

## Back to Work – Functional Capacity Exams Decrease Workplace Injuries

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Returning to business as usual after an orthopaedic injury is often a real pain in the neck. Simple movements, such as lifting, sitting, standing, and twisting, may cause pain and further injury if the patient is unaware of his or her new appropriate level of activity.

A functional capacity exam (FCE) helps the patient, physician, and insurance company gauge the amount of physical activity a person can handle when returning to the workplace. FCEs establish the extent of the injury, determine whether an employee can return to work and meet job demands, and provide baseline data for rehabilitation. By identifying problems that the patient may experience at work and pinpointing a safe level of physical activity, it also helps physicians give appropriate return-to-work recommendations.

### Validating Tests

More than two dozen FCEs are presently available, says Tony Rusk, a physical therapist at New Mexico Orthopaedics. He notes, however, that some are more reliable and valid than others. His preferred test, the ErgoScience Physical Work Performance Functional Abilities Evaluation (PWPE), was devised in 1988 by Deborah E. Lechner, PT, MS, and her research colleagues at the University of Alabama at Birmingham. After evaluating all commercially available FCEs for an outcomes project, Lechner's research team found that none of the available systems met all their criteria for a well-designed and validated test. So they developed a test that values objective measurement and accuracy and minimizes clinical guesswork. The team also developed a FCE scoring system that produces consistent results. Therapists certified to perform ErgoScience assessments attend standardized training and must demonstrate competency to achieve certification.

"This FCE is a cleaner, cost-effective, computerized test with standardized instructions," says Rusk. Patients perform a series of tasks that simulate their job activities, and their performance is observed and assessed. Testing generally takes four hours to complete. "Individuals are sent by physicians who question the safety and reasonableness of returning a patient to the type of work he or she was doing at the time of the injury," says Rusk. "We don't want to send them back to an environment that is likely to exacerbate the condition. After the test, we have a clear idea of what actions could prove problematic."

### Alternative Methods

Other methods exist for assessing injuries, including psychophysical, kinesiophysical, and biophysical methods. The psychophysical method allows patients to select the appropriate weights on different tests based on the pain, effort, anxiety, and physiological stress experienced. Using the kinesiophysical method, the evaluator assesses body mechanics, movement patterns, facial expressions, and changes in velocity of movement to determine the appropriate weight for each activity. The biophysical approach correlates the patient's test results to determine their reliability and validity.

While these methods are not a part of the PWPE used by Rusk, all of them relate to the patient's willingness to perform certain tasks and the physical signs that indicate the patient's effort. Rusk says Lechner's PWPE resolved some of the misconceptions derived from these other tests over the years.

### **Testing Tasks**

During the introductory session, before patients perform any task of the PWPE, the therapist tests the patient's blood pressure and pulse rate. Pain ranges are established on a predetermined scale. "We determine pain levels by establishing a scale of zero meaning no pain and 10 to describe writhing in agony. Then, we demonstrate how to perform each activity, such as lifting at various heights, pushing, pulling, and walking stairs," says Rusk.

Patients are tested to determine comfort levels when walking, crouching, squatting, and kneeling. "We retest at the end of the PWPE to see if endurance is a problem," says Rusk. "If there is no change, this is something safe to do over an eight-hour workday." Some tasks are more problematic depending on the diagnosis and extent of the injury. If the patient shows a poor technique during lifting, for example, the therapist can offer a body adjustment or accommodation. Precautions indicate when a patient should be stopped while performing a test. "If I see the signs, I will stop the test," says Rusk. "Otherwise, the patient lets me know when they want to stop."

### **Determining Functional Capacity**

After the FCE identifies the problems, the physical therapist can offer ideas on different types of accommodations to aid the patient in returning to the office, such as a different type of chair or a change in posture. At New Mexico Orthopaedics, the FCE results are also factored into a disability formula to calculate an impairment rating. Rusk notes that several issues are addressed: Can this person do sedentary, light, or medium work? Can they tolerate an eight-hour workday? How long can they sit, stand, walk, or lift?

FCEs also can determine a worker's functionality in the case of a lawsuit or for insurance adjusters, attorneys, or physicians. "Some people may want to misrepresent the extent of their difficulties," says Rusk. "There is a certain component in all FCEs to determine their validity of effort. We are not psychologists. We don't say people are faking, but we do determine if their limitations are not physical, and that percentage is small." He adds that a good tester can detect which part of the body is the culprit if the pain resulted after a series of different injuries. "We can say that the patient reports more difficulty due to knee pain than to back pain," says Rusk.

### **Spinal-Impairment Ratings**

A spinal-impairment rating, although not part of a FCE, is sometimes requested as part of a formula to determine disability payments, workers' compensation, or in a litigious situation, says Rusk. To determine the rating, he uses the American Medical Association's (AMA) Guide to the Evaluation of Permanent Impairment, 5th Edition.

For each area of the body, specific measurements determine the patient's range of motion. "But attempting to measure a patient's loss of range of motion in the spinal region is a complicated process," says Rusk. There are tables in the book that show a certain loss of motion in that body segment. If several body parts are involved in an injury, the tester takes a series of measurements and compares the loss of motion in each body part to the tables, which together give an idea of the nature of the spinal impairment.

To provide the most accurate picture of the patient's condition, the patient's physician can also factor in diagnosis-related estimates determined by MRIs, EMGs, and past surgeries. While Rusk provides the measurements for the range of motion, according to the AMA guide, the physician is the final determinant of the spinal impairment rating.

### **Returning to Work**

As a physical therapist, Rusk strives to provide an objective viewpoint on the injuries, uninfluenced by the adjuster or the patient. "Sometimes, if an adjuster has a suspicion about a patient, I can point out that the pain is real," he says. "Then, they are much more apt to help the individual. We can make the patient more capable of meeting work requirements by little changes here and there. The patient then has motivation to return to work because it's within their pain tolerance."

When a FCE indicates that a different posture or rehabilitation could improve a condition, Rusk says, it gives the patient an opportunity to return to a productive life with less risk of exacerbating an injury. "We observe and make recommendations if they are using a poor body technique, or the therapist intervenes and recommends therapy. If they build endurance during rehab, they can often return to their work." In the long run, this saves employers money in retraining expenses. "If the person was doing an efficient job before the injury, it makes sense to try to get that person back," says Rusk.

### **WorkLink – Simplifying Worker's Compensation Care**

WorkLink, New Mexico Orthopaedics's workers' compensation program, is run by a dedicated team that "acts as a liaison between the workers' compensation community and our physicians," explains Andrea Markey, the organization's Scheduling and Workers' Compensation Manager.



All scheduling and pre-authorization for workers' compensation patients is done in WorkLink. WorkLink also has a dedicated medical records staff member responsible for progress reports for case managers and adjusters to enable the injured employee to return to the job as quickly as possible. "Once a physician requests a procedure for a workers' compensation patient, WorkLink obtains authorization from the workers' compensation insurance carrier," says Markey. "Our goal is to turn the authorization around within 72 hours and schedule the patient for the procedure and a follow-up appointment with the physician."

Scheduling is expedited by dedicating specific time slots for new workers' compensation patients in the physicians' schedules. On WorkLink's work status form, the physician specifies the patient's work restrictions and what duties the patient is permitted to perform upon returning to work.

New Mexico Orthopaedics is very active in New Mexico's workers' compensation community, attending annual conferences and hosting events. "The WorkLink team works extremely hard to provide the best service to our patients and the workers' compensation community," says Markey.