OBESITY RESIDUAL FUNCTIONAL CAPACITY

Name:	
Claim #:	
Date of Injury:	
Please Print Name of Medical Evaluator:	
Medical Specialty:	
What is the first date claimant's impairment(s) became "severe" meaning that they caused interference in ADL's or ability to work?	Date:
When did you begin treating the claimant?	Date:
How frequently do you see your claimant?	Date:

Have your patient's impairments lasted or can they be expected to last at least twelve months? __ Yes __ No

What is your patient's current weight? _____ Current height?_____

Does your patient meet the criteria for the diagnosis of obesity as defined by the National Institutes of Health (a Body Mass Index* of 30.0 kg/m^2)? __ Yes__ No
[*BMI is the ratio of patient weight in kilograms to the square of the patient's height in meters.]

Regarding Obesity, SSR 02-1p states in pertinent part:
The *Clinical Guidelines* recognize three levels of obesity:

- Level I include BMIs of 30.0-34.9;
- Level II includes BMIs of 35.0-39.9;
- Level III, termed "extreme" obesity and representing the greatest risk for developing obesity-related impairments, includes BMIs greater than or equal to 40.

These levels describe the extent of obesity, but they do not correlate with any specific degree of functional loss.
Obesity is a risk factor that increases an individual's chances of developing impairments in most body systems. The effects of obesity may be subtle, such as the loss of mental clarity and slowed reactions that may result from obesity-related sleep apnea.
Has your patient been diagnosed with any of the following chronic conditions or disease(s) in combination with Obesity?

☐ Cardiovascular system	☐ Gall bladder disease	☐ Dyslipidemia (abnormal levels of fatty substances in the blood)
☐ Respiratory system	☐ Hypertension	☐ Stroke
☐ Musculoskeletal body systems	☐ Heart disease	☐ Osteoarthritis
☐ Type II (adult onset) diabetes mellitus-even in children	☐ Peripheral vascular disease	☐ Sleep apnea
☐ Endometrial	☐ Breast, prostate, and/or colon cancers	☐ Depression
☐ Other:		

To a reasonable medical probability can you provide the prognosis for the chronic conditions and/or disease(s) listed above:

_____

Do emotional factors contribute to the severity of your patient's symptoms and functional limitations?

__ Yes __ No Comments_____

Identify any psychological condition(s) affecting your patient's physical condition, if any:

☐ Depression	☐ Anxiety
☐ Somatoform disorder	☐ Personality disorder
☐ Psychological factors affecting physical condition	☐ Other:

Does Obesity alone or in combination with another medically determinable physical or mental impairment(s), significantly limit your patient's mental ability to do basic work activities?

__ Yes __ No Comments_____

Does Obesity alone or in combination with another medically determinable physical or mental impairment(s), significantly limit your patient's physical or mental ability to do basic work activities?

__ Yes __ No Comments_____

SSR 02-1p states in part:

> There is no specific level of weight or BMI that equates with a "severe" or a "not severe" impairment. Neither do descriptive terms for levels of obesity (e.g., "severe," "extreme," or "morbid" obesity) establish whether obesity is or is not a "severe" impairment for disability program purposes.

Considering this statement does your patient's specific weight or BMI adversely impacted his or her level of functioning?

__ Yes __ No Comments_____

SSR 02-1p states in part:

> Individuals with obesity may have problems with the ability to sustain a function over time. As explained […..] RFC assessments must consider an individual's maximum remaining ability to do sustained work activities in an ordinary work setting on a regular and continuing basis. A "regular and continuing basis" means 8 hours a day, for 5 days a week, or an equivalent work schedule. In cases involving obesity, fatigue may affect the individual's physical and mental ability to sustain work activity. This may be particularly true in cases involving sleep apnea.
>
> Obesity can cause limitation of function. The functions likely to be limited depend on many factors, including where the excess weight is carried. An individual may have limitations in any of the exertional functions such as sitting, standing, walking, lifting, carrying, pushing, and pulling. It may also affect ability to do postural functions, such as climbing, balance, stooping, and crouching. The ability to manipulate may be affected by the presence of adipose (fatty) tissue in the hands and fingers. The ability to tolerate extreme heat, humidity, or hazards may also be affected.
>
> The combined effects of obesity with other impairments may be greater than might be expected without obesity. For example, someone with obesity and arthritis affecting a weight-bearing joint may have more pain and limitation than might be expected from the arthritis alone.

Within a reasonable degree of medical probability:									
Can the claimant reasonably be expected to engage in sustained competitive work 8 hours a day 5 days a week taking into account the totality of his/her functional limitations?							YES ☐		NO ☐
How many hours can claimant reasonably expect to sustain competitive work if vocationally and medically compatible work is indentified? Hour(s) each day:	<1	1	2	3	4	5	6	7	8
Are assistive device(s) medically required and/or prescribed?							YES ☐		NO ☐
Arm Brace(s)	Back Brace	Walker	Cane	Wheel Chair	Scooter	Other:			
The claimant's dominant upper extremity is:						RIGHT ☐		LEFT ☐	

EXERTIONAL PHYSICAL DEMANDS: (SIT, STAND, WALK)

How many hours of a work day, 8 hours or otherwise, can claimant be expected to sustain competitive work:									
	<1	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**
Sit									
Stand									
Walk									
Drive									

EXERTIONAL PHYSICAL DEMANDS (LIFT, CARRY, PUSH AND PULL)

	LIFT				
	Not at all	Rarely <5 Min	Occasionally up to 1/3rd day	Frequently 1/3rd to 2/3rd day	Continuously 2/3rd day or more
< 10 pounds					
10 pounds					
11-20 pounds					
21-25 pounds					
26-50 pounds					

	CARRY				
	Not at all	Rarely <5 Min	Occasionally up to 1/3rd day	Frequently 1/3rd to 2/3rd day	Continuously 2/3rd day or more
< 10 pounds					
10 pounds					
11-20 pounds					
21-25 pounds					
26-50 pounds					

	PUSH/PULL				
	Not at all	Rarely <5 Min	Occasionally up to 1/3rd day	Frequently 1/3rd to 2/3rd day	Continuously 2/3rd day or more
< 10 pounds					
10 pounds					
11-20 pounds					
21-25 pounds					
26-50 pounds					

NON-EXERTIONAL PHYSICAL DEMANDS

	Not at all	**Rare** 1-5% day	**Occasionally** up to 1/3rd day	**Frequently** 1/3rd to 2/3rd day	**Continuously** 2/3rd day or more
Climb Ladders					
Climb Stairs					
Climb Poles					
Balance					
Kneel					
Stoop					
Crouch					
Crawl					
Reaching Over shoulder/head					
Reaching Below shoulder(s)					
Handling					
Fingering					
Feeling					

LOWER EXTREMITIES

The claimant's <u>affected</u> lower extremity is:		BOTH ☐	RIGHT ☐	LEFT ☐
FEET: Claimant can use FEET for *repetitive movements*, as in operating foot controls or driving.				
	Not at all	Rare 1-5% day	Occasionally up to 1/3rd day	Frequently 1/3rd to 2/3rd day	Continuously 2/3rd day or more
Right					
Left					
Both					

With ***prolonged sitting*** should claimant leg(s) be elevated?	☐ Yes	☐ No	☐ Other
If yes, can you estimate how *often* he/she may need to elevate the leg(s)? About _____ minutes; every _____ hour(s)	☐ BOTH	☐ RIGHT	☐ LEFT

If elevation of the leg(s) is required, how ***long*** will the leg(s) require elevation at one time?

Minutes/hours	<5 min	5-10	11-15	16-20	21-30	31-45	1 hour	1 and ½ hour	Other:
Right									
Left									
Both									

☐ 1-5inches	☐ Up to 10 inches	☐ Up to 15 inches	☐ Up to 20 inches	☐ Up to 25inches	☐ >25 inches
☐Below Knee	☐Below Knee	☐ Above Knee	☐ Waist Level	☐Above Heart	

NECK/HEAD/CERVICAL REGION for repetitive actions such as: (check capacity for each activity)

Physical Activity	(# of hours in an 8-hour day)									Duration/Tolerance minutes							
	<1	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	<5 min	5-10	11-15	16-20	21-30	31-45	46-60	Other
Neck Flexion/ Extension																	
Neck Rotation																	

Claimant is restricted from activities involving: (check capacity for each activity)

	Restricted	Unrestricted	Comments
Hazards (moving machinery, heights)			
Driving Automotive Equipment			
Exposure to Dust, Fumes, Gases			
Changes in Temperature			
Extreme heat			
Extreme cold			
Humidity			
Wetness			
Noise			
Vibration			

SIDE EFFECTS OF MEDICATION

Please list medications for the <u>industrial</u> condition(s), if any?

Is there a reasonable medical probability that claimant will experience side effects from the industrial medication(s)?
☐ Yes ☐ No ☐ Other:

What side effect(s) are likely to occur, if any?

Sweating		Dry Mouth		
Weight Loss		Depression		
Drowsiness		Feeling weak		
Difficulty maintaining concentration		Dizziness		
Reduced short term memory		Confusion		
Constipation		Low Energy		
Mental/Mood Changes		Headaches		
Blurry Vision		Trouble Sleeping		
Nausea		Loss of Appetite		Other
Vomiting		Diarrhea		Other
Sedation		Weight Gain		Other

Will the claimant experience *fatigue* due to the side effects from the medication?	YES ☐	NO ☐

Please list medications for non-industrial condition(s), if any?

Is there a reasonable medical probability the claimant will experience side effects from <u>non-industrial medication(s)</u>, if any?
☐ Yes ☐ No If yes, please explain:

In utilizing this form, please assume the following definitions:

1. "Mild" assumes an annoyance but no reduction in the ability to perform the function.
2. "Severe" assumes an inability to perform the function.
3. Please assume that "off task" means an inability and/or a reduction in productivity over the course of a work day, 8 hours or otherwise. If appropriate, please choose <u>one</u> of the 4 following definitions of **"Moderate"** you feel best describes claimant's functional limitations taking into account the side effects of the medication(s), if any:
    1. ☐ Will be "off task" up to 10% of the time in an 8 hour day;
    2. ☐ Will be "off task" up to 15% of the time in an 8 hour day;
    3. ☐ Will be "off task" up to 20% or more of the time in an 8 hour day;
    4. ☐ Other: Will be "off task" of the time in an 8 hour day.

To what degree will the side effects impair claimant's ability for concentration, persistence pace ***<u>separate and apart</u>*** from the underlying <u>industrial</u> medical condition(s)?
☐ Mild ☐ Slight ☐ Moderate ☐ Severe ☐ Other:

To what degree will the side effects impair claimant's ability for concentration, persistence and pace in ***<u>combination</u>*** with the underlying <u>industrial</u> medical condition(s)?
☐ Mild ☐ Slight ☐ Moderate ☐ Severe ☐ Other:

When side effects exist can you estimate the severity?
☐ Mild ☐ Slight ☐ Moderate ☐ Severe ☐ Other:

Hours	<1	2	3	4	5	6	7	8
Approximate duration of the most severe side effect(s):								

Is claimant allowed to operate machinery or motorized vehicles when experiencing side effects from the medication?
☐ Yes ☐ No ☐ Other:

Is there a reasonable medical probability that the side effects will reduce claimant's ability to perform work to a minimum standard of productivity while working? If yes, to what degree:
☐ Mild ☐ Slight ☐ Moderate ☐ Severe ☐ Other:

Is there a reasonable medical probability that the side effects will reduce claimant's ability to perform detailed work requiring hand/eye coordination? If yes, to what degree:
☐ Mild ☐ Slight ☐ Moderate ☐ Severe ☐ Other:

Is there a reasonable medical probability that the side effects will reduce claimant's cognitive acuity and/or ability to focus on activities such as reading, writing, computer use? If yes, to what degree:
☐ Mild ☐ Slight ☐ Moderate ☐ Severe ☐ Other:

Is there a reasonable medical probability claimant's *fatigue*, if any, due to the combined effects of his or her medical condition(s), will reduce his or her exertional capacity to sit, stand, walk, lift, carry, push and/or pull?
☐ Yes ☐ No ☐ Other:

REASONABLE ACTIVITES TO CONTROL AND/OR RELIEVE PAIN

What is the most effective manner for claimant to control or manage his/her pain?

☐ Take Medications	☐ Apply hot/cold packs	Other:
☐ Apply TENS Unit	☐ Alternate positions	
☐ Lie Down	☐ Avoid prolonged activities	
☐ Recline	☐ Use of supports	
☐ Rest	☐ Avoid offending activities	

Will claimant need allowance to alternate positions at will? YES☐ NO☐ Comments:

If claimant needs to **alternate positions** to relieve or control pain please estimate the number of minutes or hours claimant is able to sit, stand, or walk ***at one time without interruption*** before needing to alternate positions. Estimated maximum ***duration*** of each activity:

Minutes/hours	<5	Up to 5min	Up to 10min	Up to 15min	Up to 20min	Up to 30min	Up to 45min	Up to 1 hour without a break	Up to 2 hours without a break
Sitting									
Walking									
Standing									

If claimant must **alternate positions** after sitting, walking, or standing the ***maximum duration*** estimated above, can you estimate of the length of time needed before claimant can resume sitting, walking, or standing?

	<1 min	Up to 5 min	Up to 10 min	Up to 15 min	Other:
Sitting					Other:
Walking					Other:
Standing					Other:

LIE DOWN/RECLINE

Is there a reasonable medical probability that claimant will need to take lie down or recline from work activity during the workday to relieve or control pain? ☐ Yes ☐ No ☐ Other:
If claimant needs to lie down or recline to relive or control pain can you estimate for how *often* and for *how long* he or she may have to do so? About _____ minutes; every _____ hour(s)

UNSCHEDULED BREAKS

Is there a reasonable medical probability that claimant will need to take unscheduled breaks from work activity during the workday? ☐ Yes ☐ No ☐ Other:
If claimant needs to take unscheduled breaks to relieve or control pain can you estimate how *often* and for how long he or she may have to do so? About _____ minutes; every _____ hour(s)

How often during a typical workday will claimant experience fatigue or other symptom severe enough to interfere with ***attention and concentration*** needed to perform even simple work tasks as a result of the combination of impairments?

Not at all	**Rare** 1-5% day	**Occasionally** up to 1/3rd day	**Frequently** 1/3rd to 2/3rd day	**Continuously** 2/3rd day or more
☐	☐	☐	☐	☐

How often during a typical workday will the combination of claimant's of impairments interfere with an ability to perform ***sustained and competitive work***?

Not at all	**Rare** 1-5% day	**Occasionally** up to 1/3rd day	**Frequently** 1/3rd to 2/3rd day	**Continuously** 2/3rd day or more
☐	☐	☐	☐	☐

To what degree can claimant tolerate ***work stress*** as a result of the medical condition(s)?

Examples of factors that may precipitate work related stress: maintaining speed; precision; persistence and pace; complexity; meeting deadlines; working within a schedule; making decisions; exercising independent judgment; completing tasks; getting to work regularly; remaining at work for a full day.

☐ Incapable of "low stress" jobs	☐ Capable of low stress jobs
☐ Moderate stress is okay	☐ Capable of high stress work

Will claimant's impairments likely to produce "good days" and "bad days"?
☐ Yes ☐ No ☐ Other:

If yes, please estimate, on average, how many days per month claimant is likely to be absent from work as a result of the impairments or treatment?

☐ Never	☐ About three days per month
☐ About one day per month	☐ About four days per month
☐ About two days per month	☐ More than four days per month

I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the report accurately describes the information provided to me and except as noted herein, that I believe it to be true. I also declare under the perjury that this physician has no violated section 139.3 of the Labor Code.

Signature of Physician_____Date _____