

Document Owner:	Principal – Health & Safety
Document Approver:	Group Manager WHS
Revision Period:	5 Year
Issue:	4.2
Last Revision Date:	26/04/2023

WHC-FRM-FUNCTIONAL CAPACITY EVALUATION MEDIUM

WHITEHAVEN COAL FUNCTIONAL RESULTS SUMMARY

Applicant Name:	DOB:
Position/Role/Site:	Assessment Date:

Results/Restrictions

GREEN	<input type="checkbox"/>	Fit and healthy in relation to the physical demands of their usual role
AMBER	<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
RED	<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

Physiotherapist, Exercise Physiologist or Occupational Therapist (please circle)	Name:
	Signature:

PHYSICAL CHARACTERISTICS & CARDIOVASCULAR BASELINE (Objective Assessment)

AGE:	WEIGHT:	HEIGHT:	Resting HR:	BMI:
Resting SYSTOLIC BP:		Resting DIASTOLIC BP:		
85% HRMax (220-age*.85):		70% HRMax (220-age*.70):		

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GRIP STRENGTH TEST					
Left Results	1.	2.		3.	
Right Results	1.	2.		3.	
	Average (all ages)	Applicant's average		Above Avg.	Below Avg.
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

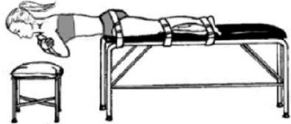

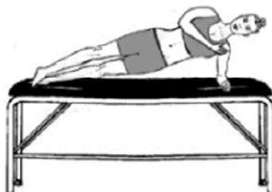
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Movement	Expected Joint Range	✓ or ×	Limitations/ Comments/Pain
Cervical Spine			
Flexion	45°		
Extension	45°		
Lateral flexion	45°	L.	
		R.	
Rotation	60°	L.	
		R.	
Thoracolumbar Spine			
Flexion			
Extension			
Lateral flexion (performed in standing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

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Trunk Endurance			
Action	Target	Score	Comment
<p>Trunk Extension</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>Trunk Flexion</p>  <p>Sit with the hips and knees bent to 90° and the feet secured. Trunk inclined unsupported at 60°. Arms folded over chest.</p>	120 seconds		
<p>Side Bridge</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		
Comments:			

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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

Best Time Achieved:	_____ seconds	Did the applicant meet the 30 seconds or greater target?	<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

FUNCTIONAL & FITNESS TESTS

Cardiorespiratory Fitness - Chester Step Test

<p style="text-align: right;"><u>Step height (circle):</u> 15cm 30cm</p> <p style="text-align: right;"><u>50%HR max:</u> _____ bpm</p> <p style="text-align: right;"><u>80% HR max:</u> _____ bpm</p> <p style="text-align: right;"><u>85% HR max:</u> _____ bpm</p> <p>Note: HR's that are <50%HRmax & >85%HRmax cannot be used as valid data points.</p>	<p style="text-align: center;"><u>Predicted VO₂ score</u></p> <p style="text-align: center;">Use Step Test graph to calculate:</p> <p style="text-align: center;">mlsO₂/kg/min</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
Repeated squat Perform 20 full squats				
In line lunge Start in line on floor. Stand. Finish on floor.	R.			
	L.			
Kneeling Start standing lower to kneeling on both knees. Stand again. No hands.	R.			
	L.			

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:
Floor to Waist Lift <u>Max weight: 20 kg</u>				____ kg ____ kg ____ kg Prompting required: Yes <input type="checkbox"/> <u>Comments:</u>	
Waist to overhead lift <u>Max weight: 10 kg</u>				____ kg ____ kg ____ kg Prompting required: Yes <input type="checkbox"/> <u>Comments:</u>	
Unilateral Carry Carry 1 x 10 kg drums/object by side of body for 30 seconds. Each side. If necessary, assess subject with a lower carry weight and progressively increase.				____ kg ____ kg ____ kg Prompting required: Yes <input type="checkbox"/> <u>Comments:</u>	
Bi-lateral Carry Carry 1 x 15 kg object Time: 30 seconds. If necessary, assess subject with a lower carry weight and progressively increase.				____ kg ____ kg ____ kg Prompting required: Yes <input type="checkbox"/> <u>Comments:</u>	



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Other manual handling & strength capacity tasks

Task	Able	Limited	Unable	Comments:	HR:
<p>Shovelling</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>Time: 2 minutes</p>					

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