



FUNCTIONAL CAPACITY EXPERTS, LLC
1611 Jimmie Davis Hwy.
Suite C
Bossier City, Louisiana 71112
318-658-9950 Phone
318-658-9951 Fax
www.functionalcapacityexperts.com



FUNCTIONAL CAPACITY EVALUATION

Knowledge about the severity of an individual's medical condition(s) based on data provided by objective diagnostic procedures and physical examination tests and measurements are essential factors in determining the severity of an individual's disability and functional limitations. However, in the vast majority of cases, the severity of an individual's disability and functional limitations cannot be determined in the absence of knowledge about one's function which is best obtained from data gathered from content valid functional testing via administration of a Functional Capacity Evaluation (FCE).¹

The American Medical Association (AMA) recognizes that most physicians are not trained in assessing an individual's work ability or disability. Some physicians (medical doctors) often determine a quantitative estimate of an individual's permanent impairment caused by a medical condition using the most current version of the AMA Guides to the Evaluation of Permanent Impairment. However, as noted in the AMA Guides, 6th edition, "the Guides are not intended to be used for direct estimates of work participation restrictions. Impairment percentages derived according to the Guides criteria do not directly measure work participation restrictions." The results obtained from functional testing provides a more objective, scientific basis for determining an individual's ability to safely participate in work as opposed to the use of estimates often provided by medical doctors and commonly referred to as restrictions.^{1,2,3}

A FCE is a comprehensive performance-based medical assessment of an individual's physical and/or cognitive abilities to safely participate in work and other major life activities. The four major components of a FCE include an intake interview, medical records review, physical examination, and content valid functional testing.⁴

1. Intake interview
2. Medical records review
3. Physical examination
4. Content valid functional testing.

FCEs should only be performed by functional capacity examiners following national guidelines published by the American Physical Therapy Association. Functional capacity examiners should utilize the best available evidence from clinically relevant research when designing and performing FCE protocols and when forming conclusions about an individual's ability to safely participate in work and other major life activities. The FCE guideline was developed to provide a current best practice as opposed to a standard of practice. An examiner may deviate from the current publication of the FCE guidelines when necessary and appropriate in the course of using independent and judicious clinical reasoning in an effort to provide the best information possible as to the functional abilities and limitations of the individual being evaluated in light of the questions posed by the referral source(s).⁴

Medically determinable impairments combined with the results from a FCE form the basis for establishing the severity of an individual's functional limitations and restrictions. A medically determinable impairment is an impairment that results from anatomical, physiological, or psychological abnormalities that can be shown by medical evidence consisting of signs, symptoms, and diagnostic findings. A medically determinable impairment cannot be established in the absence of objective medical abnormalities.⁴

Residual Functional Capacity represents what an individual can still do despite functional limitations and restrictions resulting from a medically determinable impairment(s) and impairment-related symptoms. In determining an individual's residual functional capacity, the examiner should rely on objective clinical measurements and observations during content valid functional testing in combination with objective evidence gathered from a physical examination and a review of medical records. The examiner should also consider subjective evidence gathered from multiple sources of self-reported pain and disability questionnaires along with subjective information provided by a claimant.⁴

Functional impairment refers to an individual's loss of functional ability to safely participate in work and other major life activities. The severity of an individual's functional impairment is classified based on the International Classification of Functioning, Disability, and Health (ICF) of the World Health Organization as mild (1-24%), moderate (25-49%), severe (50-95%), or complete (96-100%). Functional impairment is sometimes but not always associated with the severity of an individual's anatomic/physiologic impairment as derived using the AMA Guides to the Evaluation of Permanent Impairment.^{3,4,5}

Evidence to support the examiner's conclusions regarding an individual's residual functional capacity and functional impairment should be documented in the FCE report based on information gathered during the history and physical examination and content valid functional testing.

For the purpose of establishing permanent functional limitations and restrictions, the results from a FCE should be considered applicable for a period of up to 1 year maximum. This time-frame is dependent on the nature of the injury/illness, and whether any other health condition, injury or other factors changed the individual's health status or lifestyle. If an individual's symptoms and/or overall health status have remained relatively unchanged, an updated FCE after one year following the initial FCE is recommended. However, if an individual's symptoms and/or overall

health status have substantially changed since the initial FCE, an updated FCE at 6 months would more likely than not be medically necessary.⁴

¹ Genovese E, Galper J. Guide to the Evaluation of Functional Ability. Chicago: AMA Press; 2009.

² Talmage J, Melhorn J, Hyman M. AMA Guides to the Evaluation of Work Ability and Return to Work, 2nd edition. Chicago: AMA Press; 2011.

³ Rondinelli R, Genovese E, Katz R, Mayer T, Mueller K, Ranavaya M, Brigham C. Guides to the Evaluation of Permanent Impairment, 6th edition. Chicago: AMA Press; 2008.

⁴ Allison S, Galper J, Hoyle D, Mecham J. Current concepts in functional capacity evaluation: a best practices guideline. American Physical Therapy Association; Occupational Health Special Interest Group. Adopted April 30, 2018.

⁵ International Classification of Functioning, Disability and Health (ICF). <http://www.who.int/classifications/icf/en/>. Accessed 11/17/17.