



ISR Physical Therapy

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By Richard W. Bunch, PhD, PT

Are FCEs Objective Enough?

The answer to this question is related to the skills of the FCE provider and the structure of the FCE protocol. FCEs are designed to determine how a residual impairment translates into disability. The FCE should be able to assess to what degree the subjective complaints of the patient match the severity and irritability of his or her condition. The objectivity of a FCE protocol depends on the construct of the functional tests in terms of intra- and inter-rater and reliability. In other words, can the evaluator repeat a test and get the same results and can another clinician conduct the same test and get the same results? An experienced FCE provider realizes there are some degree of variables in re-testing that can adversely affect testing outcome such as consistency in test instruction, fear/anxiety, general learning curves with practice, and the patient's understanding of how to perform the test. Therefore, providing clear test instruction, reducing fear/anxiety, and allowing practice time in testing are essential. A FCE provider should always repeat a test that appears to be inconsistent with the medical history or with the results of the physical examination. This will help eliminate a learning curve issue and will ensure the person being tested understood the testing procedure. Repeated tests that are inconsistent (high COVs) or obviously submaximal may indicate conscious or unconscious disability magnification behavior and threaten the validity of the test. When there are test inconsistencies in a properly administered FCE, the skilled clinician may also note non-organic signs during the physical examination. In such cases, the evaluator is technically prohibited from opining with confidence about maximum residual functional capacities and return-to-work capacities and should clarify this issue in the report. In some cases, a clinical psychological examination may be warranted to determine if there is psychological overlay or malingering behavior. Such analyses can be important for reducing significant costs from unnecessary, expensive medical diagnostic procedures and unwarranted surgeries that can occur from non-objective subjective pain complaints that relate to psychological overlay or secondary gain.

LOCATIONS:

For more information, contact our office at 800.414.2174

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ABOUT OUR EVALUATORS:



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Dr. Bunch is founder and CEO of ISR Institute. He is a nationally renowned professional speaker, author and consultant on the topics of wellness, ergonomics, injury prevention and injury management.



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Trevor is a Board Certified Orthopedic Specialist and Certified Behavioral Based Ergonomic Specialist. He is also Certified in Mechanical Diagnosis and Therapy of the Spine by the McKenzie Institute USA, is a Certified Strength and Conditioning Specialist, and is currently the Training Director for the Worksaver FCE Protocol. Mr. Bardarson is also the Vice President of Clinical Operations for Industrial Safety and Rehabilitation Institute and Clinic Director/Partner of ISR Physical Therapy of Houma, LLC.



Marc Cavallino, MPT, OCS
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Marc completed his Masters of Physical Therapy at Emory University in 2001. He has had the opportunity since his graduation to work with a variety of orthopedic conditions and is experienced in FCEs, work conditioning, sports injuries as well as back and neck injuries.