



Workwell Hand Functional Capacity Evaluation

****Only Physiotherapists or Occupational Therapists can perform a Workwell FCE.***

FCE V.2 Standardized Procedures

Outcome Measures – DASH; Quadruple Visual Analogue Scale (QVAS); Physical Activity Readiness Questionnaire (PAR-Q) ; Orebro Musculoskeletal Pain Screening Questionnaire

History – During the initial interview we emphasize:

- 1) the objectivity of the FCE
- 2) That every person has abilities and limitations
- 3) That safety is a critical component of a Workwell FCE
- 4) That the client's muscle function, body mechanics, and other physical signs will be noted as indications of effort.
- 5) We discuss the difference between function and discomfort/pain and that there is not necessarily a correlation between pain and function. One can be very functional even though feeling discomfort.
- 6) A key to is to identify safe functional abilities
- 7) That the therapist will use his/her medical evaluation skills to ensure safety during the FCE.

Physical Examination – It is important for the therapist to understand the cause of the injury and associated symptoms, how healing has progressed, and how the client is currently affected. Includes subtests: Squatting and Balance

Standardized Sub Tests – These include the following tests:

- Waist To Floor Lift
- Waist to Crown Lift (using Handles)
- Waist to Crown Lift (over/under or handles)
- Front Carry (50 ft)
- Right Carry (50 ft)
- Left Carry (50 ft)
- Push-Pull –Both Arms (Static)
- Elevated Work (weighted)
- Ladder – Two hands
- Grip (5 positions)
- Pinch (Tip, Palmar, Key)
- Hand Coordination
 - PCE Pegboard
 - PCE Nuts and Bolt

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Family Physiotherapy Centre Of London

PCE Round Blocks

- Minnesota Rate of Manipulation Test
- Purdue Pegboard
- Sensation (Hand)
 - Semmes-Weinstein Monofilament Testing
 - 2 point discrimination Testing
- Volumetrics (Hand)
- Temperature Recognition (Hand)
- Job Related Testing

Discussion and Summary with Client

Report

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