

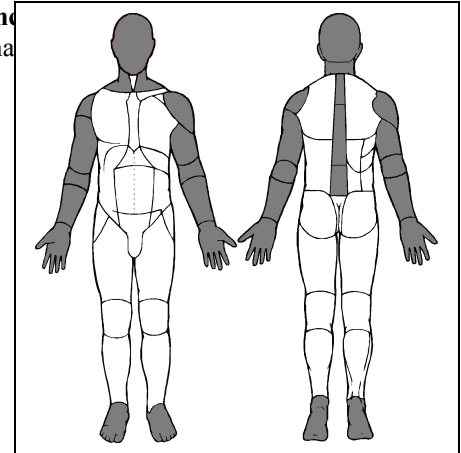
Physical Work Performance Evaluation™

Columbus Hand Therapy
3400 Olentangy River Road, Suite 201, Columbus, Ohio 43202
866-779-6447 ext 203

Please note that significant self-limiting and inconsistent behavior heavily influenced test results.

This report summarizes the results of the ErgoScience FCE Physical Work Performance Evaluation™, which was substantiated by reliability and validity research conducted at the University of Alabama at Birmingham. *Journal of Occupational Medicine*, September 1994

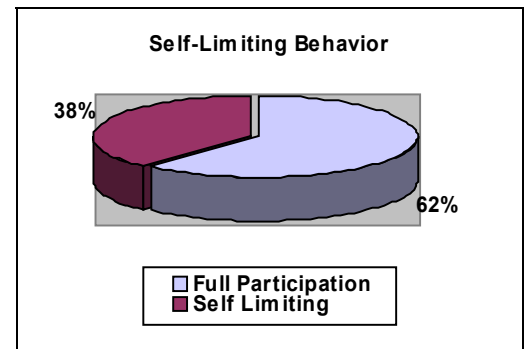
Name: Patient, Mr. Sample F.
Occupation: Janitor
Employer: Bethlehem Steel
Injury/Onset Date: 12/14/2000
Surgery, Date: Rotator Cuff Repair-2000/12, Other-02/01/2000
Evaluation Date: 01/01/2000
Test Start, End, Duration: 8:15 AM, 3:00 PM, 6:45 hours
Diagnosis: Spasms in lower back due to childhood injury
Height, Weight: 6' 0", 169lb
Starting BP, HR, Pain: 110/75, 98 bpm, Pain 3 out of 10



Minimal Overall Level of Work: Falls within the Medium range. Exerting 20 to 50 pounds of force occasionally, and/or 10 to 25 pounds of force frequently, and/or greater than negligible up to 10 pounds of force constantly to move objects. Physical Demand requirements are in excess of those for Light Work. *Please note that the overall level of work was significantly influenced by the client's self-limiting and inconsistent behavior. Therefore, the Medium level of work indicates a minimum ability rather than a maximum ability. A maximum overall level of work cannot be determined at this time due to the self-limiting and inconsistent behavior.* **Please see the Task Performance Table for specific abilities.**

Tolerance for the 8-Hour Day: Based on the individual task scores in Dynamic Strength, Position Tolerance and Mobility, the client is able to tolerate the Medium level of work for the 8-hour day/40-hour week. *Please note that the tolerance for the 8-hour day was significantly influenced by the client's self-limiting and inconsistent behavior and indicates her minimal rather than her maximal ability.*

Self Limiting Behavior: The client self-limited on 38% of the 21 tasks. *Performance on the self-limiting tasks indicates a minimum rather than a maximum ability. A maximum on these tasks could not be determined due to the self-limiting behavior.* Self-limiting behavior means that the client stopped the task before a maximum effort was reached. Possible causes of self-limiting behavior include: (1) pain; (2) psychosocial issues such as fear of reinjury, anxiety, or depression; and/or (3) attempts to manipulate test results. Although it is difficult to determine the causes of self-limiting behavior, our research indicates that motivated clients self-limit on no more than 20% of test items. If the self-limiting exceeds 20%, then psychosocial and/or motivational factors are affecting test results.



- Self Limiting < 20% of tasks = Within normal limits¹
- Self-Limiting 21% to 33% of tasks = Exceeds normal limits¹
- **Self-Limiting > 33% of tasks = Significantly exceeds normal limits!**

¹When compared to a motivated group of patients who participated in research.

ADDITIONAL CLIENT STATEMENTS ABOUT SELF-LIMITING BEHAVIOR

The client's stated reasons for self-limiting behavior are listed beside each self-limited task in the Task Performance Summary section of this report. In addition, the client made the following statements about self-limiting behavior during the evaluation:

- None
- So and So
- lack of motivation
- Ladder Limiting

OBSERVED CLINICAL INCONSISTENCIES

- The following function to function inconsistencies were noted in the evaluation:
 - Scored higher on Climbing Stairs than on Walking
 - Scored higher on Lift-Floor to Waist than on Max Dynamic Pushing
 - Scored higher on Lift-Floor to Waist than on Max Dynamic Pulling
- Pain or pain behaviors were inconsistent with the observed deviations on the following tasks: 09-Sitting Tolerance, 16-Work Arms Overhead & Standing, 18-Kneeling, 23-Crawling

IMPACT OF CLINICAL INCONSISTENCIES ON TEST RESULTS

- The observed clinical inconsistencies noted above minimally impacted the results of the client's FCE.
- The observed clinical inconsistencies noted above did not impact the FCE recommendations.

RESULTS OF FORMAL CONSISTENCY OF EFFORT TESTING

- The ErgoScience FCE utilizes a formal consistency of effort protocol established and validated by Stokes et al.² In this protocol, three (3) different statistical calculations on grip strength testing data are performed. These results are then combined with any evidence of clinical inconsistencies or self-limiting behavior observed during the ErgoScience FCE. The final consistency of effort conclusion indicates the strength of all of this evidence combined.
- Combining the results of the clinical consistency comparisons, the presence of self-limiting behavior and the three formal consistency cross comparisons of the grip strength data, indicates that there is significant evidence of low effort and inconsistent behavior. See addendum for details of the formal consistency of effort scoring criteria.

SUBJECTIVE PAIN STATEMENTS

The client did not make any subjective pain statements during the test.

PAIN BEHAVIORS AND THEIR IMPACT ON TEST RESULTS

The client did not demonstrate any pain behaviors during the test.

OTHER EXTERNAL FACTORS THAT MIGHT IMPACT TEST RESULTS

No external factors noted that might impact test results.

BODY MECHANICS AND MOVEMENT PATTERNS

The client demonstrated safe body mechanics and movement patterns during the test.

BRIEF SUMMARY OF MEDICAL HISTORY

Patient reported being rearended in a bus and injured left shoulder.

MEDICATIONS

Medication	Dose	Frequency	Last Dose Taken
Naprosyne	1/2 tab	TID	This morning
Prozac			
Soma			

BRIEF MUSCULOSKELETAL SCREEN

- Range of motion of the cervical spine was within normal limits. Neural tension signs, reflexes, and myotome testing were within normal limits. No signs of active radiculopathy. Shoulder range of motion was restricted to 95 degrees of flexion. Active and passive motion were equal for all motions.

TEST LENGTH AND REST BREAKS

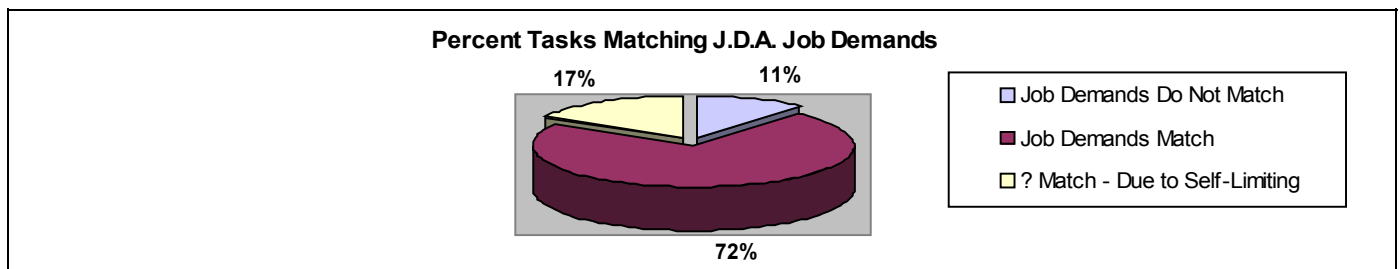
The test lasted 6:45 hours. Short pauses of 2-3 minutes between tasks occur while the evaluator is setting up equipment and documenting scores. In addition to these naturally occurring rest breaks, 4 additional rest breaks were taken for a break total of approximately 16 minutes. 3 of these breaks were initiated by the client and the evaluator observed physiological signs of fatigue as well. 1 of these breaks was initiated by the client but no signs of fatigue were observed.

TASK PERFORMANCE

Please note that the results noted below in red italics and marked SL are tasks on which the client self-limited. On these self-limiting tasks, the performance represents a minimal rather than a maximal performance. On these tasks we cannot determine a maximum performance.

Tasks	Client Performance ¹	Self-Limiting Reasons	Maximum Abilities ¹	Job Demand J.D.A.	Match J.D.A.
Floor to waist lift	58 lb Occas.		58 lb Occas.	45 lb Occas.	Yes
Waist to eye level lift	34 lb Occas.		34 lb Occas.	45 lb Occas.	No
Two handed carrying	54 lb Occas.		54 lb Occas.	?	?
One handed carrying	<i>L20 R70 lb-SL</i>		?	45 lb Occas.	Yes
Pushing	30 lb Occas. ³		30 lb Occas. ³	45 lb Occas. ³	No
Pulling	15 lb Occas. ³		15 lb Occas. ³	? ³	?
Sitting	Frequently		Frequently	Frequently	Yes
Standing	Constantly		Constantly	Frequently	Yes
Work arms over head-standing	Occasionally		Occasionally	Occasionally	Yes
Work bent over-standing/stooping	<i>Unwilling-SL</i>	Fatigue	?	Occasionally	?
Work kneeling	<i>Unwilling-SL</i>	Pain	?	Occasionally	?
Work bent over-sitting	<i>Frequently-SL</i>	Fatigue	?	Occasionally	Yes
Work squatting/crouching	Frequently	Fatigue	Frequently	Never	NA
Work arms over head-supine	Frequently		Frequently	Occasionally	Yes
Climbing stairs	Constantly		Constantly	Occasionally	Yes
Repetitive squatting	<i>Occasionally-SL</i>	Fatigue	?	Occasionally	Yes
Walking	<i>Frequently-SL</i>	Fatigue	?	Frequently	Yes
Crawling	Frequently		Frequently	Occasionally	Yes
Climbing a ladder	<i>Never-SL</i>	Fatigue	?	Occasionally	?
Repetitive trunk rotation-sitting	Frequently		Frequently	Frequently	Yes
Repetitive trunk rotation-standing	<i>Occasionally-SL</i>	Fatigue	?	Occasionally	Yes
Balance on level surfaces	<i>Adequate-SL</i>	Fatigue	?	Required	Yes
Balance on uneven surfaces	Adequate		Adequate	Required	Yes
Balance on ladder	<i>Adequate-SL</i>	Fatigue	?	Not Required	NA
Balance on beam/scaffold	Inadequate		Inadequate	Not Required	NA
Manual Dexterity ²	2		2	3	Yes
Finger Dexterity ²	3		3	3	Yes
Forward Reaching	Occasionally		Occasionally	Occasionally	Yes
Grip Strength	L87 R69 lb		L87 R69 lb		

- 1 Occasionally = up to 1/3 of the day, Frequently = 1/3 to 2/3 of the day, Constantly = 2/3 to the full day. Frequent lifting = 50% of Occasional; Constant lifting = 20% of Occasional.
- 2 D.O.T. The aptitudes: 1 (90-100 percentile), 2 (67-89 percentile), 3 (34-66 percentile), 4 (11-33 percentile), 5 (0-10 percentile).
- 3 Pounds of force is the amount of force the client exerted during the pushing and pulling tasks. If pushing or pulling is required for work, the force required for the task should be measured with a force gauge for comparison.



JOB SPECIFIC TESTING

- This is 123456789. Job Specific.

COORDINATION

Tasks	Assessment
30. Finger to Nose	Within Normal Limits
31. Response Speed	Within Normal Limits
32. Alternate Hand Slapping	Within Normal Limits
33. Hand/Eye/Foot Coordination	Within Normal Limits

MAJOR AREAS OF DYSFUNCTION

- Position Tolerance
- Mobility
- Coordination

FACTORS UNDERLYING PERFORMANCE

- Pain in legs.

POSSIBLE INTERVENTIONS

- The following approaches may be helpful for increasing the client's overall work level.
- Improve client's overall physical condition by 15% through working out.

EXIT INTERVIEW

- There were no changes in musculoskeletal status from beginning to end.
- Pain Score: 2
- Gait pattern leaving the evaluation is same compared to gait pattern used upon arriving for test.
- The client drove herself to the evaluation.

Conditions for Positive Results (indicating low effort) on Statistical Calculations:

- 1) SD of 5-position grip testing on right or left grip of ≤ 7.5
- 2) Difference between REG and peak grip of 5-position grip testing of ≥ 12 lb.
- 3) Regression equation results of ≥ 3.5

Criteria for Consistency of Effort Conclusion:

- 1) Significant clinical inconsistencies *or* SL behavior² present + all 3 statistical calculations are positive = **Very Strong evidence** of low effort and inconsistent behavior.
- 2) Significant clinical inconsistencies *or* SL behavior² present + 2 of the 3 statistical calculations are positive = **Strong evidence** of low effort and inconsistent behavior.
- 3) Significant clinical inconsistencies *or* SL behavior² present + 1 of the 3 statistical calculations are positive = **Significant evidence** of low effort and inconsistent behavior.
- 3a) Significant clinical inconsistencies present + 0 (none) of the 3 statistical calculations are positive = **Significant evidence** of low effort and inconsistent behavior.
- 4) No significant clinical inconsistencies *and* no SL behavior² present + all 3 statistical calculations are positive = **Moderate evidence** of low effort and inconsistent behavior.
- 5) No significant clinical inconsistencies *and* no SL behavior² present + 2 of the 3 statistical calculations are positive = **Weak evidence** of low effort and inconsistent behavior.
- 6) No significant clinical inconsistencies *and* no SL behavior² present + 1 of the 3 statistical calculations are positive = **Very Weak evidence** of low effort and inconsistent behavior.
- 6a) No significant clinical inconsistencies *but* SL behavior² present + 0 (none) of the 3 statistical calculations are positive = **Very Weak evidence** of low effort and inconsistent behavior.