

Attending Provider Questionnaire after an FCE

FCE Evaluator WAS able to make RTW Conclusions:

Use this suggested language when you are communicating to the attending provider. These questions replace asking the AP for concurrence. Areas below in italics are for informational purposes only.

1. Please review the attached job analyses (*identify job titles as needed*) and a copy of the recent FCE Summary.

Based on the attached FCE Summary and the accepted conditions of (*list*), please complete the JA signature page/summary sheet for each position.

- Please do not consider any limitations due to unrelated or post-industrial conditions.

2. Do the FCE results reflect the worker's restrictions as they pertain to their ability to work?

Y N _____

Include a summary of the FCE evaluator results

Optional Question: *If the worker did not meet the JOI or any transferable skills jobs, add this question as needed:*

3. Do you recommend any additional treatment to reach a specific job goal and will you make the treatment referral?

Y N

If Yes: Type of Treatment _____

Time Frame _____

Job Goal: _____

1. *Modify unrelated/post-industrial question as it relates to your referral.*

2. *Example Summary: The FCE results show there was a job match between the worker's capacity and the job of injury of painter and the transferable skills job of truck driver based on the accepted conditions. Because of a post-industrial knee condition, the FCE evaluator noted that it limited his ability to bend, squat and kneel.*

3. *This optional question would be indicated if the worker was close to meeting a job goal or it appeared likely that the worker would make progress to allow for better retraining job goal options.*

Include any FCE Evaluator recommendations as needed. Example: The FCE noted that he almost met the demands of his job of injury. They suggested a 4 week work conditioning program focused on increasing his lifting capacity to meet those demands.

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FCE Evaluator was NOT able to make RTW Conclusions:

Use this suggested language when you are communicating to the attending provider. These questions replace asking the AP for concurrence. Areas below in italics are for informational purposes only.

1. Can you make return to work decisions using other objective medical information since the FCE evaluator was unable to make any conclusions?

Y N

If yes, please complete the JA signature page/summary sheet for each position based on the accepted conditions of XXXXX.

If no, provide recommendations on how you'd like to proceed to determine the worker's capacities.

2. Do you think additional treatment is necessary before maximum capacities can be established and/or return to work decisions can be made?

Y N

If yes: Type of treatment/intervention _____ Time Frame _____

If the reason for the limited effort appears to be due to high pain levels or fear, suggest PGAP/Activity Coaching as an option.

3. Would it be beneficial for me to schedule a meeting with you and the worker to discuss next steps?

Y N