

**Workplace
Functional Ability
Medical Guidelines**



**Utah Medical Association
1994**

WORKPLACE FUNCTIONAL ABILITY: MEDICAL GUIDELINES

Foreword

The medical profession has a long tradition of concern for the quality of patients' lives, including their ability to work.

To provide guidelines to facilitate beginning to work or returning to work after developing health problems and to provide a means of communicating more meaningfully with employers about the problems, a task force on functional ability in the workplace was established by the Utah Medical Association. Lacking any clear precedent, a task force of twenty-eight physicians, designated by their peers, has developed the Medical Guidelines for Workplace Functional Ability.

We have emphasized the concept of "functional ability" to do various kinds of work, leaving to others concerns for handicaps, disability or impairment as they may be defined by various groups. We believe this focus will benefit all concerned. We have had encouragement for these efforts from representatives of a variety of community resource agencies and of other professions.

We believe this effort is consistent with the AMA Principles of Medical Ethics: "A physician shall recognize a responsibility to participate in activities which contribute to an improved community." It is also consistent with Hippocrates' code, "The regime I adopt shall be for the benefit of my patients according to my ability and judgment, and not for their hurt or any wrong," and with part of his first aphorism "Judgment is difficult."

I pledge the members of the Utah Medical Association will do their best.

GEORGE C. PINGREE, M.D.
President
Utah Medical Association

Note: These Workplace Functional Ability Guidelines have been developed as a public service for the community at large for the benefit of patients, workers and would-be workers. They will be useful not only for physicians and other health care providers, but also for members of other professions, employers and their staffs, compensation insurers, various agencies and institutions, and for all who have a concern for occupational care problems. Copyright 1994.

Copies of the Workplace Functional Ability Guidelines and the Report Forms will be available at a reasonable cost from the Utah State Department of Health, 288 North 1460 West, P.O. Box 15680, Salt Lake City, Utah 84116-1580. All or part of the Workplace Functional Ability Guidelines may be duplicated freely by individuals or organizations for their use, but not for purposes of sale or profit.

The Utah Medical Association is most grateful for the willingness of the Utah State Department of Health to make copies of the Guideline available to all of the different health care providers of the state and to the variety of agencies, employers and other interested parties who will find the Guidelines useful in their work.

WORKPLACE FUNCTIONAL ABILITY: MEDICAL GUIDELINES

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GENERAL INTRODUCTION TO WORKPLACE FUNCTIONAL ABILITY: MEDICAL GUIDELINES

These medical profiles of functional ability in the workplace have been developed by members of the Utah Medical Association as a means of facilitating the beginning to work or return to work of individuals with a wide variety of temporary or permanent impairing conditions. The basic concept of fairness and responsibility which guided their development are included in Appendix I.

Use by Health Care Providers

The medical profile represents a series of progressive steps in each category whereby a person's functional ability to perform work activity may be simply indicated. They are to be used with judgement in individual cases, but represent a general consensus of those expert in the field. The profiles are flexible so that if, for example, injured workers show progressive recovery, their profiles can show a progressively greater tolerance for more demanding work.

Although the employer has the ultimate responsibility for any work accommodations it is reasonable for the health care provider to make suggestions for possible accommodations to be considered. These suggestions are often based upon limited understanding of job requirements, so that they should not be viewed as binding on the employer.

Use of Skill and Judgment

The following quotation from the current "AMA Guides to Evaluation of Permanent Impairment" represents the philosophy by which application of these Medical Profiles in the Workplace should be governed.

"It should be understood that the Guides do not and cannot provide answers to every type and degree of impairment, because of the considerations noted above and the infinite variety of human disease, and because the field of medicine and medical practice is characterized by constant change in understanding disease and its manifestations, diagnosis, and treatment. Further, human functioning in everyday life is a highly dynamic process, one that presents a great challenge to those attempting to evaluate impairment."

"The physician's judgment and his or her experience, training, skill and thoroughness in examining the patient and applying the findings to the Guides criteria will be factors in estimating the degree of the patient's impairment. These attributes compose 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 interpretation of laboratory tests and clinical procedures, and variability among observers' interpretations of laboratory tests and clinical procedures."

Use by Individuals

If an individual has a condition, illness or an injury that may affect his ability to work, he/she may request an examination to determine his health profile, which he may present to his employer to facilitate his optimal beginning to work or return to modified or full duty work, within his limitations.

Use by Employer

If an employer is aware of an individual's need for reasonable accommodation, he may request a medical profile to assist in making reasonable accommodations to make possible performance of the essential job functions of that particular job (or of others under consideration), or to determine if there is a direct threat to the health or safety of the individual or of others. Under provisions of the Americans With Disabilities Act, he may not use it as a device for selecting to whom a job offer is to be extended, but only as a means of placement after the job offer has been made.

Use by Workers' Compensation Carriers

A health profile may be useful in determining when an injured individual may return to work, if only in a limited capacity, provided such alternative work is available in the workplace. Also, it may indicate when the medical condition has stabilized for the purpose of future planning, including appropriate job placement or training, or initiating an impairment rating, if appropriate.

Use by Other Agencies or Institutions

At their discretion, a medical profile for the workplace may be used, if only as a screening device, by other agencies, such as Vocational Rehabilitation, Social Security, Medicaid, Medicare, detention facilities, schools, or for determining eligibility for handicapped parking privileges, etc.

Organization of Medical Profiles

These medical profiles are divided into twenty-one categories, representing the chief subdivisions of medical impairment as it affects the workplace. These categories have been adapted from "AMA Guides to the Evaluation of Permanent Impairment (Fourth Edition)." The profile for each category consists of two parts: (1) a narrative summary of common disorders included in the category and some general observations about their relationship to the workplace, and (2) a tabulation showing the specific medical findings appropriate to each profile. (This follows the model successfully used in driver's licensing profiling since 1979.) Also, possible ideas for workplace accommodations to be considered by an employer are included.

Sequence Under Each Category

For the sake of ease of communication, each of the categories of disorders has been organized with generally similar criteria, while accommodating to the diversity of effects of different conditions on functional ability in the workplace.

Each profile sheet begins with Level 1 for persons who have never had any involvement with the health problems in that category. Level 2 is for those who have had a problem, but have completely recovered from it. These categories represent no limitations on appropriate work activities, but will provide a statistical data base for some occupations with extremely high requirements.

Levels 3 through 7 represent increasing degrees of impairment which reflect on a person's work capability, so that these generally reflect a decreasing level of functional work ability. These abilities range from heavy duty to medium to light to sedentary duties, at times including the concept of decreased stamina as well. (See Appendix III for Levels of Work.) These levels are accompanied by ideas for typical accommodations that may be considered at the work site. Aside from physical strength and stamina, Levels 3 through 7 will reflect a wide variety of limitations based on impairment of vision, hearing, ability to learn, episodes of loss control, etc., with the larger numbers reflecting decreasing functional ability.

Level 8 (Special Circumstances) has been used to indicate a special circumstance that may fit well with the above listed levels. It should be used with considerable discretion and its most useful if the health care provider has available accurate information about proposed work activities.

Level 9 (Under Evaluation) is to be used temporarily to cover situation where there is a need to carry out diagnostic studies or test responses to a treatment approach. It should not be extended indefinitely.

Level 10 (No Work) is used to indicate a condition where no work, not even sedentary with or without special accommodation is appropriate. It may be used either for conditions which are expected to be permanent or for conditions during a period of recovery.

Levels of Work

While many of the functional ability categories are concerned with specialized capabilities, such as vision, hearing, learning, etc., others relate primarily to physical demands for lifting or carrying. In these categories, the U. S. Department of Labor standards for the physical demands of different levels of work have been used. In simplified form, they indicate levels in terms of occasional lifting as follows: heavy - 100 lbs; medium - 50 lbs; light - 20 lbs; and sedentary - 10 lbs. Anyone given a profile level of heavy work may also be considered for very heavy work (lifting over 100 lbs), provided they have appropriate physical as well as other health characteristics for it. (See Appendix III for further details.)

Suggestions for Evaluation of Subjective or Intermittent Symptoms

The significance of pain or other subjective or intermittent symptoms is often difficult to evaluate in terms of functional ability in the workplace. The following, adapted from the AMA Guides, may be useful in evaluating symptoms or signs.

Intensity -

Minimal:	Annoying, but not interfering with activities.
Slight:	Tolerated, but diminished capacity to carry out some activities.
Moderate:	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.

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

Medical Report Form

The Functional Ability Medical Report Form has three purposes. First, it allows the person to authorize release of information. Second, it allows the health care provider to indicate a profile level for appropriate category and indicate when and for how long it is to apply. Third, it provides an opportunity for the health care provider to make suggestions to the employer as to possible accommodation that seem appropriate to the condition and the level of limitation indicated. More specific restrictions than those spelled out by the profile level may be indicated on the Report Form in the place provided for Comments/Treatment/Recommendations/Suggestions, etc., or a separate slip may be attached. For example, in a shoulder problem, notation may be made "no work above shoulder level," if appropriate.

The first copy of the NCR form will be retained for office records; the second copy is from the employer; and the third is for the employee. A copy may also be made for an insurance carrier. A worker who may not wish his employer to know of a health condition will simply not sign a release and no report will be made except where required by law, as in driver licensing or workers compensation cases.

Application to the Workplace

These profiles have been designed to relate to activities at the workplace. Because there are so many variables involving a person's place of residence and means of transportation to the work site, these considerations are not included in the profile level. However, in many cases, a company parking lot is considered part of the work site, so that a suggestion for special, close-in parking privileges or other accommodations may be appropriate, based on the medical profile.

Workplace Functional Ability Medical Report Form

Name last first middle Phone

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 implied 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.

Summary of Profile Levels and Work Activity*

Category	Profile Levels									
	1	2	3	4	5	6	7	8	9	10
A-U	All work activities									
A-U	All work activities									
A-U	Musculoskeletal — Upper Extremity	Infrequent heavy lifting — affected extremity	Medium lifting — affected extremity	Light lifting — affected extremity	No lifting — affected extremity	No lifting — either 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-II	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 or substitute functions				
A-S	Musculoskeletal — Spine	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 or substitute functions				
B-G	Neurology — General	Moderately high risk tasks	Moderate risk tasks	Slight risk tasks	Slight risk or special limits	Sedentary or ground-level tasks				
B-E	Epilepsy/Other Episodic Disorders	Heavy, not sustained	Medium	Light or intermittent medium	Sedentary, without oxygen	Sedentary, with oxygen				
C	Pulmonary (Lung)	Heavy	Medium	Light	Sedentary	No risk to others				
D	Cardiovascular (Heart/Blood Vessels)	Heavy	Medium	Light	Sedentary or decreased standing	Limited sedentary				
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 seats	Desk/bench work	Sound/light signals	No allergens/irritants				
G	Otolaryngology (E.N.T.)	No special hearing skills	Limited hearing	No hearing required	Loud 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	Heavy	Allowance for access to snacks/meals and regular work schedules		Limited risk tasks	Sedentary/limited standing				
K	Dermatology (Skin)	Limit exposure to allergens/irritants	Minimize irritants	Eliminate allergens	No exposure to irritants	No exposure to allergens				
L-M	Microarray/Imaging/ 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/Functional	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. These alerts for work limitations are intended for the consideration of the employer, who has final

**CATEGORY A-U: MUSCULOSKELETAL-UPPER EXTREMITY
(Except Hand)**

The upper extremity has four functional elements: (1) the shoulder, (2) the elbow, (3) the wrist, and (4) the hand. Each of these may affect functional ability in the workplace in different ways. The first three and the structures related to them are profiled in this category. They have specific functions in addition to serving to position the hand for its functions. Because of the unique role of the hand in carrying out highly specialized tasks, the hands are profiled under a separate category. Category A-H (Musculoskeletal-Hand). On occasion, functional ability level should be given for both categories. For example, a shoulder injury requiring an airplane splint would also prevent hand function because of the non-functional position of the hand.

Functional ability may be limited by:

- (a) Anatomical absence of any portion of an extremity.
- (b) Limitation of the range of motion, either by ankylosis, joint disease, or other limitations.
- (c) Weakness of muscles controlling movements.
- (d) Loss of feeling of all or part of an extremity.
- (e) Pain, either at rest or on movement. This may be associated with increased sensitivity to temperature changes.

Limitations not explainable by the foregoing, such as non-anatomic functional motor or sensory disturbances, including excessive pain complaints should be classified under Category L-P (Psychiatric/Psychologic/Emotional). Likewise, disturbances of upper extremity function because of multiple sclerosis, Parkinsonism, etc. should be classified under Category B-G (Neurology-General)

The Shoulders

The shoulders not only serve to position the hands for effective function, but serve in a major way in lifting and carrying activities. Because of the nature of the joint, lack of stability of the joint or excessive pain with certain movements may affect functional ability. Because of the nature of the joint, there may be adequate function with the extremity at the person's side, but great difficulty may be experienced in reaching up to work above the shoulder level. Some practitioners use a check sheet showing appropriate weights which can safely be lifted below the waist level, below the shoulder level and above the shoulder level, which may be attached to the employer's copy if this is more convenient than writing the details in the place shown for comments/suggestions on the Functional Ability Report Form.

The Elbows

The elbows are essential for lifting and carrying, in addition to their functions in positioning the hands. Injury at the elbow which involves the nerve supply to the hand will also require a hand profile.

The Wrists

The wrists may be limited by loss of range of motion, pain, or weakness as they affect lifting and carrying. The proper function of the hands depends upon adequate wrist function. In addition to a profile for wrist function, there may need to be a profile in terms of the effect on hand function, as in carpal tunnel disorders, which may have wrist pain and loss of hand strength.

Bilateral Loss of Function

Since bilateral loss of upper extremity function has more than an additive effect, this has been profiled separately under profile level 7. An estimate of remaining functional ability will make possible necessary job adaptation or accommodation. Profile Level 8 (Special Circumstances) may also be used in some situations.

Amputation/Immobilization

Loss of a portion of a limb will eliminate the function of all joints distal to the level of amputation, but depending upon the nature of the stump, it may have useful holding and carrying functions. The profile given should reflect the best functional ability possible with a prosthesis which can be used in the workplace. The same is true for a cast which immobilizes all or part of an extremity.

Adaptation to Impairment

For functional ability profiling purposes, the person should be evaluated using any sort of splint or other assistive device that may be used in the workplace. The nature of such a device should be indicated on the report form. With complete or partial loss of function of one extremity, the person should be evaluated on the basis of the good extremity alone or the good extremity assisted by the impaired one, even if only in a holding capacity.

As recovery from an injury takes place, the profile should be changed to reflect a greater functional ability and thus allow greater work flexibility.

Suggested Accommodations

If permitted to do so, many individuals will use great ingenuity in devising effective ways to accommodate to their impairment and this should be encouraged. Helpful suggestions may come from concerned supervisors, occupational therapists or other experts.

A-U: MUSCULOSKELETAL-UPPER EXTREMITY* (Except Hand)

PROFILE LEVEL	CIRCUMSTANCES	APPROPRIATE WORK ACTIVITY*	POSSIBLE ACCOMMODATIONS
1	No past limitation	All	None
2	Past limitation, fully recovered	All	None
3	Slight limitation of one upper extremity ^b	Infrequent heavy lifting/carrying/holding with affected extremity ^c	Use of lifting/carrying devices. Substitute other work methods.
4	Moderate limitation of one upper extremity ^b	Medium lifting/carrying/ holding with affected extremity ^c	
5	Marked limitation of one upper extremity	Light lifting/carrying/holding with affected extremity ^c	
6	Absence of use of one upper extremity (including amputation/immobilization)	No lifting/carrying/holding with affected extremity.	
7	Slight to severe limitation/absence of both upper extremities	No lifting/carrying/holding with both extremities, depending upon severity, as above.	Substitute methods to augment function. Use alternative methods, e.g., foot switch, use of voice or other activation devices
8	Special circumstances	Depending on specific problem	According to situation
9	Under evaluation	Depending on situation	Temporary adjustment; time for medical appointments
10	Health problem where work activity is inappropriate	None	Review if improved

- a. Apply to shoulder/elbow/wrist problems. See Category A-H for hand problems.
- b. All profiles should be based on level of function made possible by use of any splints or prosthetic devices which may be used in the workplace.
- c. In many shoulder problems, tasks should not require working with hands above the shoulder level.
- * See Appendix III for work levels.

CATEGORY A-H: MUSCULOSKELETAL-HAND

In addition to their general functions of lifting, carrying or holding, the hands represent an individual's principal means of carrying out a myriad of coordinated skilled activities essential to many jobs. For this reason, the hands are profiled separately from (or in addition to) the other parts of the upper extremities.

As in Category A-U (Musculoskeletal-Upper Extremity), functional ability may be limited by:

- (a) Anatomical absence of any portion of the hands
- (b) Limitation of the range of motion, either by ankylosis, joint disease or other limitations.
- (c) Weakness of muscles controlling movements.
- (d) Loss of feeling of all or part of the hands.
- (e) Pain, either at rest or on movement. This may be associated with increased sensitivity to temperature changes.

Limitations not explainable by the foregoing, such as writer's cramps, non-anatomic motor or sensory disturbances, or excessive pain complaints should be classified under Category L-P (Psychiatric/Psychologic/Emotional). Likewise, disturbances of hand function because of multiple sclerosis, Parkinsonism, etc. should be classified under Category B-G (Neurology-General).

Profiling the Hands

The hands are used to accomplish a great variety of highly skilled acts in the workplace. Many tasks require the coordinated effort of both hands. Some may be accomplished with either hand. Other skills are selectively present in the dominant hand and impairment of this hand may have serious occupational impact. Only with time and training may similar skills be developed in the non-dominant hand.

The profile levels which follow are meant to reflect the residual functional ability of an "average" person with reference to an "average" work situation. For example, a worker with temporary loss of use of his dominant hand, as with a cast for a hand fracture, would be profiled on the basis of his ability to function with his non-dominant hand.

Because of the complexity of hand function, it is anticipated that Profile Level 8 for Special Circumstances will be used generously.

Profile Levels 3 thru 6 are meant to be used if one or both hands are involved, focusing on residual functional ability of hand function. Profile 7 is for severe involvement, with little or no residual hand function in either hand.

Possible Accommodations

It is very difficult to anticipate the level of skills involved in tasks without an intimate understanding of the nature and pace of work required. Thus, the functional ability profile should be the starting point for appropriate work accommodation, using the ingenuity and skills of the worker, the supervisor and, where available, professional therapists or job counselors.

CATEGORY A-H: MUSCULOSKELETAL-HAND a

PROFILE LEVEL	CIRCUMSTANCES	APPROPRIATE WORK ACTIVITY *b	SUGGESTED ACCOMMODATIONS
1	No past limitation	All	None
2	Past limitation, fully recovered.	All	None
3	Mild hand impairment	All but very highly skilled tasks, especially in dominant hand	Substitute other work methods
4	Slight hand impairment	Slight limitation of skilled tasks or lifting/carrying by affected hand(s)	Use of lifting/carrying devices. Substitute other work methods.
5	Moderate hand impairment	Medium skill tasks and/or moderate lifting or carrying by affected hand(s)	Use of holding devices. Substitute one-handed methods. Modify computer functions for one-hand use. Use keyboards for loss of handwriting.
6	Severe hand impairment	Minimal skill tasks and/or light tasks by affected hand(s).	Substitute methods to augment functions. Use alternative methods, e.g., foot switch, use of voice or other activation devices.
7	Bilateral very severe hand impairment, including amputation and/or severe limitation of range of motion.	Limitation or substitution of hand activity, depending on severity	
8	Special circumstances	According to nature of problem	According to situation
9	Under evaluation	At discretion of health care provider	Temporary adjustment; time for medical appointments.
10	Health problem where work activity is inappropriate	None	Review if improved

- * See Appendix III for work levels.
- a. See Category A-U for upper extremity problems other than the hands.
- b. All profiles should be based on level of function made possible by use of any splints, prosthesis or other devices which may be used in the workplace.

CATEGORY A-L: MUSCULOSKELETAL - LOWER EXTREMITY

Functional ability of the lower extremities may be limited by impairments of the hip, knee, ankles, feet or toes. Details of gait, ranges of motion, etc., are less important than a careful estimate of an individual's ability to stand, walk, climb, or do other skilled acts. A variety of factors enter into appraisal. These include pain, strength, range of motion, atrophy, ankylosis of joints, arthritis, amputations, abnormality of gait, swelling, edema or sympathetic changes.

Alterations of gait by neurologic conditions such as Parkinsonism or multiple sclerosis should be analyzed and profiled under Category B-G (Neurological Disorders - General).

If functional ability is enhanced by the use of appliances such as braces, splints, prosthetic or orthotic devices, the profile level should be set at the optimal level using these devices, provided they can be used throughout the workday.

Suggestions for accommodation would include limited lifting and carrying, limited amount of standing, limited work hours, increased rest periods, changing from a standing to a sitting work position, using lifting devices, substituting hand controls for foot operated equipment, etc.. Arrangement for parking adjacent to worksite may be suggested. Other special help in getting to and from the work site, lavatories, lunch rooms, etc, may be needed.

Careful thought should be given to the likelihood of increasing disability from any particular work activity. The ideal profile should strike a balance between encouraging the work activity and minimizing any risk of harm which may result.

Examples of clinical conditions and suggested accommodations appropriate to the various profile levels are shown below.

Profile Level

1 & 2	Self explanatory
3	Mild sprains, strains or contusions not limiting overall performance.
4	Limiting the walking and standing for a patient with a more severe ankle or knee sprain who requires a brace or ace wrap.
5	Changing work tasks for a patient with a healing fracture or post-op knee surgery.
6	A post-amputation patient with a prosthesis who can sit for periods of time but has difficulty walking to worksites or standing for extended periods of time.
7	A patient rehabilitating after knee reconstruction who requires sedentary work with allowance for breaks to elevate the leg and a schedule allowing physical therapy.
8,9 & 10	Self explanatory

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.

CATEGORY A-S: MUSCULOSKELETAL-SPINE

Symptoms related to the spine are among the most common of adults' everyday 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 case of more severe symptoms from causes, 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 possible effects of work activities in causing increased pathology. While details of history, examination and special tests are essential for 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 share in general limits on weight bearing, lifting, carrying, bending, reaching and standing. Problems involving 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).

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 reach a point of stabilization with a period of a few weeks so as to permit a return to work with appropriate accommodations. As further healing takes place, the profile may be up-graded 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 accommodation. Chronic pain that appears to be beyond what might be expected from the discerned pathology should be considered for its emotional overtones and may 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 be profiled under Category A-U (Musculoskeletal - Upper) or Category A-L (Musculoskeletal - Lower) 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).

Examples of suggested profile levels:

- (1) A 22-year-old with symptoms of neck and shoulder pain. Clinical findings normal, with full range of motion. X-rays normal. Profile: 3
- (2) A 30-year-old male developed low back pain when a heavy load he was helping to carry shifted. Exam and x-rays negative. Symptoms cleared in 3 weeks. Profile: 4.
- (3) A 55-year-old female with long history of treatment of back pain, with leg radiation. Decreased range of motion. X-rays: moderate spondylolysis and disc herniation at L4/5. Profile: 5.
- (4) A 40-year-old obese male with gradual onset of mid-back pain after long hours of heavy lifting. Extensive degenerative changes in lumbar spine. Profile: 4.

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.

CATEGORY B-G: NEUROLOGY-GENERAL

Typical general neurologic problems that might be encountered include strokes, injuries to the head, neck, back or extremities, cerebral palsy, multiple sclerosis, Parkinson's disease, progressive neuromuscular diseases, and acquired disorders of the brain and spinal cord, including trauma. In evaluating functional ability in individuals with neurologic disorders, emphasis should be placed upon abilities to perform work actions, rather than the degree of disability.

Functional Ability Assessment

Assessment of functional abilities may be considered under the following headings:

Head or cranial nerve functions: These include vision, hearing, smell, taste, speech, facial movements and sensation. Visual loss should be profiled under Category F (Ophthalmology). Intermittent balance disturbance (Menieres) will be appropriate to Category G (Otolaryngology), or under Category B-E, if episodic.

Coordination and balance: This includes an assessment of ambulation (with or without aids); ability to use the extremities in skilled manual and other activities (unless part of a general neurologic condition). (Hand function may be profiled under Category A-H: Musculoskeletal Hand).

Muscle tone or involuntary movements: This includes the resistance to passive movement and/or the presence of involuntary movements, such as spasms or jerks. Increases or decreases in muscle tone may impact job performance. Examples include patients with Parkinson's disease, dystonia, or spasticity.

Muscle weakness: Muscle strength may be graded as normal (5), detectable weakness (4), movement with gravity eliminated (3), visible contraction (2), and no visible contraction (1). Localized muscle weakness may also be profiled under the Musculoskeletal categories.

Excessive fatigue: This is inability to repetitively perform a motor function and it may significantly impact job performance. Fatigue or a pattern of fatigue may be severe enough to result in cessation of physical activity. This may occur in patients with neuromuscular disease (myasthenia gravis, etc.) or other disorders such as multiple sclerosis.

Sensation: This may be impaired over the body or limbs and may have an impact on job performance. If loss is evident only in a portion of the body, it may be incorporated into one of the musculoskeletal categories (A-U, A-H, A-L or A-S).

Mental status: This should be evaluated as part of a neurologic survey according to the following functions: (1) communication; (2) cognition; (3) memory; and (4) affect. If significant impairment is noted, it should be profiled under Category L-M (Learning, Memory and Communication) or Category L-P (Psychiatric/Psychological/Emotional), in addition to the general neurologic profile (B-G).

Autonomic function: This may involve temperature sensitivity, with intolerance to heat or cold producing weakness, sensory loss or pain. Bowel and bladder control must be sufficient to allow the individual to remain in the workplace and may be profiled under Category H (Gastroenterology) or Category I-G (Genitourinary). Episodic blood pressure changes may be profiled under Category B-E (Epilepsy/Episodic Disorders).

Rating Functional Ability and Accommodation in the Workplace

Combinations of cranial, coordination, motor, sensory, mental or autonomic deficits may limit work performance, while any single deficit may be insufficient to limit performance. Examples of impairment and related suggestions for accommodations are as follows:

- Level 3. Minimal signs: Early Parkinsonism, with head tremor but no loss of motor function.
- Level 4. Slight impairment: Slight decrease in strength, coordination, or stamina. Example: Need to sit for brief periods, avoid heavy lifting, decrease pace, etc.
- Level 5. Moderate impairment: Moderate decrease in strength, coordination, or stamina. Example: Mild to moderate hemiparesis, mild incoordination of one limb, etc. requiring light duty and decreased pace.
- Level 6. Severe impairment or loss of function but work may be carried out either without the designated function or by work place modification. Example: Paralysis of legs may be accommodated by sedentary work. In hemiparesis, a foot control may substitute for a hand control.

Level 7. Very severe impairment: Loss of function essential for usual work. Adaptation may require use of other parts of the body.

Level 8. Special circumstances: Specific limitations of functions should be considered, including ability to walk (how far and how often), stand or ability to sit, use extremities, particularly the hands, and unusual demands on the special senses.

Stability of Neurological Impairment:

Neurologic disorders and/or disabilities may improve, fluctuate or worsen over time. Workers with mild to moderate residuals of stroke or with multiple sclerosis may have fluctuating or relatively stable functional abilities. Some may experience slow decline and require periodic re-evaluation at intervals of 3-6 months.

Suggested Accommodations

Physical changes in the workplace such as provision for sitting, or moving the worker closer to toilet facilities and places that he visits frequently.

Reducing physical requirements of the job, such as the amount of time spent standing and distance required to walk; eliminating climbing, squatting or bending.

Provisions for eliminating sensorimotor tasks, such as responding to light signals, reading computer screens, taking instructions over the telephone, reading gauges or taking measurements.

Redefinition of the job when specific impairments limit or prevent performance of specific tasks.

CATEGORY B-G: NEUROLOGY - GENERAL

PROFILE LEVEL	CIRCUMSTANCES	APPROPRIATE WORK ACTIVITY *	POSSIBLE ACCOMMODATIONS
1	No past limitation	All	None
2	Past limitation, fully recovered.	All	None
3	Minimal signs or subjective symptoms without need for limitation of activity.	All	None
4	Slight impairment: slight decrease in strength, coordination, stamina, or other function.	Medium lifting or decreased pace.	Lifting devices, change of task; increased rest periods; change hours.
5	Moderate impairment: moderate decrease in strength, coordination, stamina, or other function.	Light duty; decreased pace.	Increased rest period; use of assistive devices; limit hours; change tasks.
6	Severe impairment: loss of function essential to usual work.	Tasks adapted to limitation; may be sedentary.	Sedentary, shifting location of work, limit walking, etc.; increased rest; limit hours.
7	Very severe impairment: loss of function essential to usual work.	Sedentary or tasks using other parts of body.	Major readjustment or reassign to other work.
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.

* See Appendix III for levels of work.

CATEGORY B-E: EPILEPSY AND OTHER EPISODIC CONDITIONS

Epilepsy includes any recurrent loss of consciousness or conscious control arising from intermittent change in brain function. Other episodic conditions are those which may affect level of consciousness or control to the point that the individual is not aware of or in control of his or her actions, e.g., syncope of cardiovascular origin, cataplexy, narcolepsy, metabolic changes, medication induced changes, episodic vertigo, cerebrovascular insufficiency, sleep disorders causing drowsiness, etc.

It is not possible to anticipate all possible job descriptions and delineate restrictions, but the foregoing considerations and profile levels may be used as general guidelines to be applied with reason and common sense. Free communication including the employer, the employee, and health care provider is encouraged.

The major concerns regarding epilepsy and related disorders in the workplace are: (a) operation or being in close proximity to potentially dangerous equipment; (b) working in high places; (c) working with or around potentially dangerous materials, e.g. chemicals, explosives, toxins, etc.; and (d) working in situations where the mental state and alertness of the patient might have a direct effect on the safety of another worker. Each case requiring workplace restrictions must be judged individually by the physician with appropriate restrictions applied for an appropriate duration with regular follow-up evaluation and update of the profile classification.

Anticipated workplace risks from seizures or other episodic disorders may be defined as follows:

- High risk: Risk level comparable to that faced by workers such as airline pilots or interstate truck drivers; or where special laws or rules prevail.
- Moderately high risk: Risk level comparable to that faced by workers such as those who operate heavy trucks, cranes or lifts, handle hazardous material, or do above-ground construction or work where major damage to plant or expensive equipment may occur, etc.
- Slight risk: Risk level comparable to that faced by workers such as those who operate light trucks, private vehicles and machines with moving parts, do infrequent work above ground level, and rarely use toxic chemicals, etc
- Slight risk: Risk level similar to above, but limitations may apply, such as time of day, frequency of activity, etc.
- Limited risk: Risk level faced by workers such as those who use potentially risky equipment (e.g., nail guns) and most machines, and work at ground level or on a platform 3-4 feet above another level (as in loading docks or truck bed), etc.
- Risk only to self: Risk level faced by individuals such as those who work at ground level or a platform, as above, or who do ordinary walking, unless in unusual work-related traffic situations or on difficult terrain, etc.

It is not expected that a worker with seizures or other episodic disorders should be protected in the workplace by restrictions on activities which he normally undertakes away from the workplace. For example, a person might be expected to stand and walk about in the course of work activities, provided there is no excess of risk to others or to property. In other words, if a person is injured in a simple fall because of a seizure at work, this should not be construed as the employer's responsibility, as it may as well have happened at home or going to or from work.

When a person is required to drive either a private or commercial vehicle, the criteria used in issuing a valid state driver's license will prevail. If a person operates a vehicle or other equipment not technically requiring a license, if the risks are similar, similar limitations would prevail.

Getting to and from the worksite is traditionally considered the worker's responsibility, but an employer may offer help by facilitating car pools, etc.

Persons experiencing seizures or other episodic conditions may have associated problems which may affect work safety and these should be reported under the appropriate profiles.

The Special Circumstances category (Profile Level 8) may be used by the health care professional based on the professional's evaluation of the situation. Such circumstances may include the following as examples.

- a. Seizures or episodes occurring only during sleep, over a period of three or more years.
- b. Seizures or episodes so limited as not to interfere with control, if stable for a period of one year.
- c. Seizures or episodes recurring when medication has been reduced on a health care professional's advice to change or discontinue medication and a corrective change has been made as recommended by the health care professional.
- d. A seizure or episode provoked by a clearly identified cause which is not likely to recur.
- e. Situations where the level of medications is such as to cause drowsiness or impaired coordination, etc. Since this would not be expected to continue indefinitely, a temporary limitation to sedentary or ground-level work, etc., may be appropriate.

Permitted exceptions may include use of various hand-held tools, smaller power operated equipment, small vehicles, nontoxic or nondangerous chemicals which do not present significant risk to patient, other workers, workplace equipment or surroundings.

CATEGORY B-E: EPILEPSY AND OTHER EPISODIC DISORDERS

PROFILE LEVEL	CIRCUMSTANCES	APPROPRIATE WORK ACTIVITIES *#	POSSIBLE ACCOMMODATION
1	No history of seizures/episodes, past or present.	All	None
2	History of seizures/episodes- none for 5 years while off medication	High risk tasks	None
3	Seizure/episode free for 3 years - on or off medication	Moderately high risk	Preference for regular schedules; avoidance of excessively long hours, missing meals or medications. Access to medical follow-up. Encouragement to avoid use of alcohol, stimulants or other drugs.
4	Seizure/episode free for 1 year - on or off medication*	Moderate risk tasks	
5	Seizure/episode free for 6 months - on or off medication*	Slight risk tasks	
6	Seizure/episode free for 3 months - on or off medication*	Slight risk with special limitations	
7	Seizure/episode free for less than 3 months - on or off medication*	Sedentary or ground level; hand-held tools with permitted exceptions	
8	Special circumstances	Sedentary or ground level, or at discretion of health care provider	According to situation
9	Under evaluation	Depending on situation	Temporary adjustment; time for medical appointments
10	Health problem where work activity is inappropriate	None	Review if improved

* Provided there is a history of faithful, regular use of medications which are satisfactorily being tolerated without significant side effects.

See narrative for definitions of risk levels.

CATEGORY C: PULMONARY

Symptoms associated with pulmonary disorders include dyspnea (shortness of breath), cough, sputum production, hemoptysis (bloody sputum), wheezing, chest pain and night sweats.

A careful history and physical examination will usually suffice for an initial functional ability profile. More sophisticated laboratory information should be used for more extended limitation. Pulmonary disorders are divided into two broad groups:

- (1) Relatively fixed disorders such as emphysema, pulmonary fibrosis, etc., which may be quantified by standard tests.
- (2) Reversible or relapsing disorders, including asthma, which may produce isolated, intermittent attacks as well as chronic impairment.

RELATIVELY FIXED PULMONARY DISORDERS (METHOD I)

Dyspnea is the most common presenting symptom which affects work ability. The following is based on American Thoracic Society and AMA standards.

SEVERITY OF DYSPNEA	DEFINITION	OBJECTIVE MEASUREMENTS			
		FVC and/or FEV ₁	Diffusion Capacity	V _O MAX (ml./Kg./min)	METS
None	No limitation	FVC and FEV ₁ ≥80%	≥70%	>25	>7.1
Mild	Walk, more slowly than others of same age	FVC or FEV ₁ 60-79%	60-69%	20-25	5.7-7.1
Moderate	Stop for breath, walking at own pace on level	FVC 51-59% or FEV ₁ 41-59%	41-59%	15-20	4.3-5.7
Severe	Stop for breath walking 100 yards or for a few minutes on the level	FVC ≤ 50% or FEV ₁ ≤ 40%	<40%	<15	<4.3
Very Severe	Too breathless to leave house or after dressing (without O ₂)	Less than above; variable with oxygen.			

REVERSIBLE OR RELAPSING DISORDERS (ASTHMA) (METHOD II)

This group includes asthma and other reversible pulmonary diseases as well as those with associated chronic relatively stable lung impairment. Those with only intermittent asthmatic attacks, with good pulmonary function between them, may be profiled according to the extent to which the severity and frequency of attacks interfere with ability to work. Especially when the level of work activity seems related to the attacks, they may be profiled as indicated on the profile charts. If all attacks occur exclusively in a non-work setting, no workplace limitation is indicated. If they have significant persisting dyspnea between attacks, they may be profiled according to the criteria for relatively fixed pulmonary disorders as above, but for many cases, the seriousness of the problem may be evaluated by scoring according to the following table. (American Thoracic Society guidelines). Because of the variable nature of the problem, frequent use of Level 8 (Special Circumstance) may be wise. It is imperative that allergens in the workplace be avoided when identified.

FEV ₁ - Prebronchodilator - % of predicted	Reversibility of FEV ₁ or degree of airway hyper-responsiveness PC mg/ml* FEV ₁	Minimum Medication Need	Severity Score
>lower limit of normal	<10% or >8	None	0
70% - lower limit	10-19% or 8->0.5	<Daily bronchodilator &/or cromolyn	1
60-69%	20-29% or 0.5->0.125	Daily bronchodilator &/or low dose inhaled steroid#	2
50-59%	≥ 30% or ≥ 0.125	Bronchodilator & on daily steroid ^x	3
<50%	.	Bronchodilator on demand and daily inhaled & systemic steroid	4

* Provocative concentration of methacholine (or histamine) which results in a 20% decline from baseline of the FEV₁

<800 ug beclomethasone or equivalent.

x >800 ug beclomethasone or occasional (1-3 times a year) systemic steroid.

Instruction; Add severity scores for each column for score to use with profile chart.

Special circumstances which do not fit into the above protocol should be profiled as Level 8. These include:

Persons with contagious infections such as tuberculosis. They should not be allowed to continue working until proper precautions can be taken to avoid the spread of the disease.

Pneumoconiosis. No employment which might add to the dust burden in the lung and cause progression.

Hypersensitivity pneumonitis. No further exposures to the offending antigen.

Bullous disease or any condition predisposing to barotrauma. No exposures to marked changes in atmospheric pressure such as in diving or in non-pressurized aircraft.

Sleep disordered breathing. Until this can be corrected by therapy, the person would not be allowed to perform work which will endanger him/herself or others. (See Category B-E) Epilepsy and Other Episodic Disorders.

Lung cancer. These individuals may be profiled according to standards in Category E (Hematology/Immunology/Oncology) and also the standards in the pulmonary category, depending on residual pulmonary capacity.

CATEGORY C: PULMONARY DISORDERS

PROFILE LEVEL	CIRCUMSTANCES		APPROPRIATE WORK ACTIVITY	POSSIBLE ACCOMMODATIONS	
	Fixed Method I ^a	REVERSIBLE (INTERMITTENT) Method II ^a		Fixed (I)	REVERSIBLE (INTERMITTENT) (II)
1	No past limitation		All	None	
2	Past limitation, fully recovered		All	None	
3	Mild dyspnea	Mild asthma infrequent (Score < 6)	All but heavy, sustained work ^b	Avoidance of cold air, dust and fumes; use of mechanical assisting devices for heavier work	Avoidance of all substances known to provoke an attack or transfer.
4	Moderate dyspnea	Moderate asthma with reduced stamina (score 7-9)	Medium ^b		
5	Moderate dyspnea with reduced stamina	Moderate asthma with reduced stamina (score 10-11)	Light or intermittent ^b		
6	Severe dyspnea without oxygen	Severe asthma (Score > 12)	Sedentary without oxygen or intermittent work ^b	May need supplemental mechanical devices, wheelchair, etc.	
7	Very severe dyspnea requiring O ₂	Severe asthma & reduced stamina (Score >12)	Sedentary with oxygen or intermittent work ^b	As above; avoid flames or sparks	
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 See narrative. Add severity scores for each column for score to use with profile chart.

b See Appendix III for levels of work.