Initial functional testing is designed to assess the applicant’s capacity to meet the lifting and carrying demands of a role. This is required to be successfully completed PRIOR to any task simulation testing being completed.

If the applicant is unable to complete the functional testing to the weight required by the position they are applying for DO NOT complete any job specific testing that requires lifting greater than what the applicant has demonstrated within the lifting/carrying task.

The functional testing explanation MUST be read to the applicant. Signatures from both applicant and clinician are MANDATORY indicating that this has been read and understood.

Equipment required:

- Boxes – For Functional testing only Wooden Testing Box are to be used. Any other boxes are only to be used with job specific requirements. The weight of the box is to be deducted from the weight put into the box for testing:
  - Wooden Functional Testing Box = 4kg
  - Wooden Bolt Box = 6kg
  - Milk Crate = 0.5kg
- Shelving for heights:
  - Waist height = 9500mm
  - Shoulder height = 1350mm

How Much Explanation on Technique Prior to Testing?

Initially, only instruction on where the box is to go to and from. No technique instruction beyond what we read out which mentions technique. Correction during testing as per testing protocols.

Testing:

1. ALWAYS be observing the applicants technique, looking for any signs of biological effort / unsafe technique – correct as necessary, cease testing if appropriate
   a. Tick the box if you observed ANY AG, AMR, C, HR (see key above if unsure of definitions)
   b. Tick the box if the test was safe, “Corrected….“ if there was anything that required correction (most commonly neutral spine and or displacement), “NS“ if you had to cease testing due to poor and unsafe body mechanics
2. Record HR at the end of each weighted task. If you observe an increase in HR by 10% from the previous recorded HR, then testing should be ceased and the previous recorded weight is recorded as the safe maximum lift/carry weight.
3. Record Perceived Heaviness at the end of each weighted task. If the applicant reports a perceived heaviness of 8 or greater, then testing is ceased and the previous recorded weight with a perceived heaviness of less than 8 is recorded as the safe maximum lift/carry weight.
4. At the end of each weighted task, ask the applicant “can you perform that task, hypothetically once per hour for 8 to 12 hours per day?” and “Do you feel you can lift a heavier weight right now?”. Record the response to these questions on the paperwork. If the applicant reports No for either of these questions then testing is ceased.
5. If the applicant reports No to being able to perform the task once per hour on the final weight required for their job role, then the maximum safe lift/carry weight is the recorded as the weight prior.
6. If the applicant reports No to being able to lift heavier on the final weight requirement for the job role, then the maximum safe lift/carry weight is the final weight, as the applicant is not required to lift heavier in their job role.

7. When progressing testing from Floor-Waist &/or Floor-Shoulder lifting to Carrying, clinicians MUST reduce weight to approximately 60% of the weight demonstrated before commencing a new task i.e. if a patient lifts to 15kg during Floor to Waist lifting, the Carrying task must be started at approximately 10kg and progressed accordingly (not started at 15kg).

**Cease Testing**

- Incorrect technique must be corrected immediately and noted on the functional testing sheet
- If the task cannot be completed safely the test must be discontinued
- Lifting testing is ONLY conducted if the applicant has successfully demonstrated the ability to complete squatting dynamic tolerance
- If the heart rate reaches 85% of maximum
- If remaining testing protocols indicate not to continue (RPE, subjective questions, maximal effort)
- If functional testing is ceased or the required weight is not reached DO NOT proceed to the Job Specific Testing

The applicant must be medically stable, contraindications include:

- Recent surgery
- Positive PAR Q responses in Questions 1-4
- BP greater than 159/99mm/Hg
- HR rest > 100 bpm.

**Defining a successful test**

A test is considered to be successful if it has been:

- Completed safely
- The applicant reports that they could complete that task, at that weight “4 repetitions per hour for an 8 hour day”

**Testing Protocols for ceasing**

There are a series of factors that can determine when to cease functional testing, they can be:

- Protocol based:
  - HR > 70% and does not reduce following a rest period of up to 2 minutes
  - RPE = 8+

- Applicant determined:
  - Could you lift / carry this weight “4 repetitions per hour for an 8 hour day?” NO, Why?
  - Could you lift / carry heavier right now? NO, Why?

- Effort and safety considerations
  - Address and correct any unsafe techniques, particularly displacement and neutral spine
Pay attention to body mechanics with incidental activity, such as getting the weight and address as appropriate.

Do you have reservations based on clinical experience that a heavier weight should be attempted?

Determine level of effort:

- 10% increase in HR from the previous recorded HR (for the first lift compare the HR to the pre testing resting HR, all subsequent lifts compare to the previous HR.)
- Did you observe significant:
  - Altered gait (shorter, faster stride)
  - Counter balancing (leaning back)
  - Accessory muscle recruitment (tip toe, shoulder shrug, move buttocks backward)

Research

The current approach is based on the following research:


