Functional Ability Assessment: Guidelines for the Workplace

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Short- and long-term disability certification is required in all Western countries for extended time away from work. The Americans With Disabilities Act mandates that medical providers use rational thought and justifiable criteria when evaluating an employee's "fitness for duty." In order to facilitate employment/disability decisions, physicians must now serve as an advisor to the employer. Both the employer and the physician are legally obligated to carefully justify any recommendations for placement or exclusion from the workplace. We propose a uniform methodology that both physicians and employers could use together to determine the performance capability of an individual with a temporary or permanent impairment or disability in terms of essential job functions as defined under the Americans With Disabilities Act.

Irrespective of medical specialty, a physician will eventually be asked to determine an employee's temporary or permanent fitness for duty. Traditionally, employers have frequently placed medical personnel in the position of declaring whether a person was able to work. Such decisions are often made with little objective justification. Yet it has been demonstrated that predicting who will be unable to work or who will become disabled is impossible.[1,2]

Likewise, certifying who can work has been equally difficult.[3,4] Instead of assisting in determining when a person is unable to work, the Americans With Disabilities Act (ADA) now specifically protects all individuals with "a physical or mental impairment that substantially limits one or more of the major life activities of such individuals, a record of such impairment, or being regarded as having such an impairment."[5] Under the ADA, it is no longer sufficient for a physician simply to determine when a person is unable to work. The ADA places very specific requirements on employers and their medical advisors to determine the conditions under which individuals can work. This applies not only to injured workers and those who acquire various diseases but also to those people who have lifetime handicaps and who have never worked.

Effective accomplishment of these goals will require the combined efforts of the impaired employee, health care provider, and employer to carefully consider efforts to provide reasonable accommodations for persons with impairments.[5] Thus the

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ADA is designed, in one respect, to assist employers in managing the effects of employees' disabilities to facilitate their return to work (or their continuing to work) after an illness or injury occurs. Currently, the Equal Employment Opportunity Commission reports that 52% of cited violations relate to wrongful discharge of an employee, 27% to failure to provide reasonable accommodation, and only 10% to hiring practices.[6]

In the past, the medical profession bore the responsibility not only for sanctioning but also for advising patients who were in pain to stay home from work. Returning individuals to gainful employment promotes independence and is essential to a person's self-respect and quality of life. Resumption of work has also been shown to be a significant part of the treatment for an injury, even benefiting patients suffering from chronic pain.[7–10] Conversely, prolonged time away from work makes recovery and return to work progressively less likely.[11,12]

American industry has come to appreciate W. Edwards Demming's philosophy that the "individual worker is the company's most important asset and respect for individuals is paramount for business success."[13] Recent estimates of direct costs for work-related injuries and illnesses are in excess of $65 billion, in addition to indirect costs of $106 billion, bringing the total estimated annual cost to US industry to $171 billion.[14]

The government has significant financial interests in assisting impaired individuals to obtain gainful employment. Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) are the governmental income security programs for individuals with disabilities. During the 1970s, SSDI experienced a doubling of enrollment to 2.9 million people, while the cost of the program increased from $2.8 to $14.9 billion per year.[15] At the end of 1992, approximately 8.8 million people received SSDI and/or SSI benefits (based on their own or a family member's disability), for a total benefit cost of $52 billion. It is now estimated that at least 43 million Americans are disabled in some way.[16] Sixty percent of those not working have indicated that they would like to work if the opportunity were made available,[16] and 25% of individuals who are disabled have reported some form of current job discrimination.[17] Furthermore, estimates show that an employed person generates $65,000 in tax revenue, reduces the cost of social services, and generates increased business through consumer spending.[18]

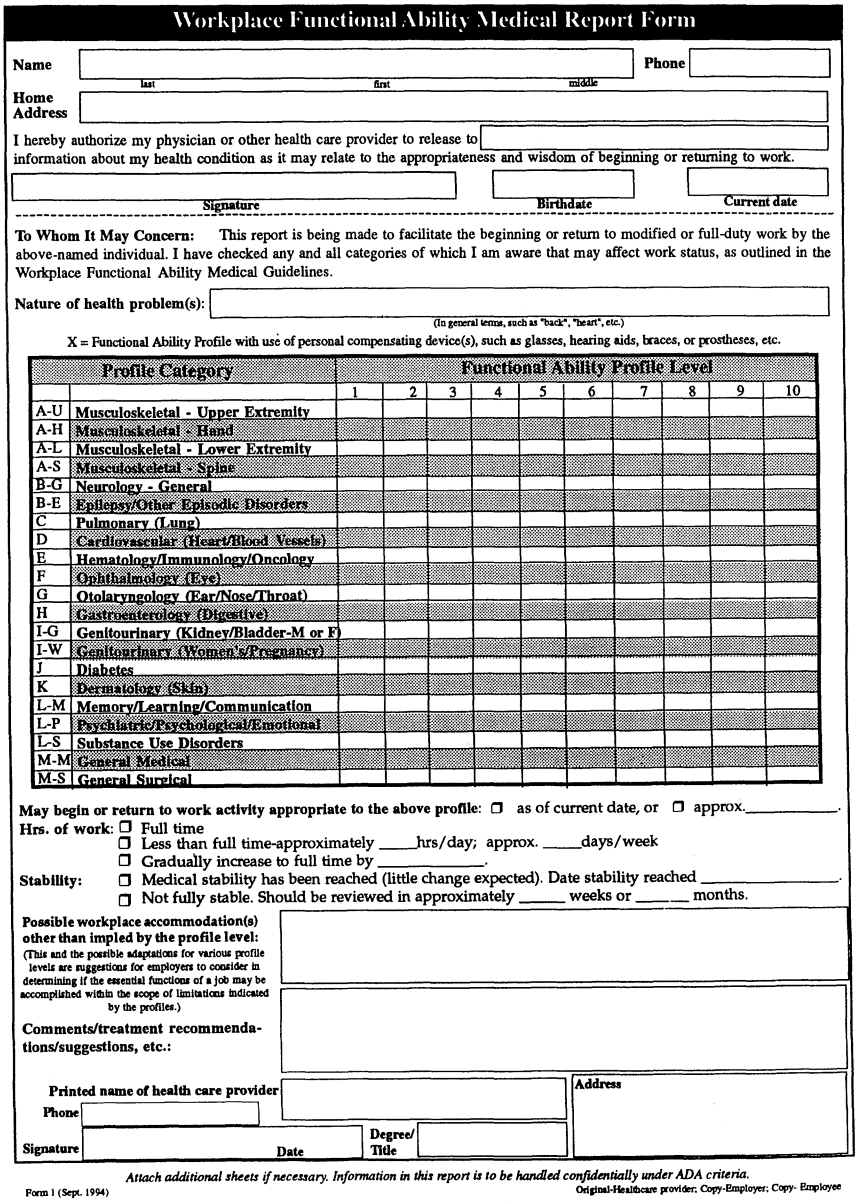
Fitness-for-Duty Issues

Physicians who treat injured or ill workers are required to fill out a plethora of different and time-consuming workers' capability statements from employers, government officials, insurers, and financial institutions. All of these require basically the same information but in different formats. We realize that complex functional ability assessment programs exist which describe how to match workers to jobs.

Our interest in this subject is not new. During World War II, the Canadian Army used a simple profile that originally consisted of seven categories (PULHEMS; Personality, Upper extremities, Lower extremities, Hearing, Eyesight, Mentality, Stability) with ratings of 1 through 4

PHYSICAL DEMAND LEVEL	OCCASIONAL 0 - 33% of the workday	FREQUENT 34 - 66% of the workday	CONSTANT 67 - 100% of the workday	Typical energy required
SEDENTARY	10 lbs.	Negligible	Negligible	1.5 - 2.1 METS
LIGHT	20 lbs.	10 lbs. and/or walk/stand/push/pull of arm/leg controls	Negligible and/or push/pull of arm/leg controls while seated	2.2 - 3.5 METS
MEDIUM	20 to 50 lbs.	10 to 25 lbs.	10 lbs.	3.6 - 6.3 METS
HEAVY	50 to 100 lbs.	25 to 50 lbs.	10 to 20 lbs.	6.4 - 7.5 METS
VERY HEAVY	Over 100 lbs.	Over 50 lbs.	Over 20 lbs.	Over 7.5 METS

Fig. 1. United States Department of Labor Physical Demand Characteristics of Work chart.



Workplace Functional Ability Medical Report Form

Name _____ Phone _____
last first middle

Home Address _____

I hereby authorize my physician or other health care provider to release to _____ information about my health condition as it may relate to the appropriateness and wisdom of beginning or returning to work.

Signature _____ Birthdate _____ Current date _____

To Whom It May Concern: This report is being made to facilitate the beginning or return to modified or full-duty work by the above-named individual. I have checked any and all categories of which I am aware that may affect work status, as outlined in the Workplace Functional Ability Medical Guidelines.

Nature of health problem(s): _____
(In general terms, such as "back", "heart", etc.)

X = Functional Ability Profile with use of personal compensating device(s), such as glasses, hearing aids, braces, or prostheses, etc.

Profile Category		Functional Ability Profile Level									
		1	2	3	4	5	6	7	8	9	10
A-U	Musculoskeletal - Upper Extremity										
A-H	Musculoskeletal - Hand										
A-L	Musculoskeletal - Lower Extremity										
A-S	Musculoskeletal - Spine										
B-G	Neurology - General										
B-E	Epilepsy/Other Episodic Disorders										
C	Pulmonary (Lung)										
D	Cardiovascular (Heart/Blood Vessels)										
E	Hematology/Immunology/Oncology										
F	Ophthalmology (Eye)										
G	Otolaryngology (Ear/Nose/Throat)										
H	Gastroenterology (Digestive)										
I-G	Genitourinary (Kidney/Bladder-M or F)										
I-W	Genitourinary (Women's/Pregnancy)										
J	Diabetes										
K	Dermatology (Skin)										
L-M	Memory/Learning/Communication										
L-P	Psychiatric/Psychological/Emotional										
L-S	Substance Use Disorders										
M-M	General Medical										
M-S	General Surgical										

May begin or return to work activity appropriate to the above profile: ☐ as of current date, or ☐ approx._____.

Hrs. of work: ☐ Full time
☐ Less than full time-approximately ____hrs/day; approx. ____days/week
☐ Gradually increase to full time by _____.

Stability: ☐ Medical stability has been reached (little change expected). Date stability reached _____.
☐ Not fully stable. Should be reviewed in approximately _____ weeks or _____ months.

Possible workplace accommodation(s) other than imped by the profile level:
(This and the possible adaptations for various profile levels are suggestions for employers to consider in determining if the essential functions of a job may be accomplished within the scope of limitations indicated by the profiles.)

Comments/treatment recommendations/suggestions, etc.:

Printed name of health care provider _____ **Address** _____

Phone _____

Signature _____ **Date** _____ **Degree/Title** _____

Attach additional sheets if necessary. Information in this report is to be handled confidentially under ADA criteria.

Form 1 (Sept. 1994) Original-Healthcare provider; Copy-Employer; Copy- Employee

Fig. 2. Workplace Functional Ability Medical Report form.

in determining what duties a soldier might reasonably be assigned. Other investigators have pioneered various systems designed to assist practitioners in performing fitness-for-duty evaluations. In 1974, Koyl devised a method for charting a worker's physical and environmental requirements for performing a specific task.[19] The old idea of matching the worker to the job was upgraded to be more objective by using a scale of seven categories (GULHEMP; General physique, Upper extremities, Lower extremities, Hearing, Eyesight, Mentality, Personality) to organize and rate the data from a medical history and a physical examination. The same scale is used to rate and profile the requirements of a specific job. The outcome produces objective criteria for matching the two. Approximately 10 years later, Nylander and Carmean, working for the county of San Bernadino in California, published the Medical Standards Project.[20] This work promoted a method by which an organization could implement a complete and comprehensive job-related medical screening program based on an assessment of the physical demands of jobs and a physical abilities analysis. Further improvements in this system are now proprietary and must be obtained through agreements from the original authors, who now have a private consulting practice. For many years, the US Department of Labor (DOL) and Social Security Administration have classified jobs in terms of exertional level, skill level, and other categories.[21] All jobs in the US economy have been classified into the following five levels of exertion: sedentary, light, medium, heavy, and very heavy work. The DOL model is widely accepted and used in making legal determinations of disability and fitness for duty. A representative form used by the DOL system is shown in Fig. 1.

The Utah Medical Association has developed a novel approach to workplace functional ability assessments; however, in prefacing a description of their approach, we include the medical and employer responsibilities, which must first be considered.

Medical Responsibilities

Most physicians realize that medical decisions which effect employment and earning capacity carry heavy legal and ethical responsibilities. Given the status of current employment law, any attempt to manage workers with restrictions involves a medical, legal, and ethical approach that protects not only the worker but also the coworkers as well as the employer.[5] Generally, treating physicians cannot be sued for their opinions concerning a worker's ability to work unless a physician's statement proved false and was made with recklessness.[22] Physicians, however, can be sued for negligent interference with the worker's contractual relationship.[22] For these reasons, employers and patients must remember that the physician determines capability, not disability. It is the employer's administrative responsibility to determine whether "reasonable accommo-

Summary of Profile Levels and Work Activity*

Category		Profile Levels									
		1	2	3	4	5	6	7	8	9	10
A-U	Musculoskeletal — Upper Extremity	All work activities	All work activities	Infrequent heavy lifting — affected extremity	Medium lifting — affected extremity	Light lifting— affected extremity	No lifting — affected extremity	No lifting — either extremity	According to special circumstances — depends upon nature of problem	Temporary adjustment — under evaluation — depends on situation	No work activity appropriate
A-H	Musculoskeletal — Hand			Minimal loss of skill/lifting — one hand	Slight loss of skill/lifting — one hand	Medium skill/lifting — one hand	Minimum skill/light tasks — bilateral	Substitute for all hand functions			
A-L	Musculoskeletal — Lower Extremity			Heavy: May Lift — Occasional - 100 lbs. Frequent - 50 lbs. Constant - 20 lbs.	Medium: May Lift: Occasional - 50 lbs. Frequent - 20 lbs. Constant - 10 lbs.	Light: May Lift: Occasional - 20 lbs. Frequent - 10 lbs. Constant - Negligible	Sedentary: May Lift - Occasional - 10 lbs. Frequent - Negligible Constant - Negligible	Limited sedentary			
A-S	Musculoskeletal — Spine							Limited sedentary			
B-G	Neurology — General						Limited tasks or sedentary	Limited sedentary or substitute functions			
B-E	Epilepsy/Other Episodic Disorders			Moderately high risk tasks	Moderate risk tasks	Slight risk tasks	Slight risk or special limits	Sedentary or ground-level tasks			
C	Pulmonary (Lung)			Heavy, not sustained	Medium	Light or intermittent medium	Sedentary, without oxygen	Sedentary, with oxygen			
D	Cardiovascular (Heart/Blood Vessels)			Heavy	Medium	Light	Sedentary	No risk to others			
E	Hematology/ Immunology/Oncology			Heavy	Medium	Light	Sedentary or decreased standing	Limited sedentary			
F	Ophthalmology (Eye)			No commercial driving	No undue risk - moving equipment/power tools	Desk/bench work	Sound/light signals	No allergens/irritants			
G	Otolaryngology (E.N.T.)			No special hearing skills	Limited hearing	No hearing required	Limit noise exposure	No allergens/irritants			
H	Gastroenterology (Digestive)			Heavy, except at intervals	Medium	Medium — less work load	Sedentary	Selected facilities			
I-G	Genitourinary- General (G.U.- Male or Female)			Heavy	Medium	Light	Sedentary	Selected facilities			
I-W	Genitourinary — Women/Pregnancy			Heavy	Heavy, with adjustment	Medium	Light	Sedentary			
J	Diabetes			Allowance for access to snacks/meals and regular work schedules							
				Heavy	Heavy, with injections	Minimal risk tasks	Limited risk tasks	Sedentary/limit standing			
K	Dermatology (Skin)			Limit exposure to allergens/irritants	Minimize irritants	Eliminate allergens	No exposure to irritants	No exposure to allergens			
L-M	Memory/Learning/ Communication			Learn new, complex tasks	Complex tasks; usual supervision	Previous complex tasks with assistance	New, simple tasks with supervision	Simple tasks with supervision			
L-P	Psychiatric/ Psychological/Emotional			All — with monitoring	Select tasks; monitoring	Medium tasks; close supervision	Limited tasks/risks; close supervision	Highly selected tasks/ risks; close supervision			
L-S	Substance Use Disorders			Moderately high risk tasks; normal supervision[a]	Moderate risk tasks; intermediate supervision[a]	Slight risk tasks; increased supervision[a]	Limited risk tasks; close supervision[a]	No risk to self; close supervision[a]			
M-M	General Medical			Heavy; may reduce hours	Medium	Light	Sedentary	Limit exposure to others			
M-S	General Surgery			Heavy; may reduce hours	Medium	Light	Sedentary	Depends on type of problem			

* For further information, see General Introduction and Narrative and Table for each category.
[a] With appropriate monitoring

These ideas for work limitations are intended for the consideration of the employer, who has final responsibility for work assignment and/or accommodations.

Form 2 (1 Sept. 1994)

Fig. 3. Summary of Profile Levels and Work Activity form.

dations" can be made. It is not the physician's responsibility to determine the essential functions of the job, devise accommodations for the permanently disabled employee, determine the reasonableness of any accommodation proposed by the employer, or tell the employer whether the employee can do his job. Physicians should remember that estimates of patient capability must be ascertained before the employer can determine "reasonable accommodation," "undue hardship," or "direct threat" under the ADA[5] and Technical Assistance Manuals.[23] Many physicians have expressed a sense of relief in having such guidelines, which were developed by selected specialists, since most physicians have had little training in occupational medicine. Physicians should be cognizant that many companies sponsor "early return to work programs" while healing continues but before full duty can be assumed. Studies have shown that workers who return to their original employer are usually better off financially than workers who choose other options, such as alternative vocational rehabilitation plans that include retraining or new job placement.[24,25]

Physicians may serve a dual role by treating an individual while also being an employee of the patient's employer in advising how to make appropriate accommodations. Increasingly knowledgeable occupational medicine specialists may greatly enhance the ability of employers to interpret reports and recommend appropriate placements, thus not involving themselves in treating patients otherwise.

Employer Responsibilities

Given appropriate medical information, an employer's administrative responsibility is to determine whether accommodations can be made. If the employer feels that accommodations represent an "undue hardship" to the company or that the employee is considered a "direct threat" to himself or others, an employability decision will have to be made. Such an action requires appropriate legal review and significant documentation, which is often dependent on the size of the employer's

CATEGORY A-S: MUSCULOSKELETAL-SPINE

PROFILE LEVEL	CIRCUMSTANCES a	APPROPRIATE WORK ACTIVITY *	POSSIBLE ACCOMMODATIONS
1	No past limitation	All	None
2	Past limitation fully recovered	All	None
3	Mild limitation of function, but with little likelihood of aggravation.	Heavy	None
4	Slight limitation of function and/or with slight risk of aggravation.	Medium	Use of assistive devices, minimize standing, limitation of lifting, bending, stooping, carrying, etc. Change in height of work surfaces.
5	Moderate limitation of function and/or moderate risk of aggravation.	Light	
6	Severe limitation of function and/or marked risk of aggravation.	Sedentary	Special equipment. Limit distance from vehicle to work site.
7	Very severe limitation of activities with pain and decreased stamina.	Sedentary, with limitations	Special equipment, limited hours, special schedules, rest periods, etc.
8	Special circumstances	Depending on specific problem	According to situation
9	Under evaluation	Depending on situation	Temporary adjustment
10	Health problem where work activity is inappropriate	None	Review if improved

a. Profiles to be based on function with use of appropriate braces, etc.
* See Appendix III for definitions of levels of work.

Fig. 4. Category A–S: Musculoskeletal-Spine category report form.

organization, the resources available, and nature of the operation.[5,23] Whether a particular accommodation will impose an undue hardship must be determined on a case-by-case basis.[5,23] An accommodation that poses an undue hardship for one employer at one particular time may not pose an undue hardship for another employer or the same employer at another time. Factors to be considered in determining whether an accommodation would impose an undue hardship on the particular business are reviewed in greater detail in the ADA and Technical Assistance Manuals.[23]

Workplace Functional Ability Guidelines

The Workplace Functional Ability Guidelines (WFAGs)[26] were developed by a medical task force, which consisted of 28 members of the Utah Medical Association, in consultation with other groups. The goal of the task force was to facilitate and to improve the quality and flow of information between the physician and employer in order to safely and appropriately match the worker to the workplace. The WFAGs and Medical Report Form have four purposes:

1. To assist workers who develop health problems to return to appropriate work that they can do.
2. To assist those who have health problems and who have not worked to gain employment at tasks they can accomplish effectively.
3. To help employers by providing guidelines for appropriate levels of work as determined by the employee's health condition.
4. To offer employers suggestions as to possible accommodations to consider in determining if an employee might accomplish the essential functions of a job.

Accomplishing these purposes requires an interaction of three specific functions:

- Medical function. This includes using a standard medical evaluation by history, examination, and x-ray or other studies to establish a diagnosis and evaluate the individual's functional ability and then generating a report based on the use of Workplace Guidelines. Health care providers have found the report form (Fig. 2) quick and easy to use. If only a single problem is encountered, a single "x" in the appropriate category and a notation as to times and stability will suffice. The profile is based on two facing pages in the Guidelines: one a narrative and one a tabulation of profile levels. As recovery occurs, a simple change in the profile level will allow additional work activity.

CATEGORY A-L: MUSCULOSKELETAL-LOWER EXTREMITY

PROFILE LEVEL a	CIRCUMSTANCES a	APPROPRIATE WORK ACTIVITY b*	POSSIBLE ACCOMMODATIONS
1	No past limitation	All	None
2	Past limitation, fully recovered	All	None
3	Minimal limitation	Heavy	None
4	Slight limitation	Medium	Use of assistive devices; minimize unnecessary walking and standing; change of tasks. Limit lifting and carrying.
5	Moderate limitation	Light	
6	Severe limitation	Sedentary	Limit distance from vehicle to work site; special equipment
7	Severe limitation with decreased stamina	Sedentary with limitations	Special equipment; limited hours; special schedules; rest periods
8	Special circumstance	Depending on specific problem	According to situation.
9	Under evaluation	Depending on situation	Temporary adjustment
10	Health problem where work activity is inappropriate	None	Review if improved

a. Profiles to be based on function with use of appropriate orthotic devices.
* See Appendix III for levels of work definition.
b. Appropriate work activity will minimize risk of increasing impairment.

Fig. 5. Category A–L: Musculoskeletal-Lower Extremity report form.

There is room to add additional comments in unusual circumstances. In more complex cases or in special situations, a full profile of all categories may be needed.

- Patient/employee function. The patient takes (or sends) the completed Functional Ability Report form to his employer and counsels with his employer as to how he can best accommodate to the limitations imposed on him by his medical condition.
- Employer functions. In response to a medical report suggesting appropriate limitations because of an employee's health problem, the employer uses this information to make an appropriate work assignment. He may also use the suggested ideas for possible accommodations to help determine whether the essential functions of a job can be accomplished. This will help him materially in meeting his responsibilities under the ADA, which applies to all employers with 15 or more employees.

The term "functional ability" is used to focus on what a person can do, not on what he cannot do. The Guidelines include 21 different categories of health concerns. The categories were selected to follow, in general, the sequence used in the 4th edition of the American Medical Association's *Guides to the Evaluation of Permanent Impairment.*[27] Each category has a one-page narrative and a one-page tabulation of functional levels. A profile level of one indicates no present or past limitation for that category, while level ten indicates a condition in which work of any sort does not appear to be indicated. For each level in between, levels of work, such as heavy to sedentary, or other activities, such as in vision or learning problems, are indicated. In addition, ideas for possible accommodations are shown for each level. They have no coercive or controlling effect but will be useful for employers to consider. A summary of the categories, along with the functional ability profile levels, as found on the back of the report form is shown in Fig. 3. Further detailed information on each of the 21 categories with further detailed information on each section is provided in the WFAGs booklet.* An example of a detailed report form for the Musculoskeletal-Spine section is shown in Fig. 4.

Category A-S: Musculoskeletal-Spine

Symptoms related to the spine are among the most common adult everyday health complaints and are not limited to the workplace. In most instances, individuals appear to accept or tolerate the symptoms as being an expected part of life, especially as they become older. However, when the spine is injured or in

* Copies of the WFAGs complete booklet and Medical Report Forms may be obtained from the Utah Department of Health, Bureau of Vital Statistics, 288 North 1460 West, Salt Lake City, UT 84116-2855 at a cost of $3.00 each for the WFAG booklet and $3.00 for a pad of 10 report forms.

TABLE 1
Symptom Intensity and Frequency Descriptions

Intensity/Frequency	Symptom Details
Intensity	
Minimal	Annoying but does not interfere with activities
Slight	Is tolerated but causes diminished capacity to carry out some activities
Moderate	Causes extensive diminution in capacity to carry out specific activities
Marked	(Or severe) precludes carrying out many activities.
Frequency	
Intermittent	Occur less than 1/4 of waking time
Occasional	Occur between 1/4 and 1/2 of waking time
Frequent	Occur between 1/2 and 3/4 of waking time
Constant	Occur between 3/4 and all of waking time

the case of more severe symptoms, there may be clear indication for adjustments in work expectations.

This should include not only concern for the worker's comfort and efficiency but for the possible effects of work activities in causing increased pathology. While the details of medical history, physical examination, and special tests are essential for a correct diagnosis, clinical experience and common sense must be applied in estimating a person's functional ability in the workplace.

The spine is divided into three segments: cervical, thoracic, and lumbosacral. Each of the segments shares, in general, limits on weight-bearing or posture, such as lifting, carrying, bending, reaching, and standing. Problems including the pelvis should be handled as related to the lumbosacral spine or as a special situation, depending on the circumstance. Hip problems are considered under category A-L (Musculoskeletal-Lower Extremity) (Fig. 5).

Fractures of any segment of the spine or spinal surgery will usually require a variable amount of time off work, followed by a return to work with limitations of lifting and carrying even if protected by a brace or cast. Soft tissue lesions, on the other hand, usually become stabilized[2] within a few weeks and generally permit a return to work with appropriate accommodations. As further healing takes place, the profile level and duration exposure may be upgraded to permit more demanding work, bearing in mind the balance between the desire to return to a previous job versus the risk of aggravating the condition. Some degree of discomfort should be expected on return to work, even with appropriate accommodations. Chronic pain that extends beyond what might be expected from the discerned pathology should be considered for its emotional overtones and may also be profiled under Category L-P (Psychiatric/Psychological/Emotional), if appropriate.

If spinal injury results in significant damage to the spinal cord, causing partial or complete paraplegia, this later condition should also be profiled under Category B–G (General Neurology). If radiculopathy results, the effect on function of the limbs may also be profiled under Category A–U (Musculoskeletal-Upper Extremity) or Category A–L (Musculoskeletal-Lower Extremity) or both. If the cauda equina is damaged, bladder symptoms may be profiled under Category I–G (Genitourinary) and bowel symptoms under Category H (Gastroenterology).

The following are some examples of suggested profile levels:

1. A 22-year-old male with symptoms of neck and shoulder pain, normal clinical findings, with full range of motion; x-rays normal; Profile Level 3 with duration specified.
2. A 30-year-old male with low back pain after a heavy load that he was helping to carry shifted; examination and x-rays negative; symptoms stabilized in 3 weeks; Profile Level 4, full-time.
3. A 55-year-old female with a long history of low back pain treatments, with radiating leg pain (radiculopathy); decreased range of spinal motion; x-rays showed moderate spondylolysis and disc herniation at L5; Profile Level 5, duration specified.
4. A 40-year-old obese male with gradual onset of mid-back pain after long hours of heavy lifting; extensive degenerative changes in the lumbar spine; Profile Level 4, duration specified.

These profiles are both dynamic and flexible. If a patient shows progressive recovery or worsening, the profile level, along with the exposure duration, can be modified as needed.

Levels of Work

While many of the functional ability categories are concerned with specialized capabilities, such as vision, hearing, learning, etc, others are related primarily to physical demands for lifting or carrying. In these categories, the DOL standards for the physical demands of different levels of work have been used.[21] A one-page summary of level of work (Fig. 1) is included in the appendix of the guidelines.

Subjective or Intermittent Symptoms

Evaluation of subjective or intermittent symptoms is often difficult to equate to functional ability in the workplace. The description of symptom intensity and frequency (Table 1), adapted from the AMA Guides,[1] has been helpful in using the WFAGs.

Recurrent, acute pain should be identified as primary or neurogenic and should be related to the underlying cause. Psychogenic pain or chronic pain syndromes are mental disorders and should be profiled under category L–P (Psychiatric/Psychological/Emotional Disorders).

Use of Skill and Judgment

The following quotation from the AMA Guides[27] represents the philosophy by which use of the WFAGs in the workplace should be governed:

> "The physician's judgment and his or her experience training, skill and thoroughness in examining the patient and applying the findings to the AMA Guides criteria will be factors in estimating the degree of the patient's impairment. These attributes comprise part of the art of medicine, which, together with a foundation in science, constitute the essence of medical practice. The evaluator should understand that other considerations will also apply, such as the sensitivity, specificity, accuracy, reproducibility, and interpretations of laboratory tests and clinical procedures, and variability among observers' interpretations of the test and procedures."

Confidentiality of Information

Physicians and employers alike must remember that all medically related information must be kept confidential at the worksite and limited only to what is necessary for an appropriate job assignment or for making a reasonable job accommodation. In certain instances, an employer may have a "need to know" a medical diagnosis as described below. However, specific information about the nature of the medical condition must be kept confidential in the employee's personal medical record. Supervisors are only entitled to know the limitations of the profile level indicated. By utilizing the WFAG form and simply noting the nature of a worker's problem and checking the appropriate profile level, the ADA requirements for confidentiality are met and the employer is permitted to act in a prudent and reasonable fashion. Exceptions to this include the following: (1) supervisors and management must be informed about necessary work restrictions; (2) first aid and safety personnel should be informed if the disability may require emergency treatment or if any specific procedures are needed in the case of fire or other evacuations; (3) government officials can investigate compliance with ADA; (4) relevant information must be provided to state workers' compensation offices or second injury funds; and (5) relevant information must be provided to insurance companies for cases in which the company requires a medical examination in order for health or life insurance to be provided.

Other Applications

Since a number of life activities are similar to work activities, other applications are under consideration. For example, the Utah Medical Association's Sports Committee is considering applying the same basic approach to defining fitness for various sports activities, recognizing the difference between contact and noncontact sports, etc. The Utah Driver License Medical Advisory Board has approved, in principle, acceptance of the Workplace Functional Ability Report in lieu of the Functional Ability in Driving profile report that has been in use since 1979. Administrative law judges are using the Workplace Functional Ability Report Form in cases involving industrial injuries. Thus copies of a single simple report completed by one's physician might facilitate a person's working, driving, sports participation, resolving compensation, and, perhaps, personal insurance claims, etc. Changing the name of the report form to simply "Unified Fitness Report" is under consideration. After a study in one county, a one-page health questionnaire keyed to the 21 profile categories has been developed for use by one of the state agencies concerned with work and family support. Other studies are in progress or in the planning stages.

Summary

The WFAGs have been developed to enhance the objective flow of information between physicians and employers. Fitness for duty, functional ability determination, worker/job matching, etc, are all similar activities that the WFAGs were designed to address. We recognize that our efforts are preliminary to what could become a more refined and objective method of describing individual functional ability. The WFAGs also provide a service consistent with Principle VII of the American Medical Association's Principles of Medical Ethics, which states that, "a physician shall recognize a responsibility to participate in activities contributing to and improving the community."†

Acknowledgment

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† We solicit suggestions and comments for improving the WFAGs. Please address these to the Utah Medical Association, 540 East 500 South, Salt Lake City, UT 84102, or to the corresponding author of this article.

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Not So Haute Couture

"I can see no advantage to the Queen or the public if the Lord Chancellor removes his tights."—Lord Waddington, objecting to Britain's top judge's proposal to replace his 17th-century outfit with modern attire.

—From PERSPECTIVES. *Newsweek*, November 30, 1998, p 23.