CARE CONNECTIONS

PATIENT WORKSHEET: NEUROMUSCULAR

NAME

DATE ❐ Initial Visit ❐ Discharge Visit

FORM COMPLETED BY: ❐ CAREGIVER ❐ PATIENT

FUNCTIONAL INDEX

Please mark the ONE answer in each section that best describes the general functional level of the patient during the last week. Answer questions 1–10 for PT ONLY or questions 1–14 for both PT and OT.

1. BED MOBILITY

- ❐ Independent in moving from lying down to sitting on edge of bed
- ❐ Independent in moving from lying down to sitting on edge of bed using a rail or adaptive equipment
- ❐ Moving from lying down to sitting on edge of bed requires minimal assistance of another person
- ❐ Moving from lying down to sitting on edge of bed requires moderate assistance of another person
- ❐ Moving from lying down to sitting on edge of bed requires maximum assistance of another person
- ❐ Dependent in all aspects of moving from lying down to sitting on edge of bed

2. TRANSFERS

- ❐ Independent in transfers to all surfaces
- ❐ Independent in transfers with assistive devices, set up or supervision
- ❐ Transfers with light or minimal assist from another person
- ❐ Transfers with moderate assist from another person
- ❐ Transfers with heavy/maximal assist from another person
- ❐ Dependent assist of one or two people necessary for transfers

3. WALKING

- ❐ Independent and safe walking on all types of terrain
- ❐ Independent walking with an assistive device (crutches, cane, walker) on all terrain
- ❐ Walking requires light to minimal manual assist with or without a device
- ❐ Walking requires moderate manual assist with or without a device
- ❐ Walking requires heavy maximum manual assist with or without a device
- ❐ Unable to walk

4. STAIRS

- ❐ Is able to negotiate stairs independently without any type of support or handrail
- ❐ Is able to negotiate stairs independently, with the handrail, crutch or cane.
- ❐ Is only able to negotiate stairs with minimal manual assist
- ❐ Is only able to negotiate stairs with moderate manual assist
- ❐ Is only able to negotiate stairs with maximum manual assist
- ❐ Is unable to negotiate stairs

5. BALANCE/STANDING

- ❐ Able to stand independently without support for all activities
- ❐ Able to stand independently with support or use of an assistive device for all activities
- ❐ Minimal or light support required to stand during an activity and/or has had occasional falls
- ❐ Moderate support required to stand during an activity and/or has had frequent falls
- ❐ Maximal support required to stand for even brief periods of time
- ❐ Unable to stand

6. CARRYING

- ❐ Able to carry any load independently
- ❐ Able to carry moderate loads independently
- ❐ Able to carry light loads independently
- ❐ Able to carry light loads with assistive equipment
- ❐ Able to carry light loads with assistance from another person
- ❐ Unable to carry anything

7. REACHING

- ❐ Able to reach to a high shelf to place an object with both the right and left arm
- ❐ Able to reach to a high shelf to place an object with either left or the right arm only
- ❐ Able to reach to a high shelf to place an object only if holding on for support
- ❐ Unable to reach to a high shelf but can place an object on a chest high shelf
- ❐ Able to reach to a counter height to place an object
- ❐ Unable to reach arm above waist level

8. ENDURANCE

- ❐ Endurance does not limit any activity.
- ❐ With planning, endurance does not limit activity
- ❐ Rest periods are necessary to complete community activities
- ❐ Rest periods are necessary to complete household activities
- ❐ Occasional rest periods are necessary to complete a single activity
- ❐ Frequent rest periods are necessary to complete a single activity

Please complete opposite side

© 2009 Therapeutic Associates, Inc. (Revised: 04/01/09) FORM C008 (C006) Neuro

9. WORK/HOMEMAKING

(Applies to work in home and outside)

- ❐ Able to work in the home or on the job independently
- ❐ Ability to work in the home or on the job is limited by endurance or physical condition
- ❐ Able to work in the home or on the job only with modification or adaptive equipment
- ❐ Able to work in the home with minimal assistance from others
- ❐ Able to work in the home with moderate assistance from others
- ❐ Unable to do any work in the home.

10. COMPREHENSION OF DIRECTIONS OR CONVERSATION

- ❐ Able to follow complex or abstract directions and conversation
- ❐ Able to consistently follow basic directions and conversation
- ❐ Able to follow directions and conversation but requires occasional verbal, visual, or physical cues
- ❐ Able to follow directions and conversation but requires verbal, visual, or physical cues most of the time
- ❐ Able to follow directions and conversation but requires verbal, visual, or physical cues all of the time
- ❐ Unable to follow directions or conversation even with cues

FOR OCCUPATIONAL THERAPY PATIENTS: PLEASE ALSO ANSWER QUESTIONS 11–14.

11. PERSONAL CARE (Bathing, grooming)

- ❐ Independent and safe in all personal care
- ❐ Independent in personal care with additional time
- ❐ Independent in personal care with set up or adaptive equipment
- ❐ Able to perform personal care tasks with minimal assistance from another person
- ❐ Able to perform personal care tasks with moderate assistance from another person
- ❐ Able to perform personal care tasks with maximum assistance from another person

12. DRESSING: UPPER BODY

- ❐ Able to dress and undress upper body independently
- ❐ Able to dress and undress upper body independently with additional time
- ❐ Able to dress and undress upper body independently with adaptive equipment or set up
- ❐ Able to dress and undress upper body with minimal assistance from another person
- ❐ Able to dress and undress upper body with moderate assistance from another person
- ❐ Able to dress and undress upper body with maximal assistance from another person

13. DRESSING: LOWER BODY

- ❐ Able to dress and undress lower body independently
- ❐ Able to dress and undress lower body independently with additional time
- ❐ Able to dress and undress lower body independently with adaptive equipment or set up
- ❐ Able to dress and undress lower body with minimal assistance from another person
- ❐ Able to dress and undress lower body with moderate assistance from another person
- ❐ Able to dress and undress lower body with maximal assistance from another person

14. EATING

- ❐ Able to feed self independently
- ❐ Able to feed self independently with extra time
- ❐ Able to feed self independently with set up or adaptive equipment
- ❐ Able to feed self with minimal assistance
- ❐ Able to feed self with moderate assistance
- ❐ Able to feed self with maximum assistance

ACUITY *(Answer on initial visit.)*

How many days ago did onset/injury occur? _______days

PAIN INDEX

Please indicate the worst your pain has been in the last 24 hours on the scale below

No Pain ________________________________ Worst Pain Imaginable

PLEASE DO NOT COMPLETE THE FOLLOWING SECTIONS ON FIRST VISIT

IMPROVEMENT INDEX

Please indicate the amount of improvement you have made since the beginning of your treatment on the scale below.

No Improvement ________________________________ Complete Recovery

■ WORK STATUS *(check most appropriate)*

1. ❐ No lost work time
2. ❐ Return to work with modification
3. ❐ Return to work without restriction
4. ❐ Have not returned to work
5. ❐ Not employed outside the home

Work days lost due to condition:___________days

I am aware that the information gathered on this form may be used anonymously for research or publication. Please initial: ______________________