Fatigue RFC

Name:	
Claim #:	
Date of Injury:	

What is the first date at which your patient's impairment(s) became "severe" meaning that his or her impairment(s) caused interference their ADL's or ability to work?	Date:
When did you begin treating the patient?	Date:
How frequently do you see your patient?	Date:

Please answer the following questions concerning your patient's disorders and associated health problems.

1. Underlying diagnoses_____

2. Prognosis: _____

[Exertional capacity addresses an individual's limitations and restrictions of physical strength and defines the individual's remaining ability to perform each of seven strength demands: Sitting, standing, walking, lifting, carrying, pushing, and pulling. An exertional limitation is an impairment-caused limitation of any one of these activities.

Non-exertional capacity considers any work-related limitations and restrictions that are not exertional. Therefore, a non-exertional limitation is an impairment-caused limitation affecting such capacities as mental abilities, vision, hearing, speech, climbing, balancing, stooping, kneeling, crouching, crawling, reaching, handling, fingering, and feeling. Environmental restrictions are also considered to be non-exertional.

Thus, it is the nature of an individual's limitations and restrictions, not certain impairments or symptoms that determines whether the individual will be found to have only exertional limitations or restrictions, only non-exertional limitations or restrictions, or a combination of exertional and non-exertional limitations or restrictions. *For example, even though mental impairments often affect non-exertional functions, they may also limit exertional capacity affecting one of the seven strength demands; e.g., from fatigue* or hysterical paralysis. Likewise, symptoms, including pain, are not intrinsically exertional or non-exertional; when a symptom causes a limitation in one of the seven strength demands, the limitation must be considered exertional. (SSR: 96-9p)]

Is there a reasonable medical probability that your patient:

Will experience *fatigue* due to *pain*? ☐ Yes ☐ No ☐ Other:
Will experience *fatigue* due to *depression*? ☐ Yes ☐ No ☐ Other:
Will experience *fatigue* due to *the side effects of medication*? ☐ Yes ☐ No ☐ Other:
Will experience *fatigue* due to the underlying medical condition(s)? ☐ Yes ☐ No ☐ Other:
Will experience *fatigue* due to any other medical condition(s). ☐ Yes ☐ No ☐ Other:
Will experience *fatigue* due to the combination, or the synergistic effect, of multiple factors such as pain, depression, side effects of medication, if any, and the functional limitations of the underlying condition(s) ☐ Yes ☐ No ☐ Other:

Will your patient experience *fatigue* due to *hyper-somnolence* resulting from any of the following **symptoms and signs**: (please check)		
☐ Cataplexy	☐ Sinus arrhythmia	☐ Hypnogogic phenomenon
☐ Insomnia	☐ Extreme bradycardia	☐ Ventricular tachycardia
☐ Atrial flutter	☐ Sleep paralysis	☐ Excessive daytime sleepiness
☐ Cognitive problems	☐ Automatic behavior	☐ Hypercapnia
☐ Sleep apnea:	A. ☐ Obstructive	B. ☐ Central C. ☐ Mixed
☐ Other		

SIDE EFFECTS OF MEDICATION

Is there a reasonable medical probability that claimant will experience side effects from 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. For the purpose of this section 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:

REDUCED FUNCTIONALITY DUE TO FATIGUE:

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 1-5% day	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 1-5% day	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 1-5% day	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					

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

If claimant were placed in a *competitive work situation*, please estimate the number of minutes or hours claimant is able to sit, stand, or walk or drive ***at one time without interruption*** before needing to alternate positions.
Estimated maximum ***duration*** of each activity:

Capacity for:	<5 min	Up to 5 min	Up to 10 min	Up to 15 min	Up to 20 min	Up to 30 min	Up to 45 min	Up to 1 hour without a break	Up to 2 hours without a break
Sitting									
Walking									
Standing									
Driving									

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

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

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 beaks to relive 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)

LIE DOWN/RECLINE DUE TO FATIGUE

Is there a reasonable medical probability that claimant will need to take lie down or recline from work activity during the workday due to fatigue? ☐ Yes ☐ No ☐ Other:

If claimant needs to lie down or recline to relive or control pain can you estimate for how *often* and *how long* may he or she have to do so? About _____ minutes; every _____hour(s)

If your patient was placed in a competitive job, identify those aspects of **workplace stress** that your patient would be **unable to perform** or be exposed to due to *fatigue*:

☐ Routine, repetitive tasks at consistent pace

☐ Detailed or complicated task

☐ Strict deadlines

☐ Fast paced tasks (e.g., production line)

☐ Exposure to work hazards (e.g., heights or moving machinery)

If your patient experiences symptoms, including *fatigue*, that interfere with the **attention and concentration** needed to perform even simple work tasks, during a typical workday, please estimate the **frequency** of interference:

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

If your patient experiences symptoms, including mental or physical *fatigue* manifested in somnolence (decreased wakefulness) that interfere with the ability needed to perform even simple work tasks, during a typical workday, please estimate the **frequency** of interference:

Not at all	**Rare**	**Occasionally**	**Frequently**	**Continuously**

If your patient experiences symptoms, including mental or physical *fatigue* manifested in general decrease of attention, not necessarily including sleepiness that interfere with the ability needed to perform even simple work tasks, during a typical workday, please estimate the **frequency** of interference:				
Not at all	**Rare**	**Occasionally**	**Frequently**	**Continuously**
If your patient experiences symptoms, including excessive daytime sleepiness (EDS) characterized by persistent sleepiness, and often a general lack of energy and *fatigue* even after apparently adequate night time sleep that interfere with the ability needed to perform even simple work tasks, during a typical workday, please estimate the **frequency** of interference:				
Not at all	**Rare**	**Occasionally**	**Frequently**	**Continuously**

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

MENTAL ACTIVITIES THAT MAY BE ADVERSLY AFFECTED BY FATIGUE

Each mental activity is to be evaluated within the context of the individual's capacity to sustain that activity over a normal workday and workweek, on an ongoing basis. Chapter 14.3e Class of Impairments Due to Mental and Behavioral Disorders

1. None means no impairment is noted in the functions.
2. Mild implies that any discerned impairment is compatible with most useful functioning.
3. Moderate means that the identified impairments are compatible with some, but not all, useful functioning.
4. Marked is a level of impairment that significantly impedes useful functioning. Taken alone, a marked impairment would not completely preclude functioning, but together with marked limitation in another class, it might limit useful functioning.
5. Extreme means that the impairment or limitation is not compatible with useful function.

	None	Mild	Moderate	Marked	Extreme
Ability to perform tasks that require constant concentration, such as driving a vehicle to and from work.	☐	☐	☐	☐	☐
Ability to perform tasks that require constant concentration, such as operating machinery, equipment or electric operated tools.	☐	☐	☐	☐	☐
Ability to maintain concentration and attention for extended periods (the approximately 2-hour segments between arrival and first break, lunch, second break, and departure).	☐	☐	☐	☐	☐
Ability to perform activities within a schedule, maintain regular attendance, and be punctual within customary tolerances.	☐	☐	☐	☐	☐
Ability to sustain an ordinary routine over an eight hour work day.	☐	☐	☐	☐	☐
Ability to be aware of normal hazards and take appropriate precautions.	☐	☐	☐	☐	☐
Ability to complete a normal workday and workweek without interruptions from *fatigue* and perform at a consistent pace without an unreasonable number and length of rest periods.	☐	☐	☐	☐	☐
The ability to carry out repetitive and prolonged activities.	☐	☐	☐	☐	☐
The ability to carry out detailed instructions.	☐	☐	☐	☐	☐

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.

My opinions are expressed to a degree of medical probability, unless otherwise stated.

Signature of Physician _____ Date _____

Additional Comments: _____