

PRESIDENT'S MESSAGE

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Your special interest group has been busy. If you have not had a chance, check out “Current Concepts in Occupational Health” a group of informational articles housed on the OHSIG web page at www.orthopt.org. The newest documents, *Functional Capacity Evaluation and Prevention and Ergonomics* are sure to assist you in providing function-based services.

Plan to attend the Combined Sections Meeting, January 23-26, 2019, in Washington, DC. The OHSIG will present: “Thinking Outside the Box: Improving Worker Health with Ergonomics.” Come learn from experts in the field of ergonomic assessment and intervention. Participate in the activities of your special interest group by attending the membership meeting. Watch for further information to be posted on the OHSIG Facebook page and delivered to your e-mail from the Academy of Orthopaedic Physical Therapy.

“Sincerity of Effort” Testing in Functional Capacity Evaluations: The Preponderance of Evidence Does Not Support Commonly-Used Functional Testing Methods

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A functional capacity evaluation (FCE) is a comprehensive performance-based medical assessment of an individual’s physical and/or cognitive abilities to safely participate in work and other major life activities.¹

Functional capacity evaluations are commonly used in cases involving workers’ compensation, personal injury, long-term disability, and social security disability claims. In nearly all of these cases, financial compensation as it relates to functional limitations and work restrictions due to medically determinable impairments is at stake.

It has been a common practice over the past 30 years for FCE examiners to use some form of sincerity of effort testing methods in FCEs such as comparing an individual’s performance from static (isometric) lift strength testing to their performance during incremental dynamic lift testing, 5-rung grip strength testing, rapid exchange grip strength testing, and using the coefficient of variance statistical measure with static lift strength testing and hand grip strength testing.¹⁻²⁷

However, the preponderance of evidence from a review of the literature does not support the use of the term sincerity of effort nor the use of these testing methods alone for opining about an individual’s performance or effort level.¹⁻²⁷

The term “sincerity” means the quality or state of being sincere which has been defined as being honest, pure, and true. Effort has been defined as a conscious exertion of power, a serious attempt, and something produced by exertion or trying.²⁸

Therefore, it seems logical to conclude that a sincere effort

would mean an honest attempt, or a pure conscious exertion of power, or a true exertion. In contrast, an insincere effort would mean a dishonest attempt, an impure conscious exertion of power, or an untrue exertion. Many well-trained professionals across multiple disciplines including physicians, physical therapists, occupational therapists, medical case managers, vocational counselors, attorneys, and claims examiners often equate insincere effort with malingering.

Malingering is the purposeful production of falsely or grossly exaggerated physical or psychological complaints with the goal of receiving a reward. These may include money, insurance settlement, drugs, or the avoidance of punishment, work, jury duty, release from incarceration, the military or some other kind of service. Malingering is no longer considered a mental disorder or a psychiatric diagnosis by the American Psychiatric Association, and there is specific guidance provided in the Desk Reference to the Diagnostic Criteria from DSM-5 for identifying this condition.²⁹

Based on the evidence presented thus far, do you think that it is more probable than not that an individual who provided an insincere effort during functional testing is a malingerer?

In my opinion, the answer to this question is an unequivocal no. It is certainly possible that the individual was a malingerer, but it is also more probable than not that the results were due to other factors such as undiagnosed psychological disorders, invalid and/or unreliable testing protocols, test instrument calibration, and FCE examiner bias.

Functional capacity evaluation examiners should instead rely on objective physiological variables such as heart rate and respiration rate, and clinically observable biomechanical signs of physical exertion such as muscle recruitment and muscle fatigue during functional testing to reach a conclusion that is more probable than not about an individual’s performance or effort level.^{1,30}

In conclusion, FCE examiners do not measure an individual’s honesty of effort, pureness of effort, or the trueness of their effort. Therefore, the use of the term sincerity of effort and the use of sincerity of effort testing discussed in this article is inappropriate and, in my opinion, should be avoided. However, FCE examiners who choose to continue to perform this type of testing should understand the proper use and limitations of the “sincerity of effort” testing methods, and use caution when applying these methods to make a determination about an individual’s performance or effort level.¹

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