



WHITEHAVEN GROUP

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Revision Period:	
Issue:	
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WHC-FRM-FUNCTIONAL CAPACITY EVALUATION LIGHT

WHITEHAVEN COAL FUNCTIONAL RESULTS SUMMARY

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

Results/Restrictions

EXAMPLE DOCUMENT ONLY

Recommendations and Referrals

Physiotherapist, Exercise Physiologist or Occupational Therapist.

Name:

Signature:



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PHYSICAL CHARACTERISTICS & CARDIOVASCULAR BASELINE

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

OBSERVATIONS AND SPECIAL TESTS (SCREENING)

Assessment Item	Findings/ROM/Pain	Overall Comments
Shoulder and scapular Position & Observations		EXAMPLE DOCUMENT ONLY
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		

JOINT RANGE OF MOTION - comment on movement pattern where required

Movement	Expected Joint Range	✓ or x	Limitations/ Comments/Pain
Cervical Spine			
Flexion	45°		
Extension	45°		
Lateral flexion	45°	L.	
		R.	
Rotation	60°	L.	
		R.	
Thoracolumbar Spine			
Flexion			
Extension			



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Lateral flexion (performed in standing with feet together)	L.	
	R.	
Rotation (performed in sitting with arms across chest)	L.	
	R.	

Shoulder

Flexion	160°	L.	Was There Arc Pain? (Y/N)
		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

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.	



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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:			

CORE STRENGTH TEST
Test – Prone Plank/Bridge for 30 Seconds
Observations & Comments
E.G. Technique, posture, shaking, pain

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DYNAMIC TOLERANCES

1. Sharpened Modified Romberg Test – 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:

Comments:
 E.g. Fatigue signs, poor biomechanics

FUNCTIONAL & FITNESS TESTS

Cardiorespiratory Fitness - Chester Step Test

<p>Step height (circle): 15cm 30cm</p> <p>50%HR max: _____ bpm</p> <p>80% HR max: _____ bpm</p> <p>85% HR max: _____ bpm</p> <p>Note: HR's that are <50%HRmax & >85%HRmax cannot be used as valid data points.</p>	<p>Predicted VO₂ score</p> <p>Use Step Test graph to calculate:</p> <p>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 5 full squats and hold last rep for 10s				
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 & 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 $\frac{1}{2}$ 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: 10 kg</u>				____ kg ____ kg ____ kg Prompting required: Yes <input type="checkbox"/> <u>Comments:</u>	
Waist to overhead lift <u>Max weight: 5 kg</u>				____ kg ____ kg ____ kg Prompting required: Yes <input type="checkbox"/> <u>Comments:</u>	



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<p>Unilateral Carry</p> <p>Carry 1 x 5 kg drums/object by side of body for 30 seconds. Each side.</p> <p>If necessary, assess subject with a lower carry weight and progressively increase.</p>				<p>_____kg _____kg _____kg</p> <p>Prompting required:</p> <p>Yes <input type="checkbox"/> <u>Comments:</u></p>	
<p>Bi-lateral Carry</p> <p>Carry 1 x 7.5 kg object</p> <p>Time: 30 seconds.</p> <p>If necessary, assess subject with a lower carry weight and progressively increase.</p>				<p>_____kg _____kg _____kg</p> <p>Prompting required:</p> <p>Yes <input type="checkbox"/> <u>Comments:</u></p>	

Overall evaluation of manual handling technique (tick) –

Excellent
 Good
 Satisfactory
 Poor

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