



THE INJURY PREVENTION EXPERTS

Revolutionizing Your Practice With the Mini-FCE

November 5, 2010

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Mini-FCE: Presentation Overview

- **Understanding the Mini-FCE**
- **Features of a well-designed Mini-FCE**
- **Designing a Mini-FCE**
- **Incorporating the Mini-FCE into rehabilitation**

Understanding the Mini-FCE

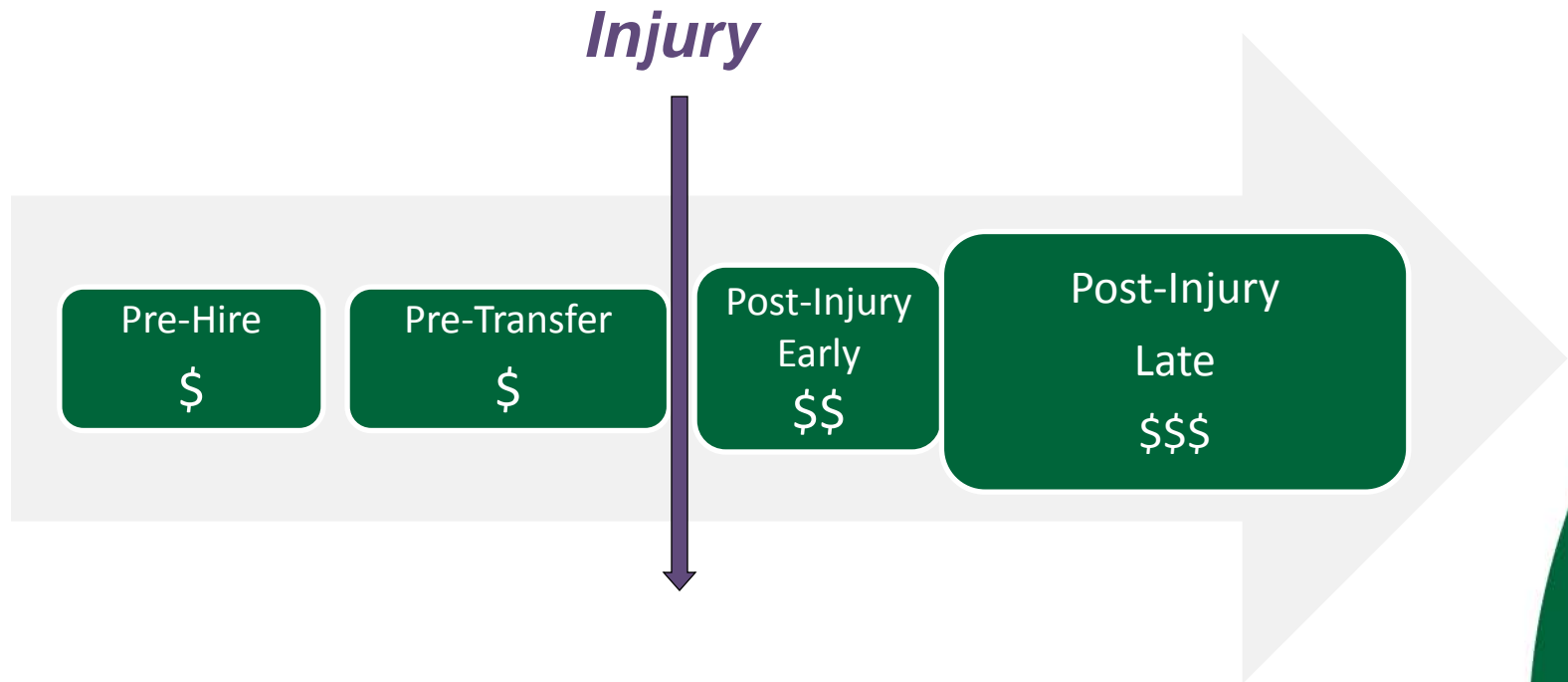
Mini-FCE: What is it?

- Addresses 3-4 most difficult aspects of job
- Uses tasks from full FCE
- Provides comparison of
 - Patient's abilities to job demand
 - Applicant's abilities to job demand

Task	Patient Abilities	Job Demand	Match? (yes/no)
Lift 5 to 35 inches	20 lb	35 lb	No
Push 44 feet	45 lb	50 lb	No
Stoop	Occasionally	Occasionally	Yes

Why include functional screens in your RTW program?

Reduces recurrence, downtime, cost, turnover, and litigation!



Traditional Return-to-Work Decision Making

- **Self-report**

- Do you think you can do this job?
- Do you think you are ready to go back to work?

- **Diagnosis/medical history**

- X-rays/tests
- Presentation in MD office
- General medical impressions



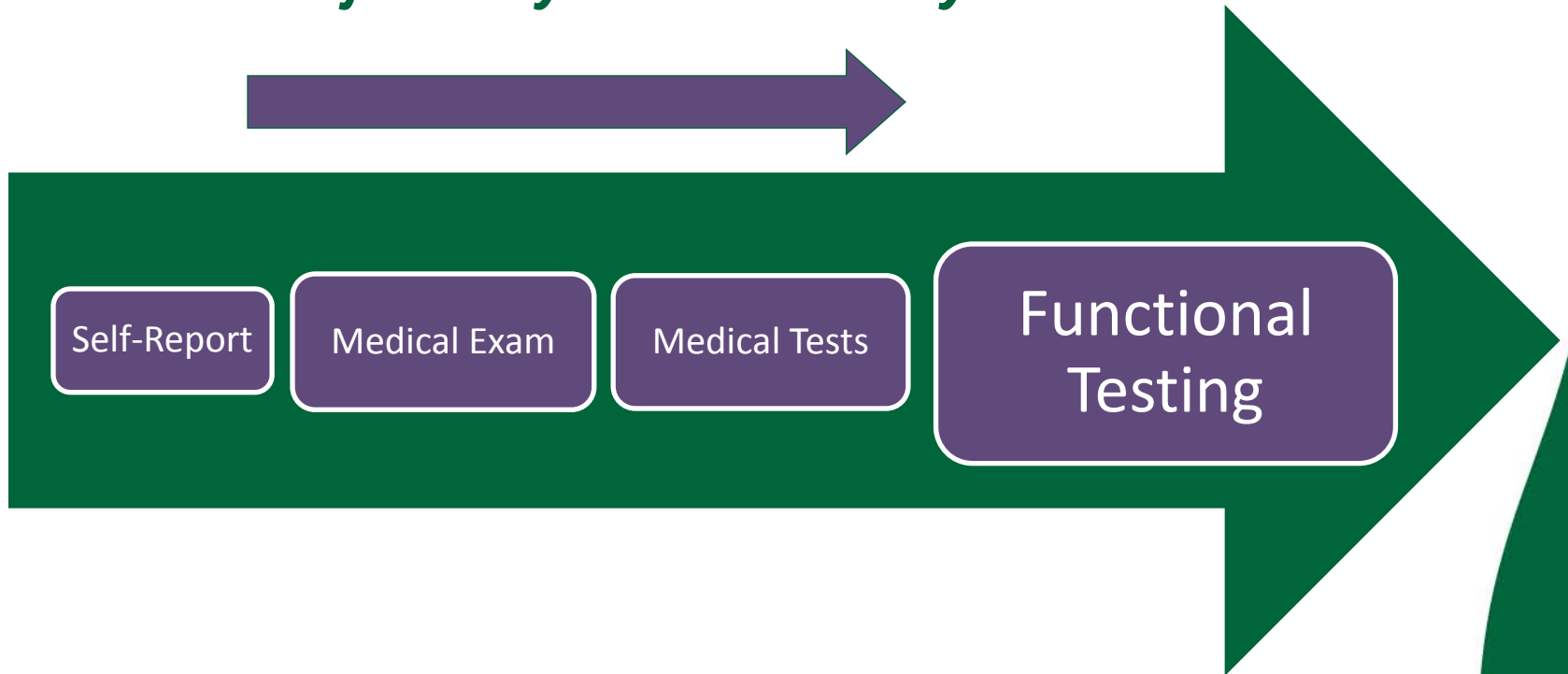
Problems with Traditional Approach

- **Self-report**
 - Guided by motivation
 - Job satisfaction
 - Financial incentives
- **Diagnosis/impairment**
 - Poorly correlated to work function

Problem: No objective functional information

Continuum of Accuracy

Objectivity and Accuracy



Mini-FCE: The Alternative to Guesswork

- **Mini-FCE/Functional Screen for Hiring & Placement**
 - Identification of job demands
 - Customize screen to the job
 - Applicant is made an offer contingent upon passing test

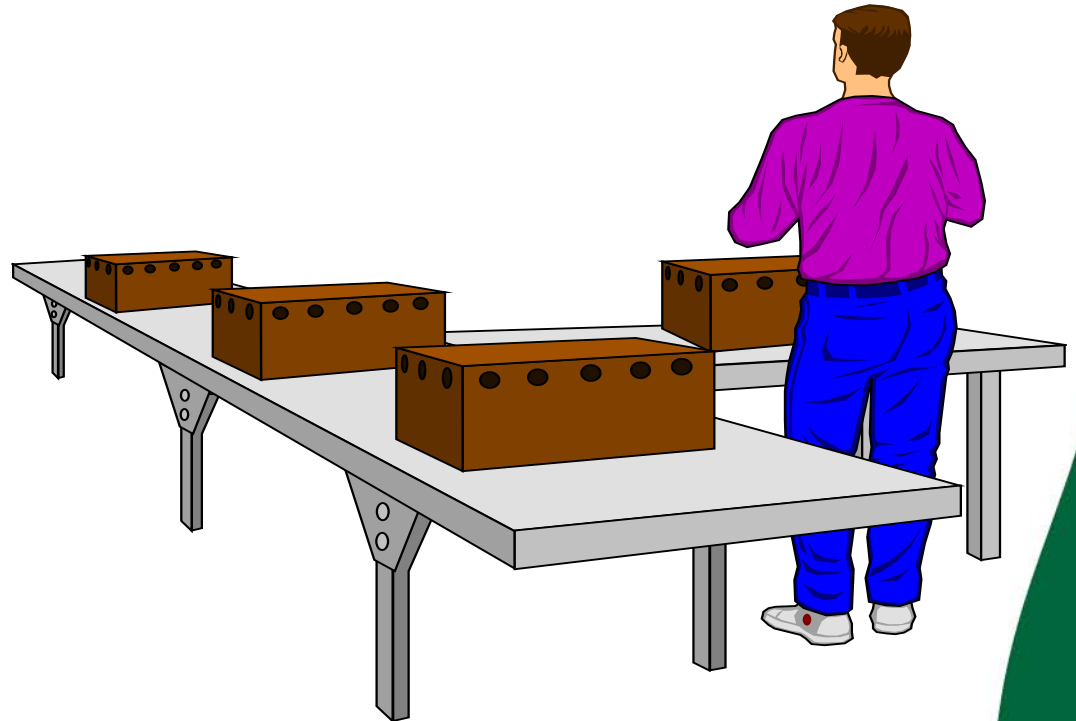
Mini-FCE: The Alternative to Guesswork

- **Mini-FCE/Functional Screen for RTW**
 - Early identification of job demands
 - Early test administration based on tolerance
 - Incorporated into progress notes
 - Incorporated into discharge note
 - Can be utilized for any patient off work or on transitional work
 - Does not have to be reserved exclusively for workers' compensation patients

Features of a Well-designed Mini-FCE

Well-designed Functional Testing

- Job Specific
- Standardized Yet Flexible
- Safe
- Practical
- Objective
- Reliable
- Valid



Comprehensive

- Covers all physical demands defined by DOL in the Dictionary of Occupational Titles
- Does not focus exclusively on materials handling



Standardized, yet flexible

- **Procedures**
- **Equipment**
- **Verbal Instructions**
- **Scoring System**
- **Maintain Flexibility for Customized testing!**



Safe

- **Minimize chance of injury during functional testing**
 - Heart rate monitor
 - Allow patient to stop if need arises
 - Therapist/clinician observing body mechanics/alignment
 - Well-defined safe stopping points
 - Clear contraindications and precautions



Practical

- **Appropriate length**
- **Maintain accuracy**
- **Accessible**
- **Quick turn-around of reports**

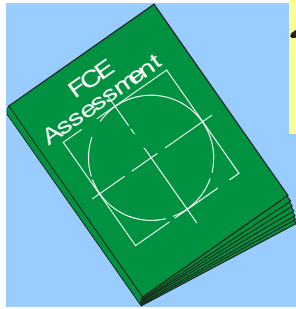


Objective Projections

- Minimize clinical guesswork
 - Observing complex movement patterns brief periods
- ↓
- Project to 8-hour day



Typical Functional Scoring



Protocol

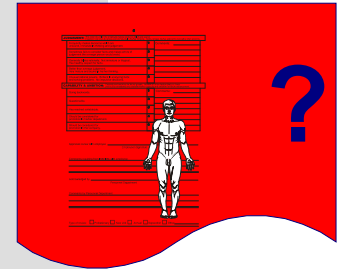


Observation



Clinical Estimation

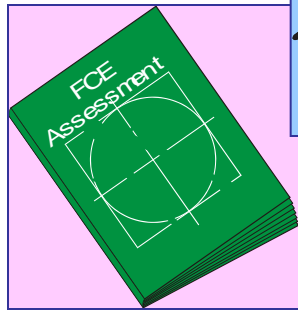
Examiner Subjectivity



*Final Report
with
projection to
8-12 hour
day.*

Creates inconsistent & unreliable results!

Objective Scoring System



FCE
Protocol



Clinician's
Observation

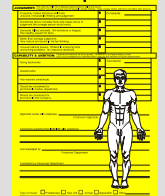
Objective Systematic Process Addresses



Task and
Overall Level
of Work

Sincerity of
Effort

Tolerance
8-hour
Day



*Final Report
with Projection
to 8-12 hour
day.*

What is Reliability?

- **Reliability = Consistency**
- **If different therapists administer an FCE to the same patient, will they obtain the same results?**

What is Validity?

- **Validity = Accuracy**
- **Can the FCE accurately predict a safe level of maximum work?**

Reliability and validity are critical to trusting functional testing results!

Designing a Mini-FCE

Designing a Mini-FCE for RTW

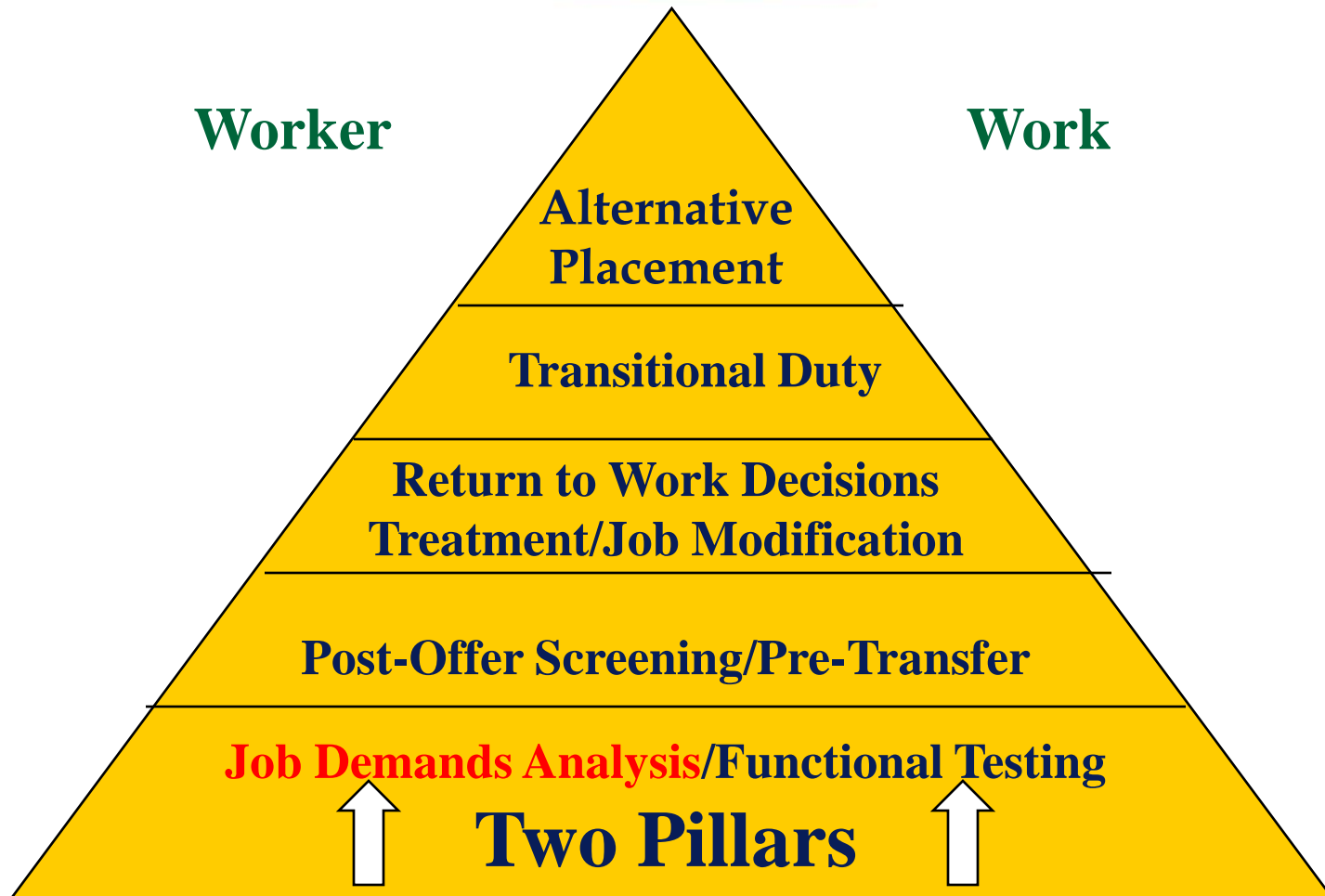
- **Understand job demands**
- **Understand DOT definitions**
- **Selection based on**
 - **Job Demands**
 - **Body part**
 - **Severity**

Choosing Mini-FCE Tasks:

Four Important Considerations

- FCE serves as base
- Job demands
- Injured body part
- Severity/acuity of injury

Matching the Worker with Job Demands



Focus on Job Analysis First

- **Must know job demands before you can design**
 - Mini-FCE
 - Longer job-specific FCE
- **Multiple methods & sources for obtaining job demands**

Sources of Job Demands Information

- **Self-Report**
 - Interview
 - Questionnaire
- **Existing Job Description**
 - Adjustor
 - Case Manager
 - Employer
- **Job Demands Analysis**
 - Observation
 - Videotaping

Two Methods for Obtaining Self-Report

- **Interview**
 - More time consuming
 - Can be more accurate
- **Self-Administered Questionnaire**
 - More efficient
 - Can be less accurate

Dictionary of Occupational Titles (DOT)

- **Never**
- **Occasional – up to 1/3 of the day**
- **Frequent – up to 2/3 of the day**
- **Constant – greater than 2/3 of the day**

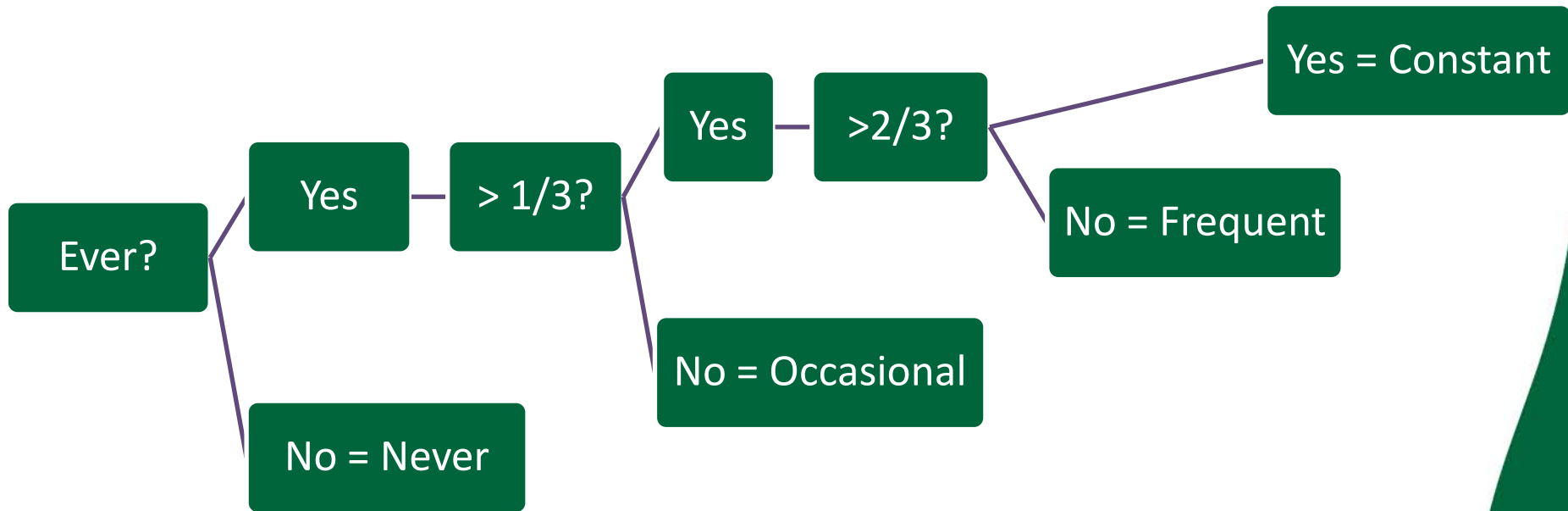
Interview Questions: Manual Materials Handling

- **Do you ever have to _____ for your job?**
 - lift from floor to waist;
 - waist to over head;
 - carry with two hands;
 - push; or
 - pull.
- **What's the heaviest thing you have to _____?**
- **How much does it weigh?**

Non-Materials Handling Questions

- Do you ever have to _____ for your job?
- Do you ever have to do _____ for more than 1/3 of the day? (2.5 hrs)
- If yes: Do you ever have to do _____ for more than 2/3 of the day? (5.5 hrs)
- Is there anything we have not covered that is important to your job?

Sequence Promotes Accurate Info.



Job Demands Analysis: Two Types

- **Targeted**
 - Addresses only most difficult aspects of job
 - Helps develop mini-FCE
- **Comprehensive**
 - Assists with development of transitional duty
 - Allows for earlier use of mini-FCE
 - Useful for developing any length job-specific FCE

Comprehensive Job Demands Analysis

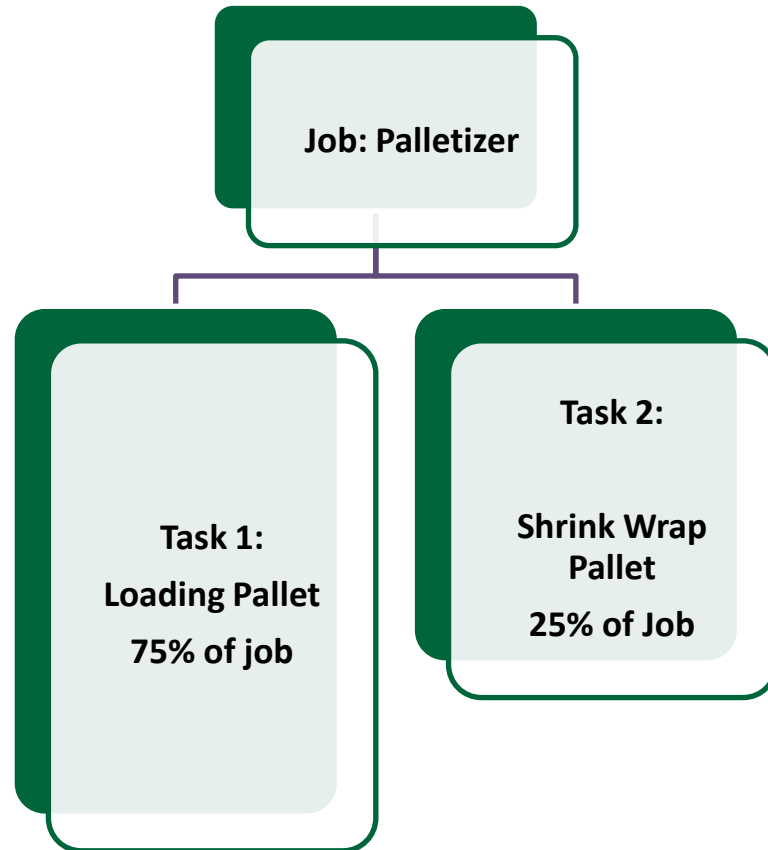
- **Defines:**
 - Essential tasks of the job
 - Physical demands required to perform tasks
 - Percent of day spent performing the tasks and physical demands
 - Forces being exerted
 - Environmental conditions
 - Equipment used

Steps of the Process

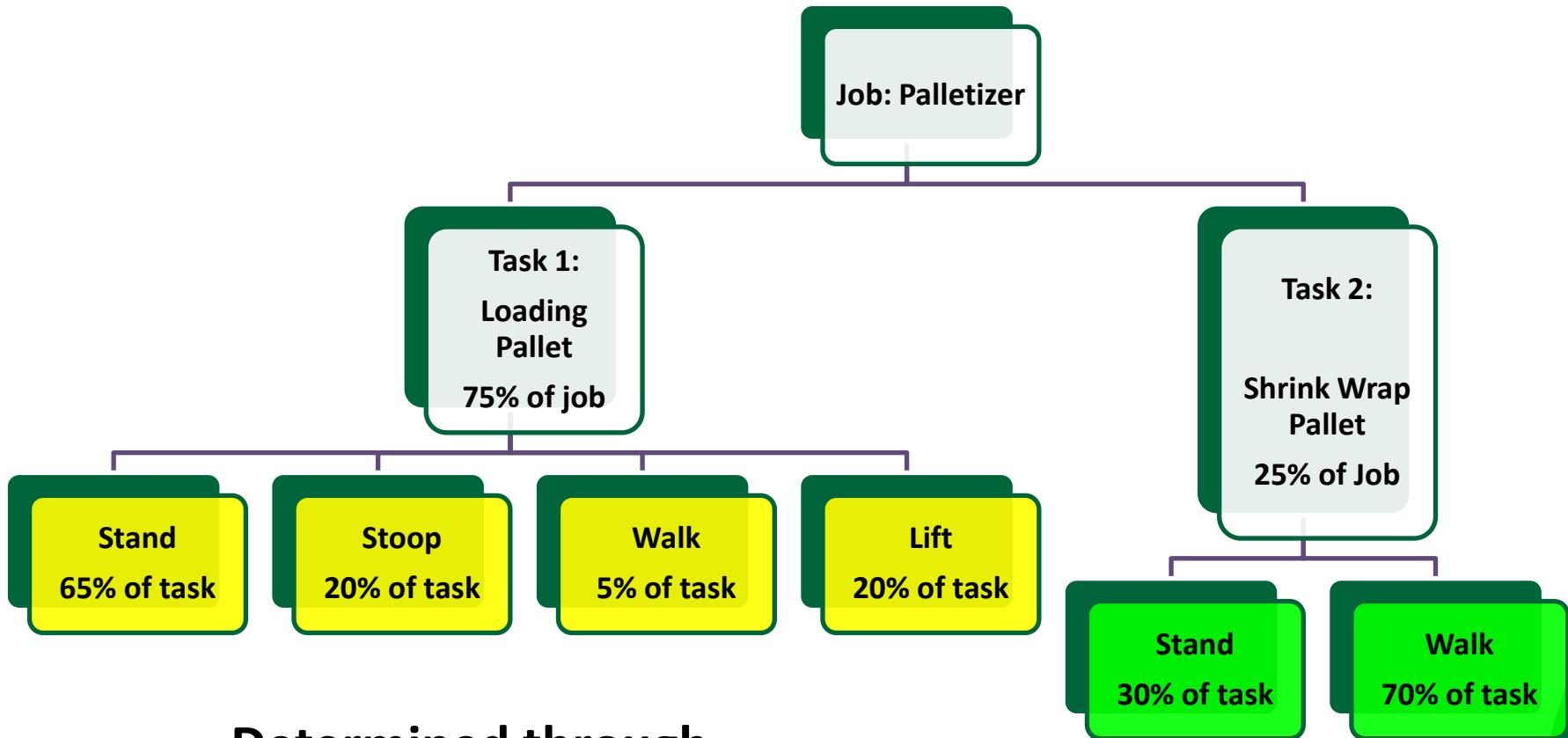
- 1. Review existing job description and interview employer/employee**
- 2. Develop task list and identify % of day each task performed**
- 3. Videotape/observe each task**
- 4. Measure forces, distances, heights**
- 5. Document environment, PPE and equipment used**
- 6. Determine % of day each task physical demand is performed**
- 7. Identify DOL overall level of work (Sed., Light, Medium, etc.)**

Task Percentages

- **Determined through:**
 - job descriptions
 - interview



Demand Percentages



**Determined through
Observation & Videotaping**

Choosing Tasks in Typical FCE:

Defined in D.O.T.

- Lifting
- Carrying
- Kneeling
- Pushing
- Pulling
- Stooping
- Reaching
- Squatting
- Kneeling
- Crouching
- Crawling
- Handling
- Fingering
- Manual Dexterity
- Finger Dexterity



Definitions

■ Handling

- Seizing, holding, grasping, turning, or otherwise working with hand or hands
- Fingers are involved only to the extent that they are an extension of the hand, such as to turn a switch or shift an automobile
- Rated according to % of day performed (C,F,O, N)



Definitions

■ Fingering

- Picking, pinching, or otherwise working primarily with fingers
- Rated according to % of day performed (C,F,O, N)
- Handling and fingering can occur simultaneously
- One hand can be fingering while the other is handling



Definitions

- **Manual Dexterity**
 - Ability to move hands easily and skillfully; to work with hands in placing and turning
- **Finger Dexterity**
 - Ability to move fingers and manipulate small objects with fingers rapidly or accurately
- **Rated as an aptitude (1-5)**



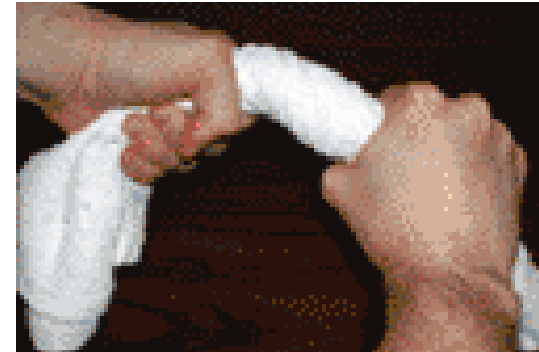
Dexterity Aptitudes

- **Level 1: Top 10% of population**
- **Level 2: Top 33% minus top 10%**
- **Level 3: Middle 33%**
- **Level 4: Bottom 33% minus top 10%**
- **Level 5: Bottom 10%**

Definitions

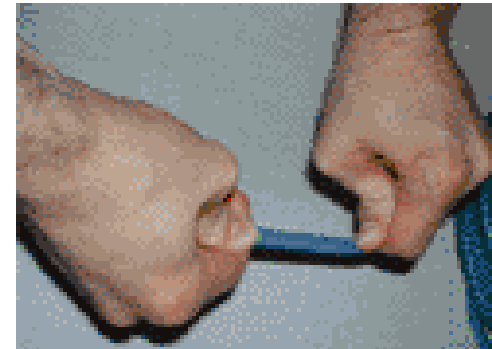
- **Forceful Gripping**

- Squeezing firmly using the entire hand with greater than 10 lb of force



- **Forceful Pinching**

- Squeezing firmly between the thumb and another finger with greater than 5 lb of force



Definitions

■ **Stooping**

- Bending body downward & forward by bending the body at the waist, requiring full use of the lower extremities and back muscles



Customization

- **Depends on 3 major factors**
 - Job demands
 - Location of injury
 - Severity of injury

Customize Screening

- **Select specific tasks from preexisting battery**
- **Develop additional new tasks**
 - Protocol/verbal instructions
 - Scoring
 - Cut points
- **Identify equipment needs**
 - Minimize testing time and expense
 - Compliance with ADA and EEOC



Customizing Materials Handling Tasks

- **Adjust all heights of lifts, distances, pushed, pulled, carried to be the distances and heights required for the job.**
- **If job requires lifting with handles, allow applicants to use handles.**
- **No handles at work - then they lift without handles.**

Example: Pushing on Jack Handle

- Measured force required
- Added weight to the sled to replicate force
- Applicant pushes down on handle of sled



Customizing Non-Materials Handling

- **Adjust mobility tasks to replicate the number of repetitions and the cycle time of the reps**
- **Adjust shelf height to replicate job demands for**
 - Reaching
 - Stooping
- **Adjust distances for walking, crawling, carry, push, and pull**

Creating Novel Tasks

- **Choose type of task most similar to the job demand**
 - Dynamic strength?
 - Weight, time, HR
 - Positional Tolerance?
 - Time, position adjustments, pain, deviations
 - Mobility?
 - Reps/distance, HR, pain, deviations
- **Scored as the other tasks from that section**

Example

■ Shoveling

- Use shoveling pit
- Have applicant shovel repetitively _____ times
- Monitor
 - Number of repetitions
 - Heart rate
 - Pain
 - Deviations in movement patterns

Combination Positions & Lifting

- **Example: forward bending, kneeling and lifting.**
- **Test the combination position**
- **Look for deviations that apply to both kneeling and forward bending**
- **Determine safe lifting ability.**



Customizing Position Tolerance Tasks

- **Have applicants maintain positions no longer than what job requires**
- **Situation: Maintains squatting for ____ time**
- **Solution:**
 - Assume the position for 30 seconds,
 - Stands for 10 seconds
 - Resumes squatting for 30 seconds
 - Repeats sequence for specific time period

Injured Body Part Also Dictates Testing

- **Body part affects choice of tasks**
- **Upper Extremity**
- **Lower Extremity**
- **Low Back**
- **Neck**

Injured Body Part: Upper Extremity

- **Reaching**
 - Below shoulder
 - At shoulder or below
- **Manual Materials Handling**
 - Lifting
 - Above and below waist
 - Carry
 - Unilateral vs. Bilateral
 - Push
 - Unilateral vs. Bilateral
 - Pull
 - Unilateral vs. Bilateral
- **Crawl**
- **Climbing**
- **Forceful Hand Use**
 - Grip
 - Pinch
- **Dexterity (skill)**
 - Manual
 - Finger
- **Duration (CFON)**
 - Handling
 - Fingering

Injured Body Part: Lower Extremity

- **Manual Materials Handling**
 - Lifting
 - Below waist
 - Carry
 - Unilateral
 - Bilateral
 - Push
 - Pull
- **Stand**
- **Stoop**
- **Squat**
 - Repetitive
 - Sustained
- **Kneel**
- **Walk**
- **Crawl**
- **Climbing**
 - Stairs
 - Ladder

Injured Body Part: Low Back

- **Manual Materials Handling**
 - Lifting
 - Below waist
 - Carry
 - Unilateral
 - Bilateral
 - Push
 - Pull
- **Stand**
- **Stoop**
 - Static
 - Repetitive
- **Squat**
 - Repetitive
 - Sustained
- **Kneel**
- **Walk**
- **Crawl**
- **Climbing**
 - Stairs
 - Ladder
- **Trunk rotation**
 - Static
 - Repetitive

Injured Body Part: Neck

- **Reaching**
 - Below shoulder
 - At shoulder or below
- **Manual Materials Handling**
 - Lifting
 - Above and below waist
 - Carry
 - Unilateral vs. Bilateral
 - Push
 - Unilateral vs. Bilateral
 - Pull
 - Unilateral vs. Bilateral
- **Crawl**
- **Stoop**
- **Climbing**
- **Forceful Hand Use**
 - Grip
 - Pinch
- **Dexterity (skill)**
 - Manual
 - Finger
- **Duration (CFON)**
 - Handling
 - Fingering

Acuity/Severity Affects Testing

- **More acute/severe, fewer testing options**
- **Consider risk of re-injury**
- **Even low-level tasks can help you document functional improvement**
 - Sit
 - Stand
 - Walk

Acute/Severe Stage

Pain levels 8 or higher, having difficulty performing ADLs, typically not working, ROM less than 50%



Testing lower level activities:

Walking

Sitting

Standing



Helps establish home routine


Medium Severity/Acuity

- **Pain level 4-7, performing ADLs & can do some IADLs, working transitional duty, ROM 50-75%**
 - Reach shoulder height (prep for above waist lift)
 - Squat (prep for below waist lift)
 - Climb stairs (prep for ladder)
- **Start moderate and increase difficulty by adjusting height of work activity**

Sub-Acute: Nearing Plateau

- Pain level 1-3, performing ADLs & IADLS, working transitional duty, nearing end of treatment, ROM > 75%
- Begin adding load/force
- Testing 3-4 most difficult demands of the job

Sample Job Analysis Report – Page 2

Activity	Percent of Job	DOT Classification
Floor to waist lift	9.5 (40 lb)	Occasionally
Above waist lift	9.5 (40 lb)	Occasionally
Bilateral carrying	9.5 (40 lb)	Occasionally
Unilateral carrying	0 	Never
Push	0	Never
Pull	0	Never
Sit	0	Never
Stand	48.0	Frequently
Forward bending standing	9.5	Occasionally
Forward bending sitting	0	Never
Kneel	0	Never
Squat	0	Never
Supine lying	0	Never
Stair climbing	0	Never
Walk	14.0	Occasionally
Crawl	0	Never
Ladder climbing	0	Never
Trunk rotation - standing	0	Never
Trunk rotation - sitting	0	Never
Reach – above shoulder	14.0	Occasionally
Reach – at shoulder or below	29.0	Occasionally
Handling	42.5	Frequently
Fingering	0.5	Occasionally
Forceful gripping	0	Never

- **RTW Screen Tasks?**
 - Nearing D/C
 - Working transitional duty
 - >75% ROM
- **Shoulder strain?**
- **Low back strain?**

Appropriate Demands

- **Shoulder**

- Above waist lifting
- Carrying
- Reaching (High, Medium, Low)

- **Low Back**

- Below waist lifting
- Carrying
- Standing
- Walking

Customizing FCE Tasks: Shoulder

- **Distance**
 - Lift from 30 inches (height of conveyor belt) to 64 inches (height of highest box stacked on pallet)
 - Reach to 64 inches (height reached while boxes adjusted on pallet)
- **Repetitions/cycle time**
 - One every 30 seconds
- **Weight**
 - Up to 40 lb
- **Size of box 14 x 14 x 6**
- **No handles**

Customizing FCE Tasks: Low Back

- **Distance**
 - Lift from 5 inches (lowest box on pallet) to 30 inches (height of conveyor belt height)
 - Reach to 5 inches (height reached while boxes adjusted on pallet)
- **Repetitions/cycle time**
 - One every 30 seconds
- **Weight**
 - Up to 40 lb
- **Size of box 14 x 14 x 6**
- **No handles**

Putting It All Together

Stage	Upper Extremity	Neck	Low Back	Lower Extremity
Acute/Severe	Reach waist level, hand dexterity	Neutral level work arms at waist to shoulder level, hand activities, in sitting	Sit, stand , walk	Stand, walk,
Acute/Moderate	Reach waist to shoulder, moderate grip, min materials handling, climb	Reach above shoulder and below waist, hand activities, in standing, minimal materials handling	Modified stoop, squat, kneel, minimal materials handling, climb, crawl	Modified stoop, squat, kneel, minimal materials handling, climb, crawl
Sub-Acute/ Minimal	Reach above shoulder, crawl, manual materials handling to max	Materials handling to max abilities	Add materials handling to max	Add materials handling to max

**Incorporating Mini-FCE
into Practice:
Initial Outpatient Care**

Conclude the Acute Evaluation

Review with patient...

- **Findings**
- **Goals**
 - Pain
 - Movement
 - Function
 - Personal
 - Work-Related
- **Treatment Plan**



Important Concluding Questions

- **How does this plan and these goals sound to you?**
- **Can you anticipate any problems with this plan/goals?**
- **Do you think this sounds like something we can accomplish together?**

Set Functional RTW Goals



Know what you are aiming for!

Communicate Importance of Full Participation

- **Patients “Job” until return to work = RX**
 - Clinical treatment
 - Graduated self-treatment
 - Call CM if no-show
- **Home program Day-1**

**Call to
reschedule**



Exploring Transitional Modified Duty with Employer

- Using job description or results of job analysis
- Temporary alternative work
- Specific time-limited goals
- Meaningful work – as much reg job as possible
- Does not exceed abilities
- Provide specific job-related guidelines
- Multiple stages as abilities progress
- Promotes RTW

Management with Functional Testing: A Case Example

- **Low back injury**
- **Works for mfg of bathroom fixtures**
- **Sent to physical therapy for evaluation 1 day after injury**
 - Manual therapy
 - Lumbar stabilization exercises
 - Therapist interviews patient regarding demands of job

Structured Home Program

- **Positioning**
 - Sitting
 - Lying
 - Standing
- **Periodic Walking**
- **Home exercises**
- **Minimize unstructured time – especially during the day**
- **Use a exercise/activity log**

Management with Functional Screening

- **Therapist obtains formal job description**
 - Little information regarding physical demands
 - 50 lb lifting requirement
 - Frequent walking
- **First Functional screen**
 - Below waist lifting ability 20 lbs,
 - Walking = Occasionally
- **Availability of transitional duty?**

Management with Functional Screening

- Employer finds transitional duty job in “cleaning and finishing small fixtures”
- Requires lifting no more than 20 lbs
- Patient returns to transitional duty and continues therapy
- Therapist does job demands analysis of original job to more thoroughly understand job demands
- Advances job specific conditioning program

Management with Functional Screening

- **From more comprehensive job demands analysis, therapist determines most physically demanding aspects of job**
 - Floor to 30” lift of 50 lb.
 - Pushing of up to 100 lb. for 100 feet
 - Stooping = Frequently
 - Squatting = Occasionally

Management with Functional Screening

- Second evaluation of functional abilities shows

	Patient Abilities	Job Demands	Match?
Lift	30	50	No
Push	75	100	No
Stoop	Unable	Frequent	No
Squat	Unable	Occas.	No

Management with Functional Screening

- **Therapist discussed status with employer**
- **Continues with transitional job with slightly increased lifting ability (incr from 20 to 30 lb)**
- **Patient continues physical therapy**
 - Manual therapy
 - Exercise
 - Stabilization/Strengthening
 - General Conditioning
 - Work Simulation of Lifting, Pushing, Squatting, Stooping
 - Patient Education

Patient Education

- **Low back care**
- **Safe work practices**
- **Minimizing physical stress during work**
- **Materials**
 - Videos/DVDs
 - Written materials

Management with Functional Screening

- **Third evaluation of functional abilities**

	Patient Abilities	Job Demands	Match?
Lift	40	50	No
Push	100	100	Yes
Stoop	Occas.	Frequent	No
Squat	Occas.	Occas.	Yes

Management with Functional Screening

- **Patient resumes squatting and pushing at work**
- **Increases lifting to 40 lb.**
- **Continues therapy**
 - Manual therapy
 - Exercise
 - Stabilization/Strengthening
 - General Conditioning
 - Work Simulation of Lifting, Pushing, Squatting, Stooping
 - Patient Education
- **Weekly re-screening of functional abilities**

Management with Functional Screening

- Final evaluation of functional abilities



Full Duty

	Patient Abilities	Job Demands	Match?
Lift	50	50	Yes
Push	100	100	Yes
Stoop	Frequent	Frequent	Yes
Squat	Occas.	Occas.	Yes

Advantages of Approach

- **Early intervention**
- **Early focus on return to work and/or staying at work – from 1st treatment**
- **Early interface with employer regarding physical demands of job.**
- **Transitional duty rather than sit-at-home**
- **Work simulation as part of therapy**
- **Active participation in therapy combined with hands-on**

Possible Road Blocks

- **Employer not allowing job analysis**
 - Rely upon interview
 - Ask employer to measure forces and distances
- **No transitional work available**
 - Work simulation
 - Schedule for home activities
- **Not enough allowed treatments**
 - Patient education
 - Home program
- **Patient motivation**

Discharge Evaluation

- **On second to last treatment (if motivation is issue)**
- **Eliminates no-shows**
- **Minimizes the effect of “final treatment exacerbation”**

Incorporating Functional Screening into Phase II of Outpatient Care: Work Conditioning

Post-Acute Outpatient

- Significantly diminished pain
- Improved ROM, strength, joint mechanics and function
- **BUT** Can't perform most difficult aspects of job demands
- **Typically de-conditioned**
 - Overweight
 - Smoke
 - Hypertension, diabetes or other co-morbidity

Work Conditioning

- **Expand the functional testing choosing additional job-related tasks**
- **Design Job-Specific Work Conditioning**
 - Cardiovascular
 - Strengthening
 - Stretching
- **Continued patient education**
- **Job-site visit/worksites modifications**

Work Simulation

- **Work Simulation emphasis**
 - Lifting
 - Position Tolerance
 - Mobility
- **Continued Transitional Duty**
- **Specific goals and time lines**

Physician Release Form

XYZ Warehouse Associate Job Demands/Associate Abilities

Tasks	Job Demand	Associate Abilities	Match (Yes/No)
Lift 4" to Waist	50 lbs. Occas.	45 lb	NO
Lift waist to 56 "	50 lbs. Occas.	35 lb	NO
Two handed carrying 120'	50 lbs Occas.	50 lb	YES
Pushing 4'	60 lbs Freq.	60 lb	YES
Pulling 4'	60 lbs Freq.	60 lb	YES
Sitting	Constantly	Constantly	YES
Standing	Constantly	Occasionally	NO
Work bent over-standing/stooping	Occasionally	Unable	NO
Work squatting/crouching	Occasionally	Occasionally	YES
Walking	Occasionally	Occasionally	YES
Climbing a ladder	Occasionally	Occasionally	YES
Repetitive overhead reaching	Occasionally	Occasionally	YES
Balance on level surfaces	Required	Adequate	YES
Balance on ladder	Required	Adequate	YES
Forward reaching	Constantly	Constantly	YES

Associates typically:

- Work an 8 hour day with some mandatory overtime in a team based environment.
- Operate powered industrial equipment such as counterbalances, order pickers, stock chasers and reach trucks.
- Coordinate bilateral hand and foot controls at a rapid pace
- Utilize hearing and vision, rapid recall, sequencing and decision making skills, as well as both fine and gross motor skills.
- Work on a platform elevated to 25 feet above the ground
- Wear a safety harness, closed toed shoes and other personal protective equipment
- Read written instructions
- Type, write and transfer sequenced alpha numeric information from multiple sources
- Operate small power tools.

Physical Release Form

Physician to complete this portion of form

- Yes No I have reviewed the Job Description/Physical Demands for NAPCK Warehouse Associates
 With Without the associate/patient

In my professional opinion the **Associate/Patient** _____

Takes no prescription medications which would impede the ability to safely operated industrial trucks and equipment
 Is able without any work restrictions or necessary accommodations to safely perform the essential job functions and physical demands of an NAPCK Warehouse Associate effective the following date: _____

Is not able even with accommodations to safely perform essential job functions and physical demands of an NAPCK Warehouse Associate effective this date: _____ through the following date: _____

Note: Indicate the dates associate was incapacitated prior to being released to work. From: _____ to _____
 Requires work/activity restrictions or accommodations which are **temporary** or **permanent** in nature as listed

effective date _____ through following date _____ anticipated release to full duty this date _____

Requires a Functional Capacity Evaluation to objectify ability to safely perform the essential job functions and physical demands with or without reasonable accommodation and is able to participate in this process effective this date _____

Print Physician's Name and Specialty

Physician's Signature

Date

Print Physician's Address

Phone/Fax

Summary

- **Mini-FCE can be used to differentiate practice**
- **Enhances communication between workplace, patient, case management, insurance carrier, physician**
- **Helps focus treatment on return to work function**
- **Helps track functional progress**
- **Provides objective data for return to work decisions**
- **Encourages physicians to consider and request functional testing when making return to work decisions**

Questions?



THE INJURY PREVENTION EXPERTS

Revolutionizing Your Practice With the Mini-FCE

November 5, 2010

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President, ErgoScience, Inc.