

The Functional Capacity Evaluation (FCE) Dilemma

Functional Capacity Evaluations (FCEs) have been essential to the WC and disability diagnostic process for decades. FCEs function within a carefully researched process to determine maximum functional ability, validity of effort, and return to work capability. Original FCE protocols were well designed and consisted of combined tests based on multiple research studies. FCE protocol designers and evaluators were pioneers in the field.

Today, there are a multitude of FCEs being utilized that are poor copies and mutations of the original protocol. The master design of the FCE has been manipulated to improve cost, time, and even in some cases, to appeal to their referral source. To add insult, the FCE training process is often poor and does not abide by a standardization process or require completion of a board certification. Moreover, in many cases, little has been changed or improved upon in the FCE process in part due to minimal ongoing research throughout the past 40+ years. In present day, with computers in our pockets, one would believe that the FCE process would be more objective and use technology to improve the quality and accuracy of data collection. More recent technological updates have advanced the capabilities of modern FCE systems. Unfortunately, this is often ignored for the sake of financial savings. Even with a modern FCE testing platform, a quality FCE depends on the expertise, skill, and training of the evaluating therapist. When choosing a testing platform, do not base it on the system or company alone, but primarily on the therapist performing the FCE. While a modernized system that improves objectivity is beneficial, a FCE computer program cannot determine maximum ability and validity of effort.

FCE outcomes have a profound impact on case outcomes. An inaccurate functional determination can result in an injured worker returning to work primed for re-injury or on the contrary, increase settlement costs with out of proportion wage-differentials or high permanent-total costs. In some cases, the injured worker cannot return to prior job demands. However, the worker may be able to return to higher demand levels than suggested in the FCE. For example, a 45-year-old laborer post massive rotator cuff repair with multiple co-morbidities will unlikely return to a Heavy physical demand level. The FCE that inaccurately finds the worker at Sedentary to Light demands is catastrophic as finding Sedentary or Light work for an unskilled individual without a college degree is a significant challenge. Moreover, placing a person on permanent restrictions that equate to total permanent disability invites a multitude of negative long-term effects. Research shows these workers are at a greater risk for depression, anxiety, sleep disorders, narcotic abuse, and even early death when compared to the general population. One of my favorite Mark Twain quotes reads, "Do something every day that you don't want to do. This is the golden rule for acquiring the habit of doing your duty without pain." Staying home because you have pain does not make the pain go away. Conversely, research shows that activity and having a purpose in life can be helpful in reducing

pain levels for people with musculoskeletal pain. Therefore, every attempt during testing should be used to determine the injured worker's maximum function to match the person to compatible work tasks in order to contribute to society's needs.

Many FCEs are not objective, scientific, or accurate in their presented results. FCEs have become a documentation of what the injured worker chooses to do based on subjective reports of pain or difficulty. Most FCEs lack credible testing and documentation to support validity of effort. For instance, many FCEs base maximum effort on a few standardized tests. One such test incorporates consistency in grip testing which has nothing to do with overall maximum performance. Grip testing only encompasses maximum effort during that test and should not overly impact validity of the FCE. Valid effort during grip tests does not carryover to maximal effort and ability during dynamic lifts and functional testing. A validity profile instead needs to be statistically significant and encompass all levels of testing to include validity of effort, sincerity of effort, and consistency of effort. The vast amount of FCEs do not incorporate adequate validity testing to support their conclusions.

FCE evaluators should also determine maximum functional abilities using detailed kinesio-physiological observations or biomechanical changes to support maximum effort. A skilled evaluator can use these observations to support maximum ability and consistency between tests. However, this method would have poor inter-rater reliability with a different evaluator on a repeat trial. Moreover, many FCE programs available make it too simple for the evaluator to determine kinesio-physiological changes with a generic pull-down menu when documenting results, and this simply does not cut it. Vague analysis does not factor in that one's body mechanics will change when lifting Light, Medium, or Heavy weights. A FCE evaluator needs to use their education and expertise to explain why the change in mechanics or physiology is indicative of compensatory patterns and fatigue levels to support maximum ability. Unfortunately, many FCE evaluators are not properly trained to perform such an important evaluation. Many therapists also perform FCEs due to clinic need and not by choice. Therapists often lack an understanding of their proposed FCE results, the impact on the workers' compensation claims, and their vocational outlooks.

In today's modern age, further research and technology should be developed to improve the accuracy of the FCE process. We should invest in FCE board certifications. State licensing boards need to develop acceptable standards of FCE practice. When searching for a FCE provider, every attempt should be made to schedule your client or employee with a reputable and unbiased FCE evaluator to improve equitable case outcomes for both parties involved. Moreover, any FCE that looks questionable should be reviewed and contested as inaccurate data has been the basis for permanent restrictions for too long. Decision makers should be familiar with the FCE process to determine options upon review.

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