

# The ABC's of FCE's and FJD's

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# What are they?

- FCE

Functional-Useful or meaningful  
Capacity-Maximum ability or capability  
Evaluation-Systemic process of  
observing, reasoning, and correlating,  
resulting in a conclusion.

FCE is a comprehensive objective test of an individual's ability to perform work related tasks.

# FJD

Functional –Useful or Meaningful  
Job-Occupation or task  
Description-Comprehensive  
accounting of details as needed to  
enhance understanding

Functional Job Description is a document identifying the physical aspects of a specific job. (Heights, weights, frequency, position, etc.)

# Our common challenge-

- Meet George
  - 42 year old male with low back pain with right leg pain
  - Construction worker-labor only
  - Finished High School-no additional education
  - Physical Therapy, injections and surgery have not helped.
  - What now.....?



# Return to work decisions often present unique challenges to the people involved

- ***The Physician*** often is forced to make a return to work decision based solely on subjective information about an employee's capabilities and the physical requirements of the workplace
- ***The Employer***, when presented with a set of restrictions, must try to determine what jobs or parts of jobs an injured worker can perform safely
- ***The Employee*** is not able to participate fully in the return to work process, as (s)he often is unsure what activities (s)he can perform safely without risk of re-injury
- ***The QRC and case manager***.....needs to have the answers

# Goal of an FCE

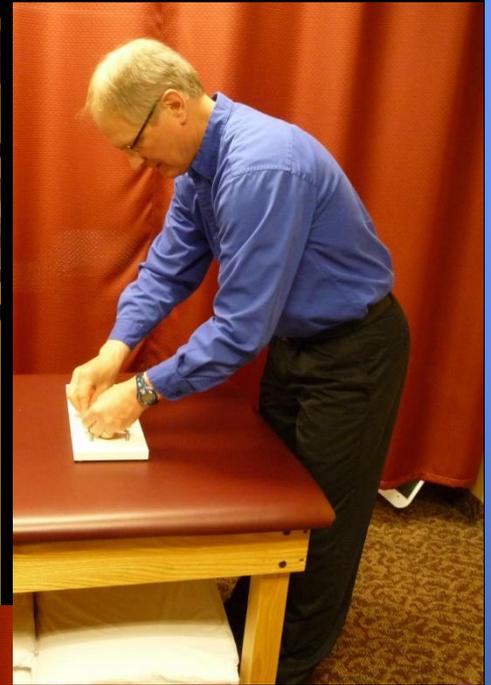
- Provide tests that are **stressful enough to provoke symptoms or signs** but not more stressful than would be expected of an uninjured individual
- Find limitations or the absence of limitation in a normal work performance.
- If limitations are discovered, quantify the extent of the limitation.

- Is it a measurement of motion-No
- Is it a strength test---No
- Is it a scientific test where all variables are controlled except one-like testing quadriceps—No
- Is it a hand coordination test—Yes and No-it will be used if needed to gain a clear picture, but not stand on it's own.
- Is it like a through gait analysis—Yes-but more complex and functional.

**A combination of the “science” of identifying specific objective movement patterns with time, effort level and weight with the art of observing total movement process.**

**Each task is part of the whole.**





# What parameters must be known for a through FCE?

Ability of measure maximum

Ability to measure endurance parameters of tasks

Ability to observe balance and coordination

Ability to see when safe function turns into unsafe or dysfunctional activity

Ability to tolerate postural conditions

Critical validity issues:

- Necessity that the client agree with their results
- Whether outcome studies verify that the FCE predicted function in the real world.

# Qualities of a Good FCE:

- Compares worker's abilities with required job demands
- A comprehensive, 1 or 2-day FCE to accurately and reliably determine the worker's ability to complete work tasks
- Tests for maximum strength without fear of injury
- Focuses on abilities rather than limitations
- Produces clear summary report understood by all parties

**-Can we predict what someone can do an activity 67-100% of the day.....**

The only totally objective, content valid category in the FCE is the **1-5%-rare**-the length of the test item.

The test is complete enough to identify endurance, change of position and safety of activity over time.

The categories of **occasional, frequent, and constant** can be estimated based of training and testing protocols.

Constant monitoring of physiological and kinesiological signs during the test.

One or two day testing for reliability on day-to-day basis-  
**often day 2 of a 2 day FCE has slightly improved performance.**  
**(Fear avoidance issue.)**

# Test Results and Interpretation

**Client: Elvis**

**Dates of FCE: 6/18/2015 and 6/19/2015**

Interpretation of observed function regarding activity during a normal working day: (% = time classification per working day)

Unable" → Never

"Maximum" or "Significant Limitation" → Rarely (1-5%)

"Heavy" or "Some Limitation" → Occasionally (6 -33%)

"Low" or "Slight/No Limitation" → Frequently (34-66%)

(There are numerous variables impacting Push/Pull including load, equipment, surface, etc. This is not meant to indicate the "weight that is moved".)

Lifting, Strength (lbs)	Unable	Max.	Heavy	Low	Limitations	Recommendations
Waist to Floor (11")		20.0#	10.0#	N/A	Weakness in trunk and hip stabilizers	Avoid frequent squatting
Waist to Crown (Hands at Handles)	X				Right shoulder mobility and strength limitation	Unable to use right arm at shoulder level or higher due to motion and strength limitation
Waist to Crown (Preferred Method)		30.0#	15.0#	10.0#	Right shoulder mobility and strength limitation	Right arm is used as assist to left arm for lifting above shoulder level.
Front Carry (Long)		37.5#	20.0#	N/A	Right shoulder mobility and strength limitation	
Right Carry		20.0#	10.0#	N/A	Right shoulder mobility and strength limitation	Avoid frequent carry with the right arm. Use the right arm as assist to the left.
Left Carry		35.0#	20.0#	N/A		

# JOB MATCH GRID

Clinic Name: Big Stone Therapies, Baxter Clinic

Address: 15620 Edgewood Drive, Suite 240

City, State, Zip: Baxter, Minnesota, 56425

Employee Name: Elvis

Date: 6/18/15

Company Name: Mississippi Health

Job Title: Hip-Swinger Extraordinaire

## Critical Demand - Activity

## FCE Abilities

## Functional Job Description

## Job Match

	<u>Weight/ Force</u>	<u>Frequency</u>	<u>Weight/ Force</u>	<u>Frequency</u>	<u>Yes/No</u>
Walk		Occasionally		Frequently	No
Stand		Rarely		Frequently	No
Sit		Frequently		Frequently	Yes
Bending/stooping		Rarely		Frequently	No
Squat		Occasionally		Frequently	No
Reach above shoulder level		Occasionally		Frequently	No
Lift-Chair to Chair-transfer simulation	25#	Occasionally	30#	Occasionally	No
Carry	20#	Occasionally	30#	Occasionally	No
Pull-static force	45#	Occasionally	30#	Occasionally	Yes
Push-static force	70#	Occasionally	50#	Occasionally	Yes
Kneel		Occasionally		Occasionally	Yes
Crawl		Frequently		Occasionally	Yes
Crouch		Occasionally		Occasionally	Yes

# What we know-FCE's:

There is no Gold Standard-it's not perfect.

Guidelines-ranges of function

To be treated as part of the whole-  
used a portion of the body of evidence

Accurate "photo" of today's abilities...

# **Functional Job Description**

- **Job descriptions**
  - Often do not contain information about the physical demands that are required to perform the job
  - Not kept current
  - May not reflect the job as it is performed today
- **No objective qualification testing for**
  - Return to work
  - Hiring (Americans with Disabilities Act)
  - Placement/transfer (Americans with Disabilities Act)

# Functional Job Description (FJDs)

Functional job descriptions do not replace the existing JDs.

Instead, they enhance the JD by documenting:

- essential functions
  - the required job tasks
  - the reason the job exists
  
- activity statements:
  - the steps required to perform the essential functions
  
- critical demands issues:
  - the physical requirements of each activity
  - lifting, carrying, pushing, standing, walking, climbing, etc.
  - how often each is performed during the day

## **Specifics for the Job- as per ADA 1991**

**Essential Functions-**The primary reason the job exists-performed by the worker who is doing the job.

**Marginal functions-**Non-essential aspect of the work-not the main reason the job exists.

**Critical physical demands-**The job tasks use to perform the job- lift, push, pull carry, walk, stand, kneel, etc.

# Functional Job Descriptions (FJDs)

Who analyzes and develops FJDs?

- trained professionals who understand how to subdivide a job into essential functions, activities, and critical demands
- trained professional who understand the potential impact of physical demands on the human body

What makes a functional job description valid?

- onsite, hands-on observations and measurements
- input from experienced workers
- a defined validation process
- follow-up to update as needed

Employer Information

NewCo, Inc.  
987 5th Ave.  
New York, CA 45451  
800-111-1111

Clinic Information

PTs-R-Us  
4321 Elm St.  
Los Angeles, CA 97878  
222-222-2222

Functional Job Description

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Job Title	Aircraft Appearance Worker
Job Sub-title	
Job Objective	Provide a clean aircraft interior between flights and at the end of the day.
Hours of Work	12
Clothing	Steel Toed Shoes/Boots, Company Uniform, Gloves
Equipment/Tools	Various long and short-handled tools including a mop, whisk broom, and vacuum cleaner. Various cleaning materials: compounds in squeeze bottles, buckets, cloths, small garbage bags, and paper goods.

## Essential Job Functions

Function

remove all debris and clean the interior of aircraft

Activity

sweep, vacuum, mop and/or whisk broom the floor and seats

**Pushing** (Occasionally) horizontal at a height of 40 in. with a force of **60 lb.** up to a distance of 20 ft. to sweep, vacuum, mop, and/or whisk broom the floor and seats to remove all debris and clean the interior of aircraft.

**Pulling** (Occasionally) horizontal at a height of 40 in. with a force of **60 lb.** up to a distance of 20 ft. to sweep, vacuum, mop, and/or whisk broom the floor and seats to remove all debris and clean the interior of aircraft.

**Hand Grip** (Occasionally) static grip at a width of 3 in. with a force of **35 lb.** to sweep, vacuum, mop, and/or whisk broom the floor and seats to remove all debris and clean the interior of aircraft.

**Walking** (Occasionally) indoors on a smooth surface for **100 ft.** to sweep, vacuum, mop and/or whisk broom the floor and seats to remove all debris and clean the interior of aircraft.

# Prewrite Screen Report

Job: Aircraft Appearance Worker

Applicant's Name: Jan Pine

Date: Jan-08-2002

Conducted by: Eldrick Woods

## Floor to Waist Lift and Carry

**Activity Statement:** (Occasionally) 25 lb. from 6 in. to 36 in. for a distance of 100.0 ft. to restock cabin with sanitary supplies, reading materials, safety information, and personal items.

**Test Design:** **Test Statement:** 25 lb. from 6 in. to 36 in. for a distance of 100.0 ft. **Overall Test Met**

	Yes	No
<b>Test Protocol:</b> lift 25 lbs. from 6 in. carry 100 feet place at 36 in. Use FCE protocol.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	Trial #	Weight ( )		Reps	Safety Technique	
		Test for	Actual		Yes	No
Test 1:	1	25.0	25.0	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>

# Back to George:

## Most common errors:

- Not enough communication
- Unclear job description
- Workers expectations
  - Pay-no hot tub at home etc
  - Time off—"I have an injury"
  - Scheduling medical appointments
  - Desire to RTW..?
  - Light duty work option
  - Fear avoidance issues



# All members of the team must understand that RTW goals and rehab goals are the same.

Early intervention and communication are keys to your success.

It is impossible to establish a RTW plan without a clear understanding of the functional requirements of the job (FJD).

- ✓ joint range of motion and static strength are not RTW goals unless directly job related
- ✓ manual muscle strength is never a RTW goal

RTW goals must be based on a functional job analysis (FJD).

- ✓ lifting - how much wt.?
  - how often do you lift it?
  - what are the beginning and ending heights?
  - one hand or two?
  - what are the dimensions of the object?
  - do you carry it? how far?
- ✓ stair climbing
  - how many without stopping?
  - how often?

# What Are Employers Saying About Healthcare?

Results of a survey of southern Minnesota companies:

- The role of the doctor seems to be to keep employees off work.
- The PTs and OTs are biased against our company.
- They believe whatever the patients say.
- They don't have any idea what goes on at work and they don't care to find out.
- They don't communicate (never return calls).
- Why does the doctor release people to work before they are ready to come back?

**This all adds up to a lack of communication.**

# PT's as part of the Team

- Medical Doctors
- Chiropractors
- Pain clinics
- Case managers
- QRC's
- Etc

– Communication is critical

“If they know the answer they will give it.”

# What is “Physical Therapy”

- **It's not** – “hot packs, ultrasound, massage and electric stimulation.” ----  
**HUM job**
- Limited “passive modalities”.
- **Focus on function**
- Complete evaluation-history, joint mobility, strength, nerve mobility testing,  
**Functional tasks-lift, push pull and carry**
- Job specific tasks- need a good FJD

Nothing will happen without communication and cooperation... **GUARANTEED.**

**Everybody must be aware of the treatment plan and agree on the goal.**

- ✓ return to work – regular job? new job? modified job?
- ✓ anticipated return to work date-light duty.....?

**Everybody must be informed of progress toward the goal.**

- ✓ communicate regularly – employer, case manager, doctor, QRC
- ✓ changes in treatment plan, dates, etc.

**Everybody must be aware of specific job modification recommendations.**

- ✓ why should we modify? how should we modify?
- ✓ temporarily or permanently?

Change job descriptions as needed.

**If you always do what  
you've always done**

**You'll always get what you  
always got**