Workwell Hand Functional Capacity Evaluation

*Only Physiotherapists or Occupational Therapists can perform a Workwell FCE.*

FCE V.2 Standardized Procedures

**Outcome Measures** – DASH; Quadruple Visual Analogue Scale (QVAS); Physical Activity Readiness Questionnaire (PAR-Q); Orebro Musculoskeletal Pain Screening Questionnaire

**History** – During the initial interview we emphasize:
1) the objectivity of the FCE
2) That every person has abilities and limitations
3) That safety is a critical component of a Workwell FCE
4) That the client’s muscle function, body mechanics, and other physical signs will be noted as indications of effort.
5) We discuss the difference between function and discomfort/pain and that there is not necessarily a correlation between pain and function. One can be very functional even though feeling discomfort.
6) A key to is to identify safe functional abilities
7) That the therapist will use his/her medical evaluation skills to ensure safety during the FCE.

**Physical Examination** – It is important for the therapist to understand the cause of the injury and associated symptoms, how healing has progressed, and how the client is currently affected. Includes subtests: Squatting and Balance

**Standardized Sub Tests** – These include the following tests:
- Waist To Floor Lift
- Waist to Crown Lift (using Handles)
- Waist to Crown Lift (over/under or handles)
- Front Carry (50 ft)
- Right Carry (50 ft)
- Left Carry (50 ft)
- Push-Pull –Both Arms (Static)
- Elevated Work (weighted)
- Ladder – Two hands
- Grip (5 positions)
- Pinch (Tip, Palmar, Key)
- Hand Coordination
  - PCE Pegboard
  - PCE Nuts and Bolt
PCE Round Blocks
- Minnesota Rate of Manipulation Test
- Purdue Pegboard
- Sensation (Hand)
  - Semmes-Weinstein Monofilament Testing
  - 2 point discrimination Testing
- Volumetrics (Hand)
- Temperature Recognition (Hand)
- Job Related Testing

Discussion and Summary with Client

Report