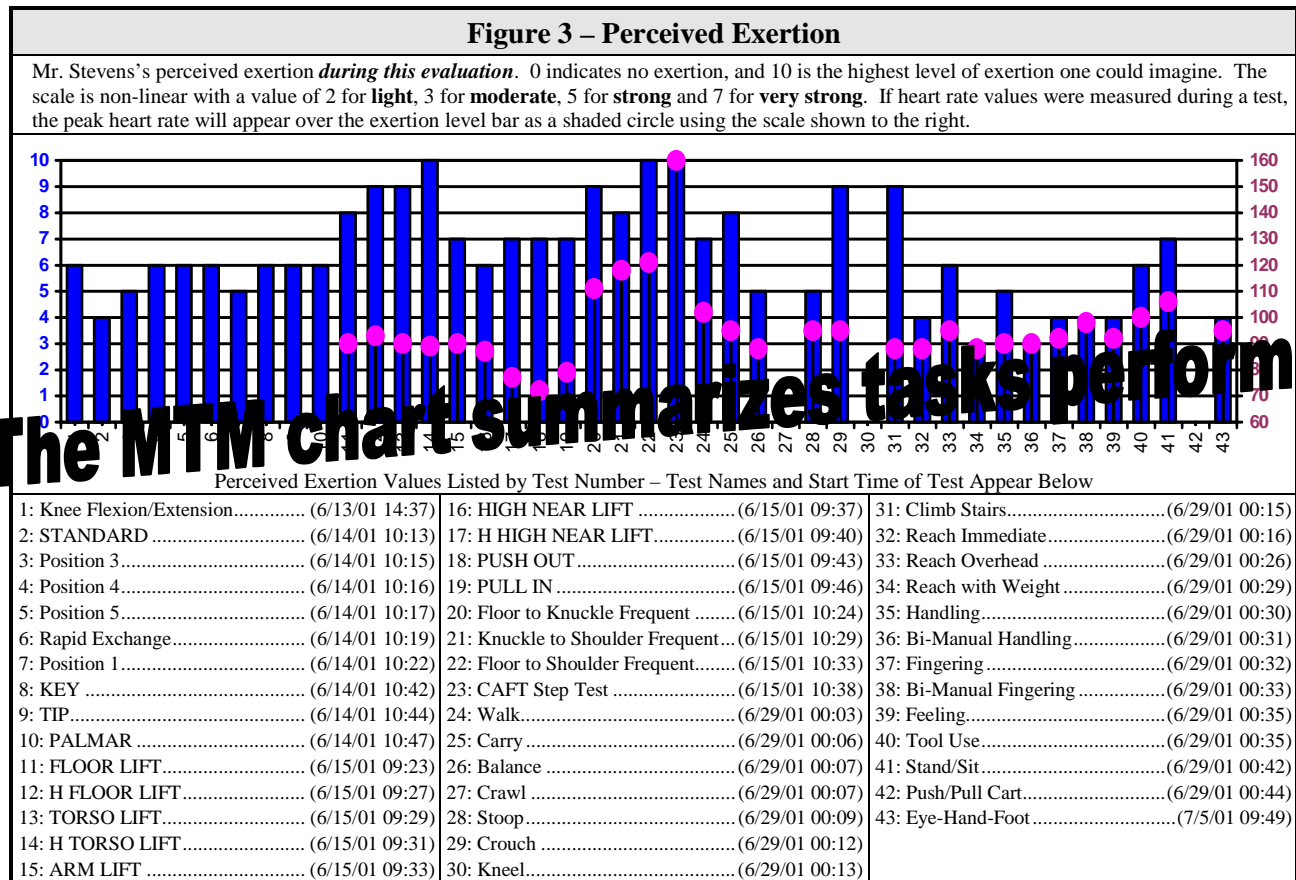
Mr. Stevens demonstrated a reliable effort in this evaluation, with 47 of 57 consistency measures recorded as reliable *except those* as noted in Table 1, below.

Table 1 – Reliability and Consistency of Effort					
Test	Date	Result	Expected	Measure	Reliable
PULL IN	6/15/01	15.7%	< 15%	CV	No
PUSH OUT	6/15/01	+8 bpm	+8.7 bpm	HR	No
TORSO LIFT	6/15/01	+7 bpm	+10.2 bpm	HR	No
H TORSO LIFT	6/15/01	22.8 LB	> 46.6 LB	IHSC	No
FLOOR LIFT	6/15/01	+9 bpm	+10.2 bpm	HR	No
Position 3 - Right	6/14/01	16.8%	< 15%	CV	No
STANDARD - Right	6/14/01	18.8%	< 15%	CV	No
Rapid Exchange - Right	6/14/01	105.2	< 33.5	REG	No
Position 1 - Right	6/14/01	22.3%	< 15%	CV	No
PALMAR - Right	6/14/01	18.7%	< 15%	CV	No

Mr. Stevens’s perceptions regarding his ability to function are illustrated in the Activity Rating and Pain Drawing Charts presented below.



Pain focused behaviour? Interpret from this ARCON summary...



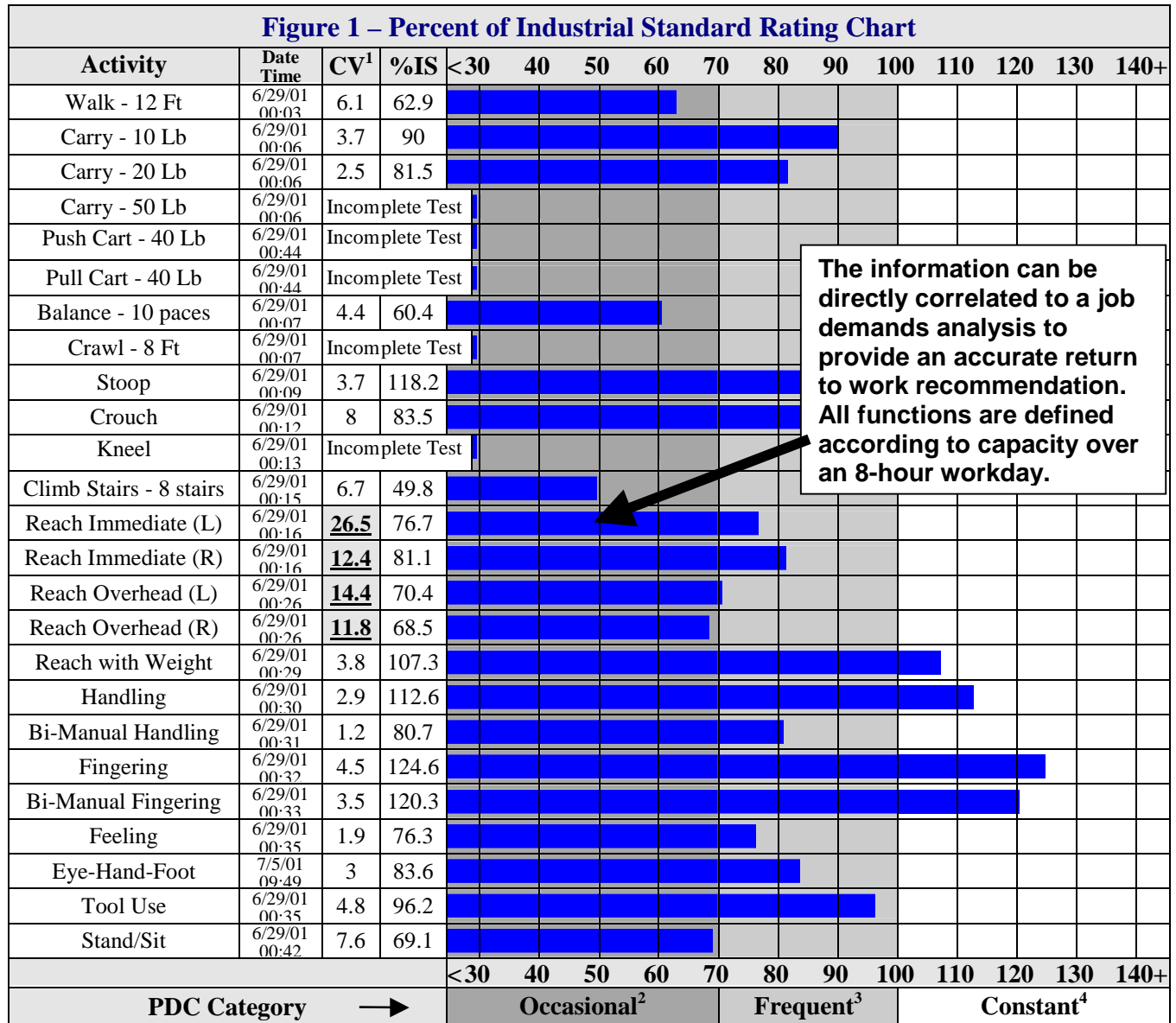
Physical Capacity Summary:

Mr. Stevens’s physical capacity, as related to lifting strength, cardiovascular condition and range of movement is summarized below. Cardiovascular condition is rated on the five-level scale of Excellent, Above Average, Average, Below Average and Poor. Range of movement is considered within normal limits except as reported below.

Lifting Strength		Cardiovascular Condition	
Dictionary of Occupational Titles, Physical Demand Level		Evaluated using: CAFT	
Overall Strength Category	Light	Rating: Below average	
Range of Movement			
Joint/Movement	Measured	Norm	Deficit
Knee Flexion R (6/13/01)	95	150	yes

ARCON MTM Functional Abilities Summary

Methods-Time Measurement (MTM) data provides a quantifiable description of the functions required of a worker in the performance of certain physical job demands. An evaluatee's demonstrated ability in the assessment is compared to the MTM Industrial Standard (IS), which is the time an average worker with average training could perform the listed activity, assuming the activity is performed over an average eight hour day. Percent of Industrial Standard (%IS) is the evaluatee's demonstrated ability as a percent of the Industrial Standard, where 100% and up indicates performance at or above the Standard, while below 100% indicates performance below the Standard.



The MTM chart summarizes tasks performed!

¹ **Coefficient of Variance.** If value is underlined, CV calculated for multiple test sets. For CV > 10%, value is shaded to call attention to results that may indicate a problem in consistency or ability to perform this task.
² **Occasional** - allows 31-70% Rest Allowance Standard (RAS) from the IS, or activity performed 0 - 2.6 hours/day
³ **Frequent** - allows up to 30% RAS from the IS, or activity performed 2.7 - 5.33 hours/day
⁴ **Constant** - allows no RAS, or activity performed 5.33 - 8 hours/day