

Document Owner:	Principal – Health & Safety
Document Approver:	Group Manager WHS
Revision Period:	5 Year
Issue:	4.0
Last Revision Date:	27/02/2023

**WHC-FRM-FUNCTIONAL CAPACITY EVALUATION MEDIUM**

**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>



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### 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>		
<b>85% HRMax (220-age*.85):</b>		<b>70% HRMax (220-age*.70):</b>		

### GRIP STRENGTH TEST

<b>Left Results</b>	<b>1.</b>	<b>2.</b>	<b>3.</b>		
<b>Right Results</b>	<b>1.</b>	<b>2.</b>	<b>3.</b>		
	<b>Average (all ages)</b>	<b>Applicant's average</b>		<b>Above Avg.</b>	<b>Below Avg.</b>
<b>Male</b>	<b>47.3 kg</b>	<b>L.</b>	<b>R.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Female</b>	<b>28.4 kg</b>	<b>L.</b>	<b>R.</b>	<input type="checkbox"/>	<input type="checkbox"/>

Comments and Limitations:

### OBSERVATIONS AND SPECIAL TESTS (SCREENING)

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

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

Movement	Expected Joint Range	✓ or x	Limitations/ Comments/Pain
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**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.	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.	

**Elbow**

Flexion	0-150°	L. R.	
Extension	150-0°	L. R.	

**Forearm**

Pronation	70°	L. R.	
Supination	70°	L. R.	

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Wrist				
Flexion	60°	L.		
		R.		
Extension	70°	L.		
		R.		
Ulnar deviation	20°	L.		
		R.		
Radial deviation	20°	L.		
		R.		
Hip				
Flexion	120°	L.		
		R.		
Extension	10°	L.		
		R.		
Abduction	45°	L.		
		R.		
Internal rotation at 90°	45°	L.		
		R.		
External rotation at 90°	45°	L.		
		R.		
Knee				
Flexion	120°	L.		
		R.		
Extension	0-10°	L.		
		R.		
Ankle				
Plantar Flexion	45°	L.		
		R.		
Dorsiflexion	20°	L.		
		R.		
Additional findings, tests or comments at assessors' discretion:				

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CORE STABILITY	
Grade	Outcomes
<p><b>Level 1</b> Begin in supine, crook lying position.</p> <p>Slowly raise 1 leg to 100deg hip flexion and comfortable knee flexion.</p> <p>Opposite leg brought up to same position</p>	<p><input type="checkbox"/> <b>UNABLE</b> to activate transversus abdominis.</p> <p><input type="checkbox"/> Able to activate transversus abdominis in crook lying position.</p> <p><input type="checkbox"/> Able to maintain control of transversus abdominis through Level 1 movement.</p> <p><input type="checkbox"/> Unable to maintain control of transversus abdominis through Level 1 movement.</p>
<p><b>Level 2</b> From hip flexed position, slowly lower 1 leg until heel contacts ground.</p> <p>Slide out leg to fully extend the knee.</p> <p>Return to starting flexed position.</p>	<p><input type="checkbox"/> Able to maintain control of transversus abdominis through Level 2 movement.</p> <p><input type="checkbox"/> Unable to maintain control of transversus abdominis through Level 2 movement.</p>
<p><b>Level 3</b> From hip flexed position*, slowly lower 1 leg until heel is 12cm above the ground.</p> <p>Slide out leg to fully extend the knee.</p> <p>Return to starting flexed position.</p>	<p><input type="checkbox"/> Able to maintain control of transversus abdominis through Level 3 movement.</p> <p><input type="checkbox"/> Unable to maintain control of transversus abdominis through Level 3 movement.</p>
<p><b>Level 4</b> From hip flexed position*, slowly lower both legs until heel contacts ground.</p> <p>Slide out legs to fully extend knees.</p> <p>Return to starting flexed position.</p>	<p><input type="checkbox"/> Able to maintain control of transversus abdominis through Level 4 movement.</p> <p><input type="checkbox"/> Unable to maintain control of transversus abdominis through Level 4 movement.</p>
<p><b>Level 5</b> From hip flexed position*, slowly lower legs until heels 12cm above ground.</p> <p>Slide out legs to fully extend the knees.</p> <p>Return to starting flexed position.</p>	<p><input type="checkbox"/> Able to maintain control of transversus abdominis through Level 5 movement.</p> <p><input type="checkbox"/> Unable to maintain control of transversus abdominis through Level 5 movement.</p>

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

2. <b>Sustained overhead reach mimicking a task (60 seconds)</b>	<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><b>Step height (circle): 15cm   30cm</b></p> <p><b>50%HR max: _____ bpm</b></p> <p><b>80% HR max: _____ bpm</b></p> <p><b>85% HR max: _____ bpm</b></p>	<p><b>Predicted VO2 score</b> Use Step Test graph to calculate:</p> <p style="text-align: center;"><b>mlsO2/kg/min</b></p>
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**Note: HR's that are <50%HRmax & >85%HRmax cannot be used as valid data points.**

**Rating:**

Excellent       Good       Average       Below Average       Poor

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

**Observations:**

<b>Task</b>	<b>Able</b>	<b>Limited</b>	<b>Unable</b>
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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.	R.				
	L.				
<b>Kneeling</b> 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:	Signs & symptoms
<b>Floor to Waist Lift</b> <u>Max weight:</u> 20 kg				____ kg ____ kg ____ kg Prompting required: Yes <input type="checkbox"/> Comments:		
<b>Waist to overhead lift</b> <u>Max weight:</u> 10 kg				____ kg ____ kg ____ kg Prompting required: Yes <input type="checkbox"/> Comments:		
<b>Unilateral Carry</b> <u>Carry:</u> 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"/> Comments:		
<b>Bi-lateral carry.</b> <u>Carry:</u> 15kg 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"/> Comments:		



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

Task	Able	Limited	Unable	Comments:	HR:	Signs & symptoms
<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 style="text-align: center;"><u>OR</u></p> <p><b>Shovelling simulation (Alternative to shovelling)</b></p> <p>Hold a 5kg weighted box or object bilaterally;</p> <p>Stand with a split stance leaning slightly forward adjacent to a shelf at waist height;</p> <p>Rotate trunk and position object on shelf;</p> <p>Return the object back to starting position and repeat for 2 min.</p> <p>Work at comfortable and steady pace and change sides if necessary.</p> <p><b>Time: 2 minutes</b></p>						

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