



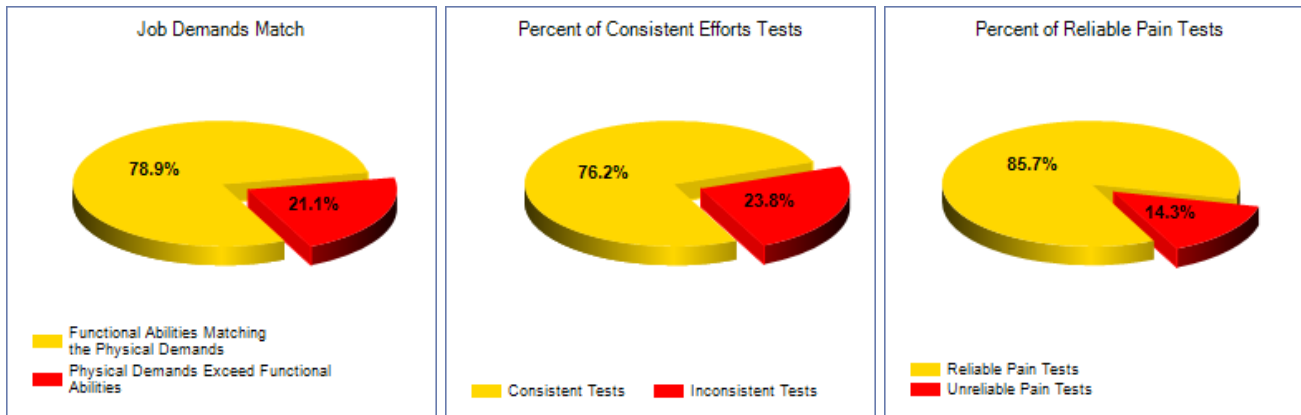
Sample Company
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Functional Capacity Evaluation

Client: John Doe
Gender: Male
Date of Birth: 5/14/1964
Evaluation Date: 3/10/2020
Diagnosis: S/P L4-L5 Fusion
Referring Physician: Joseph Smith, M.D.
Other Physicians: Don Tee, M.D.
Case Manager: Barb Smith
Employer: U.S. Customs Patrol
Occupation: Police Officer
Job Title: Law Enforcement Officer
Date of Injury: 7/5/2019
Surgery: 12/12/2019
Date(s):
Evaluator: John Sample, MS, OTR/L

Results



Material Handling Abilities

- Bilateral Lifting: 50 pounds
Frequent Bilateral Lifting: 25 pounds
Bilateral Carrying: 40 pounds
Bilateral Shoulder Lifting: 25 pounds
Pushing: 50 horizontal force pounds
Pulling: 45 horizontal force pounds

Functional Abilities to Job Demands Match

This job specific evaluation was performed in a 100% kinesio-physical approach and this client demonstrated the ability to perform 78.9% of the physical demands of their job as a Police Officer. The return to work test items this client was unable to achieve successfully during this evaluation include: Occasional Squat Lifting, Frequent Squat Lifting, Occasional Power Lifting, Frequent Power Lifting, Occasional Shoulder Lifting, Occasional Overhead Lifting, Occasional Bilateral Carrying, Frequent Bilateral Carrying, Occasional Unilateral Carrying, Occasional Pushing, Occasional Pulling, Bending, Squatting, Sustained Squatting, Walking, Total Sitting and Suspect Tackling.

Client/Occupation Physical Demand Category

Client demonstrated the ability to perform within the MEDIUM Physical Demand Category based on the definitions developed by the US Department of Labor and outlined in the Dictionary of Occupational Titles, which is below their jobs demand category. Client is presently able to work full time within the MEDIUM physical demand category, while taking into account their need to alternate sitting and standing as noted in this report. It should be noted that this client's job as a Police Officer is classified within the HEAVY Physical Demand Category.

Consistency of Effort

During objective functional testing, this client demonstrated consistent effort throughout 76.2% of this test which would suggest the client put forth full and consistent biomechanical and evidence based effort during this evaluation.

Reliability of Pain Ratings

Throughout objective functional testing, this client reported reliable pain ratings 85.7% of the time which would suggest that pain

could have been considered a limiting factor during functional testing.

## Recommendations

### Return to Work Recommendations

Based on the results of objective functional testing this client demonstrated the ability to return to work on modified/light duty within the functional abilities outlined in this report

## Summary

### Summary / Impression

Mr. Doe consistently demonstrated fair body mechanics throughout the Functional Capacity Evaluation, as evidenced by trunk flexion and only slight knee flexion despite moderate verbal cueing with fair consistency of follow-through.

### Limiting Factors Noted During Testing

During this evaluation, the client was unable to achieve 100% of the physical demands of their job/occupation. The limiting factor(s) noted during these objective functional tests included: Compensatory Techniques, Evaluator Stopped, General Fatigue, Heart Rate Exceeds Aerobic Limiter, Increased Pain, Maximum Effort, Mechanical Changes, Mechanical Deficits and Substitution Patterns.

## Job Demands Match Table

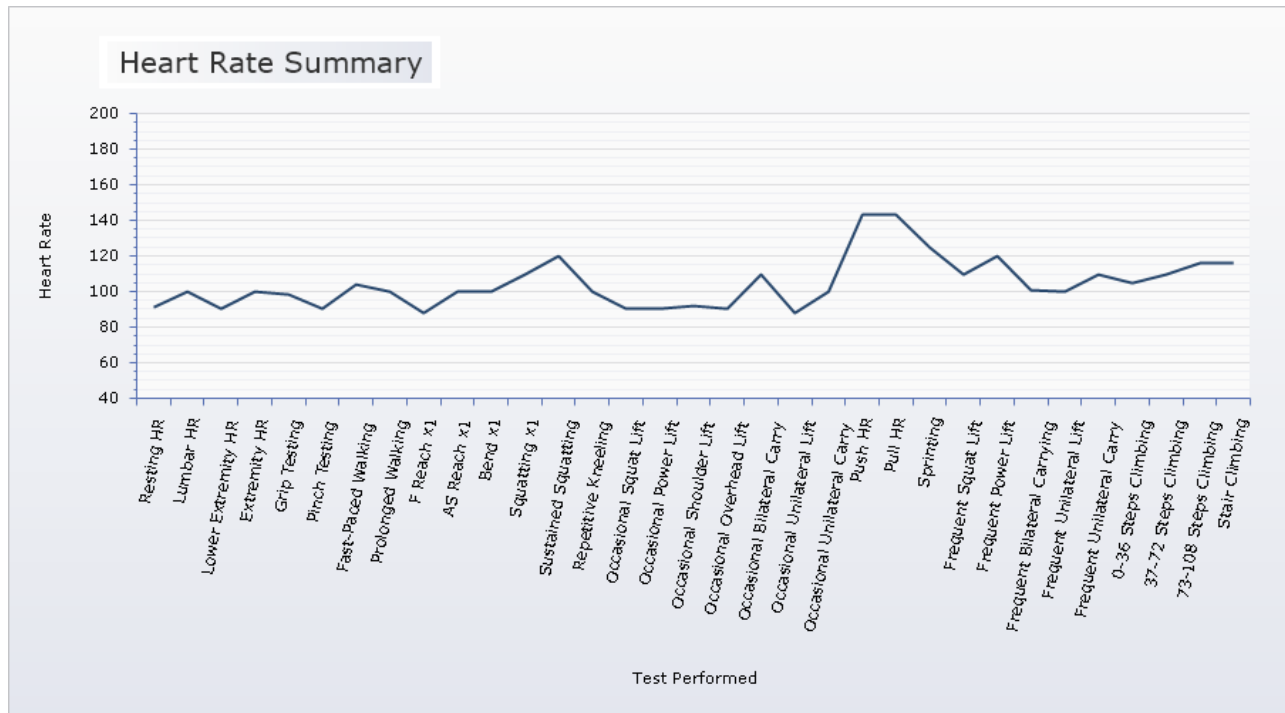
### Vocational Status

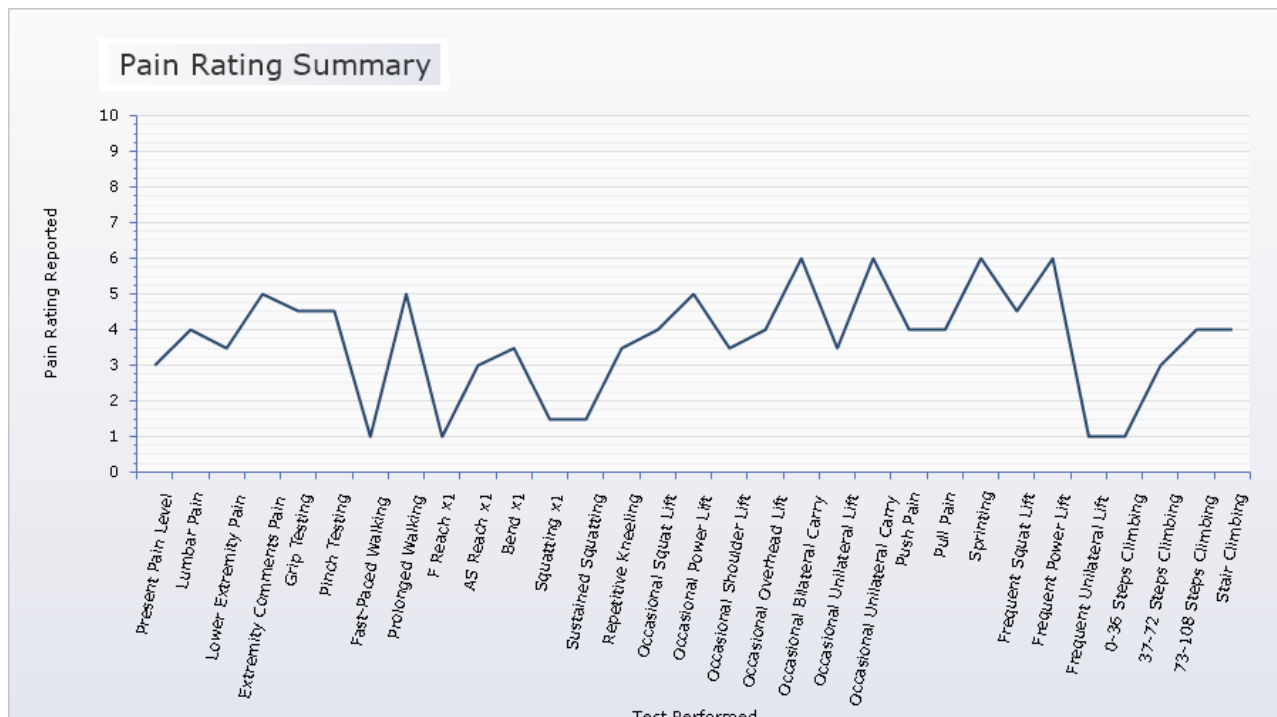
The physical demands for this evaluation were gathered from an On-Site Job Demands Analysis.

	Abilities from 3/10/2020 Evaluation	Physical Demands Gathered From On-Site Job Demands Analysis	Job Demand Match?
<b>Material Handling</b>			
Occasional Squat Lift	55 Pounds	75 Pounds	No
Frequent Squat Lift	20 Pounds	50 Pounds	No
Occasional Power Lift	50 Pounds	75 Pounds	No
Frequent Power Lift	25 Pounds	50 Pounds	No
Occasional Shoulder Lift	25 Pounds	30 Pounds	No
Occasional Overhead Lift	15 Pounds	20 Pounds	No
Occasional Unilateral Lift	25 Pounds	25 Pounds	Yes
Occasional Bilateral Carry	40 Pounds	50 Pounds	No
Frequent Bilateral Carry	20 Pounds	25 Pounds	No
Occasional Unilateral Carry	20 Pounds	25 Pounds	No
Frequent Unilateral Carry	10 Pounds	10 Pounds	Yes
Occasional Pushing	50 HFP	75 HFP	No
Occasional Pulling	45 HFP	75 HFP	No
<b>Upper Extremity</b>			
Gross Coordination	Constant	Constant	Yes
Fine Coordination	Occasional	Occasional	Yes
Simple Grasping	Constant	Constant	Yes
Firm Grasping	Frequent	Frequent	Yes
Pinching	Frequent	Occasional	Yes
<b>Non-Material Handling</b>			
Bending	Avoid	Frequent	No
Squatting	Occasional	Frequent	No
Sustained Squatting	Avoid	Occasional	No
Sustained Kneeling	Occasional	Occasional	Yes
Repetitive Kneeling	Occasional	Occasional	Yes
Walking	Occasional	Frequent	No
Forward Reaching	Constant	Constant	Yes
Above Shoulder Reaching	Frequent	Occasional	Yes
<b>Climbing</b>			
Stair Climbing	Occasional	Occasional	Yes
Static Balance	Occasional	Occasional	Yes

	Abilities from 3/10/2020 Evaluation	Physical Demands Gathered From On-Site Job Demands Analysis	Job Demand Match?
Dynamic Balance	Occasional	Occasional	Yes
<b>Sit-Stand</b>			
Total Sitting	5 hours	6 hours	No
At One Time Sitting	3 hours	2 hours	Yes
Total Standing	6 hours	5 hours	Yes
At One Time Standing	3 hours	1 hour	Yes
<b>Job Specific Testing</b>			
Sprinting	Occasional	Occasional	Yes
Fence Climbing	Occasional	Occasional	Yes
Suspect Tackling	Avoid	Occasional	No

### Basic Diagnostics





## Medical History and Present Status

### Pain Rating Comments

Client reports understanding the OccuPro Functional Pain Scale. Based on pre-testing reported pain levels this client's pain reports could be considered reliable and pain may contribute to functional limits during functional testing.

### History of Present Condition

Mr. John Doe is a 53 y.o. (R) dominant Police Officer who reportedly sustained a work-related injury to his low back on 07/05/19 while lifting a heavy box at the station. He stated that "I thought I just pulled a muscle and it would go away". The client went to see his primary care physician, Dr. Tee, who ordered physical therapy for 3 months. In October, 2019, an MRI was ordered that revealed a herniated disc at L4-L5. The client was then referred to a specialist, Dr. Smith, whom ordered a CT scan and performed a series of three steroid injections in conjunction with physical therapy from October to December, 2019. In December, 2019, the client underwent a lumbar fusion L4-L5. He participated in physical therapy and work hardening program for a total of 5 months. He does not participate in therapy at this time.

### Past Medical History

His past medical history is unremarkable.

### Present Status

Mr. Doe worked restricted duty until the MRI in October, 2019, at which time he was taken off work.

### Medications

The client reported taking Flexiril- 5mg 1x/day and it was taken last evening.

## Musculoskeletal Testing

### Posture

Presents with mild forward head, protracted shoulders, and a flattened back posture, otherwise unremarkable.

### Palpation

No abnormal tone or trigger points evident.

### Reflexes

2+ (B) patellar & Achilles reflexes.

**Lumbar Range of Motion (Inclinometric)**

Movement	Description	Range					
Lumbar Flexion (60°)	T12 ROM	70	70	40	70	70	
	Sacral ROM	10	10	10	10	10	
	Lumbar Flexion Angle	60	60	30	60	60	
	+/-10% or 5	Yes					
Maximum Lumbar Flexion Angle = 60	% Impairment						
Lumbar Extension (25°)	T12 ROM	30	32	29			
	Sacral ROM	5	7	6			
	Lumbar Extension Angle	25	25	23			
	+/-10% or 5	Yes					
Maximum Lumbar Extension Angle = 60	% Impairment						
Straight Leg Raising (SLR), Left	Left SLR	20	20	20			
	+/-10% or 5	Yes					
Straight Leg Raising (SLR), Right	Right SLR	20	20	20			
	+/-10% or 5	Yes					
Straight Leg Raising (SLR), Validity	Motion at Midsacrum	15	17	16			
	SLR Validity	No					
	Maximum Midsacral Motion	17					
Lumbar Left Lateral Bending Angle (25°)	T12 ROM	30	30	30			
	Sacral ROM	5	5	5			
	Left Lateral Bending Angle	25	25	25			
	+/-10% or 5	Yes					
Maximum Left Lateral Bending Angle = 25	% Impairment						
Lumbar Right Lateral Bending Angle (25°)	T12 ROM	30	30	30			
	Sacral ROM	5	5	5			
	Right Lateral Bending Angle	25	25	25			
	+/-10% or 5	Yes					
Maximum Right Lateral Bending Angle = 25	% Impairment						

**Lower Extremity Musculoskeletal Testing**

Mr. Doe presents with decreased bilateral hip range of motion and strength. Their pain using the OccuPro functional pain scale was reported at a 3 1/2 on this 0-10 functionally based pain scale.

**Lower Extremity Sensation**

Intact for sharp/dull in BLE's.

**Consistency of Effort****Consistency of Effort**

Consistency of Effort is determined based on this client demonstrating consistent or inconsistent biomechanical, observational, and evidence based consistency of effort criteria. The following items were deemed to be inconsistent during this assessment:

- right grip strength testing inconsistencies secondary to higher right rapid grip exchange results and biomechanical inconsistencies during floor to waist lifting

**Functional/Pain Outcomes****Waddell Signs**

Client presented with a Waddell score of 3 out of 5, which would suggest poor psychometrics.

### **McGill Pain Questionnaire**

The McGill pain questionnaire was performed and the client scored 35 points on this questionnaire, which would suggest poor psychodynamics and the potential for unreliable pain reports during functional testing.

### **Ransford Pain Drawing**

The Ransford Pain Drawing tool was performed and the client scored 4 points on this tool which would suggest poor psychodynamics and the potential for unreliable pain reports during functional testing.

### **Oswestry Low Back Disability Questionnaire**

The Oswestry Low Back Disability Questionnaire was performed and this client scored 20%, which would suggest moderate disability. This group experiences more pain and problems with sitting, lifting and standing. Travel and social life are more difficult and they may be well off work. Personal care, sexual activity, and sleeping are not grossly affected and the back condition can usually be managed by conservative means. This level would suggest the potential for reliable pain reports during functional testing.

### **Reliability of Pain**

Reliability of Pain testing is performed to determine whether this client's pain reports can be considered as limiting factors during functional testing. The following evidence based items were tested to determine this clients Reliability of Pain and were determined to represent unreliable pain reports:

- positive Waddell signs and poor psychodynamics during Ransford Pain Drawing

Evidence based research suggests that if increased pain is reported there should be an associated physiological response and/or a biomechanical change and/or associated pain behaviors. This client did not demonstrate any of these evidence based items while reporting increased pain during the following tests:

Pinch Testing

Gross Motor Coordination

## **Upper Extremity Testing**

### **Grasping**

They demonstrated the ability during simple grasping testing, to be able to perform this activity on a CONSTANT basis and firm grasping on a FREQUENT basis. They demonstrated a maximum grasping force on the left upper extremity of 101 pounds and the right upper extremity of 110 pounds. Following this test, their heart rate was 98 beats per minute and their pain using the OccuPro functional pain scale was reported at a 4 1/2 on this 0-10 functionally based pain scale. Client reports an increase in pain symptoms during and/or following this test.

- Their heart rate did increase accordingly.

- They did exhibit an associated pain behavior.

- They did exhibit an associated mechanical change.

Client reported an increase in pain symptoms and the clinical objective findings support a reliable pain report.

### **Pinch Testing**

Client demonstrated the ability during pinching testing, to be able to perform this activity on a FREQUENT basis. Following this test, their heart rate was 90 beats per minute and their pain using the OccuPro functional pain scale was reported at a 4 1/2 on this 0-10 functionally based pain scale. Client reports an increase in pain symptoms during and/or following this test.

- Their heart rate did not increase by 8bpm within 8 seconds per evidence based research.

- They did not exhibit an associated pain behavior.

- They did not exhibit an associated mechanical change/deficit.

Client reported an increase in pain symptoms however, no clinical objective findings were noted to support this increase in pain which may suggest an unreliable pain report.

### **Fine Motor**

Client demonstrated the ability during fine motor coordination testing to be able to perform this activity on an OCCASIONAL basis. . Client reports an increase in pain symptoms during and/or following this test.

- Their heart rate did increase accordingly.

- They did exhibit an associated pain behavior.

- They did exhibit an associated mechanical change.

Client reported an increase in pain symptoms and the clinical objective findings support a reliable pain report.

### **Gross Motor**

Client demonstrated the ability during gross motor coordination testing to be able to perform this activity on a CONSTANT basis. Client reports an increase in pain symptoms during and/or following this test.

- Their heart rate did not increase by 8bpm within 8 seconds per evidence based research.

- They did not exhibit an associated pain behavior.

- They did not exhibit an associated mechanical change/deficit.

Client reported an increase in pain symptoms however, no clinical objective findings were noted to support this increase in pain which may suggest an unreliable pain report.

## **Non-Material Handling**

### **Walking**

Client demonstrated the ability during fast paced and prolonged walking testing to perform this activity on an OCCASIONAL basis. The US army regulation time for a fast paced walking testing is 66 seconds and they were able to complete this test in 71 seconds

so it could be considered that they performed walking testing at an average pace. During this test, they did not utilize an assistive device, their stride pattern was even, they did not wear a splint and they exhibited a right antalgic gait pattern. Following this test, their heart rate was 104 beats per minute, their pain using the OccuPro functional pain scale was a 1 on this 0-10 functionally based pain scale and they did not exhibit a pain behavior of holding during fast paced walking.

During walking testing they performed this test at an average pace. They did not utilize an assistive device, their stride pattern was uneven, they did not wear a splint and they exhibited a right antalgic gait pattern. Following this test, their heart rate was 100 beats per minute, their pain using the OccuPro functional pain scale was a 5 on this 0-10 functionally based pain scale and they did not exhibit a pain behavior of holding during prolonged walking.

### **Forward Reaching**

Client demonstrated 100% of full forward reach, no compensatory techniques and normal scapulohumeral rhythm. Client demonstrated the ability to perform forward reaching on a continuous basis during this evaluation.

### **Above Shoulder Reaching**

Client demonstrated 100% of full above shoulder reach. Client demonstrated normal scapulohumeral rhythm. During testing the client demonstrated above shoulder reaching testing at an average pace. Client demonstrated the ability to perform above shoulder reaching on a frequent basis during this evaluation.

### **Bending Comments**

Client presented with bilateral lower extremity hamstring tightness and an abnormal movement pattern during bending testing. During testing the client demonstrated bending testing at a slow pace. Client demonstrated the ability to perform bending on an avoid basis during this evaluation.

### **Squatting**

During squatting testing the client demonstrated equal weight bearing and a normal movement pattern during squatting testing. The client demonstrated squatting at an average pace. Client demonstrated the ability to perform squatting on an occasional basis during this evaluation.

### **Sustained squatting**

The Client demonstrated the ability to perform sustained squatting for 10 minutes out of a requested 15 minutes. Client demonstrated compensatory techniques. Client demonstrated the ability to perform squatting on an occasional basis during this evaluation.

### **Kneeling Comments**

Client demonstrated the ability during sustained kneeling testing, to be able to perform this activity on an OCCASIONAL basis. During sustained kneeling testing they demonstrated the ability to tolerate a prolonged sustained kneel for 20 minutes out of a requested 20 minutes. During this test, they demonstrated a normal movement pattern, required upper extremity assistance to ascend and/or descend into a kneeling position and they exhibited no knee crepitus.

### **Repetitive Kneeling**

Client demonstrated the ability during repetitive kneeling testing, to be able to perform this activity on an OCCASIONAL basis. During this test, they demonstrated a slow repetitive kneeling pace, they had an abnormal movement pattern, they did demonstrate compensatory techniques and they exhibited no knee crepitus. Following this test, their heart rate was 100 beats per minute, pain using the OccuPro functional pain scale was a 3 1/2 on this 0-10 functionally based pain scale and their pain did correlate to the diagnosis.

### **Functional Static Balance Throughout Test**

Client demonstrated adequate functional balance throughout testing.

### **Off of Ground Static Balance**

Client demonstrated the ability during static balancing testing, to be able to perform this activity up off of the ground on an OCCASIONAL basis.

### **Off the Ground Dynamic Balance**

Client demonstrated the ability during dynamic balancing testing, to be able to perform this activity up off of the ground on an OCCASIONAL basis.

## **Occasional Material Handling**

### **Squat Lifting (Floor to Waist)**

During Occasional Bilateral Squat Lifting testing, this client demonstrated the ability to lift 55 pounds from floor to waist. Following this test, their heart rate was recorded as 90 beats per minute and their pain using the OccuPro functional pain scale was a 4 on this 0-10 functionally based pain scale. Their heart rate was also compared to their reported rating of perceived exertion which was a 11 using the Borg 6 – 20 Rating of Perceived Exertion scale which would suggest reliable pain reports. They demonstrated fair lifting mechanics. The limiting factors noted during this test were Compensatory Techniques.

### **Power Lifting (12 inches to Waist)**

During Occasional Bilateral Power Lifting testing, this client demonstrated the ability to lift 50 pounds 12 inches to waist. Following this test, their heart rate was 90 beats per minute and their pain using the OccuPro functional pain scale was a 5 on this 0-10 functionally based pain scale. They demonstrated fair lifting mechanics and required moderate verbal cueing. The limiting factors noted during this test were mechanical changes.

### **Shoulder Lifting**

During Occasional Bilateral Shoulder Lifting testing, this client demonstrated the ability to lift 25 pounds to shoulder height. Following this test, their heart rate was recorded as 92 beats per minute and their pain using the OccuPro functional pain scale was a 3 1/2 on this 0-10 functionally based pain scale. Their heart rate was also compared to their reported rating of perceived exertion which was a 12 using the Borg 6 – 20 Rating of Perceived Exertion scale which would suggest reliable pain reports. They demonstrated fair lifting mechanics and required moderate verbal cueing. The limiting factors noted during this test were Substitution Patterns.

### **Overhead Lifting**

During Occasional Bilateral Overhead Lifting testing, this client demonstrated the ability to lift 15 pounds overhead. Following this test, their heart rate was recorded as 90 beats per minute and their pain using the OccuPro functional pain scale was a 4 on this 0-10 functionally based pain scale. Their heart rate was also compared to their reported rating of perceived exertion which was a 12 using the Borg 6 – 20 Rating of Perceived Exertion scale which would suggest reliable pain reports. They demonstrated fair lifting mechanics and required moderate verbal cueing. The limiting factors noted during this test were Substitution Patterns.

### **Bilateral Carrying 25 feet**

During Occasional Bilateral Carrying testing, they demonstrated the ability to carry 40 pounds for 25 feet. Following this test, their heart rate was 110 beats per minute and their pain using the OccuPro functional pain scale was a 6 on this 0-10 functionally based pain scale. Their heart rate was also compared to their reported rating of perceived exertion which was a 12 1/2 using the Borg 6 – 20 Rating of Perceived Exertion scale which would suggest reliable pain reports. They demonstrated good carrying mechanics and required moderate verbal cueing. The limiting factors noted during this test were mechanical deficits.

### **Unilateral Lifting**

During Occasional Unilateral Lifting testing, this client demonstrated the ability to lift 25 pounds on the left upper extremity and 25 pounds on the right upper extremity. Following this test, their heart rate was recorded as 88 beats per minute and their pain using the OccuPro functional pain scale was a 3 1/2 on this 0-10 functionally based pain scale. Their heart rate was also compared to their reported rating of perceived exertion which was a 12 using the Borg 6 – 20 Rating of Perceived Exertion scale which would suggest reliable pain reports. The limiting factors noted during this test were Evaluator Stopped.

### **Unilateral Carrying 50 feet**

During Occasional Unilateral Carry testing, this client demonstrated the ability to carry 20 pounds on the left upper extremity 50 feet and 20 pounds on the right upper extremity 50 feet. Following this test, their heart rate was recorded as 100 beats per minute and their pain using the OccuPro functional pain scale was a 6 on this 0-10 functionally based pain scale. Their heart rate was also compared to their reported rating of perceived exertion which was a 11 using the Borg 6 – 20 Rating of Perceived Exertion scale which would suggest reliable pain reports. They demonstrated fair unilateral carrying mechanics and required moderate verbal cueing. The limiting factors noted during this test were Mechanical Deficits.

### **Pushing (10 feet)/Pulling (20 feet)**

During Occasional Pushing testing this client demonstrated the ability to push 50 horizontal force pounds 20 feet. Following this test their heart rate was recorded as 143 beats per minute and their pain using the OccuPro functional pain scale was a 4 on this 0-10 functionally based pain scale. During Pushing testing their heart rate was also compared to their reported rating of perceived exertion which was a 14 using the Borg 6 – 20 Rating of Perceived Exertion scale which would suggest reliable pain reports. They demonstrated good pushing mechanics and required moderate verbal cueing. The limiting factors noted during this test were Heart Rate Exceeds Aerobic Limiter.

During Occasional Pulling testing this client demonstrated the ability to pull 45 horizontal force pounds 10 feet. Following this test their heart rate was recorded as 143 beats per minute and their pain using the OccuPro functional pain scale was a 4 on this 0-10 functionally based pain scale. During Pulling testing their heart rate was also compared to their reported rating of perceived exertion which was a 15 using the Borg 6 – 20 Rating of Perceived Exertion scale which would suggest reliable pain reports. They demonstrated fair pulling mechanics and required moderate verbal cueing. The limiting factors noted during this test were Heart Rate Exceeds Aerobic Limiter.

## **Frequent Material Handling**

### **Squat Lifting**

During Frequent Bilateral Squat Lifting testing, this client demonstrated the ability to lift 20 pounds from floor to waist. Following this test, their heart rate was 110 beats per minute and their pain using the OccuPro functional pain scale was a 4 1/2 on this 0-10 functionally based pain scale. Their heart rate was also compared to their reported rating of perceived exertion which was a 13 using the Borg 6 – 20 Rating of Perceived Exertion scale which would suggest reliable pain reports. They demonstrated fair lifting mechanics and required moderate verbal cueing. The limiting factors noted during this test were general fatigue.

### **Power Lifting (12 inches to waist)**

During Frequent Bilateral Power Lifting testing, this client demonstrated the ability to lift 25 pounds 12 inches to waist. Following this test, their heart rate was 120 beats per minute and their pain using the OccuPro functional pain scale was a 6 on this 0-10 functionally based pain scale. Their heart rate was also compared to their reported rating of perceived exertion which was a 13 using the Borg 6 – 20 Rating of Perceived Exertion scale which would suggest reliable pain reports. They demonstrated fair lifting mechanics and required moderate verbal cueing. The limiting factors noted during this test were general fatigue.

### **Bilateral Carrying 25 feet**

During Frequent Bilateral Carrying testing, the client demonstrated the ability to carry 20 pounds 25 feet. Following this test, their heart rate was recorded as 101 beats per minute. Their heart rate was also compared to their reported rating of perceived exertion which was a 14 using the Borg 6 – 20 Rating of Perceived Exertion scale which would suggest reliable pain reports. They demonstrated fair mechanics and required moderate verbal cueing. The limiting factors noted during this test were Substitution Patterns.



### Unilateral Carrying 50 feet

During Frequent Unilateral Carry testing, this client demonstrated the ability to carry 10 pounds on the left upper extremity 50 feet and 10 pounds on the right upper extremity for 50 feet. Following this test, his heart rate was recorded as 110 beats per minute. His heart rate was also compared to their reported rating of perceived exertion which was a 12 using the Borg 6 – 20 Rating of Perceived Exertion scale which would suggest reliable pain reports. The limiting factors noted during this test were Evaluator Stopped, since it was a job specific parameter.

## Climbing

### Stair Climbing

Client demonstrated the ability during stair climbing testing, to be able to perform this activity on an OCCASIONAL basis. Prior to this test their pre stair climbing heart rate was 88 beats per minute. Following this test, their heart rate was 105 to 116 beats per minute, their pain using the OccuPro functional pain scale was a 1 to 4 on this 0-10 functionally based pain scale and their heart rate was also compared to their reported rating of perceived exertion which was reported as a 10 to 12 using the Borg 6 – 20 Rating of Perceived Exertion scale. The limiting factors noted were substitution patterns, increased pain and general fatigue.

## Sitting and Standing

### Sit/Stand Comments

Sitting and standing abilities are based on observing this persons sit/stand abilities throughout this evaluation and comparing this to various questions asked of this client.

During this evaluation this client was noted to sit for a total of 20 minutes and before requiring a change of position they were noted to sit for 4 minutes at one time. During this evaluation this client was noted to stand for a total of 20 minutes and before requiring a change of position they were noted to stand for 3 minutes at one time.

Based on sitting observation and taking into account full time work they are able to perform sitting for up to 5 hours total during a work day and 3 hours at one time before requiring a change of position.

Based on standing observation and taking into account full time work they are able to perform standing for up to 6 hours total during a work day and 3 hours at one time before requiring a change of position.

Joseph Smith, M.D., Barb Smith and U.S. Customs Patrol, thank you for the opportunity to work with your client.

If I can be of assistance in interpreting this Functional Capacity Evaluation, please feel free to contact me at:

#### Sample Company

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Electronically Signed/Authenticated by



John Q Sample, MS, OTR/L | Date: 09/24/2020 02:24:47 PM CST