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:

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

SSR 02-1p: Policy Interpretation Ruling Titles II and XVI: Evaluation of Obesity EFFECTIVE DATE: September 12, 2002 states in 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.

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.]

SSR 02-1p continues:

> 8. How Do We Evaluate Obesity in Assessing Residual Functional Capacity in Adults and Functional Equivalence in Children?
>
> 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 effects of obesity may not be obvious. For example, some people with obesity also have sleep apnea. This can lead to drowsiness and lack of mental clarity during the day. Obesity may also affect an individual's social functioning.
>
> An assessment should also be made of the effect obesity has upon the individual's ability to perform routine movement and necessary physical activity within the work environment. Individuals with obesity may have problems with the ability to sustain a function over time. As explained in SSR 96-8p ("Titles II and XVI: Assessing Residual Functional Capacity in Initial Claims"), our 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.[5] 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.

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.

Has any medication and/or treatment necessary to relieve and/or control pain of the underlying condition(s) been denied?	Yes☐	No☐
If yes, has the claimant's functionality decreased as a result of the denials?	Yes☐	No☐
Does claimant experience side effects from medication(s) that has not been denied?	Yes☐	No☐
Given the aforementioned and within a reasonable degree of medical probability please address the following questions:		
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 identified? 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)

Estimate # of 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					
Balance					
Kneel					
Stoop					
Crouch					
Crawl					
Reaching: Over shoulders					
Reaching: Below shoulders					
Handling					
Fingering					
Feeling					

LOWER EXTREMITIES

The claimant's affected 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☐

If elevating the leg(s) is required for **any reason**, how ***long*** should they be elevated?									
Minutes/hours	<5 min	5-10	11-15	16-20	21-30	31-45	1 hour	1 and ½ hour	Other:
Right									
Left									
Both									

Considering the response supra, please estimate how ***often*** the leg(s) should be elevated?
Approximately every_____minutes; and/or every:_____hour(s)

If elevating the leg(s) is required for **any reason**, how ***high*** should they be elevated?

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

NECK/HEAD/CERVICAL REGION (check capacity for each activity)

	(# of hours in an 8-hour day)									Duration/Tolerance minutes							
Physical Activity	**<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			
Humidity			
Vibration			

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	

Allowance to alternate positions:

A. Will claimant need an allowance to alternate positions at will?	Yes☐	No☐	Comments:
B. Will the allowance to alternate positions include the ability to sit, stand, and walk even if only a few steps and /or stretch?	Yes☐	No☐	

C. Please estimate the number of minutes and/or hours claimant is able to sit, stand, or walk ***at one time without interruption*** before needing to alternate or change positions:

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									

D. Please estimate the length of time needed before claimant can resume sitting, standing and walking

	<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 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 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

If not already addressed in prior reports, please provide objective findings, diagnostic test results and diagnoses and all other pertinent factors that support your responses to this questionnaire.

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: _____