BODYWORKShfr.com

FUNCTIONAL CAPACITY EVALUATION AUTHORIZATION & INFORMED CONSENT AGREEMENT

☐ **PART 1**

It is my understanding that I have been referred to participate in a Functional Capacity Evaluation (FCE) which is a series of tests/tasks. The Functional Capacity Evaluation will be performed under the supervision of a Physical Therapist, following the "Guidelines for Evaluating Functional Capacity" established by the American Physical Therapy Association. The opinions rendered in this case are those of the evaluator and are given independent of the requesting agents. As I understand it, these test/tasks are to measure and objectify my safe and maximal ability to work. It is my understanding that the test will continue at my will and at any point during the tests/tasks that I feel that the current test/task may cause me undo harm or re-injury I have the right to verbally inform the evaluator that I feel the test/task is unsafe and decline to participate in the test/task.

Initials: _____ Date: _____

☐ **PART 2**

It is my understanding that these tests/tasks may include a motor driven treadmill test, maximum voluntary effort testing, standardized distraction based testing, non-material handling tasks including but not limited to; (sitting, standing/walking, bending/stooping, twisting, kneeling/crawling, squatting/crouching, climbing stairs/ladder, neck flexion/extension, reaching forward, reaching overhead, fine dexterity, medium dexterity, operating hand controls, grasping/handling, and driving), material handling tasks including but not limited to; (lifting floor to knuckle, knuckle to shoulder, shoulder to above eye level, carry, push/pull)). These test/tasks will be used in conjunction with clinical judgment, monitoring of vital signs, a review of my medical records, an interview, physical examination; all of which will help to determine my current safe and maximal ability of work.

Initials: _____ Date: _____

☐ **PART 3**

Before I undergo the series of tests/tasks, I certify that I have answered all verbal and written questions accurately to the best of my knowledge while completing claimant history forms. I understand that it is important that I provide complete and accurate responses to the interviewer and recognize that my failure to do so could lead to possible unnecessary injury to myself during the test.

Initials: _____ Date: _____

☐ **PART 4**

It is my understanding that there exists the possibility of adverse changes during the actual tests/tasks. I have been informed that these changes could include an abnormal blood pressure, fainting, and disorders of heart rhythm, and in very rare instances heart attack or even death. These risks include but are not limited to the possibility of stroke, or other cerebrovascular incident or occurrence; mental, physiological, motor, visual or hearing injuries, deficiencies, difficulties, or disturbances, partial or total paralysis, slips, falls or other unintended loss of balance or bodily movement related to the exercise treadmill, resistance testing, flexibility testing, material and non-material handling testing, maximum voluntary effort and standardized distraction based testing may cause muscular, neurological, orthopedic or other bodily injury; as well a variety of other possible occurrences, any of which could conceivably, however remotely, result in bodily impairment, disability or death. It is my understanding that the staff at Bodyworks Rehabilitation will take all reasonable pre-cautions to ensure my safety and reduce the possibility of injury. I acknowledge and agree to assume all risk.

Initials: _____ Date: _____

☐ **PART 5 – SUMMARY**

I hereby agree to voluntarily engage in the FCE and have been given the opportunity to ask questions as to the procedures and these questions have been answered to my satisfaction. I acknowledge that I have read this document in its entirety or that is has been read to me if I am unable to read. I thereby agree to the rendition of all services and procedures of the FCE as explained by all the program personnel. Knowing and understanding that this FCE is voluntary under my own judgment, it is my desire to proceed to take the test/tasks as herein described.

Initials: _____ Date: _____

Patient/Claimant Signature: _____ Date: _____

Legally Authorized Representative: _____ Date: _____

Signature of Witness: _____ Date: _____

Note: The above authorizations will be in effect unless revoked by written notification from the patient.