



Mood and Affect – Birds of a Feather?

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Oftentimes, “mood” and “affect” are put in the same category when reported in a mental status examination.

Are they the same thing? Are they assessed in the same way?

The answers, of course, are “no”, and “no”.

Mood is something subjective. It is felt or experienced only by the examinee, and so needs to be inquired about by the examiner.

Examples are “sad”, “anxious”, “relaxed”, and “peaceful”.



Affect, however, can be observed and described by the examiner in terms of, for instance, appropriateness to situation, consistency with mood, and congruency with thought content. It can be characterized by fluctuation (labile versus even), and range (broad or restricted). The intensity can be blunted, flat, or hyper. The quality can range from detached to engaged, demanding to docile, and animated to hypomobile.

One thing mood and affect do have in common, however, is neither can be accurately described as “normal” in a mental status examination. Mood is an expressed feeling elicited by inquiry, and affect refers to observed behavior. They both stand apart from a “tested” component of an examination, such as memory or knowledge.

Reviewing these differences and commonalities of mood and affect helps us to remember the importance of distinguishing the components of the “examination” for the reader. Some are objective observations, some are tested for, and some are subjective reports, elicited by inquiry.

Question #3: Residual Functional Capacity – Checkpoints for Consistency

For Industrial Commission PTD examinations, question #3 asks the independent specialist examiner to summarize the injured worker’s residual functional capacity resulting from the impairment associated with the allowed condition(s). The specialist is then asked to complete a form indicating what work limitations would be reasonable, based solely on impairment due to the allowed condition(s) in the claim.

What do you need to be asking yourself- as a medical expert- when you attempt to construct this summary in a way which supports your opinion? The following questions should help you form a firm foundation:

1. What objective examination findings are reasonably associated with the allowed condition(s) and support your opinion?
2. What findings on review of records support your opinion regarding the severity of the impact and degree of impairment due to the allowed condition(s)? Are the mechanism of injury, and the type and degree of treatment required, supportive of your assessment of residual functional capacity resulting from the impairment associated with the allowed condition(s)?
3. Are the Injured Worker’s subjective reports of symptoms and function consistent with what would reasonably be expected to arise from the allowed conditions, and congruent with your review of records and examination findings?

To fortify your expert opinion regarding residual functional capacity required in question #3, it will be helpful to include in your summary consideration of these checkpoints for consistency.

Question #3: Another Perspective – “If It Looks Like a Duck...”



Do you remember this idiom? “If it looks like a duck, walks like a duck, and quacks like a duck- it is probably a duck!”

The idiom has commonly been applied to medical conditions, and can provide a different perspective on assessment of residual functional capacity.

Expert independent examiners would be expected to recognize, characterize, analyze, summarize, and functionally categorize residual functional capacity arising from impairment due to allowed conditions within their specialty, and then effectively communicate their conclusions by way of a history, examination, review of the medical record, and application of their knowledge and experience.

MediScene Review Questions

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MEDISCENE REVIEW QUESTIONS, OCTOBER 2022 - ISSUE 4

- Which component of the summary of an injured worker's residual functional capacity best supports an opinion of loss of, or loss of function of, a body part or body system?
 - A. Description of the objective physical or mental findings.
 - B. Description of the review of records of the mechanism of injury and treatment required.
 - C. Description of the injured worker's subjective report of impact of injury on activities.
- Which component of the summary of an injured worker's residual functional capacity best supports an opinion regarding the degree or severity of the injury?
 - A. Description of the objective physical or mental findings.
 - B. Description of the review of records of the mechanism of injury and treatment required.
 - C. Description of the injured worker's subjective report of impact of injury on activities.
- Which component of the summary of an injured worker's residual functional capacity best supports an opinion regarding the consistency of the reported symptoms, and what an expert would reasonably expect to arise from the allowed conditions?
 - A. Description of the objective physical or mental findings.
 - B. Description of the review of records of the mechanism of injury and treatment required.
 - C. Description of the injured worker's subjective report of impact of injury on activities.
- Components of the report of a mental status examination can best be described as:
 - A. Observed.
 - B. Tested for.
 - C. Subjective reports, elicited by inquiry.
 - D. Normal.
 - E. All of the above.
 - F. All except "D."

Did You Know? More on Fowl:

The word "quack" is used to describe the harsh, guttural sound uttered by waterfowl of the family Anatidae. According to Webster's dictionary, it can also be used as short for the Dutch word "quacksalver", and applied to a fraudulent pretender to medical skill. "Foul" indeed.

NOTE: This activity is not a certified AMA category 1 activity, and so it cannot be used as credit toward medical board licensure in Ohio. However, it can be used toward the Ohio Industrial Commission requirement for continuing education credit specific to impairment rating, at the time of your five-year application for reappointment to the specialist examiners' panel.

ANSWERS: 1. A; 2. B; 3. C; 4. E