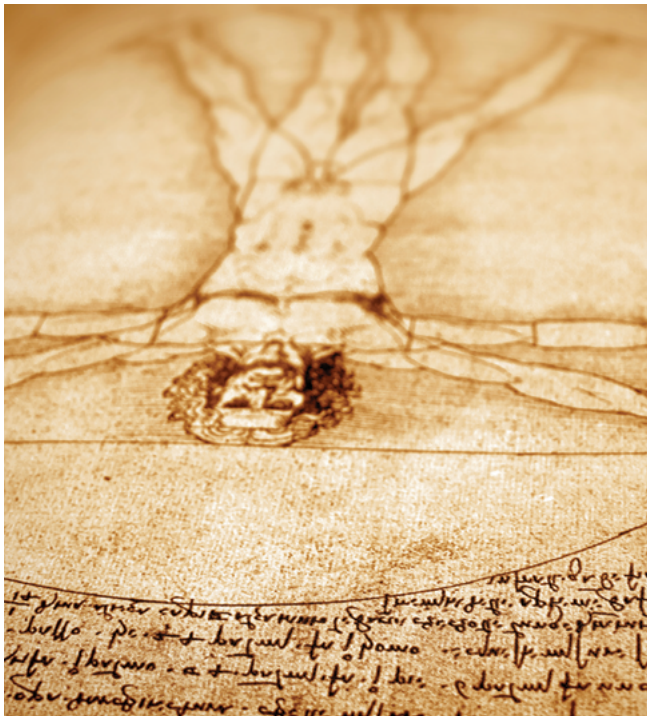
On the Job. Getting the Most Out of a Functional Capacity Evaluation

By Michelle Buckman

Functional capacity evaluations (FCEs) are used in the workers' compensation industry to help objectively measure a patient's ability to perform the physical demands required by a job. Often conducted by specially trained physical therapists or occupational therapists, FCEs are physical evaluations of an injured worker's strength, endurance, speed, flexibility, and physical effort in the work environment.

An FCE can supply a provider with the information needed to lay the foundation of a treatment plan, or it can be used to measure the physical abilities of an injured employee before and after a rehabilitation program. FCEs also can help determine if and when injured workers are ready to return to work, with or without restrictions. Some companies use them to determine disability ratings.



The evolution of FCE tools began in the mid-1980s, when state workers' compensation systems started requiring specific functional information to expedite the return-to-work process. Key contributors in the development of FCEs include Leonard and Roy Matheson, Susan Isernhagen, and Keith Blankenship, among others.

Since their creation, these and subsequent tools have undergone significant clinical assessment for reliability and validity. Today, there are a number of validated FCE tools in the marketplace, including:

- Isernhagen (WorkWell)
- Epic Lift Capacity
- Ergo-Kit FCE
- Ergoscience
- Blankenship
- Arcon
- Key Systems

No matter which evaluation tool is used, it is important to define and execute best-practice FCE administration since currently there are no regulations that specify minimum standards for training, certification, documentation, or communication. Physicians, physical therapists, employers, case managers, and claims professionals all need to be aware of how the quality of administration can impact and influence the value and reliability of an FCE and, ultimately, the overall outcome of the case.

Below are some best practices to consider before performing, reviewing, and requesting the next FCE:

Understand the Purpose. It is important to understand the purpose for administering the FCE and communicate that purpose to the evaluator. According to the American Physical Therapy Association, an FCE is defined as follows:

"[It is] a detailed examination and evaluation that objectively measures the patient's current level of function, primarily within the context of the demands of competitive employment. Measurements of function from an FCE are compared to the physical demands of a job or other functional activities, and are used to make return-to-work/activity decisions, disability determinations, or to generate a rehabilitation plan. An FCE measures the ability of an individual to perform functional or work-related tasks and predicts the potential to sustain these tasks over a defined time frame."

Clearly, objective functional information can be helpful to support safe return-to-work decisions. This information also can be beneficial in situations where the patient's progress has plateaued or when there is a discrepancy between subjective complaints and objective findings. Some employers even use the findings to support hiring decisions.

Given the various purposes, it's important for the evaluating provider to know the purpose and objectives of the primary care physician, claims manager, and employer.

Be Aware of Timing. The timing of an FCE is critical. For example, if the goal is safe return to work, administering a material handling test too early will result in scores that will not be indicative of full capacity. On the other hand, if the purpose is to evaluate the effectiveness of a treatment strategy, it is best to administer the FCE in the middle of the episode of care so that changes to the intervention plan can be made before the patient completes the care. Administering the evaluation too late may not give the treating provider sufficient time to change treatment plans or address psychosocial factors.

Consider Outside Factors. FCE data must be considered in context, taking into account outside factors such as employer, payer, and co-worker influences. It must be examined along with information regarding family, social, and economic resources and any psychosocial barriers to recovery that have been identified. Sometimes communication barriers can preclude the understanding of instructions. Contraindications for an FCE include cases in which the injured worker is not medically stable or where testing could compromise safety.

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Documentation Is Key. Thorough documentation during the FCE is critical in helping to develop the right treatment plan, support effective decision-making, promote positive outcomes, and manage claims appropriately. The patient, provider, and payer all benefit from clear, consistent, and thorough documentation that delivers information regarding the history of treatment, the effect of outside influencers, progress, and expectations.

Communication Between Stakeholders. Regular communication among the referring physician, the treating therapist, the claims professional, the injured worker, and the employer is critical in aligning expectations and promoting the best outcome. Injured workers also should be educated in advance of the evaluation so as to be prepared for the length of the evaluation (which can last from four to 16 hours). Understanding what to expect takes some anxiety out of the process and causes patients to be more cooperative.

Understanding the nature and purpose of FCEs and then identifying and implementing best practices for administration is the first step in developing an effective treatment plan. The benefit to all workers' compensation disability patients, their providers, and payers will be enormous. CM

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