

Setting Up Practice in Functional Capacity Evaluation and Work Capacity Evaluation¹

Leonard N. Matheson, PhD, CVE

Getting Started

Providing Functional capacity evaluation (FCE) and Work capacity evaluation (WCE) can become important parts of your professional practice. The experienced Occupational Therapist, Physical Therapist, or Vocational Evaluator needs the proper equipment, skills and knowledge, and certification. I have been practicing in this field for more than 40 years and have trained thousands of professionals in both University and post-graduate settings. I look forward to helping you get started.

Definitions and Purposes of FCE and WCE

Functional capacity evaluation (FCE) is defined as “a systematic method of measuring an individual’s ability to perform meaningful tasks on a safe and dependable basis” (L Matheson, 2003). The term *functional* connotes adequate performance of a purposeful, meaningful, or useful task, with a result that can be measured. *Functional limitations* are the effect of impairment on ability to perform tasks and are the focus of FCE.

Work capacity evaluation (WCE) is defined as “a comprehensive process that uses real or simulated work tasks to measure ability to dependably sustain performance in response to broadly defined work demands” (LN Matheson, 1984). *Work* connotes productive output, usually performed for meaningful remuneration, often in the competitive labor market. *Capacity* refers to output that can be achieved on a safe and dependable basis. WCE includes FCE.

In general, the *purpose* of these evaluations is to collect information about the functional limitations of a person with medical impairment and interpret these limitations in terms of the person’s capacity to work. There are five different types of evaluation, described below from less to more complex:

- a. Functional Goal Setting FCE—If impairment is sufficiently severe to warrant referral to therapy, measurement of the functional status of the component(s) affected by the impairment is undertaken to set recovery goals.
- b. Disability Rating FCE—When functional consequences of the patient’s impairment are sufficiently severe to potentially result in limitation of ability to work, measurement of the loss of ability in key functional areas of work can be used as an estimate of disability.
- c. Job Matching FCE—Matching the adequacy of the worker’s abilities to the essential functions of a particular job is the next most complex type of functional capacity evaluation. Information concerning the physical demands of the job is obtained through a job analysis.
- d. Occupation Matching FCE—Matching the patient’s functional capacity to a range of jobs in the Dictionary of Occupational Titles or O*NET. The “physical demand characteristics” (PDC) level is often used to describe the patient’s general physical functional ability level.
- e. Work Capacity Evaluation—Matching the person’s functional capacity, aptitudes, interests, and transferable skills to the demands of all occupations is the most comprehensive type of evaluation. In addition to FCE tests, tests of cognitive work capacity and productivity are

¹ Updated with excerpts from Matheson, L. (2003). The functional capacity evaluation. In G. Andersson & S. Demeter & G. Smith (Eds.), Disability Evaluation. 2nd Edition. American Medical Association. Chicago, IL: Mosby Yearbook.

administered. WCE often uses work simulations and work samples to compare the person's productivity to competitively employed workers.

In clinical practice, Functional Goal Setting FCE and Disability Rating FCE can be conducted with the same equipment sets, as can Job Matching FCE and Occupation Matching FCE. The differences between each FCE stem from the focus provided by the referral question, leading to somewhat different use of the data collected.

Test Battery Selection

There are five issues that must be addressed in the selection and use of any test. These issues, presented in hierarchical order, are:

1. Safety—Given the known characteristics of the client, the test should not be expected to lead to injury;
2. Reliability—The test score should be dependable across evaluators, clients, and the date or time of test administration;
3. Validity—The interpretation of the test score should be able to predict or reflect performance in a target work setting;
4. Practicality—The cost of the test should be reasonable, measured in terms of the test equipment and materials and professional charges;
5. Utility—The usefulness of the test is the degree to which it meets the needs of the client and referral source.

This is a hierarchical listing based on standards provided by professional organizations and government agencies. The hierarchy requires that the earlier factors be maintained as subsequent factors are addressed. For example, it is not permissible to sacrifice safety for practicality.

Selection of the evaluation that is appropriate for the client is guided by the focus of the referral question. The modern evaluator will evaluate only those constructs that are pertinent. The focused-test approach is preferred over the test battery approach as long as the safety, reliability, and validity guidelines presented above are addressed adequately.

The tests below have been selected based on these criteria. The specific match between the test and the client must be made by the evaluator. In other words, though these are the best tests for the different evaluations, the evaluator is responsible for their safe, reliable, and valid application.

Evaluation Levels

There are three basic sets of equipment that I use on a regular basis, corresponding to the level of complexity of the evaluation, driven by the question posed in the referral. The equipment that I routinely use and the resources and costs are presented in the table below. Training on the use of the tests and procedures is available from Roy Matheson Associates.