



Attached is a scanned copy of the original Functional Capacity Evaluation scheduled by Connect FCE:

Patient Name: Robert T. Referral

Date of Birth: 1/1/1959

Claim #: 000-123456789

Provider Name: John Doe, DPT

Date of Evaluation: 1/4/10

Requested by: Dr. Frederick Capacity

Confidential Report Attached

Connect FCE
PO Box 519
Langhorne, PA 19047-0519
TOLL FREE: 1-877-323-7767 FAX: 215-860-8650



January 4, 2010

Frederick Capacity, MD
Connect FCE
PO Box 519
Langhorne, PA 19047

RE: Robert T Referral - KEY Functional Assessment

Dear Dr. Capacity:

Enclosed please find the Assessment as participated in by Robert T. Referral, on the scheduled appointment date of December 31, 2009.

This is identified to be a **Valid** representation of the present physical capabilities of Robert T. Referral, based upon consistencies and inconsistencies when interfacing grip dynamometer graphing, resistance dynamometer graphing, heart rate variations, weights achieved, and selectivity of pain reports and pain behaviors. **Robert is demonstrating full effort.** The results represent the current safe capability level of the client.

Physical Demand Level: Medium to Marginally Heavy

Pain Reports and Behaviors:

- Lumbosacral pain, pain 4/10 while sitting prior to the weighted activities and pain 5/10 while standing near completion of the FCE.
- No radicular pain reported.
- He reported that the newer trucks have better back and seat support which has greatly helped him.

Thank you for seeking my assistance with this case. Please call me at 1-877-323-7767, if I can be of any additional help.

Sincerely,

John Doe, DPT

John Doe, DPT
Certified Assessment Specialist

CONNECT FCE
 PO Box 519
 Langhorne, PA 19047
 877-323-7767

CLIENT CAPABILITIES & PHYSICAL JOB REQUIREMENTS OVERVIEW

Name: Robert T. Referral
 Assessment Date: December 31, 2009
 Validity Determination: Valid

Job:
 Job Information Source:
 DOT Code:

Activity	Client Capabilities		Physical Job Requirements		Essential Function	Meets Job Demands
	Occasional	Frequent	Occasional	Frequent		
Work Day	8 hours					
Sit	6 hours 60 MINUTE DURATION					
Stand	2 hours 15 MINUTE DURATIONS					
Walk	6 hours FREQUENT, LONG DISTANCES					
	Occasional	Frequent	Occasional	Frequent		
Above Shoulders - Bilateral	57.8	NR				
Above Shoulders - Right						
Above Shoulders - Left						
Desk to Chair- Bilateral	72.8	NR				
Desk to Chair- Right						
Desk to Chair- Left						
Chair to Floor- Bilateral	45.6	***				
Chair to Floor- Right						
Chair to Floor- Left						
Push	106.3	***				
Pull	106.3	***				
Carry - Right	88.4	***				
Carry - Left	88.4	***				
Bend/Stoop	O					
Squat	O					
Crawl	F					
Climb Stairs	O					
Crouch	O					
Kneel	O					
Balance	F					
Foot- Right	F					
Foot- Left	F					
Hand - Simple Grasp Right	C					
Hand - Simple Grasp Left	C					
Hand - Firm Grasp Right	C					
Hand - Firm Grasp Left	C					
Hand - Fine Grasp Right	C					
Hand - Fine Grasp Left	C					
Head/Neck - Static	F					
Head/Neck - Flexion	F					
Head/Neck - Rotation	F					

'N' Not At All
 'M' Minimally Occasionally
 'O' Occasionally (>0 to 2.5 hrs (1-33%))

**** indicates that although a value may exist, it was not evidenced during the assessment. NR Not Recommended

'F' Frequently (2.5 to 5.5 hrs (34- 66%))
 'C' Continuously (over 5.5 hrs (67-100%))
 All weights listed are in pounds

John Doe, DPT

Cert. Assessment Specialist

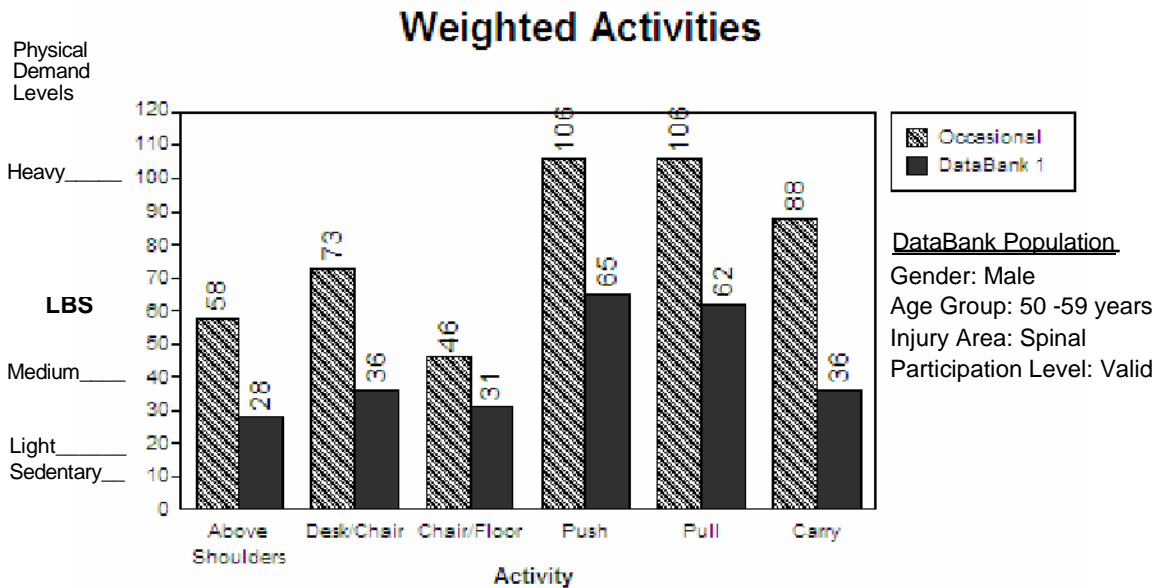
KEY Functional Assessment - Weighted Activities

Client Information -

Name: Robert T. Referral
 Age: 51
 Gender: Male

Assessment Date: 12/31/2009

The following data represents: weighted capabilities demonstrated during the client's KEY Functional Assessment; normative data collected in the KEY DataBack DataBank™ system.



DataBank Population

Gender: Male
 Age Group: 50 -59 years
 Injury Area: Spinal
 Participation Level: Valid

DataBank Population Size

Above Shoulders: n = 2,734
 Desk / Chair: n = 2,765
 Chair / Floor: n = 2,647
 Push: n = 2,764
 Pull: n = 2,760
 Carry: n = 2,759

CONNECT FCE
PO Box 519
Langhorne, PA 19047
877-323-7767

Client Information -

Name: Robert T. Referral
Age: 51
Gender: Male
Diagnosis: lumbar strain/sprain

Assessment Date: 12/31/2009
Injury Date: 8/10/2006
Date Last Worked: 10/16/2006
Occupation: 679 Occupations in
Machining Stone, Clay, Glass, and
Related Materials, N.E.C

KEY FUNCTIONAL ASSESSMENT

TESTING AND OBSERVATIONS

WEIGHTED COMPONENTS

I. Lifting - Assessed in Increasing Increments

From 30 to 63 inch height and return (above shoulder): 57.8 lbs.

Bilateral

Reported or demonstrated THE PAIN IS BUILDING at 23.6 lbs. Terminated at 57.8 lbs, requiring 24 repetitions, with report or behavior of PAIN, LOWER BACK, SAT DOWN, SHORT OF BREATH. (Heart Rate 126)

From 30 to 18 inch height and return (desk/chair level): 72.8 lbs.

Bilateral

Reported or demonstrated PAIN IN THE EXACT SAME SPOT (LUMBOSACRUM) at 17.0 lbs. PAIN IS ABOUT A 6/10 at 45.6 lbs. Terminated at 72.8 lbs, requiring 30 repetitions, with report or behavior of PAIN RIGHT IN THAT SPOT, SHORT OF BREATH. (Heart Rate 108)

From 18 inches to floor and return (chair/floor level): 45.6 lbs.

Bilateral

Terminated at 45.6 lbs, requiring 19 repetitions, with report or behavior of PAIN, SAME SPOT, SAT DOWN. (Heart Rate 108)

II. Pushing and Pulling

Standing (36.00 in. hand placement level)

Push: 106.3 lbs - requiring 44 repetitions.

Pull: 106.3 lbs - requiring 44 repetitions.

Reported or demonstrated PAIN IN THE LOWER BACK, SAT DOWN, ACHIEVED MAXIMUM WEIGHT on push at termination. Reported or demonstrated SAME AS WITH PUSH on pull at termination. (Heart rate - 114/114)

III. Carrying - As with bucket or luggage
Right: 88.4 lbs - requiring 19 repetitions.
Left: 88.4 lbs - requiring 19 repetitions.

Reported or demonstrated PAIN IN THE BACK, DISCOMFORT, SAT DOWN on right at termination.
Reported or demonstrated SAME AS WITH RIGHT on left at termination. (Heart rate - 102/102)

POSTURE COMPONENTS

IV. Repetitive Foot Motion - No pain reported nor pain behaviors demonstrated related to activity.

V. Balance

Toe Walk - Balance maintained with no pain reported nor pain behaviors demonstrated.

Heel Walk - maintained balance, maintained dorsiflexion, and terminated with report or behavior of PAIN IN MY LOW BACK.

Heel-Toe Walk - Balance maintained with no pain reported nor pain behaviors demonstrated.

Braiding - Balance maintained with no pain reported nor pain behaviors demonstrated.

VI. Cervical Mobility - Range of motion demonstrated to be within functional limits for lateral flexion, rotation, forward flexion, and extension, with no pain reported nor pain behaviors demonstrated during instructed and uninstructed activity.

VII. Squatting - Moderate speed, Average posture, and reports or behaviors of TOUCHED DESK DURING EACH REPETITION. (Heart Rate 102)

VII. Gait - No pain reported nor pain behaviors demonstrated.

IX. Kneeling - Reported or demonstrated equal patterning, maintains balance, equal use of lower extremities. Terminated with report/behavior of THE PAIN IN MY LOWER BACK.

X. Crawling - No pain reported nor pain behaviors demonstrated.

XI. Stairs - Demonstrated shortness of breath and contact support of Right lower extremity with Left upper extremity. Terminated with report/behavior of JUST THE SAME PAIN RIGHT IN THE LOWER BACK, SAT DOWN. (Heart Rate 108)

TOLERANCE COMPONENTS

XII. Sitting Tolerance - 51 minutes demonstrated during keyboard activity and history review activity. Reported or demonstrated PAIN IS A 4/10, RIGHT THERE, TOUCHED LUMBOSACRAL SPINE REGION at termination.

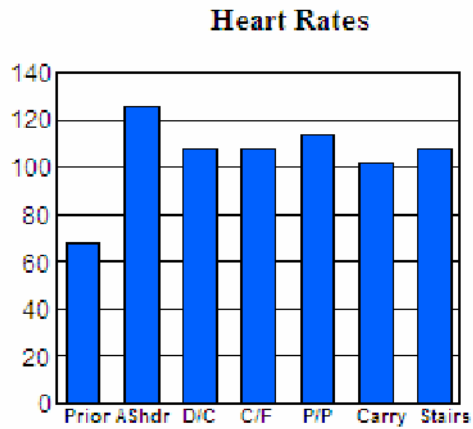
XII. Standing Tolerance - 7 minutes demonstrated during assembly/disassembly activities. Reported or demonstrated PAIN WAS A 5/10 IN MY LOWER BACK, SAT DOWN, IT WAS A DISCOMFORT at termination.

XIV. Work Surface Height - Tested from 30 in. height to 46 in. height.

XV. Heart Rate Summary

Prior To Testing:	68
Above Shoulder Lift:	126
Desk / Chair Lift:	108
Chair / Floor Lift:	108
Push / Pull:	114/ 114
Carrying (R/L):	102/102
Stairs:	108

The order of the graph bars reflects the order of the activities as listed above. The Higher value of Pull / Push and Carry Right/ Left are graphed. (See reference)

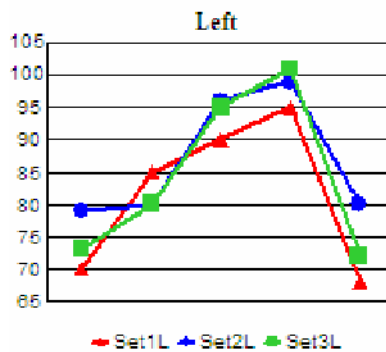
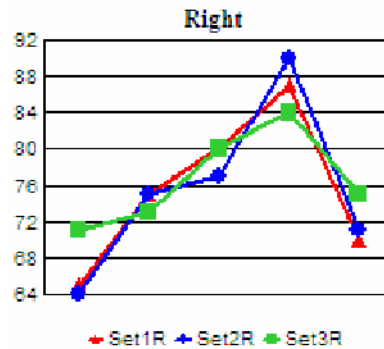


DYNAMOMETER COMPONENTS

XVI. Grip Dynamometer Units - Right dominance

65 /75 /80 /87 /70	Right
70/ 85/ 90/ 95/ 68	Left <u>Following Client Questionnaire</u>
64 /75 /77 /90 /71	Right
79/ 80/ 96/ 99/ 80	Left <u>Following Lifting</u>
71 /73 /80 /84 /75	Right
73 /80/95 /101 /72	Left <u>At Termination</u>

Client's Grip Dynamometer graphing demonstrates consistency of patterning with maintained values of the three sets taken periodically throughout the assessment. (See reference)



XVII. Resistance Dynamometer Units.

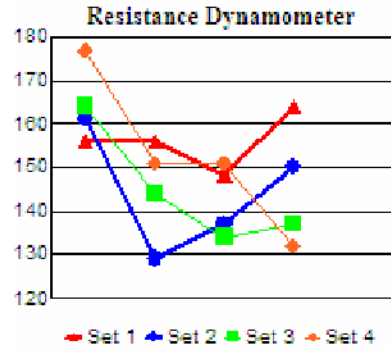
156/ 156 / 148 / 164 Following Client Questionnaire

161/ 129/ 137/ 150 Following Push/Pull

164 / 144 / 134 / 137 Following Carrying

177/ 151 / 151 / 132 At Termination

Client's Resistance Dynamometer measurements demonstrate consistency of range with maintained values of the four sets taken periodically throughout the assessment. (See reference)



VALIDITY OF PARTICIPATION

XVIII. Determination: Valid representation of capability level

-
- Valid = Provided full effort; safe capabilities
 - Invalid = Consciously represented less than full effort
 - Conditionally Valid = Perceived full effort; provided submaximal effort
 - Conditionally Invalid = Exceeded long term safe capabilities

(See reference)

XIX. Client Questionnaire - Client completed a Physical Functioning questionnaire prior to physical activities.

XX. Completion - Client completed the assessment.

XXI. Functional Assessment Overview - Summarization of narrative report, in the form of a Functional Assessment Overview, is attached.

John Doe, DPT

John Doe, DPT

Certified Assessment Specialist