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<i>Date:</i>	<i>15 April 2020</i>

## FUNCTIONAL CAPACTIY ASSESSMENT FOR XXXX

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### HISTORY

Since XXXX workplace assessment she has had a spinal injection and has been able to recognise a notable reduction in her symptoms and improvement in her general function. Consideration was given to an additional workplace assessment in order to progress to full clinical duties however; I recommended a functional capacity assessment to assess her capacity to perform work tasks she was not currently completing.

On discussion with XXXX she highlighted rolling patients to put them into a hoist sling, holding limbs, pushing/pulling patients in chairs, moving equipment within the clinic areas, supporting patients from lying into sitting and assisting with sit to stand transfers as the activities she has not been doing but that are an integral part of her work in both NOTS and Spasticity services.

XXXX gait pattern has improved since her injection and she is able to move with increased confidence. She reports to be exercising at home but has not been attending for rehab sessions within Group Rehab due to Covid19. Her most recent scans also identified notable improvement.

### FUNCTIONAL ASSESSMENT

The following isometric evaluations were completed using the BTE Primus RS.

### **Rolling a Patient Towards**

XXXX was asked to apply sustained pressure towards her at waist height. This was performed 3 times for 10 seconds with 10 seconds between each repetition. The evaluation indicated that XXXX was able to maintain the position and apply an average force of 140 newtons or 14kgs. There was only 5% difference between repetitions.

XXXX did not demonstrate or report any difficulty when performing this task. The evaluation indicates that XXXX should be able to safely roll a patient towards her in order to assist the patient onto a sling when hoisting or in order to reposition a patient on a plinth.

### **Rolling a Patient Away**

XXXX was asked to apply sustained pressure away from her at waist height. Again this was performed 3 times for 10 seconds with 10 seconds between each repetition. The evaluation indicated that she was able to maintain the position and apply an average force of 150 newtons or 15kgs. There was only 1% difference between repetitions.

XXXX did not demonstrate or report any difficulty when performing this task. The evaluation indicates that XXXX should be able to safely roll a patient away from her in order to assist the patient onto a sling when hoisting or in order to reposition a patient on a plinth.

### **Assisting with Sit to Stand**

XXXX was asked to apply sustained pressure with her arms placed in an oblique behind position. This was performed 3 times for 10 seconds with 10 seconds between each repetition. The evaluation indicated that she was able to maintain the position and apply an average force of 25 newtons or 2.5kgs. There was only 4% difference between repetitions.

XXXX did not demonstrate or report any difficulty when performing this task. The evaluation indicates that XXXX should be able to assist with sit to stand transfers.

### **Lifting**

A lifting evaluation was completed between hip and chest height. The evaluation sought to simulate lifting a limb but would also indicate XXXX ability to lift other items at this height. The lifting evaluation required XXXX to lift repetitively. The weight began at 2.27kgs and was increased by 1kg per repetition. XXXX was able to increase to 16.3kgs without any reported or observed difficulty. The last 5 repetitions were completed at 16.3kgs. XXXX power increased as the weight increased, as we would expect. There was no notable drop in power when multiple repetitions were performed at 16.3kgs.

The evaluation indicates that XXXX should be able to lift a limb or an item up to 16.3kgs.

### **Push/Pull**

This assessment was completed using a cable machine. A bar type attachment was secured between 2 cables and placed at waist height to simulate pushing wheelchair or moving a plinth. XXXX was able to push and pull against 18kgs. She performed multiple repetitions at this weight both pushing and pulling. She did not demonstrate or report any difficulty.

The assessment would suggest that XXXX will be able to manoeuvre wheelchairs and clinic plinths as required.

### **CONCLUSION**

XXXX has been experiencing back pain for quite some time and this has resulted in some sickness absence as well as a period of reduced duties in both her clinical roles. Recently she has been able to recognise and significant improvement in her symptoms as well as improvement in her function. This functional capacity assessment has shown that XXXX can now adopt the positions and apply the force that her clinical duties will require. What it cannot demonstrate is XXXX tolerance to performing these tasks multiple times throughout a full working day. That said XXXX is able to report increased stamina for prolonged activity at home and at work. It is also worthy of note that she did not demonstrate or report any difficulty at all during the series of evaluations completed. This assessment indicates that XXXX is able to return to her normal clinical duties.



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