

Functional Loss

Permanent Losses and Duties Under Duress

Permanent loss indicates what can no longer performed after a reasonable course of care has concluded and duties under duress indicates what you can still do, but causes pain and/or limitations

Name: _____ Date: _____

	Activity	Reason for Difficulty	Please choose one: unable to perform or a date range
Employment	Lifting: <input type="checkbox"/>	Increased Pain <input type="checkbox"/> Restricted Movement <input type="checkbox"/> Weakness <input type="checkbox"/>	<input type="checkbox"/> Unable to Perform since Accident From: _____ To: _____
	Bending: <input type="checkbox"/>	Increased Pain <input type="checkbox"/> Restricted Movement <input type="checkbox"/> Weakness <input type="checkbox"/>	<input type="checkbox"/> Unable to Perform since Accident From: _____ To: _____
	Sitting: <input type="checkbox"/>	Increased Pain <input type="checkbox"/> Restricted Movement <input type="checkbox"/> Weakness <input type="checkbox"/>	<input type="checkbox"/> Unable to Perform since Accident From: _____ To: _____
	Walking: <input type="checkbox"/>	Increased Pain <input type="checkbox"/> Restricted Movement <input type="checkbox"/> Weakness <input type="checkbox"/>	<input type="checkbox"/> Unable to Perform since Accident From: _____ To: _____
	Carrying: <input type="checkbox"/>	Increased Pain <input type="checkbox"/> Restricted Movement <input type="checkbox"/> Weakness <input type="checkbox"/>	<input type="checkbox"/> Unable to Perform since Accident From: _____ To: _____
	Computer: <input type="checkbox"/>	Increased Pain <input type="checkbox"/> Restricted Movement <input type="checkbox"/> Weakness <input type="checkbox"/>	<input type="checkbox"/> Unable to Perform since Accident From: _____ To: _____
	Specific Activities/Duties are asked on a sepearte page		
Loss of: Job <input type="checkbox"/> Chance of raise <input type="checkbox"/> Job status <input type="checkbox"/> Promotion <input type="checkbox"/>			
On a separate piece of paper, please explain in detail your job description and what changed, or what you can no longer do that you could do before your accident.			

	Activity	Reason for Difficulty	Please choose one: unable to perform or a date range
Restrictions within your home	Lifting: <input type="checkbox"/>	Increased Pain <input type="checkbox"/> Restricted Movement <input type="checkbox"/> Weakness <input type="checkbox"/>	<input type="checkbox"/> Unable to Perform since Accident From: _____ To: _____
	Bending: <input type="checkbox"/>	Increased Pain <input type="checkbox"/> Restricted Movement <input type="checkbox"/> Weakness <input type="checkbox"/>	<input type="checkbox"/> Unable to Perform since Accident From: _____ To: _____
	Sitting: <input type="checkbox"/>	Increased Pain <input type="checkbox"/> Restricted Movement <input type="checkbox"/> Weakness <input type="checkbox"/>	<input type="checkbox"/> Unable to Perform since Accident From: _____ To: _____
	Walking: <input type="checkbox"/>	Increased Pain <input type="checkbox"/> Restricted Movement <input type="checkbox"/> Weakness <input type="checkbox"/>	<input type="checkbox"/> Unable to Perform since Accident From: _____ To: _____
	Carrying: <input type="checkbox"/>	Increased Pain <input type="checkbox"/> Restricted Movement <input type="checkbox"/> Weakness <input type="checkbox"/>	<input type="checkbox"/> Unable to Perform since Accident From: _____ To: _____
	Computer: <input type="checkbox"/>	Increased Pain <input type="checkbox"/> Restricted Movement <input type="checkbox"/> Weakness <input type="checkbox"/>	<input type="checkbox"/> Unable to Perform since Accident From: _____ To: _____
	Specific Activities/Duties are asked on a sepearte page		
On page 3 and 4, please explain in detail your job description and what changed, or what you can no longer do that you could do before your accident.			

	Activity	Reason for Difficulty	Please choose one: unable to perform or a date range
Restrictions outside your home	Lifting: <input type="checkbox"/>	Increased Pain <input type="checkbox"/> Restricted Movement <input type="checkbox"/> Weakness <input type="checkbox"/>	<input type="checkbox"/> Unable to Perform since Accident From: _____ To: _____
	Bending: <input type="checkbox"/>	Increased Pain <input type="checkbox"/> Restricted Movement <input type="checkbox"/> Weakness <input type="checkbox"/>	<input type="checkbox"/> Unable to Perform since Accident From: _____ To: _____
	Sitting: <input type="checkbox"/>	Increased Pain <input type="checkbox"/> Restricted Movement <input type="checkbox"/> Weakness <input type="checkbox"/>	<input type="checkbox"/> Unable to Perform since Accident From: _____ To: _____
	Walking: <input type="checkbox"/>	Increased Pain <input type="checkbox"/> Restricted Movement <input type="checkbox"/> Weakness <input type="checkbox"/>	<input type="checkbox"/> Unable to Perform since Accident From: _____ To: _____
	Carrying: <input type="checkbox"/>	Increased Pain <input type="checkbox"/> Restricted Movement <input type="checkbox"/> Weakness <input type="checkbox"/>	<input type="checkbox"/> Unable to Perform since Accident From: _____ To: _____
	Yard work: <input type="checkbox"/>	Increased Pain <input type="checkbox"/> Restricted Movement <input type="checkbox"/> Weakness <input type="checkbox"/>	<input type="checkbox"/> Unable to Perform since Accident From: _____ To: _____
	Specific Activities/Duties are asked on a sepearte page		
On page 3 and 4, please explain in detail your job description and what changed, or what you can no longer do that you could do before your accident.			

	Activity	Reason for Difficulty	Please choose one: unable to perform or a date range
Recreational sports and activities	Lifting: <input type="checkbox"/>	Increased Pain <input type="checkbox"/> Restricted Movement <input type="checkbox"/> Weakness <input type="checkbox"/>	<input type="checkbox"/> Unable to Perform since Accident From: _____ To: _____
	Bending: <input type="checkbox"/>	Increased Pain <input type="checkbox"/> Restricted Movement <input type="checkbox"/> Weakness <input type="checkbox"/>	<input type="checkbox"/> Unable to Perform since Accident From: _____ To: _____
	Sitting: <input type="checkbox"/>	Increased Pain <input type="checkbox"/> Restricted Movement <input type="checkbox"/> Weakness <input type="checkbox"/>	<input type="checkbox"/> Unable to Perform since Accident From: _____ To: _____
	Walking: <input type="checkbox"/>	Increased Pain <input type="checkbox"/> Restricted Movement <input type="checkbox"/> Weakness <input type="checkbox"/>	<input type="checkbox"/> Unable to Perform since Accident From: _____ To: _____
	Carrying: <input type="checkbox"/>	Increased Pain <input type="checkbox"/> Restricted Movement <input type="checkbox"/> Weakness <input type="checkbox"/>	<input type="checkbox"/> Unable to Perform since Accident From: _____ To: _____
	Physical Activity: <input type="checkbox"/>	Increased Pain <input type="checkbox"/> Restricted Movement <input type="checkbox"/> Weakness <input type="checkbox"/>	<input type="checkbox"/> Unable to Perform since Accident From: _____ To: _____
	Specific Activities/Duties are asked on a sepearte page		
On page 3 and 4, please explain in detail your job description and what changed, or what you can no longer do that you could do before your accident.			

	Activity	Reason for Difficulty	Please choose one: unable to perform or a date range
School Educational	Lifting: <input type="checkbox"/>	Increased Pain <input type="checkbox"/> Restricted Movement <input type="checkbox"/> Weakness <input type="checkbox"/>	<input type="checkbox"/> Unable to Perform since Accident From: _____ To: _____
	Bending: <input type="checkbox"/>	Increased Pain <input type="checkbox"/> Restricted Movement <input type="checkbox"/> Weakness <input type="checkbox"/>	<input type="checkbox"/> Unable to Perform since Accident From: _____ To: _____
	Sitting: <input type="checkbox"/>	Increased Pain <input type="checkbox"/> Restricted Movement <input type="checkbox"/> Weakness <input type="checkbox"/>	<input type="checkbox"/> Unable to Perform since Accident From: _____ To: _____
	Walking: <input type="checkbox"/>	Increased Pain <input type="checkbox"/> Restricted Movement <input type="checkbox"/> Weakness <input type="checkbox"/>	<input type="checkbox"/> Unable to Perform since Accident From: _____ To: _____
	Carrying: <input type="checkbox"/>	Increased Pain <input type="checkbox"/> Restricted Movement <input type="checkbox"/> Weakness <input type="checkbox"/>	<input type="checkbox"/> Unable to Perform since Accident From: _____ To: _____
	Computer: <input type="checkbox"/>	Increased Pain <input type="checkbox"/> Restricted Movement <input type="checkbox"/> Weakness <input type="checkbox"/>	<input type="checkbox"/> Unable to Perform since Accident From: _____ To: _____
	Specific Activities/Duties are asked on a sepearte page		
On page 3 and 4, please explain in detail your job description and what changed, or what you can no longer do that you could do before your accident.			

On the next page, please write 10 separate statements about what both can no longer do and what you can, but is done with pain, or under duress.

The following are samples to help guide you:

Name: _____ Date: _____

Work Limitations: “I am an automobile mechanic. I can’t lean over the car for a long period of time. When I use my right hand to hold tools for a long period of time I get pain that shoots up to my neck and down to my lower back. I have to stop from time to time and rest so it’s hard to finish repairs in a timely manner Therefore I had to change my job from a full time mechanic to a part time mechanic and a part time service writer reducing my pay by 30%.”

Work Limitations Due to Pain: I was a full time employee at Mr. Fixit and my duties are being a mechanic. Since the accident I have resumed my job with lighter duties and less hours. Since the accident I have lost my status, job security, promotional prospects and my quality of work has lessened due to the pain.

Inside Domestic Permanent Losses: “I have become very agitated. I can no longer pick up my infant daughter. When I wake up in the morning I have neck and back pain. I can’t reach over my head or stretch my legs. There are times when I feel like I’m being stabbed in the back. I can no longer carry groceries from the car to my kitchen and I am unable to vacuum. I am also having difficulty during sexual relations due to the pain in my neck and back.”

Inside Domestic Limitations Due to Pain: “I have lost enjoyment when performing my domestic activities due to the pain in my neck as a result of the injury. I have experienced a loss of enjoyment with the following activities inside my home: laundry, dishwashing, washing windows, cleaning and preparing meals, which I do with pain and to a much lesser extent. As a result I no longer enjoy these duties as I did before my accident.”

Outside Household Permanent Losses: I can no longer paint the house, weed the garden, mow the lawn, wash the car, repair broken shingles, shovel snow or maintain the lawn as I did before the accident due to the pain in my neck and back.

Outside Household Limitations Due to Pain: “I have experienced a loss of enjoyment with the following activities outside my home: landscaping, trimming bushes, washing windows, gardening and taking out the trash since the accident due to the pain in my neck and back.”

Social Permanent Limitations: “When I go to the movies or concerts I can’t enjoy them because I can’t sit for long periods of time without pain so I do not go. I tried to play touch football and shoot basketballs as I did prior to the accident, but I have difficulty due to my neck and back pain and limitations with my arm and can no longer play.”

Social Limitations Due to Pain: “I can only walk for 30 minutes, where before the accident I could walk for 2-3 hours. I have a fear when driving in the car. Whenever I hear a horn or screeching brakes I am afraid I’m going to get hit again so I drive in the right lane very slow.”

Education/School Permanent Losses: I was enrolled part time in college and due to the pain as a result of the accident I can no longer sit in class, therefore I had to drop out of school and enroll in an online program.

Education/School Limitations Due to Pain: I have experienced a loss of enjoyment when performing the following educational activities as a result of the injury. I am attending an Online college degree program and I have dropped to part time and have been getting lower grades. This is problematic as I am on a degree tract that will now take much longer and my prospect for advancement has significantly diminished with lower grades.

Name: _____ Date: _____

6. Outside Household Limitations Due to Pain:

7. Social Permanent Limitations:

8. Social Limitations Due to Pain:

9. Education/School Permanent Losses:

10. Education/School Limitations Due to Pain: