

# Functional Capacity Evaluation Consent

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We would like to thank you for choosing us for your functional capacity evaluation.

Your **Doctor** has requested your participation in this evaluation but you should be aware that this is a voluntary evaluation and we need your permission to perform it.

**Functional Capacity Evaluation (FCE):** This is a comprehensive evaluation designed to determine your tolerance and physical abilities to perform your required job demands or to test your overall functional abilities at this time. You have the right to stop any test during this evaluation however the medical tester will be looking for your maximum effort during testing.

- This evaluation requires your maximum effort during all tasks in order to determine accurate recommendations to your physician and or employer.
  - There are tests that tell us if you are giving your best effort during testing. This effort is determined by the testing procedures and the objective data gathered and in no way is based on an opinion of your evaluator
- This evaluation may take 3-4 hours in order to complete in the entirety.

It is possible for your pain to increase during this evaluation

- Some pain may be normal when you perform activities but this does not necessarily mean you have been injured.
- During testing we will be using a functionally based pain scale. This is being used to specifically determine how your pain effects you from performing functionally in a competitive work environment
- You must determine how much pain increase is acceptable for you. The evaluator will be monitoring your pain throughout this test.
- We do not expect you to perform activities that increases your pain to a level that you feel is unsafe
- There will be testing procedures that help to determine if the pain reports you provide can be considered reliable pain reports

The therapist will send the report to your doctor, case manager, employer, and insurance adjustor.

This evaluation will be conducted in several stages:

1. The first is obtaining a brief history of your injury/illness, conducting a musculoskeletal evaluation, and discussing your job duties.
2. The second will consist of demonstrating positional abilities such as: squatting, bending, kneeling, walking, reaching, stair/ladder climbing, and balancing tasks.
3. Next will consist of lifting, carrying, and push/pull. This section will be focused on your maximum ability to perform occasional and frequent abilities.
4. The last aspect may be performing a job simulated task that is appropriate.

At the end of the evaluation, the therapist will discuss the results with you. If at any time during the evaluation if you have any questions/concerns please let us know.

*I hereby have read, reviewed, and am willing to participate in this Functional Capacity Evaluation*

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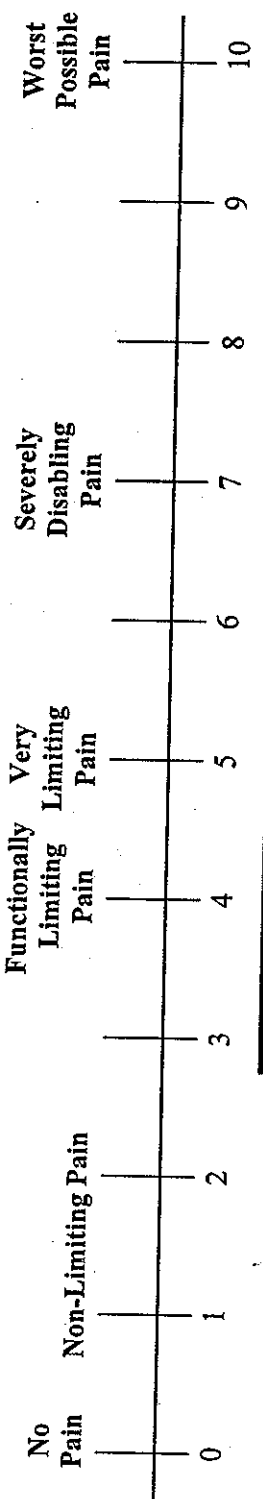
Patient Signature

Date

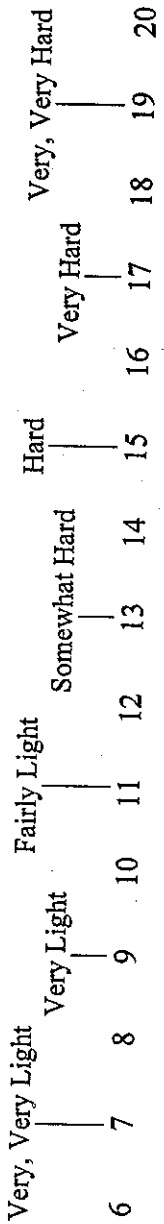




**0-10 OCCUPRO Functional Pain Intensity Scale™**



**Borg CR-20 Rating of Perceived Exertion Scale**



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**0-10 OCCUPRO Functional Pain Intensity Scale™**

Please choose a pain level that best describes the functional effect of your pain. You can use half points if your pain is higher or lower than the descriptions.

- 10 **Worst Possible Pain:** Pain that brings on complete incapacitation and requires immediate emergency hospitalization.
- 8-9 Pain that causes you to cease the entire evaluation/treatment with the potential for seeking medical help.
- 7 **Severely Disabling Pain:** You are unable to move or use the affected area. You have difficulty concentrating on anything but the pain. You will need to leave the area or lie down with pain related tears.
- 6 Pain that begins to cause disability and you will need some time to recover before continuing.
- 5 **Very Limiting Pain:** Pain that causes great difficulty moving or applying strength through the painful area. You are unable to complete the current activity due to this pain.
- 4 **Functionally Limiting Pain:** Pain that begins to cause limits in your present functional abilities.
- 3 Pain that is starting to affect your ability to perform the current activity you are performing.
- 2.5 **Non-Limiting Pain:** You are experiencing pain but not at a level which would limit you from performing the current activity
- 2.5
- 2
- 1.5
- 1
- 0 No Pain or Discomfort



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