



# WHITEHAVEN GROUP

Document Owner:	Principal – Health & Safety
Document Approver:	Group Manager WHS
Revision Period:	5 Year
Issue:	5.1
Last Revision Date:	14/03/2023

## WHC-FRM-FUNCTIONAL CAPACITY EVALUATION HEAVY

### WHITEHAVEN COAL FUNCTIONAL RESULTS SUMMARY

<b>Applicant Name:</b>	<b>DOB:</b>
<b>Position/Role/Site:</b>	<b>Assessment Date:</b>

### Results/Restrictions

<b>GREEN</b>	<input type="checkbox"/>	Fit and healthy in relation to the physical demands of their usual role
<b>AMBER</b>	<input type="checkbox"/>	Has a physical condition that requires ongoing monitoring / repeat FCE in 3 months
	<input type="checkbox"/>	Has a stable physical condition that imposes a restriction on some aspect of their usual role
<b>RED</b>	<input type="checkbox"/>	Has a physical condition that will result in an unacceptable safety or health risk or a condition that prevents them from performing the physical demands of their usual role

### Guidance notes for an Amber or Red Result

- Did the worker demonstrate significant difficulties or limitations in any component of the FCE? (e.g., significantly reduced ROM, core strength, any items in the observations and special tests section) – Amber
- Was the worker unable to complete a component of the test? (e.g., Chester step test, manual handling requirements). Amber - **3-month review required**
- If Amber or Red has been selected, further detail is required below. Please clearly identify what aspect of the assessment was challenging and why performance was limited (e.g., manual handling performance was limited by strength, cardiovascular fitness etc).

### Recommendations and Referrals

<b>Physiotherapist, Exercise Physiologist or Occupational Therapist (please circle)</b>	<b>Name:</b>
	<b>Signature:</b>

### PHYSICAL CHARACTERISTICS & CARDIOVASCULAR BASELINE (Objective Assessment)

<b>AGE:</b>	<b>WEIGHT:</b>	<b>HEIGHT:</b>	<b>Resting HR:</b>	<b>BMI:</b>
<b>Resting SYSTOLIC BP:</b>		<b>Resting DIASTOLIC BP:</b>		



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<b>85% HRMax</b> (220-age*.85):	<b>70% HRMax</b> (220-age*.70):
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GRIP STRENGTH TEST					
Left Results	1.	2.	3.		
Right Results	1.	2.	3.		
	<b>Average (all ages)</b>	<b>Applicant's average</b>		<b>Above Avg.</b>	<b>Below Avg.</b>
Male	47.3 kg	L.	R.	<input type="checkbox"/>	<input type="checkbox"/>
Female	28.4 kg	L.	R.	<input type="checkbox"/>	<input type="checkbox"/>
Comments and Limitations:					

OBSERVATIONS AND SPECIAL TESTS (SCREENING)		
Assessment Item	Findings/ROM/Pain	Overall Comments
Shoulder and scapular Position & Observations		
Empty Can Test		
O'Brien's Test for SLAP Lesion		
Upper Limb Neural Tension Test 1		
Muscle atrophy & asymmetry		
General posture and spine curves		
Pelvic symmetry		
Neural Dynamics – SLR or Slump Test		
Full Squat – Hold 30sec at lowest range.		
5 Push ups – observe scapular, shoulder and elbow movements		

**JOINT RANGE OF MOTION - comment on movement pattern where required**

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Movement	Expected Joint Range	✓ or x	Limitations/ Comments/Pain
<b>Cervical Spine</b>			
Flexion	45°		
Extension	45°		
Lateral flexion	45°	L. R.	
Rotation	60°	L. R.	
<b>Thoracolumbar Spine</b>			
Flexion			
Extension			
Lateral flexion (performed in standing with feet together)	L. R.		
Rotation (performed in sitting with arms across chest)	L. R.		
<b>Shoulder</b>			
Flexion	160°	L. R.	
Extension	40°	L. R.	
Abduction	160°	L. R.	Was There Arc Pain? (Y/N)
Horizontal Adduction	Elbow to midline	L. R.	
Internal rotation	HBB to L1/2	L. R.	
External rotation	45°	L. R.	
<b>Elbow</b>			
Flexion	0-150°	L. R.	
Extension	150-0°	L. R.	
<b>Forearm</b>			
Pronation	70°	L. R.	
Supination	70°	L. R.	
<b>Wrist</b>			
Flexion	60°	L.	

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		<b>R.</b>	
<b>Extension</b>	70°	<b>L.</b>	
		<b>R.</b>	
<b>Ulnar deviation</b>	20°	<b>L.</b>	
		<b>R.</b>	
<b>Radial deviation</b>	20°	<b>L.</b>	
		<b>R.</b>	

**Hip**

<b>Flexion</b>	120°	<b>L.</b>	
		<b>R.</b>	
<b>Extension</b>	10°	<b>L.</b>	
		<b>R.</b>	
<b>Abduction</b>	45°	<b>L.</b>	
		<b>R.</b>	
<b>Internal rotation at 90°</b>	45°	<b>L.</b>	
		<b>R.</b>	
<b>External rotation at 90°</b>	45°	<b>L.</b>	
		<b>R.</b>	

**Knee**

<b>Flexion</b>	120°	<b>L.</b>	
		<b>R.</b>	
<b>Extension</b>	0-10°	<b>L.</b>	
		<b>R.</b>	

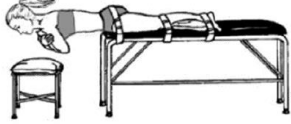

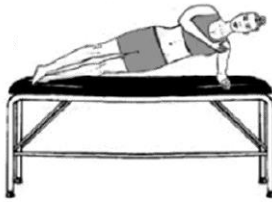
**Ankle**

<b>Plantar Flexion</b>	45°	<b>L.</b>	
		<b>R.</b>	
<b>Dorsiflexion</b>	20°	<b>L.</b>	
		<b>R.</b>	

**Additional findings, tests or comments at assessors' discretion:**

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<b>Trunk Endurance</b>			
<b>Action</b>	<b>Target</b>	<b>Score</b>	<b>Comment</b>
<p><b>Trunk Extension</b></p>  <p>Position prone with the lower body including the hips fixed to the test surface. The upper body extended to horizontal in a cantilevered fashion over the edge. Arms folded over the chest.</p>	120 seconds		
<p><b>Trunk Flexion</b></p>  <p>Sit with the hips and knees bent to 90° and the feet secured. Trunk inclined at 60°. Arms folded over chest.</p>	120 seconds		
<p><b>Side Bridge</b></p>  <p>Position on side with legs extended. The top foot placed in front of the lower foot. Subjects lift hips off the mat to maintain a straight line over their full body length, uninvolved arm folded over chest.</p>	Left 45 seconds		
	Right 45 seconds		
<b>Comments:</b>			

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### DYNAMIC TOLERANCES

**1. Sharpened Modified Romberg Test (hard surface) – Give applicant up to 3 trials (if required)**  
**TARGET = Maintain balance and posture for 30 seconds or greater**

<b>Best Time Achieved:</b>	_____ seconds	<b>Did the applicant meet the 30 seconds or greater target?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**Position:**

\_\_\_\_\_

**2. Sustained overhead reach mimicking a task (60 seconds)**

	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**Comments:**  
 E.g. Fatigue signs, poor biomechanics

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### FUNCTIONAL & FITNESS TESTS

#### Cardiorespiratory Fitness - Chester Step Test

<p><b>Step height (circle):</b> 15cm    30cm</p> <p><b>50%HR max:</b> _____ bpm  <b>80% HR max:</b> _____ bpm  <b>85% HR max:</b> _____ bpm</p> <p><b>Note:</b> HR's that are &lt;50%HRmax &amp; &gt;85%HRmax cannot be used as valid data points.</p>	<p><b>Predicted VO<sub>2</sub> score</b>          Use Step Test graph to calculate:</p> <p>_____</p> <p><b>mlsO<sub>2</sub>/kg/min</b></p>
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**Rating:**

Excellent       Good       Average       Below Average       Poor

Step Level	I 0-2min	II 2-4min	III 4-6min	IV 6-8min	V 8-10min
Metronome Pace	60bpm	80bpm	100bpm	120bpm	140bpm
Heart rate @ stage end					
RPE @ stage end (6-20)					

**Observations:**

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Task	Able	Limited	Unable
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<b>Repeated squat</b> Perform 20 full squats					
<b>In line lunge</b> Start in line on floor. Stand. Finish on floor.	<b>R.</b>				
	<b>L.</b>				
<b>Kneeling</b> Start standing lower to kneeling on both knees. Stand again. No hands.	<b>R.</b>				
	<b>L.</b>				

*Manual Handling Assessment on next page*

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### Manual handling & strength capacity tasks– *ideally wearing PPE*

1. Ask client to give you some feedback as to the key safety points for particular manual handling task.
2. For all lifting tasks provide brief instruction of task and ask client to attempt an unweighted trial lift using an empty box.
3. Provide education on safe manual handling according to the deviations displayed in practice attempt.
4. Then proceed to a trial lift (ONE ONLY) of ½ the maximum load to assess lifting technique.
5. If technique is deemed safe, increase gradually until required limit is reached
6. If technique is not deemed as safe, repeat education and demonstration before progressing
7. Determine client’s safe lifting maximum (safest load for three repetitions).

Task	Able	Limited	Unable	Lift progression (circle maximum weight able to be lifted x 3 reps)	HR:	Signs & symptoms
<b>Floor to Waist Lift</b>  <u>Max weight: 30 kg</u>				____kg ____kg ____kg <u>Prompting required:</u> Yes <input type="checkbox"/> <u>Comments:</u>		
<b>Waist to overhead lift</b>  <u>Max weight: 20 kg</u>				____kg ____kg ____kg <u>Prompting required:</u> Yes <input type="checkbox"/> <u>Comments:</u>		
<b>Unilateral Carry</b>  Carry <b>1 x 20 kg drums/object</b> by side of body for 30 seconds. Each side.  If necessary, assess subject with a lower carry weight and progressively increase.				____kg ____kg ____kg <u>Prompting required:</u> Yes <input type="checkbox"/> <u>Comments:</u>		
<b>Bi-lateral carry.</b> Carry <b>20kg</b> object.  <b>Time: 30 seconds.</b>  If necessary, assess subject with a lower carry weight and progressively increase.				____kg ____kg ____kg <u>Prompting required:</u> Yes <input type="checkbox"/> <u>Comments:</u>		



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**2. Other manual handling & strength capacity tasks**

Task	Able	Limited	Unable	Comments:	HR:	Signs & symptoms
<p><b>Cable drag</b></p> <p>Drag a 20kg weight using any type of cable/rope.</p> <p><b>Total of 30 seconds</b></p>						
<p><b>Shovelling</b></p> <p>Shovel (using long or short handle shovel) continuously using safe and optimal technique for the relevant shovel selected.</p> <p>Work at comfortable and steady pace and change sides if necessary.</p> <p><b>Time: 2 minutes</b></p>						
<p><b>Overhead lift and hold.</b></p> <p><b>Hold 10kg object above head. Approx. 100 degree shoulder flexion</b></p> <p><b>Time: 30 seconds before returning to ground level.</b></p>						

Overall evaluation of manual handling technique (tick) – Excellent  Good  Satisfactory  Poor