

FAQ about Functional Capacity Evaluation (FCE) & Work Hardening

When a patient is injured at work either through an acute trauma or repetitive trauma, the patient will receive occupational therapy or physical therapy to complete a rehabilitation program to decrease their symptoms from their injury to return to work activities. Occasionally, the trauma is so severe that the patient at the end of rehabilitation will still present with limitations. It is a therapist role to direct them to the appropriate line of care.

A therapist must determine a program or service to increase the patient's participation in work activities:

- **Work Conditioning (WC):** A rehabilitative approach used to restore a patient's physical capacity, performance, and function with the goal of safe return to work. The goal-oriented program works to restore neuromusculoskeletal (strength, endurance, movement, flexibility, and motor control) and cardiopulmonary functions related to work activities. WC sessions are generally greater in intensity, frequency, and duration, and involves exercises designed around work activities and tasks.
- **Work Hardening (WH):** A comprehensive, multidisciplinary rehabilitative approach used to restore a patient's physical capacity, performance, and function with the goal of safe return to work. WH focuses on individualized work tasks that are simulated in clinic and progressively graded to increase a patient's work activity tolerance.
- **Work Simplification (WS):** This is a therapeutic approach that focuses on easing the demands of given task or activity. Activity modifications and energy conservation principles as well as joint protection principles are put into practice to complete the task with efficiency and effectiveness.
- **Transitional Work Program:** A therapist can facilitate and direct modifications to work activities or alternative work with the patient's employer based on the patient's temporary work restrictions.

AOTA's Definition:

Work Conditioning: The occupational therapist uses a systematic approach to restore the performance skills of workers recovering from long-term injury or illness. There is a focus on restoring musculoskeletal and cardiovascular systems, as well as safely performing work tasks. This is typically achieved through work simulation and individualized interventions to improve physical capacity that occur 3 to 5 days per week for 2 to 4 hours per session.

Work Hardening: This approach is similar to work conditioning; however, it is multidisciplinary and can involve psychomedical counseling, ergonomic evaluation, job coaching, and/or transitional work services. Treatment is typically provided 5 days per week for 2 to 4-plus hours per day. Clients in work-hardening programs may progress to transitional work programming by actually performing job duties at their place of employment. If necessary, final adaptations and/or reasonable accommodations can be determined during this period of transition.

Functional Capacity Evaluation (FCE): The occupational therapist uses standardized and validated advanced testing in order to (a) determine safe job matches for return to work; (b) determine the level of reasonable accommodations necessary for reinstating an injured worker; and (c) make recommendations regarding future interventions. The results of the FCE may be used by the physician to make a disability rating for insurance purposes.

Environmental Modification: The occupational therapist, together with the worker and the employer, makes recommendations for modifications to the workplace environment to facilitate successful employment performance. Examples of environmental modifications include raising or lowering the lighting, creating a new layout of the workspace, modifying work-related tools and devices, and minimizing distractions.

Transitional Work Programs: Transitional work uses the actual work tasks and environments as a form of rehabilitation. After becoming familiar with the individual's job requirements and measuring the individual's functional abilities, the occupational therapist determines tasks that the individual can safely and dependably perform at work. The occupational therapist works with the employer to identify environmental and task modifications that will support work performance, and makes detailed recommendations to the treating physician, who releases the individual to modified work within these parameters. Work performance is closely monitored and discussed among the occupational therapist, employer, and individual, and modifications change as the worker develops more skills."

Reference

American Occupational Therapy Association. (2017). Occupational therapy services in facilitating work participation and performance. *American Journal of Occupational Therapy*, 71(Suppl. 2).

APTA's Definition:

"Work Conditioning: An intensive, work-related, goal-orientated conditioning program designed specially to restore systemic neuro-musculoskeletal functions (e.g., joint integrity and mobility, muscle performance (including strength, power and endurance), motor function (motor control and motor learning), range of motion (including muscle length), and cardiovascular/pulmonary functions (e.g. aerobic capacity/endurance, circulation, and ventilation and respiration/gas exchange). The objective of work-conditioning program is to restore physical capacity and function to enable the patient/client to return to work.

Work Hardening: A highly structured, goal-oriented, individualized intervention program designed to return the patient/client to work. Work hardening programs, which are multidisciplinary in nature, use real or simulated work activities designed to restore physical, behavioral and vocational functions. Work hardening addresses the issues of productivity, safety, physical tolerances, and worker behaviors. "

Reference

American Physical Therapy Association. (2011). Orthopedic section guideline: Occupational health physical therapy: Advanced work rehabilitation guidelines. Retrieved from http://www.orthopt.org/uploads/content_files/OHSIG_Guidelines/Work_Rehab_Guideline_Final_Draft_4_1_11.pdf

Functional Capacity Evaluation (FCE)

Functional Capacity Evaluation (FCE): FCE evaluates a patient's capacity (body structures and functions) to perform work activities based on a battery of standardized assessments that measure the demands of performance of work-related activities. Instrumental activities of daily living to participate in work activities can be evaluated as well. If cognitive demands may be limiting the patient's participation in work activities, cognitive assessments can be added to evaluate.

The therapist uses standardized and validated advanced testing in order to (a) determine safe job matches for return to work; (b) determine the level of reasonable accommodations necessary for reinstating an injured worker; and (c) make recommendations regarding future interventions.

There are approximately 10 different types of commonly used functional capacity evaluations: Blankenship, Ergos Work Simulator and Ergo-Kit variation, the Isernhagen Work System, Hanoun Medical, Physical Work Performance Evaluation (Ergoscience), WEST-EPIC, Key, Ergos, ARCON, and AssessAbility.

Overall, the reliability and validity of the above assessments are inconclusive (Gouttenborge, 2004). Normative values for a FCE, are noted in Soer et. al.'s (2009) article. This article captures data on material handling, postural work, repetitive and coordinative tests, hand/finger strength, and energetic capacity (<https://www.sciencedirect.com/science/article/abs/pii/S0003999309003803>).

Why and when would you use a functional capacity evaluation?

An FCE is designed to:

- • Develop a treatment program
- • Measure the physical abilities of patients before and after a rehabilitation program
- • Modify a rehabilitation treatment
- • Evaluate whether an injured worker can work and determine when the patient can return to work.

FCE results will provide evidence of a patient's restrictions and limitation. FCE are not designed to measure the impact of physical or mental impairments as a disability. FCE focus on work specific task analyze based on the patient's capability to perform the work task.

How to I charge for an FCE?

FCE/Functional Capacity Assessment (FCA) billing is dependent on payer source. States may have specific codes that they use for compensation rating. The provider must check with their individual state Workers Compensation Insurance Rating Bureau. Health Maintenance Organizations (HMO) will not pay for FCE/FCA's as they don't see this service as medically necessary. The CPT code 97750 (physical performance evaluation with report in 15 min increments) has been used for Federal Government FCA's.

How to charge for WH/WC?

Consider CPT code 97545

Is the time in writing the report billable? - Yes

How much training do I need? Are there courses available?

Length and time of training is dependent on the program chosen and who is providing the training.

Suggested programs include but are not limited to:

- • Work Well DSI Work Injury Solutions - 2 days
- • OccuPro - 3 days
- • Matheson - 4 days

Are there additional training/certifications necessary?

Consider attending courses that go into more detail concerning the following:

- • Pre-Work Screening
- • Job Function Analysis
- • Job Function Matching

Ergonomics Performing Work Rehabilitation:

What equipment do I need?

This is dependent on who is providing the training. Equipment that is needed should be functional and simulate real work tasks (crates, ladders, shelving, weights...). Companies whom the clinician may be doing the 'work rehabilitation' for may provide equipment and job simulation resources. Software may also be needed.

Performing Work Rehabilitation:

What needs to be included in my reports?

The FCE report often includes a written and chart component. Both components of the report include a summary of the evaluation findings. The client's functional performance during testing can be outlined and described as it pertains to the level and frequency that a client can

perform the task. If a job description has been provided, the findings of the evaluation may determine whether the client can safely perform the duties of the specific job, and this is included in the report. Each individual company provides training and recommendations regarding the written-up of the FCE.

Additional Resources:

AOTA

APTA

Journal of Occupational Rehabilitation

Journal of Vocational Rehabilitation Rating and Statistical Bureaus

<https://www.irmi.com/free-resources/insurance-industry.../rating-statistical-bureaus>

References

Gouttebauge, V., Wind, H., Kuijjer, P.P.F.M., & Frings-Dresen, M.H.W. (2004). Reliability and validity of functional capacity evaluation method: a systematic review with reference to Blankenship system, Ergos work simulator, Ergo-Kit and Isernhagen work system. *Int Arch Occupational Environment Health* 77: 527-537. DOI 10.1007/s00420-004-0549-7.

Gross, D.P. & Battie, M.C. (2002, April). Reliability of safe maximum lifting determinations of a functional capacity evaluation. *Bone and Joint Decade America 2000-2010* 82(4) 364-371.

Soer, R., van der Schans, C., Geertzen, J.H, Groothoff, J.W., Brouwer, S., Dijkstra, P.U., Reneman, M.F. (2009). Normative values for a functional capacity evaluation. *Arch Physical Medicine Rehabilitation* 90: 1785-94. DOI: 10.1016/j.apmr.05.008