

**FRANK GALI**

620 Quail Ave, Miami Springs, Florida 33166

786-200-1513

[fgali2000@yahoo.com](mailto:fgali2000@yahoo.com)

---

<b>Objective</b>	<b>Provide the highest quality physical therapy and functional capacity evaluations.</b>
------------------	--

---

<b>Profile</b>	<ul style="list-style-type: none"><li>• Nearly 25 years of experience as Physical Therapist.</li><li>• Nearly 7 years experience as Functional Capacity Evaluation Specialist (over 1,000 FCE's performed)</li><li>• Goal-oriented individual with strong leadership capabilities.</li><li>• Organized, highly motivated, and detail-directed problem solver...</li></ul>
----------------	---

---

<b>Education</b>	<b>B.S., Physical Therapy, Florida International University 1983</b>
------------------	--

---

<b>Employment</b>	<p><b>Frank Gali, Inc., Functional Capacity Evaluations Provider</b> <span style="float: right;">2005-present</span></p> <ul style="list-style-type: none"><li>• Provide Functional Capacity Evaluations.</li></ul> <p><b>Physician's Health Centers, Miami, Florida</b> <span style="float: right;">1994-present</span></p> <ul style="list-style-type: none"><li>• Provide skilled physical therapy to primarily workman's compensation patients.</li><li>• Directed physical therapy staff</li></ul> <p><b>Ortho Rehab Associates, Inc. Miami Beach, Florida</b> <span style="float: right;">1993-1994</span></p> <ul style="list-style-type: none"><li>• Staff physical therapist for orthopedic patients.</li></ul> <p><b>Therapy Management Services, Dothan, Alabama</b> <span style="float: right;">1987-1992</span></p> <ul style="list-style-type: none"><li>• Provide physical therapy in a variety of settings</li></ul> <p><b>Health South, Coral Gables, Florida</b> <span style="float: right;">1985-1987</span></p> <ul style="list-style-type: none"><li>• Supervised neurology physical therapy department .</li></ul> <hr/> <p><b>Jackson Memorial Hospital, Miami, Florida</b> <span style="float: right;">1983-1984</span></p> <ul style="list-style-type: none"><li>• Staff Physical Therapist</li></ul>
-------------------	--

---

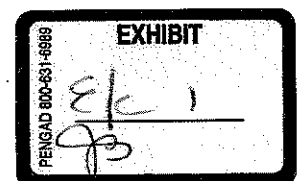
<b>Community Involvement</b>	<p><b>House of Praise Church, Board of Directors</b></p> <p><b>Coach, Little League Baseball</b></p>
------------------------------	--

---

<b>Honors &amp; Awards</b>	<b>Graduated with Honors from Florida International University.</b>
----------------------------	---

---

<b>References and Continuing Education</b>	<b>Available upon request.</b>
--	--------------------------------



## FUNCTIONAL CAPACITY EVALUATION

### Ruben Rios

A functional capacity evaluation was conducted on Ruben Rios on 11-4-08 to determine this client's ability to work. The client is not working at this time.

Results obtained indicate this client did not perform with determined consistent effort and diffuse self-limiting behaviors do not support an appropriate pain behavior. Results obtained therefore should be interpreted as a minimum level of function only and do not represent potential true capabilities.

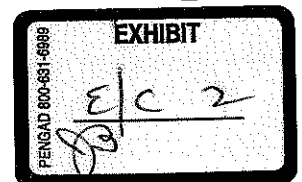
Based on the results the client is able to perform a minimum of light PDC work (based on static strength testing). The client declined to lift from floor to waist height and from 12 inches to waist height. The client can lift a minimum of 12# from waist height to shoulder height and 10# overhead. The client can carry a minimum of 20#. Push and pull strengths were measured statically using a Mark 10 gauge and tested at 33# and 14#, respectively.

Non-material handling testing indicates the client can sit for frequent intervals. The client can stand and walk for occasional intervals. The client can repetitively bend for occasional intervals. The client can static bend for occasional intervals. The client can squat for occasional intervals. The client can climb stairs for occasional intervals. The client can perform occasional over-head and reaching at waist height. The client can perform frequent hand tasks.

Musculoskeletal exam demonstrated within functional limits bilateral upper and lower extremity active ROM: Lumbar A-ROM flexion 40 degrees, extension 10 degrees and side-flexion 15 degrees, bilaterally. The client demonstrated 5/5 strength during manual muscle testing. Sensory testing intact. Waddell's non-organic signs were positive 4/5.

The client terminated nearly all-functional activities today with little or no biomechanical substantiation. The client failed to exhibit relevant physiologic changes while stressing his specific musculoskeletal diagnosis, which would suggest he was not as limited as he presented. The client presented numerous inconsistencies that suggest sub-maximum effort. The lack of abnormal relevant clinical findings combined with subjective reporting and pattern of complaints, specifically suggest non-somatic factors will likely need to be addressed for a successful return to work.

Based on self-limited results no formal recommendations can be made at this time. Recommend client return to referring physician for medical/vocational decisions.



# **Back n Motion**

Physical / Occupational Therapy • Sport Medicine and Rehab

Thank you for this referral. Should you have any future questions or concerns please do not hesitate to contact me at 305-859-7400.

Sincerely,

Frank Gali, RPT 3810

# FUNCTIONAL CAPACITIES EVALUATION

## Demographics:

Patient: Ruben Rios	Evaluation Date: 11/4/2008	Diagnosis: Lumbago
Physician: Dr. G. Kelman	Next MD Appt: pending	Date of Surgery: N/A
Employer: Dosal Tobacco	Occupation: Operator	Work Status: Not working

## Past Medical/Occupational History:

Comments:	Client while lifting a 70# box overhead he fell pain in his lower back on 4-30-08.
-----------	--

## Validity Profile:

Maximum Effort Demonstrated                      YES                NO          
 Appropriate Pain Behaviors Demonstrated        YES                NO       

## Physical Demand Classification:

Sedentary  Light  Light-Medium  Medium  Medium-Heavy  Heavy  Very Heavy

## Worker Can:

	Occasional 1-33% per day	Frequent 34-66% per day	Continuous 67-100% day	Meets Job Demands
Lift Floor to Knuckle	declined			N/A
Lift 12 inch off floor to knuckle	declined			N/A
Lift waist to shoulder height	12#	6	2	N/A
Lift waist to overhead	10#	5	2	N/A
Two Hand Carry	20#	10	4	N/A
Static Push	33#	16.5	7	N/A
Static Pull	14#	7	3	N/A
Sit		x		N/A
Stand	x			N/A
Walk	x			N/A
Repetitive Stooping (Bending)	x			N/A
Sustained Stooping (Bending)	x			N/A
Repetitive Crouching (Squatting)	x			N/A
Sustained Crouching (Squatting)	x			N/A
Climb Stairs	x			N/A
Climb Ladders	NT			N/A
Kneel	x			N/A
Crawl	NT			N/A
Reach above Shoulder Height	x			N/A
Reach Repetitively Waist Height	x			N/A
Operate Hand Controls		R/L		N/A
Operate Foot Controls				N/A

## Summary/Recommendations:

Client demonstrated self-limited behavior.

Evaluator:

License #

# VALIDITY TEST RESULTS

## Static Strength Tests:

Arm Test	Push Test R	Push Test L	Pull Test R	Pull Test L	Overhead R	Overhead L	Squat
17	29.5	26.5	8	9.5	30	28	0
24	35.5	20	13.5	8.5	31.5	29	0
14	44	33	12	8.5	27.5	27.5	0
22.8542	16.3730	20.0273	20.7886	5.3367	5.5615	2.2140	

### Consistent Effort

Coefficient of Variance

NO

Heart Rate

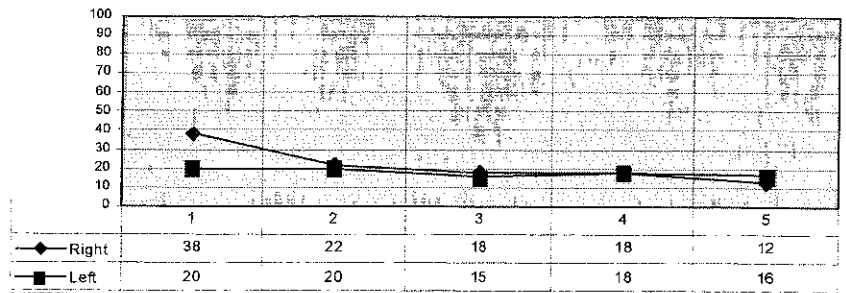
YES

Correlation to Dynamic Testing

N/A

## Jamar Dynamometer:

Position	Right	CV%	Valid	Left	CV%	Valid
1	38	22.17	N	20	0.00	Y
2	22	10.88	N	20	4.08	Y
3	18	12.00	N	15	24.01	N
4	18	10.67	N	18	12.00	N
5	12	16.66	N	16	11.54	Y



### Consistent Effort

Coefficient of Variance

NO

Rapid Exchange Grip

NO

Bell Shaped Curve

NO

## Whole Test Validity Criteria:

### Consistent Effort

Heart Rate

YES

Test-Retest

NO

Manual Muscle Testing

YES

## Pain Evaluation:

	Appropriate	Inappropriate	Not Tested
Pain Behaviors	NO		<input type="checkbox"/>
Ransford Pain Drawing	NO		<input type="checkbox"/>
Visual Analog Scale	NO		<input type="checkbox"/>
Borg Pain Scale	NO		<input type="checkbox"/>
McGill Pain Questionnaire			<input checked="" type="checkbox"/>
Dallas Pain Questionnaire			<input checked="" type="checkbox"/>
Waddell's Non-Organic Signs	NO		<input type="checkbox"/>
Inappropriate Illness Questionnaire	NO		<input type="checkbox"/>

# MUSCULOSKELETAL TEST RESULTS

## Strength Assessment:

RIGHT		5/5	4/5	3/5	1-2/5	Cogwheel	No Test
STOUL R	Flexion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Extension	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Abduction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Adduction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Internal Rotation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	External Rotation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E B W	Flexion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Extension	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Supination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Pronation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
W R I S T	Flexion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Extension	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ulnar Deviation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Radial Deviation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T H U M B	Abduction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Adduction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Flexion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Extension	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F I N G E R	Abduction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Adduction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Flexion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Extension	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H I P	Flexion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Extension	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Internal rotation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	External Rotation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Abduction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Adduction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A N K L E	Flexion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Extension	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A N K L E	Dorsiflexion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Plantarflexion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Invertors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Evertors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments:**

Consistent demonstrated 5/5 strength during manual muscle testing.

LEFT		5/5	4/5	3/5	1-2/5	Cogwheel	No Test
STOICIS	Flexion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Extension	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Abduction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Adduction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Internal Rotation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	External Rotation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EWO	Flexion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Extension	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Supination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Pronation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
W-R-T	Flexion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Extension	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ulnar Deviation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Radial Deviation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TICMB	Abduction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Adduction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Flexion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Extension	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-ZO	Abduction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Adduction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Flexion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Extension	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TIP	Flexion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Extension	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Internal rotation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	External Rotation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Abduction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Adduction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-ZK	Flexion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Extension	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-ZM	Dorsiflexion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Plantarflexion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Invertors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Evertors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Client demonstrated 5/5 strength during MMT.

**Range of Motion:**

Body Part	NORMS	Right	Left
Shoulder Flexion	180	WFL	WFL
Shoulder Extension	60	WFL	WFL
Shoulder Abduction	180	WFL	WFL
Shoulder Int. Rotation	70	WFL	WFL
Shoulder Ext. Rotation	90	WFL	WFL
Elbow Flexion	0 - 150	WFL	WFL
Forearm Pronation	0 - 80	WFL	WFL
Forearm Supination	0 - 90	WFL	WFL
Wrist Flexion	80	WFL	WFL
Wrist Extension	70	WFL	WFL
Wrist Ulnar Deviation	30	WFL	WFL
Wrist Radial Deviation	20	WFL	WFL
Thumb CM Flexion	15	WFL	WFL
Thumb CM Extension	20	WFL	WFL
Thumb MP Flexion	50	WFL	WFL
Thumb IP Flexion	80	WFL	WFL
Thumb Abduction	70	WFL	WFL
Knee Flexion	0 - 135	WFL	WFL

Body Part	NORMS	Right	Left
Index MP Flexion	0-90	WFL	WFL
Index PIP Flexion	0-100	WFL	WFL
Index DIP Flexion	0-90	WFL	WFL
Middle MP Flexion	0 - 90	WFL	WFL
Middle PIP Flexion	0 - 100	WFL	WFL
Middle DIP Flexion	0 - 90	WFL	WFL
Ring MP Flexion	0 - 90	WFL	WFL
Ring PIP Flexion	0 - 100	WFL	WFL
Ring DIP Flexion	0 - 90	WFL	WFL
Little MP Flexion	0 - 90	WFL	WFL
Little PIP Flexion	0 - 100	WFL	WFL
Little DIP Flexion	0 - 90	WFL	WFL
Hip Flexion	120	WFL	WFL
Hip Extension	30	WFL	WFL
Hip Abduction	45	WFL	WFL
Hip Adduction	30	WFL	WFL
Ankle Dorsiflexion	20	WFL	WFL
Ankle Plantar Flexion	50	WFL	WFL

**Comments:** Lumbar flexion 40 degrees, extension 10 degrees, Lt SB 15 deg, Rt SB 15 degrees. Extremity AROM within functional limits.

**Sensation:**

**Two Point Discrimination**

RIGHT HAND		LEFT HAND	
Thumb	5 / 5 mm	Thumb	5 / 5 mm
Index	5 / 5 mm	Index	5 / 5 mm
Long	5 / 5 mm	Long	5 / 5 mm
Ring	5 / 5 mm	Ring	5 / 5 mm
Small	5 / 5 mm	Small	5 / 5 mm

Normal: < 6mm

Fair: 6-10mm

Poor: 11-15mm

**Fine Motor Testing (Purdue Pegboard):** Right:      Left:      Both:      Assembly:

**Pinwheel Testing**      Sensitivity normal bilateral.

**Comments:**      Sensation normal bilateral extremities

Pinch Strength			
		Right	Left
FIMGZ-F	Tip to tip	4	4
	Palmar	12	11
	Lateral	17	16

**Upper Extremity Endurance:**

	Occasional 1-33% per day 0.1-2.5 hrs/day 1-100 Reps/Day	Frequent 34-66% per day 2.6-5.5 hours/day 101-500 Reps/Day	Continuous 67-100% day 5.6-8 hours/day > 500 Reps/Day	Meets Job Demands
Repetitive Grasping Right	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A
Repetitive Grasping Left	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A
Repetitive Fingering Right	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A
Repetitive Fingering Left	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A
Repetitive Torquing Right	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A
Repetitive Torquing Left	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A
Repetitive Linear Reaching Right	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Repetitive Linear Reaching Left	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Repetitive Above Shoulder Reach Right	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Repetitive Above Shoulder Reach Left	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A

**Edema:**

	Pre-Test Right	Pre-Test Left	Post-Test Right	Post-Test Left
Volumetrics				
Circumferential				

Inflammatory Response to Exercise: N/A

Comments:

**Balance/Gait Testing:**

Difficulty with balance due to pain.  
Gait is slow but functional

**Special Testing:**

Waddell's non-organic signs positive 4/5.

**Cardiovascular Endurance:**

Testing Protocol: Treadmill  YMCA Bike  9-Inch Step Stool

Gender: Male:  Female

Age: \_\_\_\_\_ Resting Blood Pressure: \_\_\_\_\_ Resting Heart Rate: \_\_\_\_\_

Predicted Maximum Heart Rate: \_\_\_\_\_ 85% Predicted Maximum Heart Rate: \_\_\_\_\_

Maximum Met Level: METS \_\_\_\_\_ Safe Work Level: PDC \_\_\_\_\_

Comments: Client asked to terminate CV testing due to increased LBP @ 28 seconds. TM speed 1.0 MPH and heart rate 106 bpm.