APPENDIX A

FUNCTIONAL CAPACITY EVALUATION EXPLANATION AND CONSENT FORM

You are here to take some tests to measure how you can do some tasks. These tests are like some that may be required of you at work. The results of these tests will be provided to you, your attorney, if represented, your doctors and your employer and their workers' compensation insurance carrier.

This form is to make sure that you understand the test and what you will be asked to do. Please read each question and answer it so that we will know that you understand what you are about to do. You will receive a copy of this form to keep with you and you may look at it at any time.

____
Print your name

1. Have you used any drugs or alcohol during the last three days? This includes any pain or prescription drugs.

   9 Yes 9 No

   If "Yes", please describe the type of drugs or alcohol you have used, when you took the drugs or alcohol and how much you took.

   ____
   ____

2. It is important that you understand how to do each of the tasks. You will be given verbal instructions as to how to perform each task. When the person giving you the test is finished with the instructions, he or she will ask you if you understand. If you do not understand, you have the right to ask for an actual demonstration of the task. You should not do any requested task until you understand what you are being asked to do.

   Do you agree not to do a task until you fully understand what you are supposed to do?

   9 Yes 9 No

3. This test is designed to determine your ability to perform different tasks. It is important that you give your best safe effort on each task.

   Do you agree to give your best safe effort on each task?

   9 Yes 9 No

   If "No", why not? ____
   ____

APPENDIX A

FUNCTIONAL CAPACITY EVALUATION EXPLANATION AND CONSENT FORM - Continued

4. Some of the tasks you may be asked to do may be hard to do. The person giving you the test may decide that you have performed the tasks incorrectly and ask you to repeat them.

   Do you agree to repeat tasks if asked to do so?
   ☐ Yes ☐ No

   If "No", why not? ______________________________________
   ____
   ____

5. Do you understand that you may refuse to do any task?
   ☐ Yes ☐ No

   a. If you refuse to do the task, the report will have to note that you refused and you will be allowed to explain why you did not think you should do so. Your explanation will be included "word-for-word" in any final report.

      Do you agree to give an explanation to the person giving you the test if you refuse to perform a task?
      ☐ Yes ☐ No

      If "No", why not? ______________________________________
      ____
      ____

   b. These tests are designed to reduce the risk of injury. You are the only person who can tell the person giving you the test if you have an increase in discomfort or pain while you are doing the tasks. If your pain increases while doing the tasks, it is very important that you immediately tell the person giving you the test and describe the location and type of pain as accurately as possible so that he/she can decide if it is safe for you to continue. Even if he/she feels it is safe to go for-ward, but you do not wish to continue the testing, you have the right to stop the testing. However, you will be asked to explain why you do not want to go forward with any further testing. The written report will include your explanation "word-for-word."

      Do you agree to tell the person giving you the test if your pain or discomfort increases while doing a task?
      ☐ Yes ☐ No

      If "No", why not? ______________________________________
      ____
      ____

APPENDIX A

FUNCTIONAL CAPACITY EVALUATION EXPLANATION AND CONSENT FORM - Continued

6. You may get copies of any and all records used in preparing the final report.

   Do you understand you have a right to get copies?
   9 Yes 9 No

   If "No", what questions do you have? ______________________________
   ____

7. Are you ready to start taking the tests?
   9 Yes 9 No

   If "No", why not? ____
   ____
   ____

______________________________ ______________

Sign your name Today's Date

APPENDIX B

QUESTIONS TO BE ADDRESSED DURING THIS FUNCTIONAL CAPACITY EVALUATION

In referring this patient for functional capacity evaluation, every attempt will be made to address those specific questions you have regarding function.

To assist you in this process, the following questions have been developed. The majority of these areas will be automatically addressed in the evaluation. Please check off those elements that you wish specifically addressed in this evaluation. In doing so, we will attempt to address these factors in our written report.

9 Determine current functional capacity.

9 Assess patient's current degree of effort.

9 Specific range-of-motion assessment of the affected area per the AMA Guides To The Evaluation of Permanent Impairment, Third Edition (revised).

9 Identify non-material tolerance levels (i.e., sitting, standing, stooping, etc.).

9 Identify upper extremity levels of function as it relates to job function and ADL functions.

9 Ability to return to regular job duties or modified job duties.

9 Other: ____

____

____

____

____

____
Print Patient's Full Name

____
Referring Provider
Print your name

____
Referring Provider
Sign your name

____
Today's Date

APPENDIX C

RISK STRATIFICATION

A careful evaluation of individuals prior to exercise testing or exercise participation is important for numerous reasons including the following:

- to assure the safety of exercise testing and subsequent exercise programs;
- to determine the appropriate type of exercise test or exercise program;
- to identify those in need of more comprehensive medical evaluation; and
- to make appropriate recommendations for an exercise program.

It is recommended that persons interested in participation in organized exercise programs be evaluated by the criteria presented the following tables.

Individuals considered for exercise testing or those who plan to increase their physical activity are classified into three risk strata:

1. Apparently healthy - those who are asymptomatic and apparently healthy with no more than one major coronary risk factor (see Table 1).

2. Individuals at higher risk - those who have symptoms suggestive of possible cardiopulmonary or metabolic disease (see Table 2) and/or two or more major coronary risk factors (see Table 1).

3. Individuals with disease - those with known cardiac, pulmonary or metabolic disease.

Results of exercise testing may dictate reclassification of individuals prior to exercise training.

The following tables are in accordance with the American College of Sports Medicine Guidelines for Exercise Test Administration and the American Heart Association.

APPENDIX C

RISK STRATIFICATION – Continued

Table 1

Major Coronary Risk Factors

1. Diagnosed hypertension or systolic blood pressure $ 160 or diastolic blood pressure $90 mmHG on at least 2 separate occasions, or on antihypertensive medication.
2. Serum cholesterol $6.20 mmol/L ($240 mg/dl).
3. Cigarette smoking.
4. Diabetes mellitus*.
5. Family history of coronary or other atherosclerotic disease in parents or siblings prior to age 55.

*Persons with insulin dependent diabetes mellitus (IDDM) who are over 30 years of age, or have had IDDM for more than 15 years, and persons with non-insulin dependent diabetes mellitus who are over 35 years of age should be classified as patients with disease and treated according to the guidelines in Table 1-3.

Table 2

Major Symptoms or Signs Suggestive of Cardiopulmonary or Metabolic Disease*

1. Pain or discomfort in the chest or surrounding areas that appears to be ischemic in nature.
2. Unaccustomed shortness of breath or shortness of breath with mild exertion.
3. Dizziness or syncope.
4. Orthopnes/paroxysmal nocturnal dyspnea.
5. Ankle edema.
6. Palpitations or tachycardia.
7. Claudication.
8. Known heart murmur.

*These symptoms must be interpreted in the clinical context in which they appear, since they are not all specific for cardiopulmonary or metabolic diseases.

Table 3 Guidelines for Exercise Testing and Participation

	Apparently Healthy		Higher Risk[1]		
	Younger #40 yr men #50 yr women	Older	No Symptoms	Symptoms	With[2] Disease
Medical exam and diagnostic exercise test recommended prior to:					
Moderate exercise[3]	No[4]	No	No	Yes	Yes
Vigorous exercise[5]	No	Yes[6]	Yes	Yes	Yes
Physical supervision recommended during exercise test:					
Sub-maximal testing	No	No	No	Yes	Yes
Maximal testing	No	Yes	Yes	Yes	Yes

[1] Persons with two or more risk factors (Table 1) or symptoms (Table 2).

[2] Persons with known cardiac, pulmonary or metabolic disease.

[3] Moderate exercise (exercise intensity 40-60% VO_{2max}). Exercise intensity well within the individual's current capacity and can be comfortably sustained for a prolonged period of time, i.e., 60 minutes, slow progression and generally non-competitive.

[4] The "no" responses in this table mean that an item is "not necessary." The "no" response does not mean that the item should not be done.

[5] Vigorous exercise (exercise intensity >60% VO_{2max}). Exercise intense enough to represent a substantial challenge and which would ordinarily result in fatigue within 20 minutes.

[6] A "yes" response means that an item is recommended.

APPENDIX D

CUMULATIVE TRAUMA WORK RESTRICTION GUIDELINES FOR THE UPPER EXTREMITY

PATIENT:________________________________ **DATE OF INJURY:** ________________

PHYSICIAN:______________________________ **DATE OF EXAM:** __________________

JOB/POSITION AT TIME OF INJURY: ____

PATIENT'S EMPLOYER:____

Upper Extremity Restrictions are based upon an 8-hour day

OCCASIONALLY = ACTIVITY to be performed 0-32% of the day (0-2.5 hrs)
FREQUENTLY = ACTIVITY to be performed 33-65% of the day (2.6-5.25 hrs)
CONTINUALLY = ACTIVITY to be performed 66-100% of the day (5.26-8 hrs)

	OCCASIONAL	FREQUENT	CONTINUAL
STRENGTH			
Forceful grip greater than 10#			
Forceful grip greater than 20#			
Sustained pinch, grip or material handling			
REPETITIVE MOTIONS			
Repetitive wrist motions			
Repetitive forearm turning (sup/pro)			
Repetitive/high speed finger movement, pinching, grasping			
Repetitive reaching above the shoulder			
Repetitive reaching behind the body			
PROLONGED/STATIC MOTIONS			
Static holding of arms away from body			
Awkward position of arm			
Sustained elbow bending			
ENVIRONMENTAL			
Exposure to heat >70E			
Exposure to cold >50E			
Exposure to vibration			
Exposure to sharp edges/hand/wrist/forearm			
Required use of gloves			

APPENDIX D

CUMULATIVE TRAUMA WORK RESTRICTIONS FOR THE UPPER EXTREMITY

RETURN TO WORK WITH THE FOLLOWING INSTRUCTIONS:

---

9 Return to Regular Work - Date: _____________
Regular work is defined as an occupation which the patient regularly performed at the time of injury)

---

9 Return to Modified Work with Above Restrictions - Date: ________________
Other: ____

---

9 Unable to Return to Work - Date: ____________

9 Return to Physician

Work should be done for ________ minutes alternating with other tasks.

Momentary breaks for stretching and circulation management for ________ seconds/mins. per ________

Comments:
____

Therapist: ____ **Date:** __________________

APPENDIX E

FUNCTIONAL CAPACITY EVALUATION DATA SHEETS

PATIENT:____DATE OF INJURY:____________

PHYSICIAN:______________________________________DATE OF EXAM:______________

JOB/POSITION AT TIME OF INJURY:____

PATIENT'S EMPLOYER:____

Patient has demonstrated the ability in a testing environment to perform work in the following capacity:

9 VERY HEAVY (Over 100#) 9 HEAVY (100# MAX) 9 MEDIUM (50# MAX) 9 LIGHT (20# MAX) 9 SEDENTARY (10# MAX)

Occasional indicates 1-33% performance level
Frequent indicates 34-66% performance level
Constant indicates 67-100% performance level

LIFTING CAPACITY (DYNAMIC)						
	OCCASIONAL	FREQUENT	CONSTANT	JOB REQUIREMENT	ADEQUATE FOR JOB?	
					YES	NO
FLOOR TO KNUCKLE						
KNUCKLE TO SHOULDER						
SHOULDER TO OVERHEAD						
CARRY						
PUSH						
PULL						

CONSISTENCY TESTING					
TEST	AVG	S.D.	C.V.	CONSISTENT?	
				YES	NO

comments:

NON-MATERIAL ACTIVITIES (POSITIONAL TOLERANCES)						
	OCCASIONAL	FREQUENT	CONSTANT	JOB REQUIREMENT	ADEQUATE FOR JOB?	
					YES	NO
SITTING						
STANDING						
WALKING						
STAIR CLIMB						
LADDER CLIMB						
STATIC BEND						
OVERHEAD REACH						
CRAWL						
SQUAT						
KNEEL						
STOOP						
CROUCH						

FUNCTIONAL CAPACITY EVALUATION DATA SHEETS - Continued

RETURN TO WORK WITH THE FOLLOWING INSTRUCTIONS:

9 Return to Regular Work (Regular work is defined as an occupation which the patient regularly performed at the time of injury).

9 Return to Modified Work with Above Restrictions Other: ______________________

9 Unable to Return to regular Work

9 Return to Physician

Comments: ____

CPMSTAS 10/19/93

Therapist: ______________________________________ Date: __________

Physician Approval ____yes or ____no. Any physician instructions and/or modifications?

____

____

____

Physician Signature______________________________**Date**____________

APPENDIX F

NARRATIVE REPORT CONTENT

Report Title
Patient Identification Data
Summary and Recommendations
Pertinent Evaluation Questions
Intake Data
- Medical History
- Referral Source
- Symptom Profile
- Medication Use
- Occupational History
- Critical Physical Demands of job at time of injury
- Verification of physical demands being corroborated with employer, if necessary

Demonstrated Motivation
Range-of-Motion/Flexibility/Gross Mobility
Grip Strength
Fine Motor Coordination Evaluation, if used
Aerobic Screening
Non-Material Handling Activities - Generic
Material Handling Activities
ADL Profile
Self-Perceived Disability Profile
Non-Material Handling Activities - Job Specific
Job Match Analysis
Next Day Follow-up
Signatures

APPENDIX G

GLOSSARY OF TERMS

ABSOLUTE CONTRAINDICATIONS - Medical symptomatology, conditions or diagnoses that would preclude an individual from participating in a functional capacity evaluation.

ACTIVE RANGE-OF-MOTION (AROM) - Range-of-motion testing completed by the individual moving the joint independently of any assistance from another person or a machine. See RANGE-OF-MOTION (ROM).

ACTIVITIES OF DAILY LIVING (ADL) - From the field of Occupational Therapy, this term connotes an individual's ability to participate in personal care activities (i.e., bathing, dressing, grooming), communication (i.e., writing, phone use), and home maintenance activities (i.e., cleaning, meal preparation).

ACUTE PAIN - The sudden onset of pain attended by a brief course and severe symptoms.

AEROBIC CAPACITY ASSESSMENT - Submaximal screening of an individual's ability to sustain exertion at an aerobic level. Measurement is expressed by MET LEVEL.

ASSISTIVE/ADAPTIVE EQUIPMENT - Equipment, devices, or products used by an individual to improve pain management, mobility or independent function.

BALANCE - Maintaining body equilibrium to prevent falling when walking, standing, crouching, or running on narrow, slippery, or erratically moving surfaces; or maintaining body equilibrium when performing gymnastic feats.

BASELINE EVALUATION - A brief screening of an individual's abilities prior to design of a more in-depth evaluation or treatment process.

BENDING - See STOOPING.

CARDIOVASCULAR PROFILE - A questionnaire designed to identify high risk lifestyle and/or health factors pertinent to the heard and circulatory system.

CARRYING - Transporting an object, usually holding it in the hands or arms or on the shoulder. One of the four primary strength physical requirements; See also LIFT, PUSH AND PULL.

APPENDIX G

GLOSSARY OF TERMS - Continued

CHRONIC PAIN - Decline in symptomatic recovery despite assumed completion of tissue healing following initial trauma. A condition generally becomes chronic 6-12 weeks after onset.

CLIMBING - Ascending or descending ladders, stairs, scaffolding, ramps, poles, ropes, and the like, using the feet and legs and/or hands and arms.

COEFFICIENT OF VARIATION - A statistical calculation in which the mean of a set of data is divided by the standard deviation. A measure of the proportion of variability of a set of scores that are based on a ratio scale with true zero.

CRAWLING - Moving about on the hands and knees or hands and feet.

CRITICAL PHYSICAL DEMANDS - Physical demands are those physical activities required of a worker in a job. Critical physical demands serve as a means of expressing both the physical requirements of the job and the physical capacities (special physical traits) a worker must have to meet the requirements. For example, "seeing" is the name of a physical demand required by many jobs (perceiving the sense of vision), and also the name of a specific capacity possessed by many people (having the power of sight). The worker must possess physical capacities at lease in an amount equal to the physical demands made by the job. A critical physical demand is essential to completing the function of the work task. A corollary term to ESSENTIAL JOB JUNCTION.

CROUCHING - Bending the body downward and forward by bending the legs and spine.

CUMULATIVE TRAUMA DISORDER (CTD) - Also known as Overuse Syndrome, repetitive motion disorder, repetitive strain injury. Characterized by a slow onset of microtrauma to muscles, ligaments or other soft tissue; through a combination of force, repetition and awkward postures. This disorder is more prevalent among working people than among the general population.

DEMONSTRATED MOTIVATION - A term indicating a formal screening procedure to determine an individuals ability to put forth maximum and consistent effort. Isolated strength testing of a non-injured extremity is completed over a prescribed series of trials. A statistical calculation of coefficient of variation is then made to objectively identify a pattern of consistency. This level of performance is stable in a manner consistent with the individual's biomechanical psychophysical and metabolic/cardiovascular capacity.

GLOSSARY OF TERMS – Continued

DICTIONARY OF OCCUPATIONAL TITLES (DOT) - Publication distributed by the U.S. Department of Labor. It is a compendium of job titles and job descriptions; organized by a codification that includes physical demands and surroundings, environmental conditions, hazards, and aptitudes.

DRIVING - The ability to safely operate machinery such as an automobile, fork lift, truck or heavy equipment.

DYNAMIC STRENGTH EVALUATION - The process of testing an individual's strength during functional activities, lifting or in conjunction with evaluation devices; active motion of the extremity joints and/or muscle groups take place as a course of this evaluation.

EVALUATION - Process of assessment according to a defined set of criteria.

EVALUATION GUIDELINES (NIOSH)

> **Safety:** rigorous adherence to procedures that are accepted standards of community practice.
> **Reliability:** the degree to which the evaluee's performance is considered overtime.
> **Validity:** documentation of how a measure of performance is related to a true criterion statistical validation and content validation.
> **Practicality:** evaluation must be reasonably easy to administer, accepted by evaluee, and of reasonable cost.
> **Utility:** to what end does the data predict future outcome/ disposition of the evaluee.

FEELING - Perceiving such attributes of objects and materials as size, shape, temperature, or texture, by means of receptors in the skin, particularly those of the finger tips.

FINE MOTOR COORDINATION - Ability to coordinate eyes and hands or fingers rapidly and accurately in making precise movements with speed. Ability to make a movement response accurately and quickly.

FINGERING - Picking, pinching or otherwise working with the fingers primarily (rather than with the whole hand or arms as in handling).

APPENDIX G

GLOSSARY OF TERMS – Continued

FUNCTIONAL CAPACITY EVALUATION (FCE) - Interchangeable with Physical Capacity Evaluation, Functional Capacity Assessment, Work Capacity Evaluation, Work Tolerance Screening. An intensive short-term (usually one day) evaluation that focuses on major physical tolerance abilities related to musculoskeletal strength, endurance, speed and flexibility. An individual's ability to sustain work performance based upon their present medical, physical and psychological state is described in work relevant terms. See MATERIAL HANDLING ACTIVITY and NON-MATERIAL HANDLING ACTIVITY.

FUNCTIONAL TOLERANCE - A physical tolerance needed to dependably sustain a work task. See CRITICAL PHYSICAL DEMAND.

GENTLE CONFRONTATION - A technique whereby a patient is approached in a discussion with inconsistencies in his performance, told how a report of such performance to his physician and/or insurance carrier may impact on his insurance benefits, and given an opportunity to re-perform a segment of an evaluation.

GRIP STRENGTH - The ability to maintain forceful grip using gross grasp (closed fist), measured by a hand dynamometer.

HAND DYNAMOMETER - Evaluation device used to measure degree of forceful grip using gross grasp (closed fist).

HANDLING - Seizing, holding, grasping, turning, or otherwise working with the hand or hands (fingering not involved).

HEAVY WORK - Lifting 100 pounds maximum with frequent lifting and/or carrying of object weighing up-to-50 pounds.

ISOMETRIC CONTRACTION - A muscular contraction where no change in the length of the muscle takes place. This can be performed against an immovable object such as wall, or barbell, or a weight machine loaded beyond the maximal concentric strength of an individual.

ISOTRUNK MACHINE - A computerized strength evaluation device that focuses on measurement of truncal movement including rotation.

JOB ANALYSIS - The process of systematically evaluating a specific work task or tasks. This includes application ergonomic principles to measure biomechanical, cardiovascular and metabolic demands (i.e., frequency, force, etc.). It may also include how the worker interacts with data, people, things. Use of machines, tools, equipment, and work aids is also measured.

JOB-SPECIFIC SUSTAINED ACTIVITY TOLERANCE - Actual work requirements based on the expectation of the employer for quality or quantity of work. An established expectation in industry is that a worker must sustain productive work for a minimum of 120 minutes or two hours. The three most common sustained activity tolerances are the physical demands of sitting, standing or walking; or a combination of all three.

KNEELING - Bending the legs at the knees to come to rest on the knee or knees.

LIFTING - Raising or lowering an object from one level to another (includes upward pulling). One of the four primary strength physical requirements. See also CARRY, PUSH, PULL.

LIGHT WORK - Lifting 20 pounds maximum with frequent lifting and/or carrying of objects weighing up-to-10 pounds. Even though the weight lifted may be only a negligible amount, a job is in this category when wit requires walking or standing to a significant degree of pushing and pulling of arm and/or leg controls.

MAGNIFIED ILLNESS BEHAVIOR - Taken from the work of Pilowsky on Abnormal Illness Behavior, and the work of Matheson on Symptom Magnification Syndrome: This term describes a complex biopsychosocial reaction by an individual to the onset of an illness or injury. Unusual, unexpected or pronounced responses to symptomatology changes in medical regime or rehabilitation are noted.

MALINGERING - A medical-legal term used by physicians, psychologists, psychiatrists and attorneys. It indicates the conscious and willful misrepresentation of illness or symptoms in order to escape work duties and/or for financial compensation.

MATERIALS HANDLING ACTIVITY - A subset of FUNCTIONAL CAPACITY EVALUATION. A measure of the four strength physical requirements for work. See also LIFT, CARRY, PUSH AND PULL.

MAXIMUM VOLUNTARY EFFORT - A measured level of performance which is stable in a manner consistent with an individual's biomechanical, psychophysical and metabolic/cardiovascular capacity. Such testing is needed to validate the physical capacity data collected during a functional capacity evaluation. See DEMONSTRATED MOTIVATION.

MEDIUM WORK - Lifting 50 pounds maximum with frequent lifting and/or carrying of objects weighing up-to-25 pounds.

APPENDIX G

GLOSSARY OF TERMS – Continued

MET LEVEL - Abbreviation for METABOLIC EQUIVALENCY LEVEL. A calculation is made to quantify the amount of energy expended, related to an individual's body size. In the domain of work evaluation, testing of MET Levels will identify an individual's general fitness level and a match to physical/metabolic levels of a job task can be made.

MODIFIED JOB DUTY - Variation adjustment of regular job duties for a temporary period of time, towards transitioning a worker with identified health needs back to established work duties.

MUSCULOSKELETAL SCREENING - Includes observation/measurement of joint motion, muscle strength and flexibility, palpation and screening for neurologic signs.

NEUROLOGICAL SIGNS - Accepted examination techniques, test procedures or reports of symptomatology that indicate a change in nerve function or integrity.

NON-MATERIAL HANDLING ACTIVITY - A subset of FUNCTIONAL CAPACITY EVALUATION, this includes the generic physical demands of sit, stand, walk, stoop, kneel, crouch, reach, handle, finger, feel, climb, balance, driving. Job-specific non-material handling activities may include keyboard use, tool use, fine-motor coordination and other job-specific work activities. See POSITIONAL TOLERANCE.

NON-ORGANIC SIGNS - A test procedure designed to identify physical responses or verbalizations of symptoms by a patient. These responses are then compared for consistency to established data in the medical literature. Individuals presenting with evidence of magnified illness behavior or symptom magnification syndrome may report a false positive to these signs.

OBJECTIVE MEASUREMENT - One in which the evaluator's personal opinions cannot bias the test results.

OBSERVATION - Using the senses of vision and hearing to gather information about an individual's performance or presentation.

PAIN DRAWING - Presented with a drawn outline of the body or a body part, and individual is able to describe distribution and type of pain symptomatology free of language or communication barriers.

APPENDIX G

GLOSSARY OF TERMS - Continued

PHYSICAL DEMANDS - The physical requirements made on the worker by the specific job-worker situation. They include strength (lifting, carrying, pushing, and/or pulling), climbing or balancing, stooping, kneeling, crouching and/or crawling, reaching, handling, fingering and/or feeling, talking and/or hearing and seeing.

POSITIONAL TOLERANCE - See NON-MATERIAL HANDLING ACTIVITY.

PUSH - Exerting force upon an object so that the object moves away from the force (includes slapping, striking, kicking, and treadle actions).

PULL - Exerting force upon an object so that the object moves toward the force (including jerking).

PUSH-PULL DYNAMOMETER - Evaluation device used to measure degree of force exerted in either pushing or pulling. May be measured either isometrically (static) or dynamically.

RANGE-OF-MOTION (ROM) - A joint's capacity to move from one position to another. ROM is dependent upon the structure of the bones comprising the joint, the length of the muscle ligament, the elasticity of the tendinous tissue, and the distribution of body fat. Measured with a goniometer.

REACHING - Extending the hands and arms in any direction.

REACHING ABOVE SHOULDER - Movement of arm above 90E shoulder flexion.

REACHING BELOW SHOULDER - Movement of the arm from 0E shoulder flexion up to less than 90E.

REACHING OVERHEAD - Movement of arm in full shoulder flexion.

REPETITIVE - The act of performing continuously the same work, according to set procedures, sequence or pace. Considered to be an activity occurring frequently, or at least one time every two minutes.

RESTRICTED DUTY - See MODIFIED JOB DUTY.

SEDENTARY WORK - Lifting 10 pounds maximum and occasionally lifting and/or carrying such articles as dockets, ledgers, and small tools. Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in

APPENDIX G

GLOSSARY OF TERMS – Continued

carrying out job duties. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.

STANDARD DEVIATION (SD) - An estimate of the distribution or spread of the data; normally used to describe the distribution of the population being studied.

STOOPING - Bending the body downward and forward by bending the spine at the waist. Also known as BENDING.

STATIC - To maintain a position without change in joint motion or muscle length.

STATIC STRENGTH EVALUATION - The process of testing an individual's strength in an isometric or static fashion. No motion of extremity joints or muscle groups take place.

SUBJECTIVE REPORT - One in which the evaluator's personal opinions can bias the test results.

SQUATTING - See CROUCHING.

SYMPTOM MAGNIFICATION SYNDROME - A concept developed by Leonard Matheson, Ph.D., whereby an individual either consciously or unconsciously magnifies his overt symptomatology out of proportion to the organic causative factors contributing to his symptoms.

SYMPTOM MAGNIFICATION SYNDROME (LEONARD MATHESON, PH.D.)* - In that it is often difficult to accurately discern intent and distinguish among malingering, factitious disorder, somatoform disorder, etc., Dr. Matheson has suggested that we concentrate on the end result of the intend or psychopathology (i.e., the individual's function and behavior). Symptom Magnification Syndrome is more often than not, but not always, an unconscious phenomenon of which the individual has little insight:

- The degree to which the patient is **negotiating with his or her symptoms.** Symptom magnifiers typically are controlled by their symptoms and do not make attempts to utilize available symptom control strategies.

- The degree to which the **functional limitations are magnified** beyond what can reasonably be expected with the presenting impairments. Symptom magnifiers demonstrate a consistent pattern of explained by the patholphysiology or anatomic disruption that has been identified.

APPENDIX G

GLOSSARY OF TERMS - Continued

- The degree to which the **symptoms control the individual's external environment.** Symptom magnifiers typically do not exhibit volitional control over their circumstances in contrast to allowing the symptoms to take control and responsibility over their activities, relationships and responsibilities.

  * Material taken from: Matheson LN. Symptom magnification case book. Employment and Rehabilitation Institute of California, 1987.; Matheson LN. Symptom magnification syndrome. In: Isernhagen SJ, ed. Work injury: management & prevention. New York: Aspen Publishers, 1988.; Matheson LN. Symptom magnification syndrome. Journal of the California Association of Rehabilitation Professionals 1987 Spring.

VALIDITY - See EVALUATION GUIDELINES.

VERY HEAVY WORK - Lifting more than 100 pounds with frequent lifting and/or carrying of objects weighing up-to-100 pounds.

WORK HABITS - Those aspects of behavior in a work setting that enable a person to meet the demands of his job in accordance to employment standards. This includes such areas as attendance, punctuality, hygiene, social behavior, team work, cooperation, ability to accept constructive criticism, ability to accept supervision, effort, initiative, perseverance, dependability, meeting work schedules, attention to detail, housekeeping, neatness in work performed, careful with materials and property, and safety awareness.

WORK HARDENING - A systematic approach of gradually progressive, work-related activities performed with correct body mechanics which recondition the individual's musculoskeletal, cardiorespiratory, and psychomotor systems to prepare that individual to return to work. A progressive aggressive physical reconditioning process that prepares injured workers physically, mentally and emotionally to safely return to work at the end of the process.

WORK TOLERANCE - The observed and measured physical competence to perform the physical demands of work tasks. Measured as the ability to sustain a given work effort at a prescribed frequency over a given period of time. Commonly measured work tolerances include sitting, standing, reaching, kneeling, stooping, crouching, pushing, pulling, walking, climbing, handling, fingering, feeling, gripping, talking, listening, and seeing.