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

Patient Name: **_Jane Doe___**

Claim Number: **_WC000-000000_**

Provider Name: **Sonia Paquette**

Date of Evaluation: **_12/31/09__**

Requested by: **_Phyllis Patton – Connect FCE_**

Confidential Report Attached

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Langhorne, PA 19047
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FUNCTIONAL CAPACITY EVALUATION

OF

Jane Doe

REQUESTED BY

Connect FCE

PO Box 519

Langhorne, PA 19047

PREPARED BY

Sonia Paquette, OTD, OTR/L, CPE, ABVE-D

484-364-1619

ASSESSED

12/31/2009

FUNCTIONAL CAPACITY EVALUATION

Client:	Jane Doe
Date of service:	12/31/2009
Diagnosis:	Neck pain and bilateral arm pain
Job at time of injury:	student nurse assistant
Date of injury:	12/1/2008
Date last worked:	12/1/2008
Referred by:	Phyllis Patton - Connect FCE

Reasons for Referral

Miss Doe was referred to this evaluator to establish her current work/functional ability to work at any occupation with an emphasis on comparing her capacities to her pre-injury job as a nurse assistant.

In order to answer the referral source's questions, Miss Doe underwent a functional capacity evaluation on 12/31/2009. A synopsis of the findings of the evaluation follows. A full report is appended hereto or is available by contacting the evaluator.

Physical Effort Findings

Overall test findings, in combination with clinical observations, suggest the presence of full physical effort on Miss Doe's behalf.

Reliability of Pain and Disability Reports Findings

Overall test findings, in combination with clinical observations, identify Miss Doe's subjective reports of pain and associated disability to be both reasonable and reliable despite their severity.

Summary of Findings

Miss Doe is a 21 years old nursing student in her 4th year of nursing school who sustained an injury while attending a patient in her job as a nursing assistant in December 2008. Although pain started unilaterally on the left, she now complains of bilateral arm pain and other symptoms, such as whole arms tingling and numbness on the right and shooting pain on the left.

Miss Doe's report of daily living activities participation and compensation techniques is compatible with activity avoidance with the upper extremities and with any walking or standing. She reports spending most of her time at her house, sitting in different positions, reading and watching TV. She expresses her strong willingness to go back to nursing school and verbalizes that she can't

imagine living with that much pain for the rest of her life. She hopes in some medical intervention to reduce the current pain and associated disability.

Her functional testing reveals that her hand strength is within normal limits as well as her ability to function with her hands in fine motor tasks. However, whenever the shoulders need to statically or dynamically support the hand functions, such as lifting, reaching or other activities, her pain increases immediately. She could lift a 10 pounds box from the floor to the waist using good body mechanics but could not see herself doing it more than 3 times a day (8-12 times is the minimum to qualify for occasional lift). She could not lift that box adequately from the waist to the shoulder level.

Self-report questionnaires correlate well with the interview and the functional testing in terms of pain expression and pain related disability. It also makes clinical functional sense.

Recommendations

Results of the functional testing indicate that Miss Doe is currently unable to perform her pre-injury job as a nursing assistant. She tests in the less than sedentary physical demands of the DOT due to her inability to sustain the standing/walking activities and the lifting requirements.

It is my recommendation that she needs confirmation of having attained maximum medical improvement followed by whole body strengthening prior to considering any vocational avenues, especially pre-injury ones (nursing, nursing assistant).

The results of this evaluation were not reviewed with Miss Doe at the conclusion of the evaluation.

Thank you for your referral of Miss Doe.

Signed

Sonia Paquette, OTD, OTR/L, CPE, ABVE
484-364-1619

Physical Abilities and Job Match

The following table compares the client's demonstrated physical abilities to the critical physical demands of the job in question.

Miss Sands' target job is student nurse assistant. The typical work day is minutes long with 0 minutes of lunch and other breaks resulting in a net time worked of 0 minutes.

The physical demands of the target job were determined by The Dictionary of Occupational Titles and JA provided by Sisters of St-Francis of Philadelphia, 8/2002.

	Job Demand	JA	Demonstrated Ability	Match?
Strength				
Lifting	Medium. 50 lbs. Occasional (Up to 1/3 Day).	Must be able to lift a minimum of 50 lbs., using good body mechanics.	Less than 10 pounds.	No
Carrying	Medium. 50 lbs. for feet. Occasional (Up to 1/3 Day).			No
*Pushing	Medium. 50 lbs. for feet. Occasional (Up to 1/3 Day).			No
*Pulling	Medium. 50 lbs. for feet. Occasional (Up to 1/3 Day).			No
Mobility				
Sitting	Occasional (Up to 1/3 Day).	Must be able to tolerate long periods of standing, walking, bending and stooping. Must be able to move intermittently throughout the day.	Can sit two hours without too much difficulty provided she can rest her back and arms.	Yes
Static Standing	Occasional (Up to 1/3 Day).		Has been statically or dynamically standing in the test only to perform lifting activities.	Yes
Dynamic Standing	Occasional (Up to 1/3 Day).		Reports increase in pain when arms unsupported.	No
Walking	Occasional (Up to 1/3 Day).			No
Agility				
Bending/ Stooping	Occasional (Up to 1/3 Day).		Can squat but cannot accomplish any activities involving her arms while in the position.	Yes
Above-Shoulder Work	Frequent (1/3 to 2/3 Day).			No

Dexterity				
Fine Finger	Frequent (1/3 to 2/3 Day).	Must be able to perform repetitive motions to complete demands of the job.	The actual fine finger and strength is there. However, the accompanying movement of the proximal joints (elbows, shoulders) is what triggers shooting and throbbing pain in the neck. The reaching is not possible and is usually associated with these.	Yes
Grasping - Light	Frequent (1/3 to 2/3 Day).			Yes
Grasping - Firm	Frequent (1/3 to 2/3 Day).			Yes
Pinching	Frequent (1/3 to 2/3 Day).			Yes
Reaching Forward	Frequent (1/3 to 2/3 Day).			No
Writing	Frequent (1/3 to 2/3 Day).			Yes
Vision/Hearing				
Near Acuity (<20 in.)	Frequent (1/3 to 2/3 Day).	Not measured, no limitations reported, met the requirements prior to injury, no change since injury.	No reported limitations, not tested, not affected by injury.	Yes
Color Vision	Occasional (Up to 1/3 Day).			Yes
Hearing	Frequent (1/3 to 2/3 Day).			Yes

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CLIENT PROFILE

Client: Miss Jane Doe
Date of service: 12/31/2009
Diagnosis: Neck pain and bilateral arm pain
Job at time of injury: student nurse assistant
Date of injury: 12/1/2008
Date last worked: 12/1/2008
Referred by: Mrs. Phyllis Patton

As part of the evaluation, an intake interview was performed. During the interview Miss Doe signed a “Consent to Evaluate and Treat” release. The following information was obtained during the interview:

Precautions/Contradictions	Had a series of 3 epidural blocks, and then trigger point injections with Lidocaine (Dr. Doolittle pain management doctor). None of the blocks work.
Hand Dominance	Right
Date of Birth	1/1/1988
Height	66 Inches
Weight	165 Pounds
Claim Number	WC 000-000000

Additional Comments: Client sits in the waiting room and turns her whole body to greet the evaluator rather than moving her neck. Client’s main concerns are that her arms are very weak, and cannot hold anything for long or often. She reports that she does not even do the dishes at the house. She does not wash her own hair, her sister does. She no longer wears a bra, as she cannot get a bra on, and does not support the straps on her shoulder. She can only wear loose pants, cannot pull jeans up. She reports that she has been wearing slip on shoes since she has been hurt, does not know if she would be able to lace her shoes. She can put on her socks by lifting a foot onto the other knee and put it in this way: she does not bend down. She only drives when she has to, for example, to come to the evaluation. She drives an automatic transmission car. "She reports that she purchased a bike, which is currently sitting in a garage as she can't ride it. She reports she has not even tried to ride it.

Client reports on what she knows will increase pain: doing anything above her head, hold for long periods of time (“it may not be long but it feels long to me”).

She uses the following to control pain: she sits in bed and puts pillow under her both elbows to get her shoulders abducted to about 70 degrees. She has to stay there for a while before it subsides. Shooting pain and pins and needles are still there but it goes down 20%. For the last 2 weeks, she has been using an E-stim

unit that she has will wear it three times a day for 45 minutes. Dr. Doolittle gave her this. She reports that it helps when it is on but does not any change once it is off. She says that she avoids activities. She has tried ice packs, but it does not really help. She uses warm bath to relax but not to decrease the pain locally. She notices that even when occupied (e.g. watching a movie), she will soon notice her pain.

She reports she was the “mother figure” as the oldest of two daughters, living with their dad. She does not do any cooking or cleaning anymore. Her sister does it. For leisure, she used to play pool and bowling. She says she cannot even think of getting back to bowling, as she could not pick up the ball. She says she hasn't tried since using her arms would probably aggravate it.

She reports that her family doctor, Dr. Jones wants her to see a neurosurgeon, but her treating physician, Dr. Smith sent her to Dr. Doolittle who tries alternative pain management techniques to surgery. She understands that she cannot see two doctors at once and, apparently, Dr. Smith told her he was a neurosurgeon.

During the evaluation, she takes off her slip on sweat shirt off for her blood pressure to be taken, slowly and with limited shoulder movements. Says all her zippered shirts are in the laundry. She puts them back the same way afterwards.

MSE

Sore to all end field of movement in the neck. Most sore is neck flexion. Can rotate pretty good and move about. 60 flexion, 30 extension. R and L rotation 50. 30-30 lateral flexions. Felt worse to go right.

All movements of the shoulders are difficult when hands reaching out, such as flexion, abduction. Although full motion exists with abduction, flexion is done with major scapular girdle recruitment. Bringing the hands closer to the chest resolves the pain almost immediately. She reports that it is easier for her to have her arms supported on a arm rest than resting in her laps.

Purdue: forearms supported. After three trials 12-1 1-12, reports no increase in pain.

When asked what she will do after this evaluation, she answers she will probably just relax this afternoon.

Miss Doe’s resting heart rate was 76 beats per minute.

Previous Treatment

Miss Doe reports having attended the following treatments in an attempt to rehabilitate her condition:

Treatment	Results/Comments
Physical Therapy	Did PT, tried traction which made it worse, strengthening neck and arm muscles. Nothing helped her in PT.

Medical History

Miss Doe also provides the following medical history and medication information:

Area	Description
Prescription Medications	Has Percocet and Elavil, every day when has it. Has no more pain medication so is on Tylenol right now. Takes Ambien to sleep. No drug addiction in the past.
Non-Prescription Medications	Tylenol. Sometimes excedrin, analgesics. Did not take medication prior to her injury.
Additional Medical History	Goes to bed at night around 11:00-11:30 and sleeps through the night since she takes a sleep medication. Does not get up. Gets up around 8:30-9:30AM. Does a "whole lotta nothing". Watches TV, watches movies, reads. Her sister is home from between classes and talks to her. Lives with her dad and her sister. Sister takes care of grocery shopping and cleaning as her dad works a lot and it used to be a shared responsibility. Her left upper extremity used to be problematic but not the right: now, they both are. The left is sharp shooting pain that comes at the shoulder level and goes down. The right is all pins and needles, worse in the hand but through the whole arm. Right starts at the shoulder, left starts at her neck.

Miss Doe's home environment is as follows:

Activity Level	Sedentary
Education Completed	has completed 3 years of BN, one year and a half left at college in Exton.

Miss Doe enjoys the following hobbies:

Hobbies
Write/Type/Computer, very little
Prior to her injury, she went to school 24-30 hours of school. Used to work around 20 hours a week as a nursing assistant. Leisure: went out to clubs, movies and concerts, dancing, very social. Was mostly never home. Now, is home all the time. Finished last semester, pain went bad during the summer. Could not sit through class in September 2008, has taken a semester off. Sometimes, paints ceramics, but cannot do long as her hands cramp. Used to walk. Was very active in the house, was the mother figure, doing everything from cooking to laundry etc.

Reported Functional Tolerances

Miss Doe reports her functional tolerances as follows:

	Client's Estimate of Maximum Tolerance
Strength	
Lifting	not lifting anything. Not even the trash can, lifts her purse (which is very small).
Mobility	
Sitting	sitting is easier. Does not increase her pain as much as if she was standing.
Dynamic Standing	10-15 minutes.
Walking	Does not know if walking is better or worse than standing.
Agility	
Stairs/Ladders	5 to get in and out of the house. Not bad.
Above-Shoulder Work	killing her.
Low-Level Work	Put her sock on and off by bringing the foot over to her, not bending down.

Client's Work-Related Goals

Miss Doe states that her current vocational goals are:

Wants to go back to work as a nurse. In the meantime, wants to continue working as a nursing assistant. "I'm 21, there's no way I will live like that for the rest of my life". "I've put too much money in nursing school, one day, I am going to be a nurse".

JOB DEMANDS

The table below reflects the job demands considered in this functional capacity evaluation. These values were determined by reference to The Dictionary of Occupational Titles and JA provided by Sisters of St-Francis of Philadelphia, 8/2002.

Miss Doe's target job is Nurse Assistant (DOT Code 355.674-014) in the "Medical Services" industry classification (Industry Code 1264).

The DOT describes the target job as:

Performs any combination of following duties in care of patients in hospital, nursing home, or other medical facility, under direction of nursing and medical staff: Answers signal lights, bells, or intercom system to determine patients' needs. Bathes, dresses, and undresses patients. Serves and collects food trays and feeds patients requiring help. Transports patients, using wheelchair or wheeled cart, or assists patients to walk. Drapes patients for examinations and treatments, and remains with patients, performing such duties as holding instruments and adjusting lights. Turns and repositions bedfast patients, alone or with assistance, to prevent bedsores. Changes bed linens, runs errands, directs visitors, and answers telephone. Takes and records temperature, blood pressure, pulse and respiration rates, and food and fluid intake and output, as directed. Cleans, sterilizes,

stores, prepares, and issues dressing packs, treatment trays, and other supplies. Dusts and cleans patients' rooms. May be assigned to specific area of hospital, nursing home, or medical facility. May assist nursing staff in care of geriatric patients and be designated Geriatric Nurse Assistant (medical ser.). May assist in providing medical treatment and personal care to patients in private home settings and be designated Home Health Aide (medical ser.).

The Industry Description is:

This designation includes professional occupations concerned with treating and caring for sick and injured persons and animals, wherever such jobs exist. Also included are nonprofessional occupations occurring typically in establishments operated primarily for the care of the sick and injured, such as hospitals, sanitariums, and clinics, or establishments that provide related health services, such as medical laboratories. Occupations of a public health nature, which are generally performed by governmental officials, are included under GOVERNMENT SERVICES (government ser.). Occupations concerned with fabrication of dentures and related dental appliances are included under PERSONAL PROTECTIVE AND MEDICAL DEVICES AND SUPPLIES INDUSTRY (protective dev.).

The typical work day is minutes long with 0 minutes of lunch and other breaks resulting in a net time worked of 0 minutes.

	Job Demand	JA
Strength		
Lifting	Medium. 50 lbs. Occasional (Up to 1/3 Day).	Must be able to lift a minimum of 50 lbs., using good body mechanics.
Carrying	Medium. 50 lbs. for feet. Occasional (Up to 1/3 Day).	
*Pushing	Medium. 50 lbs. for feet. Occasional (Up to 1/3 Day).	
*Pulling	Medium. 50 lbs. for feet. Occasional (Up to 1/3 Day).	
Mobility		
Sitting	Occasional (Up to 1/3 Day).	Must be able to tolerate long periods of standing, walking, bending and stooping. Must be able to move intermittently throughout the day.
Static Standing	Occasional (Up to 1/3 Day).	
Dynamic Standing	Occasional (Up to 1/3 Day).	
Walking	Occasional (Up to 1/3 Day).	
Agility		
Bending/Stooping	Occasional (Up to 1/3 Day).	
Above-Shoulder Work	Frequent (1/3 to 2/3 Day).	

Dexterity		
Fine Finger	Frequent (1/3 to 2/3 Day).	Must be able to perform repetitive motions to complete demands of the job.
Grasping - Light	Frequent (1/3 to 2/3 Day).	
Grasping - Firm	Frequent (1/3 to 2/3 Day).	
Pinching	Frequent (1/3 to 2/3 Day).	
Reaching Forward	Frequent (1/3 to 2/3 Day).	
Writing	Frequent (1/3 to 2/3 Day).	
Vision/Hearing		
Near Acuity (<20 in.)	Frequent (1/3 to 2/3 Day).	Not measured, no limitations reported, met the requirements prior to injury, no change since injury.
Color Vision	Occasional (Up to 1/3 Day).	
Hearing	Frequent (1/3 to 2/3 Day).	

*Pushing and pulling values are measured as pounds of force.

DEXTERITY

Purdue Pegboard Test

The Purdue Pegboard Test was used to assess Miss Doe’s ability to use her hands in a coordinated and efficient manner. The following results were found:

	Score	Percentile
Right Hand	13	1
Left Hand	13	3.2
Both Hands	10	1
Assembly	29	10.5

The client exhibited the following sign of physical discomfort during the Purdue Pegboard Test: verbalizing increase in pain.

Miss Doe demonstrated the following signs of competitive test performance during the Purdue Pegboard Test: attempting to start prior to “start” command, quick correction following error, and making faces.

The Purdue Pegboard Test was terminated as it was successfully completed.

Always has elbow supported, at least partially, on the table top, shoulders flexed around 45 degrees.

GRIP STRENGTH

As a function of hand dynamometer testing, information about the client's grip strength was collected. Using the five scores from her strongest grip span, she compares to a normative group using a six-grip test as:

Dominant (Right) Hand Grip Strength		Non-Dominant (Left) Hand Grip Strength	
Client	Norm Group	Client	Norm Group
76.67	70.4	76.67	61

Results are in pounds. As can be seen from this table, the client demonstrates the dominant hand as being stronger than the normative group. Her non-dominant hand demonstrates as being stronger than the normative group. Hand dynamometer serial number 10694464 was used for this portion of the test.

During the grip strength test, the client was noted to show no signs of physical discomfort. She was instructed to keep her elbows at 90 degrees flexed and to keep them supported on the armrest, relaxing the proximal joints.

Miss Doe was observed to demonstrate the following signs of competitive test performance during grip strength testing: muscular recruitment, increased compensatory postures to improve force, and holding breath.

MOBILITY

Crouching/Squatting

Miss Doe was observed to assume a position of sustained crouching for 15 seconds. Repetitive crouching was completed for 3 out of five trials. Crouching was completed slowly with no support required to rise. She demonstrated no signs of competitive test performance. She demonstrated an integrated body mechanics utilization. Good ability to go down squatting to pick up the box.

The client was observed to squat (i.e., with a straight back) for 15 seconds in succession. Squatting was completed smoothly with no support required to rise.

Kneeling/Floor Mobility

Miss Doe was observed to perform kneeling/floor mobility as follows:

Kneeling not evaluated.

MATERIAL HANDLING

Maximum Isoinertial Lifting Evaluation

Miss Doe completed the Maximum Isoinertial Lifting Evaluation during the evaluation process. Prior to testing, the client's heart rate was found to be 76 bpm and her blood pressure was 120/84 mm Hg. Her functional pain rating was 5/10.

The results for the 13 inch width (center of body to hands) of this evaluation are as follows:

Test	Max. Weight	**Safe Weight**	Heart Rate	Pain	%ile	Comments
Floor-Knuckle	10	**10**	79	5	<10	Borg scale 6 but cannot do it more than 3 times a day
Knuckle-Shoulder	10	**10**	81	6	<10	Brings the whole box on the right side while lifting it up, without noticing. Very hard and pain increases, throbbing in the back of the neck, still there after 3 minutes, not lowering either in frequency and intensity. Pain is increasing after we stop.

The client's post-test heart rate was 80 bpm, and her post-test pain rating was 6/10.

The client demonstrated the following signs of physical discomfort during the test: pausing intermittently, shrugging shoulders, facial grimace, facial wince, and reporting throbbing in the back of head, FPS increases to almost 6.

The client exhibited no signs of competitive test performance during the test.

The test was terminated due to increased sign of pain in neck and psychophysical limitation.

Comments

Pain continues to increase for a few minutes after the testing is done and then, starts to come down while we're doing other things, such as table exercises when her elbows are supported but her arms are flexed in front of her. After 10 minutes of such exercise, the pain starts increasing again ("my neck is throbbing").

TIMER ANALYSIS

During the functional capacity evaluation, Miss Doe's total sitting, standing, walking, and other position and combinations of positions time was recorded. Her results from this continuous observation and recording are presented as follows:

	Total Time (Hrs. and Min.)	Longest Duration
Sitting	02:07	02:07
Sitting, Neck Flexion	00:24	00:15
Standing	00:03	00:03
Total Time for Evaluation	02:15	
Preferred Position On Breaks	Sitting, Standing	

PHYSICAL EFFORT FINDINGS

Physical Effort testing is used to evaluate whether or not attained physical data truly represents a client's physical maximums. If a client does not partake in her testing day with full physical effort, an evaluator cannot be certain that observed performances truly represent maximal abilities.

Maximum Voluntary Effort (MVE) Testing

Five-Position Grip

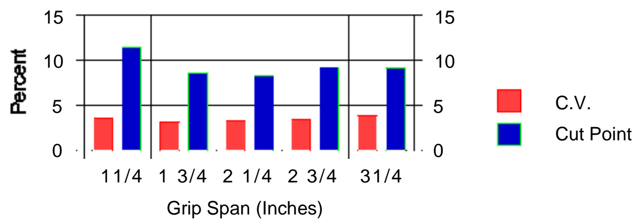
Miss Doe underwent a formal screening procedure to query maximum voluntary effort during testing. This test uses the hand dynamometer (serial number 10694464) to measure isometric force generated by the hand. The hand dynamometer is used to present ten maximum gripping measurements, each repeated three times. Studies indicate that out of 10 coefficients of variation calculated, no more than two will exceed experimentally derived "cut-points" if the individual is demonstrating maximum voluntary effort.

The results (in pounds) of Miss Doe's testing are presented below:

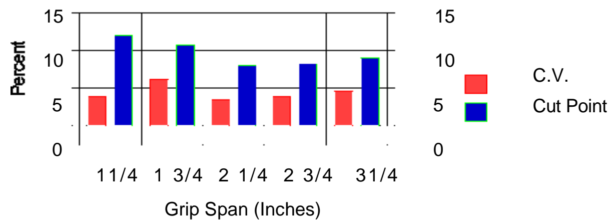
Grip Span	Test 1		Test 2		Test 3		Comments
	Dom	Non	Dom	Non	Dom	Non	
1 1/4"	70	60	65	60	65	65	
1 3/4"	80	70	75	80	75	80	
2 1/4"	70	70	70	70	75	65	
2 3/4"	65	65	70	60	70	60	
3 1/4"	65	50	60	55	60	50	

Grip Span	Coefficient of Variation		Exceed Cut Point?	
	Dom	Non	Dom	Non
1 1/4”	3.54	3.82	No	No
1 3/4”	3.07	6.15	No	No
2 1/4”	3.29	3.45	No	No
2 3/4”	3.45	3.82	No	No
3 1/4”	3.82	4.56	No	No

Un-Impaired Dominant Upper Extremity



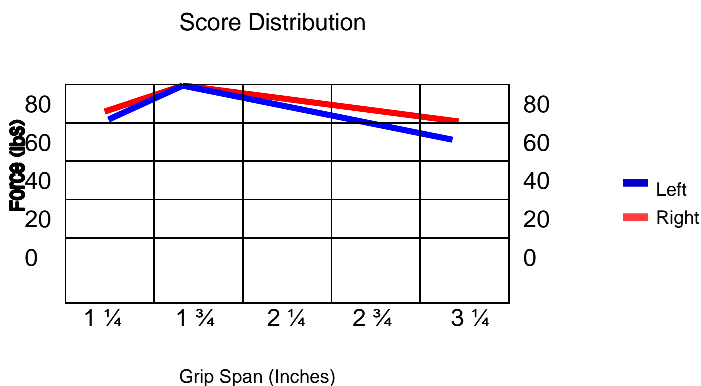
Un-Impaired Non-Dominant Upper Extremity



Analysis of the client’s scores demonstrates no coefficient of variation above the permissible cut-points. As a total of two scores are allowed above the cut-points, this is suggestive of maximum voluntary effort during testing.

Grip Curve Analysis

A second method of screening for the presence of maximal voluntary effort relates to the analysis of score distribution. If an evaluee is providing maximum effort on the hand dynamometer, a bell curve pattern of score distribution is expected.



Such a bell curve pattern was observed in Miss Doe's case for her right hand and was present for her left hand, suggestive of maximum voluntary effort on the right and of maximum voluntary effort on the left. Hand dynamometer serial number 10694464 was used for this portion of the test.

A second method of using bell curve analysis to gauge a client's level of physical effort relates to analysis of standard deviation. Clinical studies indicate that if a person is partaking in testing with full physical effort, a specific pattern of score distribution is expected.

Right Upper Extremity: Miss Doe's right hand grip scores, produced a flat line variance (S.D. = 5.01). Clinical studies suggest this standard deviation to be indicative of low effort.

Left Upper Extremity: Miss Doe's left hand grip scores, produced a well distributed bell curve (S.D. = 8.27). Clinical studies suggest this standard deviation to be indicative of a high level of effort.

Competitive Test Performance©

Matheson-trained functional capacity evaluators are trained to look for examples of competitive test performance (CTP) in persons who participate in tests which entail high levels of physical effort. Such examples may include (but are not exclusive to): starting tests prior to the uttered "START" command, continuing to work after the uttered "STOP" command, asking for extra practice time, asking to repeat a slow trial, postural accommodation to improve performance, etc.

In Miss Sands' case, such examples were sporadic throughout her testing day.

Physiological Analysis – Heart Rate Monitoring

To further gauge Miss Doe's overall level of physical effort, clinical heart rate analysis was used throughout her testing day. Matheson-trained functional capacity evaluators are trained to look for heart rate measures nearing or exceeding aerobic target levels in individuals providing high levels of effort on repetitive, large muscle group activity. Overall heart rate analysis could not be used with Miss Doe as we never reached aerobic levels in functional testing.

Clinical Consistency

Matheson-trained functional capacity evaluators are trained to look for high levels of clinical consistency in clients who partake in testing which entails full physical effort. Persons providing full physical effort should remain consistent in functional presentation despite multi-hour tests under distraction-based clinical testing situations.

During 2 hours and 15 minutes of constant distraction-based clinical testing, Miss Doe's performance remained clinically consistent, suggestive of good consistent effort on her behalf.

Summary of Physical Effort Findings

Overall test findings, in combination with clinical observations, suggest the presence of full physical effort on Miss Doe's behalf.

RELIABILITY OF PAIN AND DISABILITY REPORTS

Reliability of Pain and Disability Report testing is comprised of a battery of tests designed to better assess the dependability and accuracy of the client's subjective reports of pain and/or disability. The battery includes tests which evaluate the presence or absence of non-organic findings (findings that have more to do with illness behavior than underlying physical disease) as well as tests which compare a client's subjective reports to what she is actually capable of doing through the use of distraction based testing and observations of ability/disability.

Areas of testing, which fall under the Reliability of Pain and Disability Reports umbrella, include: symptom magnification, inappropriate illness behavior, somatic amplification, and non-organic signs.

Pain Scales

Various pain scales were implemented with Miss Doe to evaluate both the consistency and reliability of her subjective (verbal) reports. Visual Analog Pain Scale ratings correlated poorly with Functional Pain Scale ratings. Subjective ratings of pain matched well with distraction-based clinical observations. Repetitive movement reports matched well with clinical observations.

Subjective Pain Levels

Miss Doe states that she is experiencing pain in the areas indicated in the following table (these are based on the 0-10+ Functional Pain Rating Scale where 0 represents no pain and 10+ represents emergency pain warranting immediate emergency department care or hospitalization):

	Pre-Test Pain	Post-Test Pain
Neck	7/10	7/10

Miss Doe reported the following additional pain rating data:

	Functional Pain Rating
Present Rating	5/10
Best Rating Over Past 30 Days	4/10
Worst Rating Over Past 30 Days	9/10

The Visual Analog Pain Scale (Huskisson, 1974) was also used to evaluate the client's pain before and after the evaluation. The client's score at the beginning of the evaluation was 8 and the score at the end of the evaluation was 8. This indicates a difference of no points. These scores and their trend should be compared with the functional pain ratings recorded at the same time.

Pain Assessment/Questionnaires

Miss Doe completed a number of standard assessment questionnaires to assess the presence and impact of Chronic Pain Syndrome. These questionnaires have been published in peer-reviewed journals and are widely used in the industrial rehabilitation field.

Questionnaire/Assessment	Score	Interpretation
The Visual Analog Scale (Today)	8 cm	
The Pain Rating Scale	5 /10	
Neck Disability Index	62 %	Crippled
Dallas Pain Questionnaire Factor I (daily)	54 %	
Dallas Pain Questionnaire Factor II (work/leisure)	85 %	
Dallas Pain Questionnaire Factor III (anxiety/dep)	55 %	
Dallas Pain Questionnaire Factor IV (social)	45 %	
DASH	62,5 %	High disability
Pain Catastrophing Scale	62 %	Moderate to high range
Pain Disability Index	79 %	High range
Tampa Scale of Kinesiophobia	75 %	Moderate to high range
McGill Pain Questionnaire	26 %	Low to average range

Comments

During the intake interview process, the client was noted to show no signs of physical discomfort. Of the 9 questionnaires used to measure different constructs of pain and how it affects function, most results are high except the emotional connection to pain intensity (McGill). Work and leisure are primarily affected by her condition. She reports compensating a lot with the help of her sister for daily interference, which may explain the low score on this sub-test of the Dallas, but explains the high score on the Pain Disability Index. Her fear of movement as it affects her pain is evident during the testing and correlates with results obtained in the self-report questionnaire and the interview.

EPIC Hand Function Sort

The EPIC Hand Function Sort is used to quantify an individual's perception of her ability to perform work tasks. The responses on this instrument can be used to test the reliability/accuracy of a client's subjective reports of ability and limitation.

Results of reliability check testing indicated a reliable profile. The client perceives herself as meeting the physical requirements for less than sedentary-strength work, according to Department of Labor standards.

Rating of Perceived Capacity (RPC Total)	78
Perceived DOT Rating (Overall)	Less than Sedentary
Sedentary Incremental Rating of Perceived Capacity (RPC-I)	Meets required RPC
Light Incremental Rating of Perceived Capacity (RPC-I)	Does not meet required RPC
Medium Incremental Rating of Perceived Capacity (RPC-I)	Does not meet required RPC
Heavy Incremental Rating of Perceived Capacity (RPC- I)	Does not meet required RPC
Norm. vs. Healthy Employed	5
Norm. vs. Injured Unemployed	15

Subsequent clinical testing indicated that Miss Doe's subjective reports matched well with distraction-based objective findings.

The client was noted to show the following sign of physical discomfort during the administration of the Hand Function Sort: supporting elbows on the armrests..

Summary of Reliability of Pain and Disability Reports

Overall test findings, in combination with clinical observations, identify Miss Doe's subjective reports of pain and associated disability to be both reasonable and reliable.

--- End Of Functional Capacity Evaluation Report for Miss Jane Doe ---