

PURPOSE: This Functional Capacity Worksheet serves to provide civilian Medical Providers with an overview of some common physical demands our New York Army National Guard Soldiers can be expected to engage in. This worksheet supplements the progress notes typed up at any appointment. Input from a soldier's Medical Provider is requested below, to assist us in keeping the soldier safe and healthy while on military orders.

SOLDIER INFORMATION:

Soldier's Name: _____ SSN: _____ Rank: _____

Primary Phone: _____ Primary e-mail: _____

AKO: _____@army.mil

Unit Name: _____ MOS: _____

Readiness NCO: _____ Phone: _____

Commander: _____ Phone: _____

TO NOTE:

(1) We **require** recent medical evaluations / progress notes / diagnostic findings / lab results / imaging reports in order to action an open medical case.

(2) AR 40-502 covers the profiling process in full. Of note:

- a. If a medical case has been open for 6 months, or longer, evaluations must come from a **Specialty Provider** in order to action it. (i.e. Orthopedist, Neurologist, Endocrinologist, Gastroenterologist)
- b. Physical therapists/Chiropractors/etc. can recommend an initial 90-day temporary profile within their scope of practice, but are NOT credentialed to update an existing case. Regulation reads: *"No limitation within their specialty for awarding temporary profiles up to 90 days' duration. Any temporary extension beyond 90 days must be reviewed by a physician."*

FAX medical progress notes / imaging reports / etc., along with this FUNCAP worksheet to Medical Command Case Management: **(518) 270-1523** or **scan/e-mail** to appropriate Case Manager:

Patricia Hopson, LMSW	27th BCT/ Recruiting & Retention	patricia.a.hopson10.ctr@army.mil	(518) 270-1521
Ab-Daya Johnson	JFHQ /42nd ID	ab-daya.m.johnson.ctr@army.mil	(518) 270-1517
Jackie Preville	53 rd Troop Command	jaquanna.d.preville.ctr@army.mil	(518) 270-1514
Jackie Preville	Deployments	jaquanna.d.preville.ctr@army.mil	(518) 270-1514

TO AVOID DELAY: This worksheet is not complete without attaching progress notes from a recent appointment. Progress notes are required for any profile adjudication.

SOLDIER NAME: _____ LAST FOUR OF SSN: _____

SECTION I (narrative):
REASON FOR PROFILE / DIAGNOSIS : _____

Mechanism/Cause of Injury or Illness: _____

Medications/dosages: (if not listed on progress note) _____

MEDICAL PROVIDER'S NARRATIVE: (complete for bullets not already addressed on progress note)

- (A) Treatments provided (B) Plan of Care (C) Pending referrals (D) Time frame of limitations
(E) Follow-up schedule (F) Prognosis (G) Additional recommended physical restrictions

MEDICAL PROVIDER'S INFORMATION:

Provider Full Name: (print) _____, MD / DO / PA-C / NP / other Date: _____

Provider Full Signature: _____ Medical Specialty: _____

Provider Stamp: _____ Telephone w/Area Code: _____

Fax No. w/Area Code: _____

SECTION II (charts of physical demands):

CAN THE SOLDIER PERFORM THESE FUNCTIONAL MILITARY DEMANDS:		Fully capable	NO	If no, is this limitation permanent?
a. Physically or mentally able to carry and fire individual assigned weapon? (7 lbs)				
b. Ride in a military vehicle wearing usual protective gear without worsening condition?				
c. Wear helmet (3-9 lbs), body armor (21 lbs) and load bearing equipment (10 Lbs) without worsening condition?				
d. Wear protective mask (gas mask) and MOPP 4 (chemical suit) for at least 2 continuous hours per day?				
e. Move greater than 40 lbs (e.g. duffle bag) while wearing usual protective gear (helmet, weapon, body armor, LBE- 47lbs.) up to 100 yards?				
f. Live and function, without restrictions in any geographic or climatic area without worsening the medical condition?				
ACFT	If the Soldier has physical limitations, they are not authorized to take a RECORD ACFT while on a temporary profile.	Prolonged standing	No? Max: _____	
		Lifting restriction	No? Max: _____	
		Run at own pace/distance	No? Max: _____	
		March with gear on (40-70lb)	No? Max Miles/Mins: _____	

TO AVOID DELAY: This worksheet is not complete without attaching progress notes from a recent appointment. Progress notes are required for any profile adjudication.

Functional Capability Form – Army Combat Fitness Test (ACFT) 3.0***Please complete this form for ACFT limitations ONLY.***

Soldier's Name: _____ Soldier's DoD ID Number: _____

Event #1 - Maximum Dead Lift (MDL)**Given this Soldier's permanent joint condition or restriction is he/she able to:**

- a. Squat to touch the hands to mid-calf level while maintaining a flat back?
- b. If female, lift a weighted bar of 120 pounds (minimum) from the floor with the arms straight at the side 3 times?
- c. If male, lift a weighted bar of 140 pounds (minimum) from the floor with the arms straight at the side 3 times?
- d. **Can Soldier participate in ACFT Event #1 (MDL) - 3-rep Maximum Dead Lift?**

May Participate
May NOT Participate

**Event #2 – Standing Power Throw (SPT)****Given this Soldier's permanent joint condition or restriction is he/she able to:**

- a. Grasp a 10 pound medicine ball with both hands and bend at the hips/knees to lower it between the legs?
- b. Throw a 10 pound medicine ball backward and overhead?

Can Soldier participate in ACFT Event #2 (SPT) – Standing Power Throw?

May Participate
May NOT Participate

**Event #3 – Hand Release Push-up (HRP)****Given this Soldier's permanent joint condition or restriction is he/she able to:**

- a. Perform a standard push-up from start to finish?
- b. Lie down in a push-up position and move both arms out to the side, extending the elbows to a T position?

Can Soldier participate in ACFT Event #3 (HRP) – Hand Release Push-up?

May Participate
May NOT Participate

**Event #4 – Sprint Drag Carry (SDC)****Given this Soldier's permanent joint condition or restriction is he/she able to:**

- a. Sprint 50 meters?
- b. Grasp a two-handled strap and move backwards pulling a sled with two 45-pound weights?
- c. Move in a lateral direction while leading with the left foot and repeat while leading with the right foot?
- d. Move in a forward direction while carrying a 40 pound kettle bell in each hand?

Can Soldier participate in ACFT Event #4 (SDC) – Sprint-Drag-Carry?

May Participate
May NOT Participate



Functional Capability Form – Army Combat Fitness Test (ACFT)

..... Event #5 –h

Given this Soldier's permanent joint condition or restriction is he/she able to:

- ☐ ally straight line from heels to shoulders for a minimum of 1 Min 10 Seconds?

C Soldie participate in ACFT Event #5 (PLK) – Plank

May Participate
May NOT Participate



Event #6 – 2 Mile Run (2MR)

Given this Soldier's permanent joint condition or restriction is he/she able to:

- a. Run 2 miles on level terrain?

Check means Soldier may participate in ACFT Event #6 (2MR) – 2 Mile Run

May Participate
May NOT Participate



Alternate Cardio Event

*** Alternate Cardio Event is only to be included if Soldier is deemed unable to participate in ACFT Event #6 above ***

Given this Soldier's permanent joint condition or restriction is he/she able to: (Swim restriction must be due to physical limitation)

- a. Ride a **stationary bike** for up to 25 minutes to an equivalent distance of 12,000 Meters? ☐ Yes ☐ No (bike)
- b. Row an ergometric **rowing machine** for up to 25 minutes to an equivalent distance of 5,000 Meters? ☐ Yes ☐ No (row)
- c. Swim laps in a pool for up to 25 minutes for a total distance of 1,000 meters? ☐ Yes ☐ No (swim)
- d. Walk for up to 36 minutes for a total distance of 2.5 miles? ☐ Yes ☐ No (Walk)

A "yes" in the above boxes means Soldier may participate in that particular alternate cardio event for the ACFT

Soldier's Name: _____ Soldier's DoD ID number: _____

Physician's Name: _____ Physician's Signature: _____

Medical Provider Specialty: _____ Date: _____

* All events should be evaluated from the standpoint of can the individual complete the task without causing further injury to an existing condition.

For overall information on the ACFT and for links to ACFT training apps, visit the link below:

<https://www.army.mil/acft/>

SOLDIER NAME: _____ LAST FOUR OF SSN: _____

SECTION III (body systems check-in):

CARDIOVASCULAR RISK ASSESSMENT (Check one)

___ NOT APPLICABLE, or

___ **Class I, Normal Military Duty**- Patients with cardiac disease but resulting in no limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnea or anginal pain.
Additional comments: _____

___ **Class II, Slightly Limited**- Patients with cardiac disease resulting in slight limitation of physical activity. They are comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnea or anginal pain.
Additional comments: _____

___ **Class III, Moderately Limited**- Patients with cardiac disease resulting in marked limitation of physical activity. They are comfortable at rest. Less than ordinary activity causes fatigue, palpitation, dyspnea or anginal pain.
Additional comments: _____

___ **Class IV, Severely Limited**- Patients with cardiac disease resulting in inability to carry on any physical activity without discomfort. Symptoms of heart failure or the anginal syndrome may be present even at rest. If any physical activity is undertaken, discomfort increases.
Additional comments: _____

DIABETIC RISK ASSESSMENT

___ NOT APPLICABLE, or

___ ATTACH COPY OF LAB WORK Glycosylated Hemoglobin (HgbA1c): ___ Date: _____

PULMONARY RISK ASSESSMENT

___ NOT APPLICABLE, or

___ ATTACH SLEEP STUDY RESULTS FOR **SLEEP**

APNEA: Brief summary of results:

Equipment Used for Treatment: _____

Apnea-Hypopnea Index **WITHOUT** treatment: _____

Apnea-Hypopnea Index **WITH** Treatment: _____

ATTACH PULMONARY FUNCTION TEST FOR

ASTHMA: Brief summary of results:

FEV1 Pre: _____

FEV1 Post: _____

BEE STING ALLERGY ASSESSMENT

___ NOT APPLICABLE, or

Type of reaction: **Local / Systemic (CIRCLE ONE)**

Does patient carry EPI-pen for bee sting allergy _____

Does patient carry EPI-pen for any other allergies _____







ATTACH ALLERGY TEST RESULTS (Allergy test required if "YES" answer)

Provider Full Signature: _____ Date _____

TO AVOID DELAY: This worksheet is not complete without attaching progress notes from a recent appointment. Progress notes are required for any profile adjudication.



ACFT GRADING SCALES

		POINTS	17-21	22-26	27-31	32-36	37-41	42-46	47-51	52-56	57-61	62+
 MDL (lbs.)	Female	100	210	230	230	230	210	210	190	190	170	170
		60	120	120	120	120	120	120	120	120	120	120
	Male	100	340	340	340	340	340	340	330	290	250	230
		60	140	140	140	140	140	140	140	140	140	140
 SPT (meters)	Female	100	8.4	8.5	8.7	8.6	8.2	8.1	7.8	7.4	6.6	6.6
		60	3.9	4.0	4.2	4.1	4.1	3.9	3.7	3.5	3.4	3.4
	Male	100	12.6	13.0	13.1	12.9	12.8	12.3	11.6	10.6	9.9	9.0
		60	6.0	6.3	6.5	6.5	6.4	6.2	6.0	5.7	5.3	4.9
 HRP (reps)	Female	100	53	50	48	47	41	36	35	30	24	24
		60	10	10	10	10	10	10	10	10	10	10
	Male	100	57	61	62	60	59	56	55	51	46	43
		60	10	10	10	10	10	10	10	10	10	10
 SDC (m:ss)	Female	100	1:55	1:55	1:55	1:59	2:02	2:09	2:11	2:18	2:26	2:26
		60	3:15	3:15	3:15	3:22	3:27	3:42	3:51	4:03	4:48	4:48
	Male	100	1:29	1:30	1:30	1:33	1:36	1:40	1:45	1:52	1:58	2:09
		60	2:28	2:31	2:32	2:36	2:41	2:45	2:53	3:00	3:12	3:16
 PLK (m:ss)	Female	100	3:40	3:35	3:30	3:25	3:20	3:20	3:20	3:20	3:20	3:20
		60	1:30	1:25	1:20	1:15	1:10	1:10	1:10	1:10	1:10	1:10
	Male	100	3:40	3:35	3:30	3:25	3:20	3:20	3:20	3:20	3:20	3:20
		60	1:30	1:25	1:20	1:15	1:10	1:10	1:10	1:10	1:10	1:10
 2MR (mm:ss)	Female	100	15:29	15:00	15:00	15:18	15:30	15:49	15:58	16:29	17:18	17:18
		60	23:22	23:15	23:13	23:19	23:23	23:42	24:00	24:24	24:48	25:00
	Male	100	13:22	13:27	13:31	13:42	13:58	14:05	14:30	15:09	15:28	15:28
		60	22:00	22:00	22:00	22:00	22:11	22:32	22:55	23:20	23:36	23:36

*The full ACFT grading scales are available at <https://www.army.mil/acft/>

TABLES FOR PERMANENT PROFILE BASED ALTERNATE AEROBIC EVENTS ARE AS FOLLOWS :

Event	Alternate Events (Go/No-Go) (Overall time for required distance - minutes and seconds)															
	17-21		22-26		27-31		32-36		37-41		42-46		47-51		52-56	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
2.5-mile Walk	31:00	34:00	30:45	33:30	30:30	33:00	30:45	33:30	31:00	34:00	31:00	34:00	32:00	35:00	32:00	36:00
12 km Bike	26:25	28:58	26:12	28:31	26:00	28:07	26:12	28:31	26:25	28:58	26:25	28:58	27:16	29:50	27:16	30:41
1 km Swim	30:48	33:48	30:30	33:18	30:20	32:48	30:30	33:18	30:48	33:48	30:48	33:48	31:48	34:48	31:48	35:48
5 km Row	30:48	33:48	30:30	33:18	30:20	32:48	30:30	33:18	30:48	33:48	30:48	33:48	31:48	34:48	31:48	35:48