PULMONARY 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:	
Has any medication necessary to relieve and/or control pain and/or the underlying condition(s) been denied?	Yes☐	No☐
If yes, has the claimant's functionality decreased as a result of the denied medication(s)?	Yes☐	No☐
Does claimant experience any side effects from the 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

Identify all of your patient's ***symptoms***:

☐ Shortness of breath	☐ Rhonchi	☐ Episodic pneumonia
☐ Orthopnea	☐ Edema	☐ Fatigue
☐ Chest tightness	☐ Episodic acute asthma	☐ Palpitations
☐ Wheezing	☐ Episodic acute bronchitis	☐ Coughing
☐ Other symptoms		

Identify the ***precipitating factors***:

☐ Upper respiratory infection	☐ Emotional upset/stress	☐ Physical Exertion
☐ Allergens	☐ Dusts	☐ Fumes
☐ Exercise	☐ Cold air/change in weather	☐ Noxious odors
☐ Aspirin/tartazine	☐ Chemicals	☐ Irritants
☐ Perfumes	☐ Foods	☐ Hand sanitizers
☐ Smoke	☐ Exhaust	☐ Cleaning solvents
☐ Other:		

Environmental Restrictions	No Restrictions	Avoid Concentrated Exposure	Avoid Moderate Exposure	Avoid All Exposure
Extreme cold				
Extreme heat				
High humidity				
Wetness				

Cigarette smoke				
Perfumes				
Soldering fluxes				
Solvents/cleaners				
Fumes, odors, gases				
Dust				
Chemicals				
Other:				

If symptom such as coughing, shortness of breath, wheezing, etc., are present is there a reasonable probability the symptoms will adversely affect the applicant?	Yes☐	No☐
If yes, will applicant be able to:	Yes☐	No☐
Maintain a conversation without undue interruptions:	Yes☐	No☐
Maintain concentration, persistence and pace on work tasks during an episode:	Yes☐	No☐
Require a break until the symptoms have ended:	Yes☐	No☐

[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)]

If your patient experiences *fatigue* or other symptoms due to pulmonary condition(s) is there a reasonable medical probability that the symptom(s) will result in reduced functionality?	Yes☐	No☐
If yes, please provide your opinion relative to his/her functionality below:		

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									

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

	LIFT/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					
Reach below shoulders					
Handling					
Fingering					

REASONABLE ACTIVITES TO CONTROL AND/OR RELIEVE THE SYMPTOMS

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

☐ 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 symptoms? ☐ 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

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: _____