



How to Get the Best Value from an FCE

January 2010

Upcoming Events

4th Annual Seminar

Thursday, March 4, 2010

Worker's Comp: Navigating
the Potholes and Eliminating
the Roadblocks

Mark your calendar now!

Look for invitations soon!

CEUs pending for:

CCM, CRC, OHN, Dept of
Insurance

CEUs approved for HR

Lunch & Learn

January 20, 2010

Dr. Mark Wood

*New Treatment Options for
Shoulder Instability*

Job Ready office

12:00pm-1:00pm

RSVP to:

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There are many types of FCE's out there and not all are created equal. Some FCE's are machine-based, some rely on increased heart rate to indicate level of effort and some provide subjective opinions of a patient's ability without objective evidence of impairment.

Here are some signs that you are not getting value from an FCE:

- ◆ You have to **repeat the FCE** because it did not provide relevant information to the physician to provide restrictions.
- ◆ The FCE used methods such as isometric or isokinetic values to predict functional abilities which research shows has poor predictive value
- ◆ The physician is **not able to read the report easily** and resorts to releasing the patient "per the FCE", even when the FCE was invalid.
- ◆ There are too many statements in the FCE that are **subjective in nature** – for example, using words such as "appears", "may", "could", etc.
- ◆ The **sincerity of effort testing** was not based on evidence-based research and did not accurately address the validity of the data collected during the FCE. (Most FCE's are based on a "widely used" validity criteria which research indicates is only 70% reliable. New testing is now available which is **99.5%** reliable in determining sincerity of effort)
- ◆ The FCE report is **easily challenged in a court of law** because of limited use of evidence based research to provide recommendations on the patient's abilities.
- ◆ The FCE was **performed by a Tech or Aide** and was "Therapist Reviewed" and the therapist would have limited knowledge of issues such as body mechanics, pain behaviors or distraction techniques used to detect inconsistencies.

Some other things to consider:

If the physician requests an evaluator specifically, then it is probably for a good reason – that physician trusts the evaluator and trusts that the report will give him/her the best information.

Some FCE's have nice graphs, pictures and complicated formulas, but this does not always indicate accurate information about the patient's abilities.

Machine-based FCE's do not simulate body mechanics – no matter how much they claim to do so.

Using providers based on cost and their ability to provide a same-day report does not equal a quality FCE.

An invalid FCE is not "worthless" but indicates the need to consider other methods to evaluate the patient's physical abilities such as work conditioning. Permanent disability based on an invalid FCE should not be considered.

If the FCE provider does not offer recommendations to facilitate gathering of valid information or promote return to work success, consider this as a sign that they do not have confidence in their FCE to provide accurate results. Be responsible, accountable and cost-effective in selecting your next FCE provider to get the best value.