

**Functional Job Match Assessment****Purpose:**

The purpose of this Functional Assessment is to assess client function as it relates to their reported critical job demands. Physical skills will be assessed by the occupational therapist per client diagnosis; additional functional barriers impacting return to work will be identified. The purpose of this assessment is not to assess client maximum, rather to gather baseline functional information for job match.

CLAIM NUMBER	RECOVERY SPECIALIST	DATE OF CRASH (dd/mmm/yyyy)
EMAIL		PHONE NUMBER

OCCUPATIONAL THERAPIST INFORMATION	
OCCUPATIONAL THERAPIST NAME	CLINIC NAME
OCCUPATIONAL THERAPIST ADDRESS	
OCCUPATIONAL THERAPIST ADDRESS	
OCCUPATIONAL THERAPIST PHONE	OCCUPATIONAL THERAPIST EMAIL

CUSTOMER INFORMATION		
FIRST NAME	LAST NAME	
DATE OF BIRTH (dd/mmm/yyyy)	PHONE NUMBER	EMAIL
ADDRESS		
ADDRESS		
DATE OF FUNCTIONAL ASSESSMENT (dd/mmm/yyyy)	DATE OF REPORT (dd/mmm/yyyy)	

DIAGNOSIS
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MEDICAL/REHAB HISTORY
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DOCUMENTS REVIEWED
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VOCATIONAL INFORMATION		
JOB TITLE	TYPICAL WORK SCHEDULE	BREAK SCHEDULE
BRIEF JOB DESCRIPTION		

**Subjective Symptom Presentation**  
 Pain  Headaches  Fatigue  Noise/Light Sensitivity  Dizziness  Mood/Anxiety  Other:  
 \_\_\_\_\_  
 \_\_\_\_\_

Sleep Disruption: Yes  No

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**PHYSICAL CAPACITY – Sitting**

REPORTED JOB DEMANDS (weights, heights, distances, frequencies) State N/A if not a required job demand.

OBJECTIVE ASSESSMENT FINDINGS (Demonstrated Ability/Observations) Sustained sitting time: Clinical signs of discomfort:	JOB DEMANDS MET <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Requires further assessment
ADDITIONAL COMMENTS	

**PHYSICAL CAPACITY – Static standing**

REPORTED JOB DEMANDS (weights, heights, distances, frequencies) State N/A if not a required job demand.

OBJECTIVE ASSESSMENT FINDINGS (Demonstrated Ability/Observations) With/without aids: Clinical signs of discomfort:	JOB DEMANDS MET <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Requires further assessment
ADDITIONAL COMMENTS	

**PHYSICAL CAPACITY – Dynamic standing** (dynamic standing defined as standing with some movement, within 1 meter diameter)

REPORTED JOB DEMANDS (weights, heights, distances, frequencies) State N/A if not a required job demand.

OBJECTIVE ASSESSMENT FINDINGS (Demonstrated Ability/Observations) With/without aids: Clinical signs of discomfort:	JOB DEMANDS MET <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Requires further assessment
ADDITIONAL COMMENTS	

**PHYSICAL CAPACITY – Walking**

REPORTED JOB DEMANDS (weights, heights, distances, frequencies) State N/A if not a required job demand.)

OBJECTIVE ASSESSMENT FINDINGS (Demonstrated Ability/Observations) Sustained walking time: With/without aids: Clinical signs of discomfort: Walking Test used (e.g. 5 minute walk test, 50 foot walk test, Treadmill):	JOB DEMANDS MET <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Requires further assessment
ADDITIONAL COMMENTS	

**PHYSICAL CAPACITY – Postural Tolerances**

REPORTED JOB DEMANDS (weights, heights, distances, frequencies) State N/A if not a required job demand.

OBJECTIVE ASSESSMENT FINDINGS (Demonstrated Ability/Observations) Sustained Neck Flexion (seconds/minutes): Sustained Neck Extension (seconds/minutes): Sustained Stooping (seconds/minutes): Sustained low level postures (seconds/minutes): Requirement for external support to ascend/descend:	JOB DEMANDS MET <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Requires further assessment
ADDITIONAL COMMENTS	

**PHYSICAL CAPACITY – Stairs**

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REPORTED JOB DEMANDS (weights, heights, distances, frequencies) State N/A if not a required job demand.	
OBJECTIVE ASSESSMENT FINDINGS (Demonstrated Ability/Observations) Requirement for external support/extra time:	JOB DEMANDS MET <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Requires further assessment
ADDITIONAL COMMENTS	

**PHYSICAL CAPACITY – Reaching**

REPORTED JOB DEMANDS (weights, heights, distances, frequencies) State N/A if not a required job demand.	
OBJECTIVE ASSESSMENT FINDINGS (Demonstrated Ability/Observations) 10 x at shoulder level (seconds): Sustained (seconds): 10 x above shoulder level (seconds): Sustained (seconds): Clinical signs of discomfort:	JOB DEMANDS MET <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Requires further assessment
ADDITIONAL COMMENTS	

**PHYSICAL CAPACITY – Hand Dexterity**

REPORTED JOB DEMANDS (weights, heights, distances, frequencies) State N/A if not a required job demand.	
OBJECTIVE ASSESSMENT FINDINGS (Demonstrated Ability/Observations) Grip Strength: Fine motor testing:	JOB DEMANDS MET <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Requires further assessment
ADDITIONAL COMMENTS	

**PHYSICAL CAPACITY – Lifting**

REPORTED JOB DEMANDS (weights, heights, distances, frequencies) State N/A if not a required job demand.	
OBJECTIVE ASSESSMENT FINDINGS (Demonstrated Ability/Observations) Floor to Waist: lbs. reps Waist to Shoulder: lbs. reps Above shoulder: lbs. reps	JOB DEMANDS MET <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Requires further assessment
ADDITIONAL COMMENTS	

**PHYSICAL CAPACITY – Carrying**

REPORTED JOB DEMANDS (weights, heights, distances, frequencies) State N/A if not a required job demand.	
OBJECTIVE ASSESSMENT FINDINGS (Demonstrated Ability/Observations) Bilateral: lbs. distance Unilateral: lbs. distance	JOB DEMANDS MET <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Requires further assessment
ADDITIONAL COMMENTS	

**PHYSICAL CAPACITY – Pushing/pulling**

REPORTED JOB DEMANDS (weights, heights, distances, frequencies) State N/A if not a required job demand.	
OBJECTIVE ASSESSMENT FINDINGS (Demonstrated Ability/Observations) lbs. distance	JOB DEMANDS MET <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Requires further assessment
ADDITIONAL COMMENTS	

**PHYSICAL CAPACITY – Other**

REPORTED JOB DEMANDS (weights, heights, distances, frequencies) State N/A if not a required job demand.	
OBJECTIVE ASSESSMENT FINDINGS (Demonstrated Ability/Observations)	JOB DEMANDS MET <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Requires further assessment
ADDITIONAL COMMENTS	

**PHYSICAL CAPACITY – Other**

REPORTED JOB DEMANDS (weights, heights, distances, frequencies) State N/A if not a required job demand.	
OBJECTIVE ASSESSMENT FINDINGS (Demonstrated Ability/Observations)	JOB DEMANDS MET <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Requires further assessment
ADDITIONAL COMMENTS	

**PHYSICAL CAPACITY – Other**

REPORTED JOB DEMANDS (weights, heights, distances, frequencies) State N/A if not a required job demand.	
OBJECTIVE ASSESSMENT FINDINGS (Demonstrated Ability/Observations)	JOB DEMANDS MET <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Requires further assessment
ADDITIONAL COMMENTS	

**Additional functional observations that impact Return to Work** (eg. test behaviours, participation, ability to follow instructions, activity tolerance, cognitive tolerance, symptom presentation, strategy use, etc.):

**Primary Functional Barriers Impacting Return to Work:**

- 1.
- 2.
- 3.
- 4.

**Recommendations to Address Functional Barriers:**

**Occupational Therapist:**