

Functional Capacity Assessment Form

For Orthopedic Conditions

This **functional capacity assessment form** sample is designed specifically for orthopedic conditions, helping healthcare professionals evaluate a patient's physical abilities and limitations. It provides a structured approach to capture detailed information on mobility, strength, and endurance. Using this form ensures accurate assessments that guide effective treatment planning and rehabilitation.

Patient Information

Name:		Date of Birth:	
Medical Record #:		Date of Assessment:	
Referring Physician:		Diagnosis:	

Mobility Assessment

Activity	Independent	Assisted	Unable	Comments
Walking (meters/minute)				
Climbing Stairs				
Sitting to Standing				
Bending/Reaching				

Strength Assessment

Muscle Group	Left	Right	Comments
Upper Extremity			
Lower Extremity			
Grip Strength			

Endurance Assessment

Activity	Duration (min)	Limitations Observed	Comments
Ambulation			
Standing			
Sitting			

Functional Limitations & Recommendations

Area of Limitation	Description	Recommendations

Summary & Plan

Summary of Findings:

Treatment/Intervention Recommendations:

Assessor Name: _____ **Date:** _____

Signature: _____