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Editorial

Residual functional capacity



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This is one of the key assessments required for the physician to complete during the evaluation of an injured worker or, for example, an individual applying for disability benefits under a variety of programs.

Options for the examining physician:

- Make a guess. This is the most frequently used device;
- Look it up. But where? It's not a part of AMA's 4th edition of Impairment Ratings!
- Call up a friend who you think might have a clue;
- Ask the patient what he thinks he can do;
- Forget it and file the form in File 13 (circular container);
- Defer filling out the form and sign up for a course purporting to teach this complicated conclusion.

Obviously, the latter is the one we all wish for the physician, but it's unrealistic.

Most physicians have no understanding of the exertional or postural limitations imposed by impairments. Example: Low back strain. What restrictions apply?

Most physiatrists or orthopedists could approximate, but the form is usually completed by a family physician (technically a physician of record in our Ohio industrial lexicon).

But why do we expect an answer to 'How much weight can he carry and how much can he lift?' Is bending, stooping, kneeling, squatting allowed? NB. Frequently is more than 2/3 time and occasionally is 1/3 or less time.

Are you kidding me???? Most responses are pure conjectures!

At Ohio State University the PM and R Department developed a graduate level course for disability 20 years ago to solve this problem, at least for the resident physicians who enrolled.

Another solution would be continuing medical education courses around the country, especially for general physicians.

Let's do it!