

COGNITIVE AND PHYSICAL WORK CAPABILITIES FORM

This form is designed for health care providers to document work capabilities of patients with multi-system conditions. To complete this form, use available information (e.g., from your history, exam, interactions with the patient, or information from the care team) to estimate the patient’s work abilities.

Function has been categorized by body system to help capture the varied presentation of multi-system conditions. If limitations in cognitive or psychological function are present, please complete the Cognition, Self-Regulation, and Resilience tables. If limitations in physical function are present, please complete the Material Handling, Positional Tolerance, and Coordination tables.

Patient’s Name: _____ Date: _____

Please rate patient’s ability using the following scale: **1 = no functional limitation; 2 = needs environmental modifications; 3 = needs close supervision or assistance; 4 = unable to perform despite modifications, close supervision, or assistance; U = unable to estimate**

Then choose from the listed job modifications or create custom modifications to help end users of this form, such as an employer, determine appropriate work accommodations. **Note that a table rated mostly with 4's indicates that job modifications will not allow for successful work performance.**

| Functional system(s) affected | 1 | 2 | 3 | 4 | U |
|--|---|---|---|---|---|
| Respiratory function (e.g., dyspnea or difficulty breathing, asthma, etc.) | | | | | |
| Cardiovascular function (e.g., arrhythmia, blood clots, decreased endurance, etc.) | | | | | |
| Autonomic function (e.g., blood pressure changes, orthostatic intolerance, etc.) | | | | | |
| Vestibular function (e.g., vertigo, imbalance, etc.) | | | | | |
| Gastrointestinal function (e.g., diarrhea, abdominal pain, etc.) | | | | | |
| Endocrine function (e.g., change in thyroid function, fatigue) | | | | | |
| Neurologic function (e.g., headache, tremor, ataxia, myoclonus, etc.) | | | | | |
| Immune function (e.g., viral persistence, viral reactivation, autoimmunity, etc) | | | | | |
| Musculoskeletal function (e.g., myalgia, arthralgia, muscle weakness, etc.) | | | | | |
| Lymphatic function (e.g., lymphadenopathy, lymphedema, etc.) | | | | | |
| Visual Function (e.g., poor visual focus, visual fatigue, light sensitivity, etc.) | | | | | |
| Auditory function (e.g., tinnitus, hearing loss, etc.) | | | | | |
| Olfactory function (e.g., loss of smell, etc.) | | | | | |
| Cognitive function (e.g., reduced attention, memory, processing speed, etc.) | | | | | |
| Psychological Function (e.g., depression, anxiety, PTSD, sleep disturbance, etc.) | | | | | |
| Other. <i>Please specify:</i> | | | | | |
| Job modification(s) related to affected system (choose all that apply): | | | | | |
| <i>Needs rest breaks. Please specify frequency and duration:</i> | | | | | |
| <i>No slippery or uneven surfaces</i> | | | | | |
| <i>No respiratory exposures (e.g. solvents, fumes, dust, smoke, allergens, asthmogens). Specify:</i> | | | | | |
| <i>Needs assistive technology or adaptive equipment. Please specify:</i> | | | | | |
| <i>Limit screen time. Please specify frequency and duration:</i> | | | | | |
| <i>Other. Please specify:</i> | | | | | |

Complete these sections if cognitive or psychological deficits are present.

Cognitive capabilities are divided into three categories: Cognition, Self-regulation, and Resilience.

Please rate patient's cognitive ability in each category using the following scale.

- 1 = No functional limitation**
- 2 = Needs environmental modifications**
- 3 = Needs close supervision or assistance**
- 4 = Unable to perform despite modifications, close supervision, or assistance**
- U = Unable to estimate**

Then choose from the listed job modifications or create custom modifications to help end users of this form, such as an employer, determine appropriate work accommodations. **Note that a table rated mostly with 4's indicates that job modifications will not allow for successful work performance.**

| Cognition | 1 | 2 | 3 | 4 | U |
|---|----------|----------|----------|----------|----------|
| Remember simple instructions | | | | | |
| Remember complex instructions | | | | | |
| Understand simple instructions | | | | | |
| Understand complex instructions | | | | | |
| Carry out an individual task | | | | | |
| Carry out multiple tasks | | | | | |
| Make simple decisions | | | | | |
| Perform complex decision making | | | | | |
| Maintain attention for extended periods | | | | | |
| Tolerate distraction in the work environment | | | | | |
| Manage time to be punctual | | | | | |
| Take appropriate precautions to workplace hazards | | | | | |
| Maintain an organized workstation or environment | | | | | |
| Job modification(s) related to cognition (choose all that apply): | | | | | |
| <i>Needs written work task available to remember instructions</i> | | | | | |
| <i>Needs to take notes to remember details of non-routine work tasks</i> | | | | | |
| <i>Requires supervised repetition to learn work tasks</i> | | | | | |
| <i>New tasks should initially have limited steps</i> | | | | | |
| <i>Work tasks should be isolated to one task at a time</i> | | | | | |
| <i>Complex problem solving should not be required for any work tasks</i> | | | | | |
| <i>Complex problem solving should only be performed for practiced work tasks</i> | | | | | |
| <i>Needs assistance for all complex problem solving</i> | | | | | |
| <i>Need to limit to one computer monitor to decrease need for multitasking</i> | | | | | |
| <i>Reminders, such as on a cell phone, are needed to manage time and maintain a schedule</i> | | | | | |
| <i>Needs a more isolated work area to decrease auditory and visual distraction</i> | | | | | |
| <i>Wear earplugs or earmuffs to decrease auditory distraction</i> | | | | | |
| <i>Needs option to dim light to decrease visual strain, distraction and reduce symptom triggers</i> | | | | | |
| <i>Needs supervision to create and maintain organization within the work environment</i> | | | | | |

Cognitive capabilities (*continued*)

| Self-regulation | 1 | 2 | 3 | 4 | U |
|---|----------|----------|----------|----------|----------|
| Interact with the general public | | | | | |
| Interact with coworkers or peers | | | | | |
| Responsive to feedback from supervisors | | | | | |
| Request assistance when needed | | | | | |
| Complete work without interruptions from psychological symptoms | | | | | |
| Adhere to basic hygiene and cleanliness standards | | | | | |
| Job modification(s) related to self-regulation (choose all that apply): | | | | | |
| <i>Working with the general public should not be an essential job function</i> | | | | | |
| <i>Direct interaction should be with a limited number of coworkers</i> | | | | | |
| <i>Employer performance feedback should be provided in writing at scheduled intervals</i> | | | | | |
| <i>Needs to work with someone to compensate for limited ability to ask for assistance</i> | | | | | |
| <i>Needs supervision with adhering to company hygiene/dress standards</i> | | | | | |
| Resilience | 1 | 2 | 3 | 4 | U |
| Respond flexibly to changes | | | | | |
| Make and adjust plans independently | | | | | |
| Work with time pressure | | | | | |
| Manage daily work demands | | | | | |
| Maintain regular attendance | | | | | |
| Learn from adverse events | | | | | |
| Job modification(s) related to resilience (choose all that apply): | | | | | |
| <i>Needs check-in from supervisor to help process change in the work routine</i> | | | | | |
| <i>Needs check-in from supervisor to help process adverse events</i> | | | | | |
| <i>Working under time pressure should be limited</i> | | | | | |
| <i>Rest breaks are needed. Please specify:</i> | | | | | |
| <i>Unable to work consecutive shifts or needs alternate days off</i> | | | | | |
| <i>Please specify:</i> | | | | | |
| <i>Need to limit certain shifts such as day shifts, night shifts, or on-call shifts</i> | | | | | |
| <i>Please specify:</i> | | | | | |

Any other cognitive job modification recommendations not listed above:

Complete these sections if physical deficits are present.

Physical capabilities are divided into three categories: Material Handling, Positioning, and Coordination.

Please rate patient's physical ability in each category below. Then choose from the listed job modifications or create custom modifications to help end users of this form, such as an employer, determine appropriate work accommodations. **Note that a table rated mostly with 4's indicates that job modifications will not allow for successful work performance.**

Please rate patient's Material Handling ability using the following scale:

1 = no limitation; 2 = needs modification; 3 = Unable to perform

Frequently is defined as up to 2/3 of the work day. Occasionally is defined as up to 1/3 of the work day.

| Material Handling (Lifting/Carrying/Pushing/Pulling) | 1 | 2 | 3 |
|--|----------|----------|----------|
| Sedentary: less than 10 lbs occasionally | | | |
| Light: less than 10 lbs frequently and 11-20 lbs occasionally | | | |
| Medium: 10-20 lbs frequently and 21-50 lbs occasionally | | | |
| Heavy: 20-50 lbs frequently and 51-100 lbs occasionally | | | |
| Very Heavy: 50-100 lbs frequently and greater than 100 lbs occasionally | | | |
| Job modification(s) related to Material Handling (choose all that apply): | | | |
| <i>Lifting above waist should be limited to _____ lbs</i> | | | |
| <i>Lifting above shoulder should be limited to _____ lbs</i> | | | |
| <i>Lifting below waist should be limited to _____ lbs</i> | | | |
| <i>Carrying should be limited to _____ lbs</i> | | | |
| <i>Carrying or foot repositioning while lifting should not be an essential function of the job</i> | | | |

Please rate patient's Positioning ability using the following scale:

1 = Constant tolerance (more than 2/3 of work day)

2 = Frequent tolerance (1/3 to 2/3 of work day)

3 = Occasional tolerance (up to 1/3 of work day)

4 = Unable

| Positioning | 1 | 2 | 3 | 4 |
|--------------------|----------|----------|----------|----------|
| Stand | | | | |
| Sit | | | | |
| Stoop | | | | |
| Walk | | | | |
| Run | | | | |
| Bend | | | | |
| Twist | | | | |
| Kneel | | | | |
| Crawl | | | | |
| Squat | | | | |
| Climb | | | | |
| Drive | | | | |

| Job modification(s) related to Positioning (choose all that apply): | |
|--|--|
| <i>Standing must be limited to _____ minutes at a time</i> | |
| <i>Sitting must be limited to _____ minutes at a time</i> | |
| <i>Stooping must be limited to _____ minutes at a time</i> | |
| <i>Walking must be limited to level surface only</i> | |
| <i>No climbing. Please specify stairs, hills, ladders, etc.</i> | |
| <i>Railings needed for climbing stairs</i> | |

Please rate patient's Coordination ability using the following scale:

- 1 = Constant tolerance (more than 2/3 of work day)**
- 2 = Frequent tolerance (1/3 to 2/3 of work day)**
- 3 = Occasional tolerance (up to 1/3 of work day)**
- 4 = Unable**

| Coordination | 1 | 2 | 3 | 4 |
|-------------------------------|----------|----------|----------|----------|
| Gripping/Grasping | | | | |
| Pinching | | | | |
| Fine motor dexterity | | | | |
| Gross motor coordination | | | | |
| Writing | | | | |
| Typing | | | | |
| Reaching waist to shoulder | | | | |
| Reaching shoulder to overhead | | | | |

| Job modification(s) related to coordination (choose all that apply): | |
|---|--|
| <i>Speed of fine motor dexterity must not be an essential function of the job</i> | |
| <i>Speed of gross motor coordination must not be an essential function of the job</i> | |
| <i>Extensive force of gripping and grasping must not be an essential function</i> | |
| <i>No use of _____ (left/right/both) hand(s) for fine motor coordination activity</i> | |

Any other material handling, positioning, or coordination job modification recommendations not listed above:

Final Section – Summary of Work Assessment and Accommodations

| Mark the appropriate work capability level (choose all that apply): | |
|---|--|
| Can work without restrictions | |
| Modified hours required: Can work _____ hours per day _____ days per week | |
| Requires job modifications other than limited hours of work (see modifications above) | |
| Consider sheltered employment (working with someone) <i>(May be appropriate when most cognitive function ratings are 3.)</i> | |
| Consider volunteer work | |
| Does not have a work capability | |
| Work capability will be reassessed on date: _____ | |

Sources supporting this medical opinion (choose all that apply):

| | |
|--|--|
| Patient interview | |
| Observations during present or past visits | |
| Health care provider evaluation | |
| Administration or review of objective cognitive or psychological testing | |
| Discussion with care team or other treating provider | |
| Medical record review | |
| Review of work history | |
| Employer report of work performance | |

Medical provider's name (print) _____ Date _____

Medical provider's signature _____

Medical provider's duration of role on care team: _____

For more information, email
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Please give us your feedback to improve the form:
redcap.link/sdtmot20

Quick Guide to The Cognitive and Physical Work Capabilities Form

Purpose: The purpose of the Cognitive & Physical Work Capabilities Form is to guide functional assessment and efficiently document a best estimate of a patient's work capacity based on the treating clinician's medical opinion. The form is unique in that it allows for assessment and documentation of medical, physical, cognitive, and psychological function of individuals with multisystem conditions. The provider assessment can incorporate available information from the care team, interview the patient, and available clinical exam or test results. This process should complement other aspects of the visit without taking substantially more time.

The form has four sections: (1) functional systems, (2) cognitive function (cognition, resilience, self-regulation), (3) physical function (material handling, positioning, coordination), and (4) summary of work recommendations. The functional systems and work recommendations sections are the main sections to complete. The cognitive and physical sections only need to be completed if a patient has impairment in that category.

The form can be used to:

- release a patient safely to work
- assist employer with implementing work accommodations
- assist vocational rehabilitation counselor with identifying appropriate work placement
- provide documentation for work disability benefits such as short or long term disability, workers' compensation, or Social Security Disability Insurance (SSDI)

The form can be completed by:

- the treating medical or psychiatric provider
- Physical and occupational therapists, speech language pathologists, neuropsychiatrists, mental health providers, case managers, vocational counselors, community health workers, and others involved in the care of the patient can complete sections of the form within their professional ability as a communication tool with the treating provider and team members.

How to use this form: The form can be used to guide a functional interview during a visit. To address potential lack of patient insight, ask questions that include functional examples relevant to the individual such as self-care, home management, and job performance. (For example, to assess carrying out multiple tasks: "Can you cook bacon, eggs, and toast at the same time?") To promote interview quality and accuracy of ratings, the user must be aware of potential unconscious biases (e.g., age, race, ethnicity, education, socioeconomic status, etc).

Rating Scale:

Functional Systems and Cognition, Self-Regulation, & Resilience function are rated using the following scale:

1 = no limitations – patient can independently perform this aspect of work

2 = needs environmental modifications – patient can perform this aspect of work with strategies or environmental adjustments that do not require increased level of supervision or assistance

3 = needs close supervision or assistance – patient can perform this aspect of work only with increased level of monitoring from a supervisor or direct assistance

4 = unable to perform despite close supervision or assistance - patient is unable to perform this aspect of work even with a supervisor or co-worker monitoring and providing direct assistance

Option 5: Unable to estimate must be used with caution. This should only be chosen if the provider does not have enough information to estimate or the item being rated is outside of the provider's scope of practice.

Material Handling function is rated using the following scale:

1 = No limitations – patient can lift to the designated physical demand level.

2 = Needs modification - patient can lift to the designated physical demand level with modification (e.g., can lift this weight from waist to shoulder height, no overhead lifting, or no repetitive lifting).

3 = Unable to perform – patient cannot lift to the designated physical demand level even with modification.

Coordination and Positioning function is rate on the following scale:

1 = Constant tolerance (more than 2/3 of work day)

2 = Frequent tolerance (1/3 to 2/3 of work day)

3 = Occasional tolerance (up to 1/3 of work day)

4 = Unable

Job modifications are listed at the end of each category for providers to choose from. Job modifications may be chosen for the following purposes:

- to successfully maintain current employment
- to promote successful return to work
- to help the patient find appropriate new employment
- to show that a patient has a limited work capacity (documenting an extensive number of modifications indicates lack of work capacity)

Cognitive and Physical Work Capabilities Form Manual

INTRODUCTION

It is important for clinicians to document patients' work capacity. Appropriate work is one of the most influential social determinant of health. Ensuring that individuals with work-limiting injuries and illnesses can work requires a team approach. In addition to healthcare providers, other members of the return-to-work team could include employers, vocational rehabilitation counselors, attorneys, and workers' compensation and disability insurance carriers. When the work-limiting condition includes cognitive or multi-system impairment, the team may need additional tools to provide effective communication and care.

Physical work capability forms are a familiar method for documenting and communicating patient work status. Unfortunately, these forms do not take into account work changes in function due to non-physical or multi-system conditions.

We created a Cognitive and Physical Work Capabilities Form to help clinicians systematically document function to support positive work outcomes for patients with impairment from physical, non-physical, and multi-system conditions. Unlike most work capability forms, this form also guides the user through the functional evaluation process and includes a list of possible job modifications the clinician can choose from.

PURPOSE OF THE FORM

Physical work capability forms may be sufficient for a patient with an isolated physical injury impacting work performance. Documenting work function is more complex for individuals with deficits in multiple body systems. For example, long COVID may impact respiratory, cardiovascular, autonomic, vestibular, neurologic, visual, olfactory, and cognitive, as well as physical systems. The Cognitive and Physical Work Capabilities Form can guide functional assessment of these more complex conditions and efficiently document work capacity based on the clinician's *best estimate, clinical opinion, and best available data*. The approach to completing the form should be customized based on the purpose for which it is being used.

The treating provider can use the form for the following goals:

- Guide a systematic assessment of patient function
- Determine job-specific performance gaps by verifying objective testing results and employer data with the employee using the standardized form interview
- Plan a safe release back to work
- Plan return-to-work timelines
- Assist a vocational rehabilitation counselor with appropriate work placement
- Update work capacity during recovery
- Document need for ADA accommodations
- Document eligibility for work disability benefits (such as FMLA or short- or long-term disability)
- Document lack of work capacity for Social Security Disability Insurance (SSDI) application

Other clinicians on the care team can contribute to the form:

- Physical and occupational therapists, speech language pathologists, neuropsychiatrists, mental health providers, case managers, vocational counselors, community health workers, and others involved in the care of the patient can complete sections of the form within their professional ability as a communication tool with the treating provider and team members.

POPULATIONS SERVED BY THE FORM

The Cognitive and Physical Work Capabilities Form is designed to be flexible to meet the needs of a wide variety of diagnoses. This includes conditions associated with cognitive or physical impairment and diagnoses with both cognitive and physical impairment. The cognitive section of the form can be used with primary cognitive diagnoses, such as a brain injury, or with diagnoses for which cognitive deficits may be a secondary symptom, such as depression. The cognitive section does not replace a mental health evaluation; however, it addresses mental health function that is directly linked to cognitive performance. For example, an individual with anxiety may have limited ability to sustain attention. Examples of multi-system diagnoses the form can be used for:

- Long COVID
- Low back pain with major depression
- Cervical fracture with concussion
- Traumatic Brain Injury
- Stroke
- Multiple Sclerosis (MS)
- Cancer and symptoms associated with cancer treatment

INSTRUCTIONS FOR USING THE FORM

Use of this form should be tailored to the purpose of the assessment and the severity of the condition but should follow these five steps:

Step 1: Assess patient function: This step involves gathering available information about patient function from: the care team, the medical record, your history caring for the patient, general knowledge of the impact of a particular health condition on body system functions, and interviewing and examining the patient. This process should be integrated into other aspects of the patient visit without taking substantially more time. Screening or objective testing can be performed but is not required to complete the form.

Clinicians should use their *clinical judgement & best available data* to complete work forms.

Step 2: Complete Functional Systems section: This may be the only section of the form you need to complete. Rate how impairment of body systems impact function on the following scale:

- 1 = **No limitations** – patient can independently perform this aspect of work.
 - 2 = **Needs environmental modifications** – patient can perform this aspect of work with strategies or environmental (workplace) adjustments that do not require an increased level of supervision or assistance.
 - 3 = **Needs close supervision or assistance** – patient can perform this aspect of work only with increased level of monitoring from a supervisor or with direct assistance.
 - 4 = **Unable to perform despite close supervision or assistance** – patient unable to perform this aspect of work even with a supervisor or co-worker monitoring and providing direct assistance.
- U = **Unable to estimate** – must be used with caution and should only be chosen if the provider does not have enough information to estimate or the item being rated is outside of the provider's scope of practice.

Step 3: Rate cognitive function: Complete this section only if cognitive or psychological function is impaired. Cognitive capabilities have been divided into three categories: *Cognition, Self-Regulation, and Resilience*. Function in each cognitive category is rated on the same scale used in the Functional Systems section, as listed above.

If objective testing is not available and is needed, efficient testing tools such as the Montreal Cognitive Assessment (MoCA) can be incorporated into the visit. Note that cognitive function deficits may be present in the setting of a normal MoCA or other brief cognitive test given the reduced sensitivity of these tests in detecting deficits in performing cognitively demanding jobs.

Step 4: Rate physical function: Complete this section only if physical function is impaired. Physical function is divided into three categories: *Material Handling, Positioning, & Coordination*. These categories use definitions from the Department of Labor.

Material handling function is rated on the following scale:

- 1 = No limitations** – patient can lift to the designated physical demand level.
- 2 = Needs modification** - patient can lift to the designated physical demand level with modification (e.g., can lift this weight from waist to shoulder height, no overhead lifting, or no repetitive lifting).
- 3 = Unable to perform** – patient cannot lift to the designated physical demand level even with modification.

Coordination and Positioning function is rated on the following scale:

- 1 = Constant tolerance** (more than 2/3 of work day)
- 2 = Frequent tolerance** (1/3 to 2/3 of work day)
- 3 = Occasional tolerance** (up to 1/3 of work day)
- 4 = Unable**

Step 5: Select job modifications to accommodate limitations. Job modifications are listed at the end of each section for providers to choose from. These are designed to be flexible to patient circumstances. Job modifications can be chosen for the following purposes:

- To help an employer support successful employee return to work
- To help a vocational rehabilitation counselor find appropriate employment for a client
- To document limited or no work capacity:

Choosing an extensive number of job modifications supports an assessment that the patient has a limited work capacity.

If a certain category of capabilities has been rated mostly as unable to perform, job modifications within that category will not promote work ability. In this situation, you should not select any job modification options.

The Job Accommodation Network (JAN) askjan.org can be contacted at 800-526-7234 or access their searchable online accommodation resource (SOARS) for assistance with determining job modifications beyond what is provided in this form.

DEFINITIONS

Job modification: Adjustments to a person’s job, work environment, support, or how job tasks are done. Modifications should focus on function (what a patient can or can’t do) due to their health condition. Clinicians supply job modifications with the intention that they will be customized to a specific job by the employer; it is up to the employer whether to accommodate the modifications.

Job accommodation: Work adjustments that are specific to job functions. Job modifications supplied by the clinician are customized by the employer into job accommodations. Americans with Disability Act requires employers to provide “reasonable” job accommodations defined as *modifications that allow an individual with a disability to have an equal opportunity to get a job and successfully perform their essential job tasks to the same extent as people without disabilities.*

Impairment: An objective limitation in physiologic or psychologic function.

Disability: Different benefits programs have different definitions of disability. For clinical purposes, disability is defined as a subjective decrease in social or vocational functioning and does not correlate with level of impairment. Disability can be *partial or total* and *temporary or permanent*. These categories can help guide selections of job modifications. Although disability category is not documented directly on the form, a patient with temporary disability will benefit from regular updates to the form during the healing process compared to a patient who has reached stable permanent disability, who will need less frequent reassessments because function isn’t expected to change or is expected to change more slowly.

HOW THE FORM WAS DEVELOPED

The Cognitive and Physical Work Capabilities Form was developed based on feedback on a Cognitive Work Capabilities Form our team created. Clinicians requested modifications to the cognitive form to meet the needs of patients with multi-system conditions. To address this, the functional systems and physical capabilities sections were added to the form.

The original Cognitive Work Capabilities Form was developed to address difficulty communicating cognitive work function among clinicians and between clinicians and employers or insurance carriers. Existing tools were not efficient or did not address job modifications. The Work Disability Functional Assessment Battery (WD-FAB), while a useful tool for clinicians to understand patient function, is based on patient self-report of function only and did not meet provider-to-provider or provider-to-employer communication goals. We also considered the Social Security Administration’s Mental Residual Functional Capacity (RFC) assessment, but this form is designed to show lack of work capacity versus supporting patient ability to work. However, the flow of the Cognitive Work Capabilities Form was based on the SSA Mental RFC Assessment with addition of categories of executive function, a standard rating scale, and associated job modifications to support clear communication and successful return to work.

The first step in establishing validity was to align each category title, and the questions within each category, with current research. The WB-FAB and International Classification of Function (ICF) Core Set for vocational rehabilitation were used to choose cognitive and behavioral domains, add questions to represent these constructs, and use language consistent with the published literature.

The form also was presented at two time points to a group of clinicians and work disability experts for informal feedback. The form, manual, quick guide, and validity and usability survey questions were sent to 12 experts from a range of specialties, listed below, and to a patient representative.

- Physical Medicine & Rehabilitation
- Occupational Medicine
- Infectious Disease
- Family Medicine
- Workers' Compensation Nurse Case Managers
- Physical Therapy researchers
- Psychologists
- Behavioral Health

It also was presented to experts to understand how bias may impact use of the form.

Through this process the form was improved, and formal validity testing was initiated. Specifically, we created and presented a Continuing Medical Education session to nine clinicians with different clinical specialties, who were given a post-training validity survey. The form also was given to Return-to-Work Coordinators (nurses, physical therapists, social workers, employment specialists) and other clinicians to trial with patients in the flow of care. They could also give this form to other treating providers to use with their patients. Changes to meet the needs of patients with multi-system conditions were requested, leading to the current cognitive and physical form.

CASE STUDY

Jane is a 53 year old LNA working in a dementia care unit. She contracted COVID-19 six months ago. Symptoms include fatigue, imbalance, POTS, tachycardia, and fogginess. After being out of work for three weeks, she attempted to return to work for two weeks but had a recurrence of symptoms and has been out of work since that time. She is here to see her PCP, Dr. Smith, for follow up. Jane is questioning her ability to go back to work at some level. Dr. Smith is faced with needing to document her work status for Jane's long-term disability carrier.

While out of work, Jane has done physical therapy for her imbalance, postural issues, and fatigue with very slow gains.. Per Jane's physical therapist, she is now tolerating more extensive walking with improved but still slow speed requiring multiple rest breaks due to increased heart rate and dyspnea. With positional changes such as bending down, such as is needed for assisting patients with ADLs, she becomes dizzy and loses balance. Jane is lifting 30 lbs from knee to chest level in treatment session. Dr. Smith reviewed the work disability paperwork and is frustrated that the provided forms do not capture non-musculoskeletal deficits in ability to work. He decides to use the Cognitive and Physical Work Capability Form.

The following is a culmination of Jane's responses to Dr. Smith's questions. The interview has been divided into Functional Systems, Cognition, Self-Regulation, Resilience, and Physical Performance categories following the order of the form.

It is important to note that Dr. Smith uses his clinical knowledge of long COVID symptoms and general understanding of LNA work tasks to predict a likely set of job modifications (e.g., needing rest breaks for fatigue, using a hand rail and avoiding slippery or uneven surfaces for imbalance, transitioning slowly from sitting to standing for POTS, some type of supervision for cognitive fogginess, and progressive return-to-work for endurance and reconditioning). In addition, he knows Jane from past medical care before her illness, has seen her four times over the past six months, and has the PT notes to refer to. He also already has information about her basic cognitive functioning by observing and talking with Jane during the visit.

Using this background, Dr. Smith takes 10 minutes to work through the form:

Functional Systems: As Dr. Smith works through the functional systems giving examples for each section, Jane reports limitations with her house work and daily walks. She can go at most ¼ mile and needs to take a 5 minute rest break every 10 minutes. She develops dyspnea and fatigue, and her heart rate increases such that she feels “it is going to beat out of my chest.” She experiences imbalance at times on her walks. With repetitive bending down she reports her blood pressure drops at times, and she becomes light headed. She feels foggy at times and has been having some difficulty trouble shooting issues around the house such as her taxes and keeping track of the home tasks she has to do.

| Functional system(s) affected | 1 | 2 | 3 | 4 | U |
|--|---|---|---|---|---|
| Respiratory function (e.g., dyspnea or difficulty breathing, asthma, etc.) | | X | | | |
| Cardiovascular function (e.g., arrhythmia, blood clots, decreased endurance, etc.) | | | X | | |
| Autonomic function (e.g., blood pressure changes, orthostatic intolerance, etc.) | | X | | | |
| Vestibular function (e.g., vertigo, imbalance, etc.) | | X | | | |
| Gastrointestinal function (e.g., diarrhea, abdominal pain, etc.) | X | | | | |
| Endocrine function (e.g., change in thyroid function, fatigue) | X | | | | |
| Neurologic function (e.g., headache, tremor, ataxia, myoclonus, etc.) | X | | | | |
| Immune function (e.g., viral persistence, viral reactivation, autoimmunity, etc.) | X | | | | |
| Musculoskeletal function (e.g., myalgia, arthralgia, muscle weakness, etc.) | | | X | | |
| Lymphatic function (e.g., lymphadenopathy, lymphedema, etc.) | X | | | | |
| Visual Function (e.g., poor visual focus, visual fatigue, light sensitivity, etc.) | X | | | | |
| Auditory function (e.g., tinnitus, hearing loss, etc.) | X | | | | |
| Olfactory function (e.g., loss of smell, etc.) | X | | | | |
| Cognitive function (e.g., reduced attention, memory, processing speed, etc.) | | X | | | |
| Psychological Function (e.g., depression, anxiety, PTSD, sleep disturbance, etc.) | X | | | | |
| Other. Please specify: | | | | | |

Considering Jane has deficits in cognition and physical performance, Dr. Smith will fill out these sections as well.

Cognition. Jane reports that she has been having some difficulty cooking. Although she can cook basic items such as eggs or hamburgers during which she remains standing next to the stove. She has been forgetting some items in the oven and also has difficulty cooking multiple items at once and timing meals. She has compensated by using timers and alarms on her phone. Jane usually does her taxes using an online program but now needed to get help from her husband. She was disorganized with tax-related documents she received in the mail and had difficulty problem-solving potential deductions for the year. She visually fatigued after 20 minutes of computer time, developing a headache and a feeling of foginess.

Jane completed the Montreal Cognitive Assessment (MoCA) Version 8.1 at the visit as an objective cognitive screening test. She scored 25/30 on this test indicating mild cognitive impairment. She scored 2 out of 5 on the delayed memory section with an expectation of 3 to 4 out of 5. She was unable to serial subtract 7 from 100. Observations of slowed processing overall during this task were also made.

While the MoCA was used in this example, objective cognitive testing may not be available or possible during a visit. Work capacity documentation is based on clinician opinion and best available information.

| Cognition | 1 | 2 | 3 | 4 | U |
|---|----------|----------|----------|----------|----------|
| Remember simple instructions | X | | | | |
| Remember complex instructions | | X | | | |
| Understand simple instructions | X | | | | |
| Understand complex instructions | | X | | | |
| Carry out an individual task | X | | | | |
| Carry out multiple tasks | | X | | | |
| Make simple decisions | X | | | | |
| Perform complex decision making | | | X | | |
| Maintain attention for extended periods | X | | | | |
| Tolerate distraction in the work environment | | X | | | |
| Manage time to be punctual | | X | | | |
| Take appropriate precautions to workplace hazards | X | | | | |
| Maintain an organized workstation or environment | | X | | | |
| Job modification(s) related to cognition (choose all that apply): | | | | | |
| <i>Needs written work task available to remember instructions</i> | | | | | |
| <i>Needs to take notes to remember details of non-routine work tasks</i> | | | | | X |
| <i>Requires supervised repetition to learn work tasks</i> | | | | | |
| <i>New tasks should initially have limited steps</i> | | | | | |
| <i>Work tasks should be isolated to one task at a time</i> | | | | | X |
| <i>Complex problem solving should not be required for any work tasks</i> | | | | | |
| <i>Complex problem solving should only be performed for practiced work tasks</i> | | | | | |
| <i>Needs assistance for all complex problem solving</i> | | | | | X |
| <i>Need to limit to one computer monitor to decrease need for multitasking</i> | | | | | |
| <i>Reminders, such as on a cell phone, are needed to manage time & maintain a schedule</i> | | | | | X |
| <i>Needs a more isolated work area to decrease auditory and visual distraction</i> | | | | | |
| <i>Wear earplugs or earmuffs to decrease auditory distraction</i> | | | | | |
| <i>Needs option to dim light to reduce visual strain, distraction & reduce symptom triggers</i> | | | | | X |
| <i>Needs supervision to create and maintain organization within the work environment</i> | | | | | X |

Self-Regulation. Jane’s interactions with her family and with the general public, such as when doing groceries has gone well. She reports some frustration with tolerating feedback from her spouse when he is noting what he describes as “not being able to figure things out.” Because of this she avoided asking for him for help with the taxes until it was absolutely necessary.

| Self-regulation | 1 | 2 | 3 | 4 |
|---|----------|----------|----------|----------|
| Interact with the general public | X | | | |
| Interact with coworkers or peers | X | | | |
| Responsive to feedback from supervisors | X | | | |
| Request assistance when needed | | X | | |
| Complete work without interruptions from psychological symptoms | X | | | |
| Adhere to basic hygiene and cleanliness standards | X | | | |
| Job modification(s) related to self-regulation (choose all that apply): | | | | |
| <i>Working with the general public should not be an essential job function</i> | | | | |
| <i>Direct interaction should be with a limited number of coworkers</i> | | | | |
| <i>Employer performance feedback should be provided in writing at scheduled intervals</i> | | | | |
| <i>Needs to work with someone to compensate for limited ability to ask for assistance</i> | | | | |
| <i>Needs supervision with adhering to company hygiene/dress standards</i> | | | | |

Resilience. Jane has struggled with lack of routine since being out of work. She has tried to keep herself busy with tasks inside and outside her home. She finds that when doing house chores, she becomes fatigued after about 2 hours despite resting every 10 minutes and feels foggy. Being flexible has also been difficult, such as when she needed to get her son who became sick at school. She was unable to adjust her plan to finish other tasks she had wanted to do.

| Resilience | 1 | 2 | 3 | 4 | 5 |
|--|----------|----------|----------|----------|----------|
| Respond flexibly to changes | | X | | | |
| Make and adjust plans independently | | X | | | |
| Work with time pressure | X | | | | |
| Manage daily work demands | | | X | | |
| Maintain regular attendance | X | | | | |
| Learn from adverse events | X | | | | |
| Job modification(s) related to resilience (choose all that apply): | | | | | |
| <i>Needs check-in from supervisor to help process change in the work routine</i> | | | | | |
| <i>Needs check-in from supervisor to help process adverse events</i> | | | | | |
| <i>Working under time pressure should be limited</i> | | | | | |
| <i>Rest breaks are needed. Please specify: Up to two 5-minute breaks per hour</i> | | | | | |
| <i>Unable to work consecutive shifts or needs alternate days off</i> | | | | | |
| <i>Please specify:</i> | | | | | |
| <i>Need to limit certain shifts such as day shifts, night shifts, or on-call shifts</i> | | | | | |
| <i>Please specify: No on call work considering her ability to be flexible.</i> | | | | | |

Physical capacity. The physical section was completed using information from physical therapy notes, observations during the visit, and Jane's report of daily physical activities she can do.

Please rate patient's Material Handling ability using the following scale:
 1 = No limitation; 2 = Needs modification; 3 = Unable to perform

Frequently is defined as 1/3 to 2/3 of the work day (regardless of length of work shift).
Occasionally is defined as up to 1/3 of the work day.

| Material Handling (Lifting/Carrying/Pushing/Pulling) | 1 | 2 | 3 |
|---|----------|----------|----------|
| Sedentary: less than 10 lbs occasionally | X | | |
| Light: less than 10 lbs frequently and 11-20 lbs occasionally | X | | |
| Medium: 10-20 lbs frequently and 21-50 lbs occasionally | | X | |
| Heavy: 20-50 lbs frequently and 51-100 lbs occasionally | | | X |
| Very Heavy: 50-100 lbs frequently and greater than 100 lbs occasionally | | | X |
| Job modification(s) related to Material Handling (choose all that apply): | | | |
| Lifting above waist should be limited to <u> 35 </u> lbs | | | X |
| Lifting above shoulder should be limited to <u> 20 </u> lbs | | | X |
| Lifting below waist should be limited to <u> 20 </u> lbs | | | X |
| Carrying should be limited to <u> 35 </u> lbs | | | X |
| Carrying or foot repositioning while lifting should not be an essential function of the job | | | |

Please rate patient's Positioning ability using the following scale:
1 = Constant tolerance (more than 2/3 of work day)
2 = Frequent tolerance (1/3 to 2/3 of work day)
3 = Occasional tolerance (up to 1/3 of work day)
4 = Unable

| Positioning | 1 | 2 | 3 | 4 |
|--------------------|----------|----------|----------|----------|
| Stand | | | X | |
| Sit | | X | | |
| Stoop | | | X | |
| Walk | | | X | |
| Run | | | | X |
| Bend | | | X | |
| Twist | | | X | |
| Kneel | | | X | |
| Crawl | | | X | |
| Squat | | | X | |
| Climb | | | X | |
| Drive | | | X | |

| Job modification(s) related to Positioning (choose all that apply): | | | |
|--|--|--|---|
| Standing must be limited to <u> 30 </u> minutes at a time | | | X |
| Sitting must be limited to _____ minutes at a time | | | |
| Stooping must be limited to <u> 10 </u> minutes at a time | | | X |
| Walking must be limited to level surface only | | | X |
| No climbing. Please specify stairs, hills, ladders, etc. No ladders | | | X |
| Railings needed for climbing stairs | | | X |

Please rate patient's Coordination ability using the following scale:

1 = Constant tolerance (more than 2/3 of work day)

2 = Frequent tolerance (1/3 to 2/3 of work day)

3 = Occasional tolerance (up to 1/3 of work day)

4 = Unable

| Coordination | 1 | 2 | 3 | 4 |
|---|----------|----------|----------|----------|
| Gripping/Grasping | | X | | |
| Pinching | | X | | |
| Fine motor dexterity | | X | | |
| Gross motor coordination | | X | | |
| Writing | | X | | |
| Typing | | X | | |
| Reaching waist to shoulder | | X | | |
| Reaching shoulder to overhead | | | X | |
| Job modification(s) related to coordination (choose all that apply): | | | | |
| <i>Speed of fine motor dexterity must not be an essential function of the job</i> | | | | X |
| <i>Speed of gross motor coordination must not be an essential function of the job</i> | | | | X |
| <i>Extensive force of gripping and grasping must not be an essential function</i> | | | | |
| <i>No use of _____ (left/right/both) hand(s) for fine motor coordination activity</i> | | | | |

Any other job modification recommendations not listed above: Although Jane has difficulty with asking for assistance with complex tasks, most of her work tasks are straight forward and repetitive. She works in an inpatient unit with a nurse supervisor, which will be sufficient to provide the supervision she needs in the rare case assistance is required.

Final Section – Summary of Work Assessment and Accommodations

| Mark the appropriate work capability level (choose all that apply): | |
|--|---|
| Can work without restrictions | |
| Modified hours required: Can work <u> 4 </u> hours per day <u> 5 </u> days per week | |
| Requires job modifications other than limited hours of work (see modifications above) | X |
| Consider sheltered employment (working with someone) (May be appropriate when most cognitive function ratings are 3.) | |
| Consider volunteer work | |
| Does not have a work capability | |
| Work capability will be reassessed on date: <u> 6 weeks </u> | |

Sources supporting this medical opinion (check all that apply):

| | |
|--|---|
| Patient interview | X |
| Observations during present or past visits | X |
| Health care provider evaluation | X |
| Administration or review of objective cognitive or psychological testing | X |

| | |
|--|---|
| Discussion with care team or other treating provider | X |
| Medical record review | X |
| Review of work history | |
| Employer report of work performance | |

Dr. Smith instructs Jane that this form is a prescription, that she should keep the form with her at work, that she should not do more than what is documented, and that she should notify his office if she has any problems or needs any changes to the form before Jane is seen in 6 weeks to assess how she is tolerating work with these modifications, make any needed adjustments, and increase her work hours if appropriate.

REFERENCES

- 1 National Academies of Sciences, Engineering, and Medicine 2019. *Functional Assessment for Adults with Disabilities*. Washington, DC: The National Academies Press.
<https://doi.org/10.17226/25376>.
- 2 International Classification of Functioning Core Set for Vocational Rehabilitation: results of an international consensus conference. *Disability in Rehabilitation*, 2012; 34(5): 429-438
- 3 The Work Disability functional Assessment Battery. December 2020
- 4 Mental Residual Functional Capacity Assessment. Form **SSA-4734-F4-SUP** (8-85) U.S. Government Printing Office: 1989-241-312/80099
- 5 Americans with Disability Act of 1990.
- 6 Epic Rehab Doll Chair Assembly Task.