



Clarifying your Client's Current Functional Capacities

By Ellen Rader Smith

Basic to the damages assessment of any case is an understanding the injured person's current functional limitations. Occupational Therapists are trained to evaluate an injured person's abilities to perform activities of daily living (ADL) and work-related tasks. The therapist can evaluate a mechanic's ability to use tools, a housewife's ability to perform routine homemaking, an elderly person's ability to care for himself, a student's ability to write and use the computer keyboard, or a child's ability to play. In contrast, the physician's impairment assessment or determination of maximal medical improvement does not provide a realistic assessment of how the injured person truly performs on a day-to-day basis.

Occupational Therapists are also trained to assess a person's functional work capacities. The therapist may structure the Functional Capacity Evaluation (FCE) geared to the requisite duties of a specific job (including the use of simulated work tasks) or towards general physical and work tolerances. FCE's provide objective data about an injured person's capacities to perform daily home and work tasks; and how these findings correlate with his/her daily performance needs.

A multi-faceted evaluation format is recommended to obtain as complete a profile of the client's abilities and limitations. In the initial interview, the therapist obtains information from the client about his/her self care and homemaking abilities (i.e. ADL skills). Any compensatory methods, reduced tolerances, use of alternate equipment or assistive devices are clearly identified. The evaluation includes a current assessment of the client's mobility, strength and sensibility; their lift and carry capacities, sit and stand tolerances; abilities to reach in various planes; to perform tasks associated with manual dexterity; and to perform critical job-related tasks. This is essential in assessing a person's abilities to perform work associated with various physical demands (sedentary, light, heavy, etc.). Throughout the evaluation, the therapist observes and assesses the client's:

- Emotional and pain responses to activity;
- Abilities to remain task focused, remember and follow directions;
- Perceptual and motor planning skills; and
- Compatibility between the diagnosis, the client's reported abilities and his/her actual performance.

The traditional range of motion and physical testing conducted at the start of the evaluation provide the current baseline information about the client, as the last treating therapist's report may be several months or even years old. This information helps the functional capacity evaluator to understand any limitations that may be present prior to the more functional testing that provides information regarding the individual's ability to be productive or to pursue their goals. The person's mobility and strength are compared to normative data; and comparisons between the dominant and non-dominant hands are made with respect to hand grip and pinch strength.

There are many ways to measure a person's functional capacities. While many functional capacity systems are commercially available, a good test of a person's true functional capacities does not necessarily require high tech equipment (this evaluator does not utilize the high tech systems that generate computerized reports which often lack individual attention to your client's performance throughout the FCE). For example, a person's strength, endurance and tolerances can often be better assessed in the context of a daily task such as lifting/carrying laundry or groceries or using work tools- rather than on an isolated maximal exertional lift task. Similarly, a finding that a person has light lift capacities does not necessarily mean that he can perform sedentary work, as extended sitting tolerances are a key characteristic of this type of work. While able to do occasional light lifting, the person with a back injury may not be able to remain seated in an 8-hour day and be productive. The proper interpretation of non-standardized and standardized tests is essential to the FCE process and conclusions drawn from this testing must be addressed on an individual basis.

The format of the FCE differs from a vocational evaluation. The FCE utilizes

paper and pencil tests and standardized tests for reasons other than purely assessing aptitudes- but rather to assess performance issues when sitting, writing or remaining task focused. Many times the FCE is used to provide the vocational evaluator with invaluable information about the person's functional capacities and limitations, prior to considering a specific vocation. When loss of earnings is not an issue, the functional capacity evaluation often stands by itself in providing information about a person's occupational capacities and involves actual testing that a physician's narrative simply cannot provide. When cognitive issues are an issue, e.g. in conjunction with certain neurological conditions, the FCE or ADL Assessment can complement psychological or neuropsychological evaluations and standardized test batteries by documenting these issues in real-life situations. For example, a head trauma client's abilities to prepare and organize a shopping list or follow a recipe is representative of daily performance measures that offer information which impact his/her daily residual and functional capacities. The ADL evaluation also provides the Life Care Planner with invaluable information about the client's current care abilities and needs.

The FCE report is presented in a clear manner that describes the individual's functional abilities as they relate to the impairment itself, medical reports, day-to-day performance abilities, work capabilities and vocational issues, and the impact on the person's capacity to carry out specific life tasks. Whenever there is a question of a person's current daily functional capacities and/or limitations, attorneys should consider the functional capacity evaluation as an integral part of their legal case preparation.

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