



# WHITEHAVEN GROUP

Document Owner:	
Document Approver:	
Revision Period:	
Issue:	
Last Revision Date:	

## 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

EXAMPLE DOCUMENT ONLY

### Recommendations and Referrals

EXAMPLE DOCUMENT ONLY

<b>Physiotherapist, Exercise Physiologist or Occupational Therapist.</b>	<b>Name:</b>
	<b>Signature:</b>



# WHITEHAVEN GROUP

Document Owner:	
Document Approver:	
Revision Period:	
Issue:	
Last Revision Date:	

## WHC-FRM-FUNCTIONAL CAPACITY EVALUATION MEDIUM

### 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):	

### 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:

EXAMPLE DOCUMENT ONLY

### 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		
Full Squat – Hold 30sec at lowest range.		



# WHITEHAVEN GROUP

Document Owner:	
Document Approver:	
Revision Period:	
Issue:	
Last Revision Date:	

## WHC-FRM-FUNCTIONAL CAPACITY EVALUATION MEDIUM

<b>5 Push ups – observe scapular, shoulder and elbow movements</b>		
--	--	--

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

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



# WHITEHAVEN GROUP

Document Owner:	
Document Approver:	
Revision Period:	
Issue:	
Last Revision Date:	

## WHC-FRM-FUNCTIONAL CAPACITY EVALUATION MEDIUM

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

EXAMPLE DOCUMENT ONLY



# WHITEHAVEN GROUP

Document Owner:	
Document Approver:	
Revision Period:	
Issue:	
Last Revision Date:	

## WHC-FRM-FUNCTIONAL CAPACITY EVALUATION MEDIUM

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>

EXAMPLE DOCUMENT ONLY



# WHITEHAVEN GROUP

Document Owner:	
Document Approver:	
Revision Period:	
Issue:	
Last Revision Date:	

## WHC-FRM-FUNCTIONAL CAPACITY EVALUATION MEDIUM

### 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
---------------------	---------------	--	--

Position:

2. Sustained overhead reach mimicking a task (60 seconds)	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

**Comments:**  
 E.g. Fatigue signs, poor bio mechanics

### FUNCTIONAL & FITNESS TESTS

#### Cardiorespiratory Fitness - Chester Step Test

**Step height (circle):** 15cm   30cm

**50%HR max:** \_\_\_\_\_ bpm

**80% HR max:** \_\_\_\_\_ bpm

**85% HR max:** \_\_\_\_\_ bpm

**Note:** HR's that are <50%HRmax & >85%HRmax cannot be used as valid data points.

**Predicted VO<sub>2</sub> score**

Use Step Test graph to calculate:

**mlsO<sub>2</sub>/kg/min**

**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:**



# WHITEHAVEN GROUP

Document Owner:	
Document Approver:	
Revision Period:	
Issue:	
Last Revision Date:	

## WHC-FRM-FUNCTIONAL CAPACITY EVALUATION MEDIUM

Task		Able	Limited	Unable
<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.			

EXAMPLE DOCUMENT ONLY



# WHITEHAVEN GROUP

Document Owner:	
Document Approver:	
Revision Period:	
Issue:	
Last Revision Date:	

## WHC-FRM-FUNCTIONAL CAPACITY EVALUATION MEDIUM

### 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:
<b>Floor to Waist Lift</b> <u>Max weight: 20 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: 10 kg</u>				____ kg ____ kg ____ kg <u>Prompting required:</u> Yes <input type="checkbox"/> <u>Comments:</u>	
<b>Unilateral Carry</b> Carry <b>1 x 10 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>1 x 15 kg object</b> Time: 30 seconds.  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>	

EXAMPLE DOCUMENT ONLY





# WHITEHAVEN GROUP

Document Owner:	
Document Approver:	
Revision Period:	
Issue:	
Last Revision Date:	

## WHC-FRM-FUNCTIONAL CAPACITY EVALUATION MEDIUM

Other manual handling & strength capacity tasks					
Task	Able	Limited	Unable	Comments:	HR:
<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>					
<p><b>Overall evaluation of manual handling technique (tick) –</b>    Excellent <input type="checkbox"/>    Good <input type="checkbox"/>    Satisfactory <input type="checkbox"/>    Poor <input type="checkbox"/></p>					

EXAMPLE DOCUMENT ONLY