

# GENERAL TEACHING HOSPITAL

Occupational Health & Rehabilitation Services  
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**NOT A REAL MEDICAL RECORD**

## FUNCTIONAL CAPACITY EVALUATION

### PATIENT INFORMATION

**Name:** John A. Doe  
(FICTIONAL)  
**DOB:** 01/15/1985  
**Age:** 40 years  
**Sex:** Male  
**MRN:** 1234567890  
**Evaluation Date:** 10/15/2025

### EVALUATION INFORMATION

**Referring Physician:** Dr. Patricia Painfree, MD (Pain Mgmt)  
**Evaluating Therapist:** Mark Function, OTR/L  
**Evaluation Type:** Post-injury return-to-work FCE  
**Job Title:** Staff Accountant  
**Duration:** 2-day evaluation (6 hours each day)

**REMINDER: FICTITIOUS TESTING DOCUMENT**

### BACKGROUND

40-year-old male staff accountant presents for FCE 10 weeks following motor vehicle accident (07/30/2025) resulting in left hip fracture (surgically repaired), cervical strain, and lumbar strain. Patient has been participating in physical therapy and pain management with gradual improvement but persistent limitations. He is requesting return to work assessment for his

sedentary position as a staff accountant. Job demands include prolonged computer work, occasional lifting of files up to 20 lbs, and infrequent standing/walking throughout office environment.

## JOB DESCRIPTION ANALYSIS

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### Primary Job Functions (Staff Accountant):

- Computer work: 6-7 hours/day
- Desk work (sitting): 6-8 hours/day
- Occasional filing: 15-30 minutes/day
- Walking in office: 10-15 minutes/day
- Lifting files/binders: Up to 20 lbs occasionally
- Reaching overhead: Occasional for filing
- Phone use: 1-2 hours/day
- Meetings (sitting): 1-3 hours/day as needed

**Physical Demands Level:** Sedentary work (DOT level 1)

**Work Schedule:** 8 hours/day, 5 days/week

**Environmental Factors:** Climate-controlled office, ergonomic workstation available

## EVALUATION METHODS

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Two-day comprehensive evaluation utilizing standardized protocols:

- Day 1: Baseline testing, material handling, postural tolerances
- Day 2: Sustained work simulation, job-specific tasks
- Standardized lifting protocols (NIOSH guidelines)
- Postural tolerance testing
- Work simulation tasks
- Cardiovascular monitoring throughout
- Pain and fatigue assessment using 0-10 scales
- Functional behavioral observations

## EVALUATION RESULTS

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### Material Handling Capacity:

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Activity	Safe Maximum	Job Requirement	% of Job Demand
Lifting Floor to Waist	15 lbs occasionally	20 lbs occasionally	75%
Lifting Waist to Shoulder	12 lbs occasionally	15 lbs occasionally	80%
Lifting Overhead	8 lbs occasionally	10 lbs occasionally	80%
Carrying	20 lbs for 25 feet	20 lbs for 50 feet	50%
Pushing/Pulling	25 lbs force	15 lbs force	167%

## Postural Tolerances:

Position	Demonstrated Tolerance	Job Requirement	Job Match
Sitting	45 minutes continuous	2-3 hours continuous	Does Not Meet
Standing	20 minutes continuous	15 minutes occasional	Meets
Walking	200 feet without rest	Office distances	Meets
Bending/Stooping	5 repetitions with rest	10 repetitions occasional	Does Not Meet

## Work Simulation Results:

- Computer work tolerance: 45 minutes before requiring 10-minute break
- Filing simulation: Completed 60% of normal pace with frequent position changes
- Phone work: Tolerated well with cervical support
- Meeting simulation: Required cushioned chair and position changes every 30 minutes

## PAIN AND SYMPTOM RESPONSE

**Baseline Pain Levels:** Hip 3/10, Neck 4/10, Back 5/10

**Peak Pain During Testing:** Hip 6/10, Neck 7/10, Back 8/10

**Pain Recovery Time:** 15-20 minutes rest required between demanding tasks

### Limiting Symptoms:

- Lower back pain with prolonged sitting (>45 minutes)
- Neck stiffness with sustained computer work
- Hip discomfort with standing from seated position
- Fatigue after 4 hours of sustained activity

**Compensatory Strategies Used:** Frequent position changes, use of

lumbar support, cervical positioning

## BEHAVIORAL OBSERVATIONS

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**Effort Level:** Consistent and appropriate throughout evaluation

**Pain Behaviors:** Occasional grimacing with movement, position changes for comfort

**Cooperation:** Excellent cooperation and motivation

**Safety Awareness:** Good body mechanics when coached

**Validity Indicators:** Results appear valid and reliable

**Functional Limitations:** Primarily related to sustained postures rather than strength deficits

## ASSESSMENT AND RECOMMENDATIONS

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**Overall Physical Demand Level:** Light work capacity (DOT Level 2) with restrictions

**Return to Work Status:** Modified return to work recommended

### **Specific Work Restrictions:**

1. Sitting: Maximum 45 minutes continuous, then 10-minute break required
2. Lifting: Maximum 15 lbs floor to waist, 12 lbs waist to shoulder
3. Carrying: Maximum 20 lbs for distances up to 25 feet
4. Bending/stooping: Limit to 5 repetitions with rest breaks
5. Neck positioning: Avoid sustained downward gaze >30 minutes

### **Recommended Accommodations:**

1. Ergonomic workstation assessment and equipment
2. Adjustable-height desk (sit/stand option)
3. Lumbar support cushion and cervical support
4. Flexible break schedule (10 minutes every 45 minutes)
5. Assistance with filing tasks requiring bending
6. Modified duty schedule: Start with 6 hours/day, progress to 8 hours over 4 weeks

### Return to Work Plan:

- **Week 1-2:** 4-6 hours/day with above restrictions
- **Week 3-4:** 6-7 hours/day if tolerated
- **Week 5-8:** Progress to full 8-hour day
- **Follow-up FCE:** In 8 weeks to reassess capacity

**Prognosis for Full Return:** Fair to good with continued rehabilitation and workplace accommodations. Patient demonstrates good motivation and potential for improvement with time.

### ADDITIONAL RECOMMENDATIONS

1. Continue physical therapy focusing on postural endurance and core strengthening
2. Occupational therapy for work hardening program (2-3 weeks)
3. Ergonomic evaluation of actual workstation before return
4. Pain management optimization for sustained activities
5. Employee education on pacing and self-management strategies
6. Employer education on accommodation implementation
7. Re-evaluation in 8 weeks to assess progress and potential for advancement

### EVALUATOR ATTESTATION

I have personally conducted this functional capacity evaluation over two days and observed all testing. The above represents my professional assessment and recommendations.

**Completed by:** Mark Function, OTR/L

**Date/Time:** 10/15/2025, 16:00

**Occupational Therapist**

**License #:** OT-55555 (FICTIONAL)

**Certification:** CEAS (Certified Ergonomic Assessment Specialist)

 **END OF FICTITIOUS TESTING DOCUMENT**   
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