

[Current Date]

[Recipient Name]

[Recipient Title/Organization]

[Recipient Address]

[City, State, Zip Code]

RE: Functional Capacity Assessment for [Patient Name]

Date of Birth: [Patient DOB]

Date of Assessment: [Date of Exam]

Dear [Recipient Name],

I am writing to provide the results of the Functional Capacity Assessment (FCA) conducted for [Patient Name] on [Date]. The purpose of this evaluation was to determine the patient's current physical capabilities, limitations, and readiness for [Work/Daily Activities].

Clinical Findings:

Based on the objective testing performed, the patient demonstrated the following functional levels:

- **Lifting/Carrying:** [Maximum weight in lbs] occasionally, [Maximum weight in lbs] frequently.
- **Postural Tolerances:** [e.g., Sitting, standing, or walking durations].
- **Reaching/Handling:** [e.g., Limited overhead reaching, intact fine motor skills].
- **Mobility:** [e.g., Independent ambulation, difficulty with stairs or uneven surfaces].

Assessment Summary:

The patient currently functions at a [Sedentary / Light / Medium / Heavy] physical demand level. The primary limiting factors observed during the assessment include [list specific impairments, e.g., decreased range of motion, pain, or reduced endurance].

Recommendations:

Based on these findings, I recommend the following [Restrictions/Accommodations]:

- [Requirement 1]
- [Requirement 2]
- [Requirement 3]

The patient is expected to [remain at this level / improve with continued therapy] over the next [Number] weeks. A follow-up evaluation is suggested on [Date].

Please contact me at [Phone Number] or [Email] if you require further clarification regarding this assessment.

Sincerely,

[Physical Therapist Signature]
[Physical Therapist Printed Name], PT, DPT
[License Number]
[Facility Name]