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| http://inside.lni.wa.gov/Director/resources/GraphicIdentity/BlackPrint.png  Claims  PO Box 44291  Olympia WA 98504-4291 | **Capacity Summary** |

|  |  |
| --- | --- |
| Work Rehabilitation Program | Functional Capacity Evaluation (FCE) |

|  |  |  |  |
| --- | --- | --- | --- |
| Worker Name: | Date of Report:  enter a date. | Date of Injury:  enter a date. | Claim Number: |
| Accepted Conditions: | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Clinic Name: | | | Clinic Phone Number: | | |
| Clinic Address: | | City: | | State: | Zip Code: |
| Vocational Provider Name: | Attending/Referring Provider Name: | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Start Date of Service  Click or tap to enter a date. | | | End Date of Service  Click or tap to enter a date. | |
| Total Number of visits | Number of No Shows | Number of Cancellations | | **Stand-alone FCE Only**: Hours of Direct Time |

**Performance Validity:**

|  |
| --- |
| Yes  No Were you able to make return-to-work conclusions based on the worker’s performance and reliability measurements? **If No**, do not complete the Responses to Job Analysis and Capacity Grid sections. |
| Explain how you reached or were unable to reach, your conclusions. |

**Responses to Job Analysis/Job Description:**

|  |  |  |  |
| --- | --- | --- | --- |
| Job Title/Job of Injury/Goal | | Can perform this job goal? | **If No**, what task(s) are limited? Describe how tasks are limited based on what objective claim related factors. |
| 1. |  | Yes  No |  |
| 2. |  | Yes  No |  |
| 3. |  | Yes  No |  |
| 4. |  | Yes  No |  |
| 5. |  | Yes  No |  |

|  |  |
| --- | --- |
| Worker Name: | Claim Number: |

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| **Unrelated Conditions/Factors:** Describe any unrelated condition/factors and how they affected specific job goals or tasks. |
| Attending Provider Restrictions to Service  None/Test to Tolerance  Other (Lifting, Cardiac) |
|  |
| **Other referral questions:** List and answer any additional questions asked by the claim manager, vocational provider, employer, and/or attending provider. |
| **Additional observations/comments:** |

**Capacity Grid**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Projected Work Tolerance: | \_Hours Per day | | \_\_      Total Hours per week | |
| Sit for | | Minutes  Hours at a time | | Hours per day |
| Stand for | | Minutes  Hours at a time | | Hours per day |
| Walk for | | Minutes  Hours at a time | | Hours per day |
| Alternately sit/stand/walk for | | Minutes  Hours at a time | | Hours per day |
| Alternately stand/walk for | | Minutes  Hours at a time | | Hours per day |
| For combined activities of sit/stand/walk or stand/walk, 2 hours in an 8-hour day is considered within normal limits. | | | | |
| **Comments:** | | | | |

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| --- | --- |
| Worker Name: | Claim Number: |

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| **Task**  R = Right; L = Left; B = Both  Hand Dominance:  R  L | **Never** | **Seldom**  **1 – 10%**  **0 – 1 hour** | **Occasional**  **11 – 33%**  **1 – 3 hours** | **Frequent**  **34 – 66%**  **3 – 6 hours** | **Constant**  **67 – 100%**  **Not restricted** | **Not**  **Tested** |
| Perform Work on Ladders |  |  |  |  |  |  |
| Climb Ladders |  |  |  |  |  |  |
| Climb Stairs |  |  |  |  |  |  |
| Twist Neck |  |  |  |  |  |  |
| Twist Trunk |  |  |  |  |  |  |
| Bend/Stoop |  |  |  |  |  |  |
| Kneel |  |  |  |  |  |  |
| Squat  Partial  Full |  |  |  |  |  |  |
| Crawl – Distance:      ft. |  |  |  |  |  |  |
| Reach Forward |  |  |  |  |  |  |
| Reach Waist to Shoulder |  |  |  |  |  |  |
| Work Above Shoulders |  |  |  |  |  |  |
| Keyboarding |  |  |  |  |  |  |
| Wrist (Flexion/Extension) |  |  |  |  |  |  |
| Grasp (Forceful) |  |  |  |  |  |  |
| Handle/Grasp |  |  |  |  |  |  |
| Fine Manipulation |  |  |  |  |  |  |
| Operate Foot Controls |  |  |  |  |  |  |
| Vibrations – High Impact |  |  |  |  |  |  |
| Vibrations – Low Impact |  |  |  |  |  |  |
| Lifting – Floor       to Waist |  | lbs. | lbs. | lbs. | lbs. |  |
| Lifting – Waist to Shoulders |  | lbs. | lbs. | lbs. | lbs. |  |
| Lifting – Shoulder to Overhead |  | lbs. | lbs. | lbs. | lbs. |  |
| Lifting – Other: |  | lbs. | lbs. | lbs. | lbs. |  |
| Carry – Distance:       ft. |  | lbs. | lbs. | lbs. | lbs. |  |
| Push – Dynamic Dist:       ft. |  | lbs. | lbs. | lbs. | lbs. |  |
| Pull – Dynamic Dist:       ft. |  | lbs. | lbs. | lbs. | lbs. |  |
| Other: |  |  |  |  |  |  |
| **Comments:** | | | | | | |

**Signature**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | enter a date. |
| Print Therapist Name |  | Therapist Signature |  | Date |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | enter a date. |
| Print Therapist Name |  | Therapist Signature |  | Date |