



SAFETY WORKS MEDICAL INC.
FUNCTIONAL CAPACITY EVALUATIONS

FUNCTIONAL CAPACITY EVALUATION

(Preliminary Results)

A Safety Works Functional Capacity Evaluation determines objective work abilities and restrictions to protect injured workers and employers.

Date: 8/11/14

Patient: María Del Rosario Santillan

CURRENT STATUS

Full Active Duty Disability Part-Time Retired Modified Duty

WORK RECOMMENDATIONS

Full Active Duty Disability Part-Time Retired Modified Duty

MODIFIED DUTY (WORK RESTRICTIONS)

- Limited power grip with right left hand(s).
- Limited forceful push/pull.
- Limited keyboarding, requiring a 10 minute break every hour.
- Limited repetitive fine motor manipulation, requiring a 10 minute break every hour.
- Limited lifting above shoulder level over _____ pounds
- Limited lifting from ground level over _____ pounds
- Limited stair climbing, squatting, kneeling or crawling.
- Limited repetitive feet movement.
- Restricted driving company vehicle or tractor/trailer.
- Alternate sitting and standing every 2 hours in an 8 hour shift.
- Limit standing to 2 hours with a 15 minute change in position for an 8 hour shift
- Limit daily work to part-time of 4 hours per day.
- Under medication that could affect ability to work.
- Other: _____

x *Anthony J. De*
FCE Certified Evaluator

Additional information can be found in the full report online.

Safety Works Medical Inc.
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www.safetyworks.org



Safety Works

QME • FCE • EMG/NCV • Ergonomics
DWC Approved Education Providers

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Date: 08/11/2014
Patient: SANTILLAN, MARIA
DOB: 03/26/1967
Employer: PREMIER STAFFING
Insurance: YORK INSURANCE SERVICES
Physician: DR GENDELMAN
Total Time: 7.5 HOURS

MEDICAL-LEGAL PHYSICAL PERFORMANCE FCE

Summary of Medical Necessity

Effective January 1, 2013, The State of California, Division of Workers' Compensation (DWC), Retraining and Return to Work Unit mandates every physician (PTP, QME & AME) to examine and document work capacities and activity restrictions once permanent disability is established.

This evaluation specifically addressed and answers the mandatory form DWC - AD 10133.36 and should be attached to a comprehensive medical-legal evaluation and does not replace such comprehensive medical-legal evaluations.

Work capacity and activity restrictions are in terms of how many hours a particular activity can be performed during an 8-hour work day. For hand restrictions, indication is given to the right hand, left hand, or both. Other restrictions can include psychiatric restrictions, chemical exposure, use of equipment, or any other restrictions. Lift and carry restrictions are indicated at specific heights, weight (lbs.) and for frequency (hours per day).

Summary of Work Capacity

	Occasional 1-2 hours	Intermittent 2-4 hours	Frequent 4-6 hours	Constant 6-8 hours	None
Standing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forward Bending	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneeling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twisting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Keyboarding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Grasp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Push/Pull	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Lift/Carry Restrictions: at a height of 3'-6' more than 10 lbs. for more than 1 hours per day

JOB DESCRIPTION

Warehouse Supervisor - Receive, store, and issue materials, equipment, and other items from stockroom, warehouse, or storage yard. Keep records and compile stock reports.

JOB TASKS

Receive and count stock items, and record data manually or using computer.

Pack and unpack items to be stocked on shelves in stockrooms, warehouses, or storage yards.

Verify inventory computations by comparing them to physical counts of stock, and investigate discrepancies or adjust errors.

Store items in an orderly and accessible manner in warehouses, tool rooms, supply rooms, or other areas.

Drive trucks in order to pick up incoming stock or to deliver parts to designated locations.

Mark stock items using identification tags, stamps, electric marking tools, or other labeling equipment.

Clean and maintain supplies, tools, equipment, and storage areas in order to ensure compliance with safety regulations.

Sell materials, equipment, and other items from stock in retail settings.

ESSENTIAL FUNCTIONS

Handling and Moving Objects - Using hands and arms in handling, installing, positioning, and moving materials, and manipulating things.

Performing General Physical Activities - Performing physical activities that require considerable use of your arms and legs and moving your whole body, such as climbing, lifting, balancing, walking, stooping, and handling of materials.

Getting Information - Observing, receiving, and otherwise obtaining information from all relevant sources.

Establishing and Maintaining Interpersonal Relationships - Developing constructive and cooperative working relationships with others, and maintaining them over time.

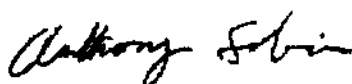
Communicating with Supervisors, Peers, or Subordinates - Providing information to supervisors, co-workers, and subordinates by telephone, in written form, e-mail, or in person.

VALIDITY TESTING

Lift Testing is valid effort. Consistent results of lift strength on three consecutive trials with a coefficient of variation (CV) of less than 14% (Chaffin, 1976).

Grip validity test is valid effort. Results of the grip strength measurements in each of the five positions, produces a bell-shaped curve indicating valid maximal effort.

Respectfully Submitted,
Dr. Anthony Subia, D.C.



Functional Capacity Evaluation

Patient

FIRST NAME	MARIA	STATE	CA	ZIP	90241
LAST NAME	SANTILLAN				
SSN	620203894				
ADDRESS	9431 NANCE AVENUE #P				
CITY	DOWNEY				

Physician

PHYSICIAN	DR GENDELMAN	NPI			
ADDRESS	6200 WILSHIRE BOULEVARD STE 910	STATE	CA	ZIP	90048
CITY	LOS ANGELES				

Employer

NAME	PREMIER STAFFING				
ADDRESS	109970 ARROW ROUTE SUTIE 101				
CITY	DOWNEY	STATE	CA	ZIP	91730
OCCUPATION	Warehouse Supervisor				

Insurance

NAME	YORK INSURANCE SERVICES	STATE	CALIFORNIA	ZIP	95661
ADDRESS	PO BOX 619079	PHONE	(877) 751-0133		
CITY	ROSEVILLE	ADJ #			
ADJUSTER		ADJ #			
CLAIM #	TWCS-1588; PENDING				

DATE OF INJURY (1) 1-1-2012

DATE OF INJURY (2)

Diagnosis

722.91		CERVICAL SPINE DISCOPATHY
722.92		THORACIC SPINE DISCOPATHY
722.93		LUMBAR SPINE DISCOPATHY
717.9	LEFT	KNEE INTERNAL DERANGEMENT

Informed Consent

Informed consent signed electronically does certify that the information is true and correct to the best of the patient knowledge and agree to comply with this Medical-Legal Evaluation. Full effort during the physical exam is expected and at any time the patient can stop the exam to prevent further injury.

✓ Accepted by X *SANTILLAN, MARIA*

Interpreter was required

History

KNEE IS DUE TO REPETITIVE STANDING. BACK INJURY OCCURRED WHEN LIFTING A BOX GREATER THAN 50 LBS.

Vitals

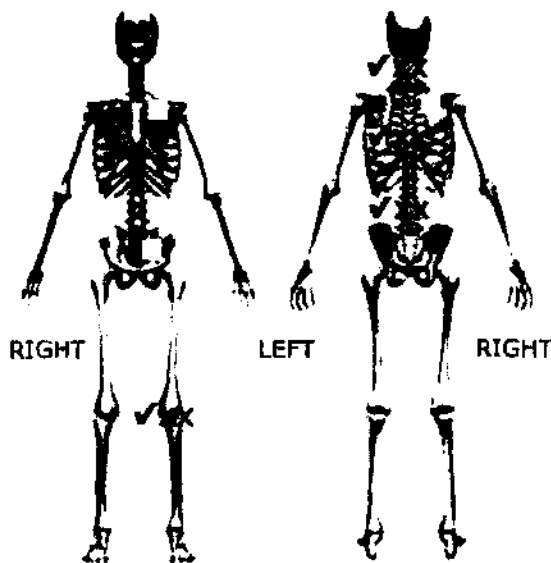
HEIGHT	<input type="text" value="5"/> (feet)
	<input type="text" value="3"/> (inches)
WEIGHT	<input type="text" value="152"/> (lbs.)
BLOOD PRESSURE	<input type="text" value="109"/> / <input type="text" value="67"/> (mmHg)
HEART RATE	<input type="text" value="62"/> (BPM)
HANDEDNESS	<input type="text" value="RIGHT"/>
DATE OF BIRTH	<input type="text" value="03/26/1967"/>
GENDER	<input type="text" value="FEMALE"/>

BODY MASS INDEX (BMI)	<input type="text" value="27"/>
	overweight

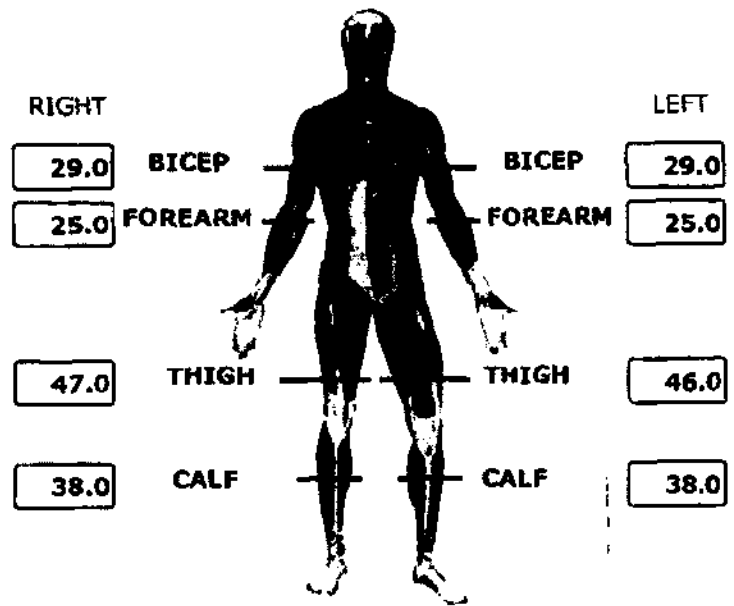
METABOLIC EQUIVALENTS (METS)	
LIGHT INTENSITY	<input type="text" value="38.00"/> (kcal/30 mins)
MODERATE INTENSITY	<input type="text" value="103.64"/> (kcal/30 mins)
VIGOROUS INTENSITY	<input type="text" value="207.27"/> (kcal/30 mins)

BASAL METABOLIC RATE (BMR)	
RESTING DAILY CALORIC USE	<input type="text" value="1,381.82"/>

Pain Diagram



Girth Measurements (cm)



Job Description

A job description was not provided. The patient reported their occupation and this is the description listed by the US Department of Labor (ONET).

Warehouse Supervisor

ONET # 43-5081.03

Receive, store, and issue materials, equipment, and other items from stockroom, warehouse, or storage yard. Keep records and complete stock reports.

a) Job Tasks

Receive and count stock items, and record data manually or using computer.

Pack and unpack items to be stocked on shelves in stockrooms, warehouses, or storage yards.

Verify inventory computations by comparing them to physical counts of stock, and investigate discrepancies or adjust errors.

Store items in an orderly and accessible manner in warehouses, tool rooms, supply rooms, or other areas.

Drive trucks in order to pick up incoming stock or to deliver parts to designated locations.

Mark stock items using identification tags, stamps, electric marking tools, or other labeling equipment.

Clean and maintain supplies, tools, equipment, and storage areas in order to ensure compliance with safety regulations.

Sell materials, equipment, and other items from stock in retail settings.

b) Essential Functions

Handling and Moving Objects	Using hands and arms in handling, installing, positioning, and moving materials, and manipulating things.
Performing General Physical Activities	Performing physical activities that require considerable use of your arms and legs and moving your whole body, such as climbing, lifting, balancing, walking, stooping, and handling of materials.
Getting Information	Observing, receiving, and otherwise obtaining information from all relevant sources.
Establishing and Maintaining Interpersonal Relationships	Developing constructive and cooperative working relationships with others, and maintaining them over time.
Communicating with Supervisors, Peers, or Subordinates	Providing information to supervisors, co-workers, and subordinates by telephone, in written form, e-mail, or in person.

Activities of Daily Living

	No Difficulty	Some Difficulty	Can Not Perform
<i>Self-care Personal Hygiene</i>			
Urinating	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Defecating	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brushing teeth	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Combing hair	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bathing	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dressing	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Eating	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Communication</i>			
Writing	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Typing	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seeing	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hearing	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speaking	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Physical Activity</i>			
Standing	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Sitting	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Reclining	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Walking	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Climbing stairs	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<i>Sensory Function</i>			
Hearing	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seeing	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tactile feeling	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tasting	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smelling	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Non Specialized Hand Activities</i>			
Grasping	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lifting	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Tactile discrimination	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Sexual Function</i>			
Orgasm	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ejaculation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lubrication	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Erection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Validity Testing

Lift Validity Conclusion: valid effort

Consistent results of lift strength on three consecutive trials with a coefficient of variation (CV) of less than 14% (Chaffin, 1976).

Test results for over shoulder lift (CV): 3.4

Test results for floor lift (CV): 1.8

Pulse Validity Conclusion: valid effort

The patient demonstrates valid lifting effort causing a pulse rate increase by 5% or more during the lift test.

Non-Anatomic Tenderness Conclusion: valid effort

Limited to dermatome/myotome distribution patterns.

Regional Weakness Conclusion: valid effort

The patient demonstrated a sudden letting go of a muscle, with a smooth response throughout a resisted range of motion maneuver.

Overreaction Conclusion: valid effort

There are no signs of disproportionate grimace, tremor, exaggerated verbalization, sweating or collapse.

Visual Testing

Visual Acuity Results: The patient demonstrated normal visual acuity.

Visual acuity tests are the most common tests used to evaluate eyesight. They measure the eye's ability to see details at near and far distances. The tests involve reading of different sizes on an eye chart. Usually, each eye is tested by itself. And then both eyes may be tested together, with and without corrective lenses (if necessary).

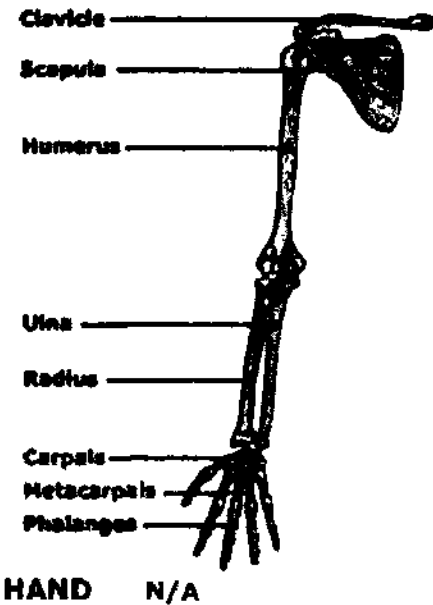
Color Vision Results: The patient demonstrated normal color detection.

Color vision tests checks the ability to distinguish colors. It is used to screen for color blindness in people with suspected retinal or optic nerve disease or who have a family history of color blindness. The color vision test is also used to screen applicants for jobs in fields where color perception is essential, such as law enforcement, the military, aviation, computers or electronics. Color vision tests only detect a problem-further testing is needed to identify what is causing the problem.

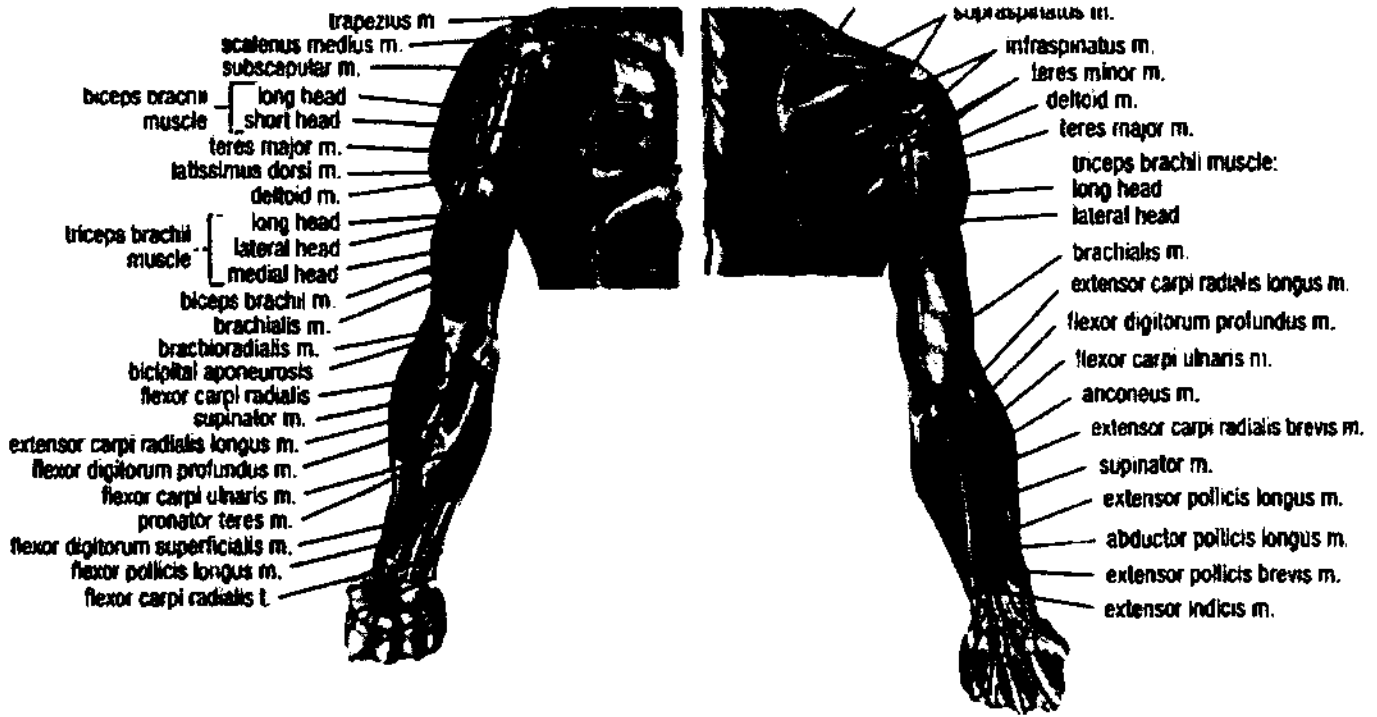
Upper Extremity Range of Motion

Upper extremity range of motion (ROM) is measured with a goniometer. Each joint is compared to the contralateral side and to normal values, per AMA Guides. Units measured in degrees.

Conclusion: valid effort



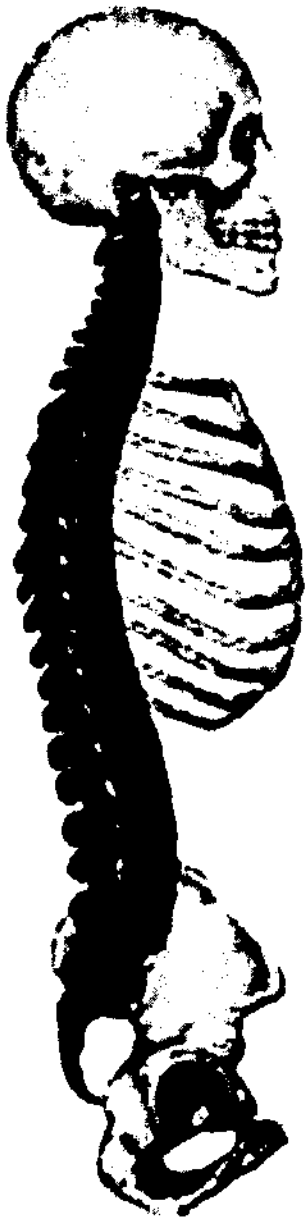
	RIGHT	LEFT	NORMAL
SHOULDER FLEXION			180
EXTENSION			50
ABDUCTION			180
ADDUCTION			50
EXTERNAL ROT.			90
INTERNAL ROT.			90
ELBOW FLEXION			140
EXTENSION			0
SUPINATION			80
PRONATION			80
WRIST FLEXION			60
EXTENSION			60
RADIAL DEVIATION			20
ULNAR DEVIATION			30



Spine Range of Motion

Spine range of motion (ROM) is measured with dual inclinometers. The individual is allowed warm-up exercises prior to the three measured repetitions of motion. In accordance with the AMA Guides, valid effort is determined when three consecutive measurements fall within +/-5 degrees or 10% of mean reached within a maximum of six repetitions. Units measured in degrees.

Conclusion: valid effort

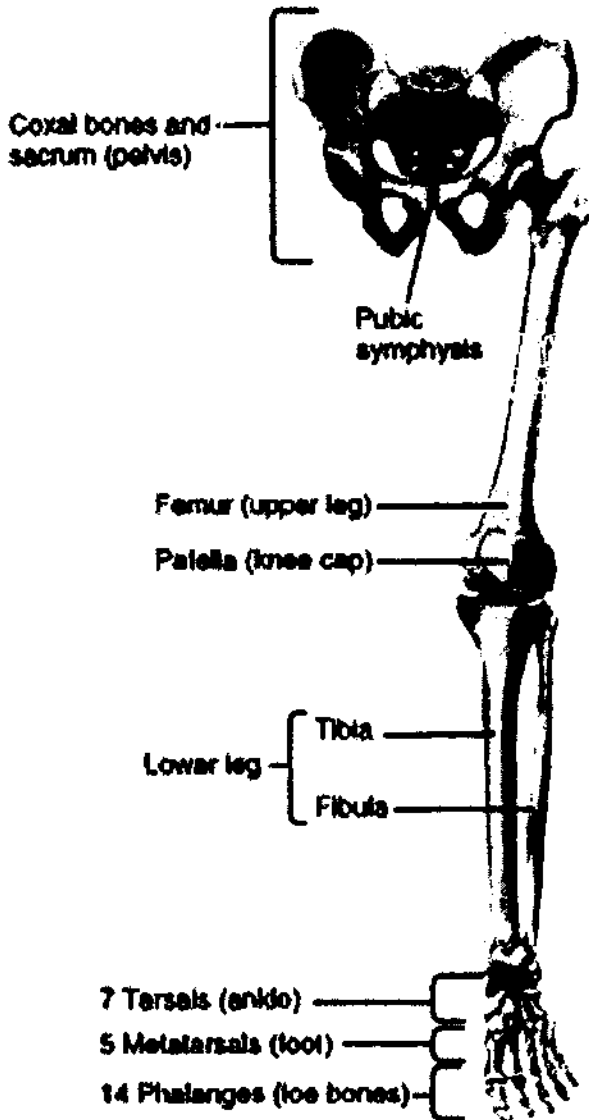


	REP 1	REP 1	REP 1	MEASURED AVERAGE	NORMAL	IMPAIRMENT (% WPI)
CERVICAL FLEXION	50.0	50.0	50.0	50	50	
CERVICAL EXTENTION	50.0	50.0	50.0	50	60	
LEFT LATERAL	30.0	30.0	30.0	30	45	
RIGHT LATERAL	30.0	30.0	30.0	30	45	
LEFT ROTATION	80.0	80.0	80.0	80	80	0
RIGHT ROTATION	80.0	80.0	80.0	80	80	0
THORACIC FLEXION	45.0	45.0	45.0	45	50	0
EXTENSION	0.0	0.0	0.0	0	0	0
LEFT LATERAL	18.0	19.0	18.0	18	45	0
RIGHT LATERAL	20.0	24.0	23.0	22	45	0
LEFT ROTATION	30.0	30.0	30.0	30	30	0
RIGHT ROTATION	30.0	30.0	30.0	30	30	0
LUMBAR FLEXION	35.0	35.0	36.0	35	60	
EXTENSION	11.0	10.0	10.0	10	25	0
SACRAL FLEXION	45.0	45.0	45.0	45	45	0
LEFT LATERAL	12.0	11.0	11.0	11	25	
RIGHT LATERAL	15.0	14.0	15.0	15	25	

Lower Extremity Range of Motion

Lower extremity range of motion (ROM) is measured with a goniometer. Each joint is compared to the contralateral side and to normal values, per the AMA Guides. Units measured in degrees.

Conclusion: valid effort



	RIGHT	LEFT	NORMAL
HIP FLEXION	<input type="text"/>	<input type="text"/>	100
EXTENSION	<input type="text"/>	<input type="text"/>	30
ABDUCTION	<input type="text"/>	<input type="text"/>	40
ADDUCTION	<input type="text"/>	<input type="text"/>	20
EXTERNAL ROTATION	<input type="text"/>	<input type="text"/>	50
INTERNAL ROTATION	<input type="text"/>	<input type="text"/>	40
KNEE FLEXION	<input type="text" value="125"/>	<input type="text" value="108"/>	140
EXTENSION	<input type="text" value="0"/>	<input type="text" value="-15"/>	0
ANKLE PLANTAR FLEXION	<input type="text"/>	<input type="text"/>	20
DORSIFLEXION	<input type="text"/>	<input type="text"/>	10
EVERSION	<input type="text"/>	<input type="text"/>	10
INVERSION	<input type="text"/>	<input type="text"/>	20

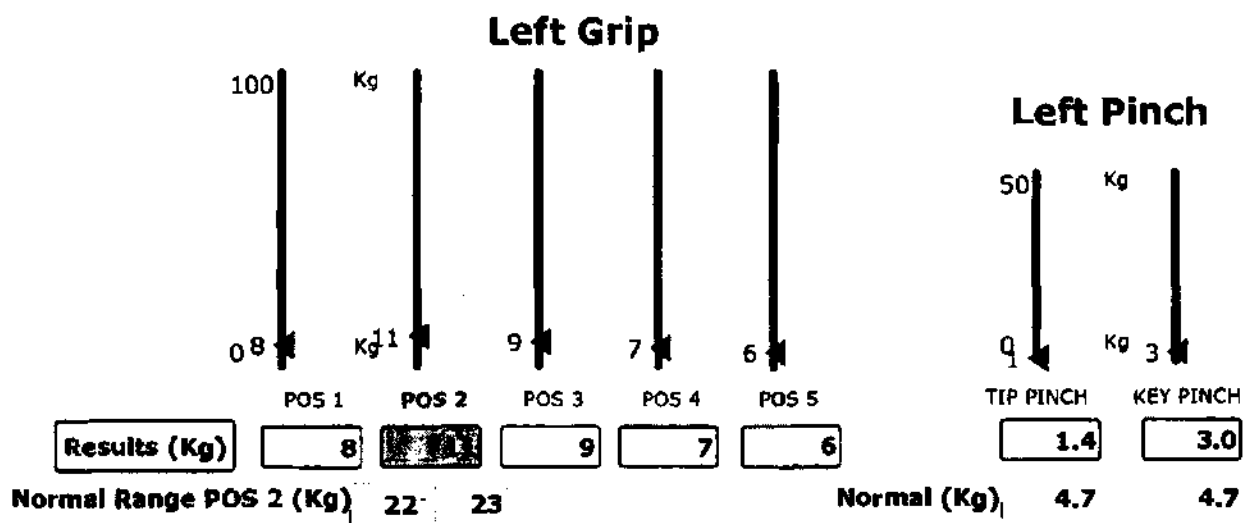
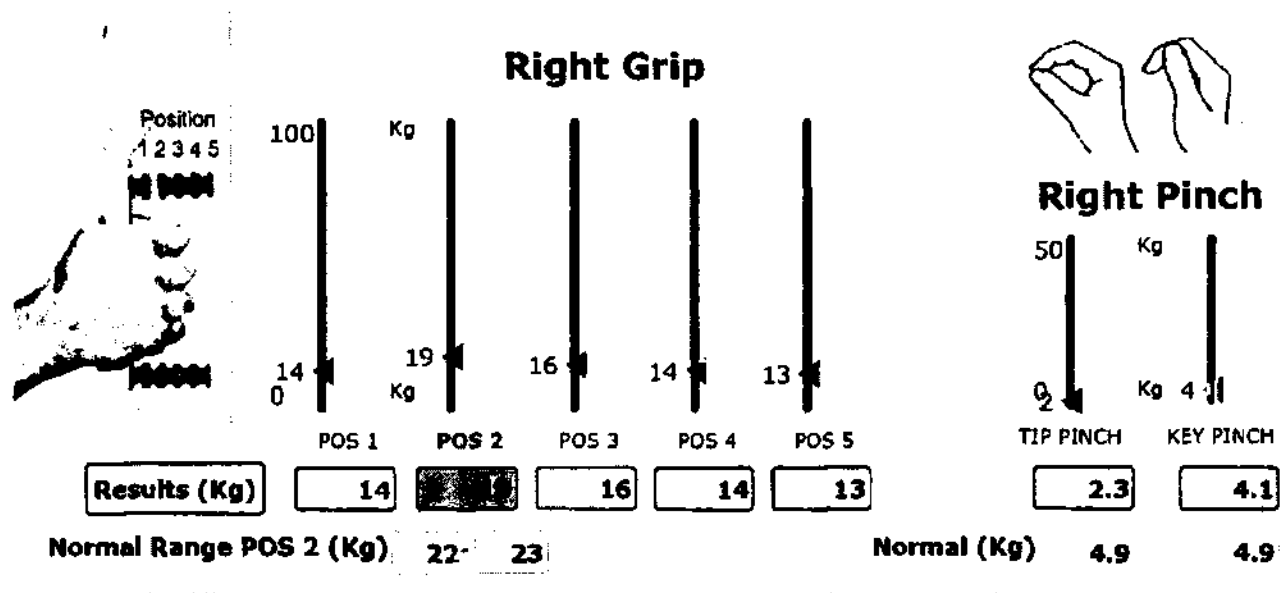
Grip & Pinch Strength

Grip strength is tested starting in the smallest grip setting, "Position 1" (POS 1). The patient is instructed to forcefully squeeze the device with one hand, followed by the other hand. The patient performs a second and third repetition with each hand. Each attempt is recorded and the average is listed below. The patient is allowed to rest up to 1 minute between each repetition. After both hands are tested in POS 1, the grip device is changed to "Position 2" (POS 2), "Position 3" (POS 3), "Position 4" (POS 4) and "Position 5" (POS 5). The AMA Guides, states that valid effort results should not vary greater than 20%, for the same hand in the same position setting.

MARIA SANTILLAN is a right handed 47 year old female.

Conclusion: valid effort

Results of the grip strength measurements in each of the five positions, produces a bell-shaped curve indicating valid maximal effort.



Normal value is average strength of grip and pinch by age and gender in 100 subjects (AMA 5th, Table 16-32; 33, p. 509).

INJURED HAND LEFT RIGHT BOTH

Muscle Testing

Muscle testing using a digital force gauge compares the non-injured side to the injured side. Units in lbs.

Conclusions: valid effort consistent force with no superficial tenderness.

SHOULDER TESTING NOT REQUIRED

WRIST TESTING NOT REQUIRED

ELBOW TESTING NOT REQUIRED

ANKLE TESTING NOT REQUIRED

KNEE FLEXION

HAMSTRINGS

L5,S1-2

R FLEX **14**

L FLEX **8**

EXTENSION

QUADRICEP

L2,3,4

R EXT **15**

L EXT **6**

5	15	15	20	25	30	35	40	45+	

HIP TESTING NOT REQUIRED

Functional Lift & Carry

Functional lift & carry tests are specific to the patient's occupation using the NIOSH lifting standards. Pre-injury lift requirements are based on the occupation requirements.

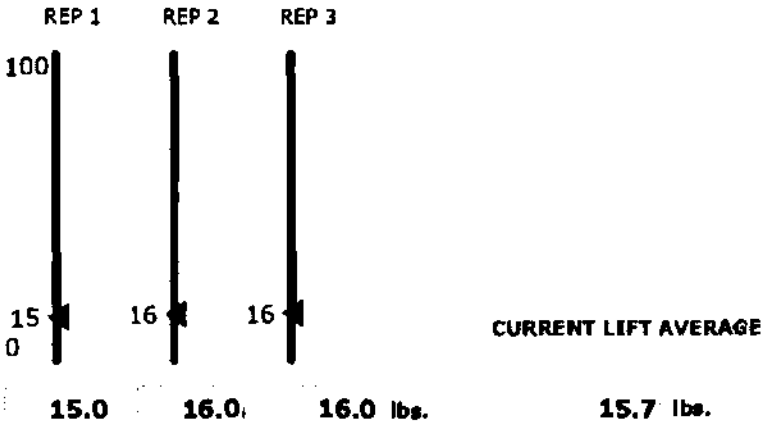
Physical Demand Level: Medium Lift

Occupation Demand: Patient required lifting a maximum of 50lbs.

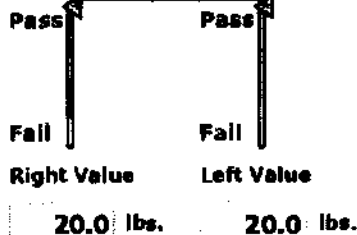
TWO-ARM OVER SHOULDER LIFT



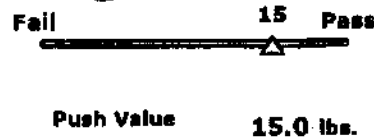
TWO-ARM FLOOR LIFT



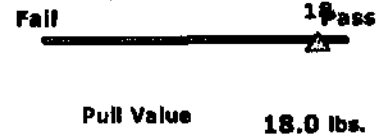
FOOT PEDAL/BRAKE



TWO-ARM PUSH



TWO-ARM PULL



Disclaimer

ACOEM chapter 7 (pp 137-138) discusses the current work capability and the current objective functional capacity of the examinee. "the examiner is responsible for determining whether the impairment results in functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. The physician should state whether the work restrictions are based on limited capacity, risk of harm, or subjective examinee tolerance for the activity in question. The employer or claim administrator may request functional ability evaluations, also known as functional capacity evaluations, to further assess current work capability. These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial. Functional capacity evaluations may establish physical abilities, and also facilitate the examinee/employer relationship for return to work." In chapter 5 of ACOEM (pp90-92), entitled cornerstones of disability prevention and management, it discusses managing delayed recovery, "a number of functional assessment tools are available, including functional capacity exams...". this chapter concludes with the importance of a functional restoration program in returning the patient back to work. "such a program could include components of aerobic conditioning as well as strength and flexibility assessment where necessary." p92. ACOEM does caution about the use of simplified evaluations based on subjective factors. we have carefully evaluated the current research regarding fce and have developed a complex objective series of tests, based on the AMA guides to the evaluation of permanent impairment and evidence-based studies. The FCE that we perform are objective based and ACOEM compliant.

Labor code §4636(a) states that the physician must evaluate, "an estimate of the employee's current and potential functional limitations...the employer shall provide the employee's treating physician with a job description, developed jointly with the employee and the employer, and the physical requirements of the employee's duties at the time of injury in the form and manner prescribed by the administrative director, and request the treating physician to determine the employee's medical eligibility for vocational rehabilitation services. The treating physician's determination of medical eligibility shall take into account the employee's current and probable future medical condition, an estimate of the employee's current and potential functional limitations, the ability of the employee to accept and participate in vocational rehabilitation services if and when indicated, recommendations for subsequent evaluation or services." If the primary treating physician is unable to make the assessment at the time of initial contact, L.C. §4636(b) states that the ptp shall report to the employer and employee no less frequent than every 60 days thereafter. these permit follow-up evaluations every 60 days, or until functional limitations can be determined.

AMA Guides to Evaluation of Permanent Impairment

An integral part of our FCE includes a physical assessment of range of motion (ROM), manual muscle testing (MMT) and grip strength in accordance to the AMA guides to the evaluation of permanent impairment. Range of motion is measured with dual inclinometers to obtain reliable spinal mobility measurement as described in the "AMA guides". We perform at least three consecutive measurements and calculate the mean or average of the three. validity of testing is established by the presence of 3 consecutive repetitions which fall within +/- 5 degrees or 10% of the mean (whichever is greater). Manual muscle testing: manual muscle testing is measured with a coefficient of variation (cv) and/or difference between successive repetitions of 14% or less indicated validity, reproducibility, and consistency of effort. We perform a real-time torque or force curve that provides instant information about the effort, power, fatigue, sustainability and strength deficits. This is objective data that limits examiner bias. grip strength: the "AMA guides describe two techniques to detect individuals who exert less than maximal effort on grip strength testing. the first is the standard grip strength performed with both hands over all five jamar ring settings. HM stokes reported that plotting of grip strength measurement from each of the five handle settings of the jamar dynamometer would produce a bell-shaped curve. Individuals not exerting maximal effort will produce results yielding a flat line.

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 information accurately describes the information provided to me and, except as noted herein, that I believe it to be true. Testing was administered, and testing results were recorded by the below signed certified functional capacity evaluator. I personally reviewed all medical records, if any. All such records were received from the office of the referring physician. All interpretations, findings, conclusions, and recommendations contained herein are mine alone. I have not violated any of the provisions of labor code section 139.3, and all contents of this report and the billing for these services are true and correct to the best of my knowledge and belief.

DR. SUBIA D.C.

DC31840

ELECTRONICALLY SIGNED IN

LOS ANGELES

08/11/2014

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