

JOULE[®] Functional Capacity Evaluation

February 9, 2004

Client:

Date of Birth: 09/25/48

SSN:

Evaluation Date(s): 10/6/03, 10/7/03

FCE: Customized for Computer / Office Work / Data Entry

Diagnosis: Bilateral Carpal Tunnel Syndrome and Thoracic Outlet Syndrome

Physician: Drs. Atasoy and Wolffe

Date of Injury: 2/90

Evaluator(s): Jane H. Riddle, OTR/L

SUMMARY

participated in a Functional Capacity Evaluation on 10/6/03 and 10/7/03. The purpose of this evaluation was to determine the client's functional capacities.

The client demonstrated the ability to tolerate work activities at the Sedentary work level. The Sedentary work level is characterized by exerting up to 10 pounds rarely / occasionally, a negligible amount of force frequently, and no constant lifting.

CONSISTENCY of EFFORT

The client demonstrated consistent performance and cooperative behavior in this FCE. Subjective input matched objective data. This FCE is considered to be a valid and reliable representation of the client's safe work abilities.

The following evaluation is broken down into two sections:

The **Summary of Functional Abilities** is a detailed outline of safe levels of functional work abilities and tolerances. The client's work abilities are compared to job demands.

The **FCE Participation Summary** provides information regarding the client's participation in the FCE. It includes factors contributing to the termination of each test, consistency of subjective input, client perception of safety, and recommended modifications and/or techniques.

Summary of Functional Abilities

Client Name: Diagnosis: Bilateral Carpal Tunnel Syndrome and Thoracic Outlet Syndrome Physician: Drs. Atasoy and Wolffe	FCE Date(s): 10/6/03, 10/7/03 Evaluator: Jane H. Riddle, OTR/L	SSN: DOB: 09/25/48 Right Hand Dominant
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Notes: Client's abilities are expressed in percent of an 8-hour work day.
 All forces and weights are expressed in pounds.
 This Joule FCE was administered in 6.25 hours over 2 days.

Weighted Tasks	Job Match	Never	Rare 1-5%	Occasional 6-33%	Frequent 34-66%	Constant 67-100%	No Identified Limitations >33%
Lift: Waist to Waist	P		13#	13# - 6#	6# - 3#	Negligible	
Lift: Waist to Floor	P		12#	12# - 6#	6# - 3#	Negligible	
Lift: Waist to Eye	P		12#	12# - 6#	6# - 3#	Negligible	
Unilateral Carry (Dom)	Y		15#	15# - 7#	7# - 4#	Negligible	
Unilateral Carry (Non-Dom)	Y		10#	10# - 5#	5# - 3#	Negligible	
Bilateral Carry	Y		17#	17# - 8#	8# - 5#	5# - 2#	
Push at 50 in.	Y		50#	50# - 25#	25# - 15#	15# - 7#	
Pull at 58 in.	Y		58#	58# - 29#	29# - 17#	17# - 8#	

Positional Tolerances	Job Match	Never	Rare 1-5%	Occasional 6-33%	Frequent 34-66%	Constant 67-100%	No Identified Limitations >33%
Crouching	Y						XAble to crouch for 2 mins w/o symptoms
Mid-Level Reach at 26 in. – Typing	Y			XAble to tolerate 3+ minutes of typing w/o symptom			
Elevated Reach at 50 in.	Y			XAble to tolerate 2+ mins w/o pain			
Sit	Y					XAble to sit for 55 mins w/o symptoms	

Repetitive Tolerances	Job Match	Never	Rare 1-5%	Occasional 6-33%	Frequent 34-66%	Constant 67-100%	No Identified Limitations >33%
Walking	Y				XAble to walk for 20 mins w/o symptoms		
Stair Climbing	P			xAble to climb stairs for 1 min duration			
Balance	P						XFor balance when moving forward

Upper Extremity	Job Match	Never	Rare 1-5%	Occasional 6-33%	Frequent 34-66%	Constant 67-100%	No Identified Limitations >33%
Grip, Dominant	Y		52#	52# - 26#	26# - 15#	15# - 7#	
Grip, Non-Dominant	Y		46#	46# - 23#	23# - 13#	13# - 6#	
Fine Motor Coordination, BiLateral	Y				XAble to complete <6 mins w/ min symptoms		

Work Day Tolerances		Never	Rare 1-5%	Occasional 6-33%	Frequent 34-66%	Constant 67-100%	No Identified Limitations >33%
					Client will be able to tolerate a 2.5 to 5.5 hours work day.	With the use of key stretches, alternating activities, & utilization of rest breaks.	

Key

No Identified Limitations = More than 33% of work day but no specific maximum determined.

Job Match Key:
 Y client's physical abilities meet or exceed the job demands.
 P client's physical abilities probably meet the job demands.
 N client's physical abilities do not meet the job demands

Jane H. Riddle, OTR/L

Date

CC: Jim Smith, Rehabilitation Counselor

FCE Participation Summary

Client Name: Diagnosis: Bilateral Carpal Tunnel Syndrome and Thoracic Outlet Syndrome Physicians: Drs. Atasoy & Wolffe	FCE Date: 10/6/03, 10/7/03 Evaluator: Jane H. Riddle, OTR/L	SSN: DOB: 09/25/48 Right Hand Dominant
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Note: Client's abilities are expressed in percent of an 8-hour work day

Weighted Tasks	Terminating Factor	Subjective Classification	Client Report of Safety	Recommended Modification
Lift: Waist to Waist	Exacerbation of symptoms - right hand numb.	meaningful	yes	Maintain good spinal alignment with spine in neutral during lifts. Position object close to body. Avoid forward bending at the waist when lifting.
Lift: Waist to Floor	Exacerbation of symptoms - right hand numb.	meaningful	yes	Maintain good spinal alignment with spine in neutral during lifts. Position object close to body. Avoid forward bending at the waist when lifting.
Lift: Waist to Eye	Exacerbation of symptoms - right hand numb.	meaningful	yes	Maintain good spinal alignment with spine in neutral during lifts. Position object close to body. Avoid forward bending at the waist when lifting.
Unilateral Carry (Dom)	Failing Body Mechanics Decreased Quality of Movement leaning when sitting container down	meaningful	yes	Maintain good spinal alignment with spine in neutral when carrying. Position object close to body. Avoid forward bending at the waist during lift.
Unilateral Carry (Non-Dom)	Failing Body Mechanics Decreased Quality of Movement leaning when placing container down	meaningful	yes	Maintain good spinal alignment with spine in neutral when carrying. Position object close to body. Avoid forward bending at the waist during lift.
Bilateral Carry	Pain Report Failing Body Mechanics	meaningful	yes	Maintain good spinal alignment with spine in neutral when carrying. Position object close to body. Avoid forward bending at the waist during lift.
Push at 50 in.	Test Completed	meaningful	yes	Maintain neutral spine, use legs to power the push, avoid forward bending while pushing.

Pull at 58 in.	Test Completed	meaningful	yes	Maintain neutral spine when pulling. Push rather than pull when possible. Avoid backward bending while pulling.
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Positional Tolerances	Terminating Factor	Subjective Classification	Client Report of Safety	Recommended Modification
Crouching	Test Completed	no information	yes	Maintain good spinal alignment.
Mid-Level Reach at 26 in.	Test Completed Pain Report	meaningful	yes	Perform key stretches before and during typing activities.
Elevated Reach at 50 in.	Test Completed Pain Report	meaningful	yes	Alternate elevated reach activities every 2 minutes with activities lower than waist level.
Sit	Test Completed	no information	yes	Perform key stretches before and after 30 minutes of stretching.

Repetitive Tolerances	Terminating Factor	Subjective Classification	Client Report of Safety	Recommended Modification
Walking	Test Completed	no information	yes	
Stair Climbing	Pain Report	meaningful	yes	Limit stair climbing to 1 minute durations.
Balance	Test Completed	no information	yes	

Upper Extremity	Terminating Factor	Subjective Classification	Client Report of Safety	Recommended Modification
Grip, Dominant	Test Completed	meaningful	yes	
Grip, Non-Dominant	Test Completed	meaningful	yes	
Fine Motor Coordination, BiLateral	Test Completed	no information	yes	

Explanation

Terminating Factor: Reason the test was ended.

Subjective Classification: The correlation between the client's subjective input and objective findings. Each activity is rated with one of the following designations:

- Meaningful: This information is a valid component of information for determining functional abilities. It **fully** correlates with objective information.
- Relevant: This information is a valid adjunct to primary objective criteria used in determining functional abilities. It **generally** correlates with objective information.
- Extraneous: Do not consider this information as a valid tool in determining functional abilities. No correlation with objective findings.
- No Subjective Information: Test completed without subjective input.

Subjective Report of Safety: Does the client think the test was safe and reasonable.

Recommended Technique Modification: Suggestions for improving safety and body mechanics.

Comments

1. The client's abilities fall within the sedentary work level defined by the Department of Labor and Industry as:

Sedentary Work: exerting up to 10 pounds of force rarely/occasionally, (occasionally: activity or condition exists up to 1/3 of the time) and/or a negligible amount of force frequently (frequently: activity or condition exists from 1/3 to 2/3 of the time) to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time, but may involve walking or standing for brief periods of time. Jobs are sedentary if walking or standing is required only occasionally and all other sedentary criteria are met.

2. The client demonstrated consistent performance and cooperative behavior in this FCE. Subjective input matched objective data. This FCE is considered to be a valid and reliable representation of the client's safe work abilities.

3. Workday tolerance will be enhanced if the client has the opportunity to change repetitive work tasks that require use of the hands. She tolerates fine motor, reaching, and typing tasks for 2 - 6 minutes, and alternating tasks will allow recovery to baseline.

4. The primary limiting factors in the client's performance were pain in the hands, arms, and upper and middle back; numbness, tingling, burning, and throbbing in the hands and wrist; slight discomfort in the knees with repetitive bending; and edema in the hands.

5. Pace of test activities was generally comparable to those of competitive work standards. Her MTM standards for peg board / fine motor coordination testing were acceptable, and she was able to perform this task without discomfort.

6. The client has a tendency to work beyond safe capacities. For example, she continued to perform work tasks after she began to experience discomfort, which resulted in increased swelling by the end of Day 1 of testing. She was instructed to respect her pain and discomfort.

7. The client was pleasant and cooperative for testing. She participated fully, and followed directions well and asked appropriate questions.

8. If the right hand becomes numb, it recovers in 5-10 minutes.

9. She was able to tolerate sustained elevated reach at 50" for 2+ minutes without pain; therefore, she will be able to work at shoulder height or less for filing for durations of less than 2 minutes without exacerbating her symptoms of TOS or CTS.

10. She was able to type for <3 minute durations without symptoms; therefore, she will be able to tolerate <3 minutes durations of constant, uninterrupted data entry/keyboarding without significant exacerbation of her symptoms. The duration will increase accordingly with interrupted activity, and tolerance will be increased with alternating activities, such as data entry with filing, answering the telephone, or other reception duties. Her overall tolerance for data entry fell within the occasional category, indicating that she could tolerate up to 2.5 hours of an 8 hour workday performing computer related functions.

11. Strengths: tolerance for repetitive fine motor tasks, such as peg testing (MTM 100%+ acceptable for 3/3 assembly and 3/3 disassembly trials), tolerance for sitting and walking, knowledge of exercises and treatment to minimize symptoms, and level of motivation.

12. Walking appears to calm exacerbation symptoms, and should be used as a routine adjunct to stretching exercises before, during, and after working hours.

Recommendations

1. Perform stretching exercises 5-10 minutes prior to the work day and at the conclusion of breaks. Perform key stretches for 30 seconds/1 minute every 30 minutes worked. The client is independent in her stretching program, and should only require support or approval from supervisors to comply.
2. Utilize 15 minute breaks and lunch hour to walk when feasible.
3. Lifting should be limited to 12-13 pounds rarely and 6-13 pounds frequently as lifting greater weight exacerbates her symptoms.
4. Alternate repetitive work tasks that require the use of both hands every 2 to 6 minutes to allow recovery time to avoid exacerbations of symptoms. Maintain stable trunk postures and good spinal alignment by avoiding forward bending at the waist, twisting at the waist, leaning back, and side bending during work tasks.
5. Maintain neutral wrist postures by avoiding wrist flexion, extension, and bending towards the little finger side of the hand.
6. Maintain stable trunk postures and good spinal alignment by avoiding forward bending at the waist, twisting at the waist, leaning back, and side bending during work tasks.
7. Limit stair climbing to 1 minute durations.

Jane H. Riddle, OTR/L

Date

CC: Jim Smith, Rehabilitation Counselor