

## **Documentation Guidelines for Functional Assessments January 2009**

Please include the following information in your Functional Assessment reports. Exact headings and layout are not required as long as the information is contained in your report. Use your discretion to change headings. Please be concise and note that bulleted format is preferred for most sections. WorkplaceNL would prefer font size 11 for imaging purposes. Smaller font size is acceptable for tables or charts.

### **Section 1.0: Referral information**

- 1.1 Reason for referral/referral questions:**
- 1.2 Diagnosis as per medical documentation provided:**
- 1.3 Other Factors that may impact recovery:**

### **Section 2.0: Subjective Interview/File review:**

- 2.1 Current/past symptoms: (bulleted format)**
- 2.2 Current/past treatments: (bulleted format. Include dates & outcome of each treatment).**
- 2.3 Daily Activity level: (3-4 sentences max.)**
- 2.4 Work History:**
- 2.5 Education/Training:**
- 2.6 Return to Work Goals (according to worker):**
- 2.7 Physical Job Requirements (if job attached and if applicable in relation to referral):**
- 2.8 Worker's Perception of their Health/Function:**

### **Section 3.0: Analysis and Summary of Functional Testing:**

### **3.1 Worker Presentation during the Assessment.**

### **3.2 Assessment Analysis:**

Analyze all objective and subjective assessment data and provide a professional opinion of the worker's abilities and limitations, and a projection of workday tolerance. When forming this professional opinion, it is expected that all of the assessment data including the objective physical and functional testing will be reviewed and analyzed, including but not limited to considering the worker's medical diagnosis, presentation during the assessment, symptom reports, pain behaviors, sincerity of effort and compliance during the assessment.

Work day tolerance projections should be provided and justified based on the diagnosis; worker's demonstrated tolerances during the assessment and functional self report. Comments regarding postural change, ergonomic equipment and preferred postural position should be included. Any behaviors that impact physical performance should be noted. If a workday tolerance cannot be provided, reasons why should be included e.g. not necessary as part of referral question, not relevant to claim, workday tolerance not impacted by injury or not formally assessed but assumed to be as per pre-injury.

Strength tolerances should be summarized and an overall rating provided based on both CCDO & NOC.

Following this process abilities and limitations will be clearly articulated including frequency and duration of tolerance. Details should be included in summary chart.

Any specific referral questions should be responded to as well under this section. If referral is for Labor Market Re-entry purposes and worker is rated in the Sedentary, Limited or Light categories, please comment on tolerances for desk top work (e.g. computer, paper/pencil tasks). Please comment on any ergonomic requirements. If referral is for LMR, please do not provide a lot of detail regarding inability to RTW as this would have been ruled out. If RW seems reasonable, then by all means, please comment.

### **3.3 Participation level:**

Please comment on participation level, effort, consistency, sincerity of effort, etc. If there are issues with the effort provided by the worker, please provide details specific to the worker's participation during this assessment.

### **3.4 Recommendations (in relation to referral question):**

## Section 4.0 Functional Tolerance Summary

Worker's name & claim #: \_\_\_\_\_

Workday tolerance: \_\_\_\_\_

Strength Tolerance: \_\_\_\_\_

CCDO: \_\_\_\_\_ NOC: \_\_\_\_\_

Frequency Rating	Code	4hrs shift	8hrs shift	12hrs shift
Not Able	NA	0	0	0
Seldom- not daily	S	0	0	0
Minor 0-10% of shift	M	<0.5hr	<1hr	<1.25hrs
Occasional 11-33% of shift	O	0.5-1.25hrs	1-2.5hrs	1.25-4hrs
Frequent 34-66% of shift	F	1.25-2.5hrs	2.5-5hrs	4-8hrs
Constant 67-100% of shift	C	>2.5hrs	>5hrs	>8hrs

Strength Related Tolerances	NA	S	M	O	F	C	Comments:
Lifting horizontal (lbs)							
Lifting above shoulder (lbs)							
Lifting waist to floor (lbs)							
Carrying bilateral (lbs)							
Carrying unilateral (lbs)							
Pushing/pulling (lbs of force)							
Postural Tolerances	Frequency		Comments: include durations tolerated and need to alternate postures				
Sitting							
Standing							
Turning the body							
Neck Postures							
Ambulation	Frequency		Comments:				
Walking							
Climbing stairs							
Climbing ladders							
Balancing							

Upper Extremity Tolerances	Frequency		Comments: Right dominant _____ Left dominant _____
	Right	Left	
Fine manipulation			In hand manipulation of an object with the fingers i.e. paper clip, buttons, small wires and screws.
Simple grasping			Handling objects requiring light gripping forces and a comfortable grip i.e. paper, phone receiver, book, and a light weight box.
Firm grasping			Lifting heavy or medium weight objects, opening a heavy door, lifting a bucket or using a gear shift.
Awkward gripping			Note any awkward grip i.e. fanned fingers, gripping with tips of finger only, gripping with bulky gloves, etc.
Other repetitive handling			Includes keying, mousing & writing.
Reaching horizontal			
Reaching lateral			
Reaching upper level			

Lower Level Work	Frequency	Comments:
Squatting		
Crouching		
Kneeling		
Bending		
Crawling		
Lower Extremity movements/postures		Includes repetitive foot movements. Please explain e.g. repeated ankle plantar flexion/dorsiflexion.

**Within normal limits or Not limited or impacted by compensable injury** may be used for tolerances that are not impacted by the compensable injury and may be screened or not tested during assessment.

## **Section 5.0 Appendix – Assessment Data collected based on Assessment Protocol**

\*\*\*This includes:

- Range of motion testing of the injured body part and related area. Functional descriptors are acceptable or percentages.
- All raw data as per protocol
- Testing results of individual testing components