CONTINUITY ASSESSMENT/RECORD EVALUATION (CARE) MOBILITY & SELF-CARE ITEM SET

TRAINING MANUAL February 10, 2014

Revision 6

Originally Developed By:

American Health Care Association (AHCA) &

The National Association in Support of Long Term Care (NASL)

for the

Therapy Outcome Measures Workgroup

Table of Contents

Numeric CARE Item Coding (Rating) Instructions:	page 3
Alpha CARE Item Coding (Rating) Instructions:	page 4
List of CARE Items	page 5
CARE Self – Care Item Rating Chart	page 6
CARE Mobility Item Rating Chart	page 14
CARE Self – Care Item Clinical Vignettes	page 29
CARE Mobility Item Clinical Vignettes	page 38

Link to CARE Item Set Training Videos:

There are 3 separate training videos. They can all be found at: https://www.optimahcs.com/care-item-set-certification-ceus/ or contact Rehab Resources and Consulting, Inc. at http://www.rehabresourcesandconsulting.com/contact-us.html						
I. CARE General Items	Reviews the scoring system for both	Video: approximately 30 min				
	Item Sets	Test: approximately 20 min				
II. CARE Self Care Items	Reviews the definitions and	Video: approximately 30 min				
application of the Self-Care Item Set						
III. CARE Mobility Items	Reviews the definitions and	Video: approximately 60 min				
III. C. TILL IVIOSITEY ITCITIS	application of the Mobility Item Set	Test: approximately 30 min				

CARE Item Set Electronic Post-Tests:

In order to provide <u>organizations</u> the ability to manage their own staff, monitor test results, and print reports and certificates, the process for CARE certification has been revised. Organizations can register with Optima and then elect to have their own group administrator(s). These administrators are given the rights to add new employees to the system, register them for the tests and manage their completion within the testing software. If you are interested, email support@optimahcs.com with your group's name and the following information

Name of Administrator Designee	Email Address
Organization Code	Contract Phone

If you desire more than one designee, send the information for each person. We will create that group and assign the administrator(s). The administrator(s) will receive an email with log in instructions. That administrator can then add individuals to their group and assign the tests and review status of their users themselves without the need for Optima's involvement.

If you are an individual seeking information about the CARE Item Set Electronic Post-Test, email support@optimahcs.com for more information.

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Page 2 of 55

CARE Item Coding (Rating) Instructions:

For both the self-care and mobility sections, code the patient's most usual performance using the 6-point scale below.

<u>In choosing the response for all items, consider: Safety and Quality of Performance</u> – If helper assistance is required because patient's performance is unsafe or of poor quality, then rate the item according to the amount of assistance provided.

Remember: Activities may be completed with or without assistive devices.

Numerical Score	Score Description	Score Definition	
6	Independent	Patient completes the activity by him/herself with	
U	maepenaent	no assistance from a helper.	
	Set-up or Clean-up	Helper SETS UP or CLEANS UP; patient completes	
5	Assistance	activity. Helper assists only prior to or following	
	Assistance	the activity.	
Supervision or		Helper provides VERBAL CUES or TOUCHING/	
4	Supervision or Touching Assistance	STEADYING assistance a patient completes	
		activity. Assistance may be provided throughout	
		the activity or intermittently.	
	Dartial / Madarata	Helper does LESS THAN HALF the effort. Helper	
3	Partial / Moderate Assistance	lifts, holds or supports trunk or limbs, but provides	
		less than half the effort.	
	Substantial /	Helper does MORE THAN HALF the effort. Helper	
2	Substantial /	lifts or holds trunk or limbs and provides more	
	Maximal Assistance	than half the effort.	
1	Donondont*	Helper does ALL of the effort. Patient does none	
1	Dependent*	of the effort to complete the task.	

^{*}When the patient can't perform the task because of **medical reasons**, a rating of 1/dependent is chosen.

Codes to use when the activity was not attempted:

Alpha	Score	Score Definition		
Score	Description			
	Not attempted	The task is not attempted due to safety concerns and the		
S	due to Safety	therapist <u>cannot</u> infer what their level of dependence for that		
	Concerns	task based on other parts of the evaluation		
N	Not Applicable	 Choose this rating when the person is not expected to perform the task now OR in the future. [Exception: For "Walking and Wheelchair – Longest Distance Walked" the therapist scores only one distance (the maximum distance walked or self-propelled in a wheelchair, and leave the other distance ratings blank).] Examples: Some patients may never drive or travel; therefore car transfers are "N" A patient is not returning to a living situation where going up/down stairs is necessary An amputee patient is not a candidate for a prosthesis so he/she will never walk A patient is not a candidate for ambulation, so going up/down steps is not a goal Do not use this just because the task was not tested. Do not use it just because you are not including it in your plan of treatment. If a patient cannot complete a specific task, the therapist may be able to infer the answer for the other similar tasks (e.g., if a patient cannot do a toilet transfer, then perhaps it can be inferred what chair-to-bed transfers are). 		
A	Task Attempted but not completed	 There may be times when the evaluation is interrupted due to A family visit The patient had another appointment The patient had to receive medication Equipment failure This rating should be rarely used, because most of the time the clinician should be able to go back to the patient and complete the evaluation at another time. 		
P	Patient Refused	 "Refused" = Patient does not "want" to try it. If the patient refuses because he/she can't do it or felt unsafe, the item should be rated as Dependent. 		

The following pages contain detailed information on how to rate patients on each self-care and mobility item included in the CARE item set.



CARE Item Set: I	Mobility
1. Lying to Sitting on Side of Bed	-
2. Sit to Lying	
3. Rolling left and right	
4. Sit to Stand	
5. Chair / Bed-to-Chair Transfers	
6. Toilet Transfer	
7. Longest Distance Walked	
8. Longest Distance Wheeled	
9. Pick up Object	
10. Car Transfers	13. 1 step (curb)
11. Walk 50 feet with two turns	14. 4 steps
12. Walk 10 feet on uneven surfaces	15. 12 steps

Task	1 – Dependent	2 – Substantial/ maximal assistance	3 – Partial/ moderate assistance	4 – Supervision or touching assistance	5 – Setup/clean-up assistance	6 - Independent
Eating	Helper does ALL the	Helper does MORE	Helper does LESS	Helper provides	Helper SETS UP or	Patient COMPLETES
	effort. Patient does	THAN HALF the effort.	THAN HALF the effort.	VERBAL CUES or	CLEANS UP, but	THE ACTIVITY BY
The ability to use	none of the effort to	Helper lifts or holds	Helper lifts or holds	TOUCHING/	patient completes the	HIM/HERSELF WITH
suitable utensils to	complete the task.	trunk or limbs, but	trunk or limbs, but	STEADYING assistance	activity. Helper only	NO ASSISTANCE from
bring food to the	Patient only chews	provides more than	provides less than	as patient completes	assists prior to or	helper.
mouth and swallow	and swallows food	half the effort.	half the effort. Helper	the activity.	following eating.	The patient is able to
food once the meal is	when a helper scoops	Patient can bring food	may need to guide the	Cueing &/or	Patient can scoop	use spoon, fork, cup,
presented on a	and brings it to	to mouth but a helper	limb	coaxing&/or	food, bring it to	glass, long straw,
table/tray. Includes	mouth. Patient does	scoops all food onto	AND/OR	supervision	mouth, and eat, but	adapted devices.
modified food	not participate in the	the Utensil	Helper may provide	throughout meal	needs assistance with	Patient is able to
consistency	task of bringing food	OR	<50% of the effort in	maybe required for	pouring, drinking,	don/apply
	to the mouth at all.	Patient can scoop all	assisting the patient in	safety concerns about	opening containers	cuff/orthosis/
Code the patient's		food onto the utensil	scooping the food	swallowing, possible	and/or cutting meat	prosthesis for eating.
most usual		but helper brings food	onto the utensil and	choking and/or eating	(e.g., aspects of set-	Patient is able to open
performance.		to mouth	bringing it to the	in a hurry	up), AND/OR with	containers, pour
		OR	patient's mouth.	AND/OR	application of cuff,	liquid, and cut meat.
Activities may be		Helper guides the limb	AND/OR	Helper may need to	orthosis, prosthesis	No assistance from
completed		and provides > 50% of	Patient can partially	verbally guide the	(and removing after	helper is required.
with/without assistive		the effort in assisting	scoop food onto	patient in completing	meal).	
devices.		the patient in	utensil and partially	the task and/or		
		scooping the food	bring food to mouth,	provide		
		onto the utensil and	but is unable to	touching/steadying		
		bringing it to the	complete the task	assistance to the		
		patient's mouth	without physical help	patient in scooping		
			from helper	the food onto the		
				utensil and bringing it		
				to the patient's mouth		

Task	1 – Dependent	2 – Substantial/ maximal assistance	3 – Partial/ moderate assistance	4 – Supervision or touching assistance	5 – Setup/clean-up assistance	6 - Independent
The ability to use suitable items to clean teeth. If the patient has dentures: the ability to remove and replace dentures from & to mouth, & manage equipment for soaking & rinsing. Code the patient's most usual performance. Activities may be completed with/without assistive devices.	Helper does ALL the effort. Patient does none of the effort to complete the task. Patient is totally dependent on helper to brush teeth and/or remove / replace dentures from & to mouth. Patient is totally dependent on helper to clean dentures.	Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs, but provides more than half the effort. Patient can bring toothbrush to mouth but a helper assists with applying toothpaste and completing oral care with the toothbrushOR Patient can remove or replace dentures, and helper is required to manage equipment for soaking & rinsingOR Patient can manage some equipment for cleaning dentures, but is unable to safely/fully remove dentures or replace them for proper fitOR Helper guides the limb and provides > 50% of the effort in assisting the patient in cleaning teeth or removing/replacing dentures and managing equipment.	Helper does LESS THAN HALF the effort. Helper lifts or holds trunk or limbs, but provides less than half the effort. Patient can bring toothbrush to mouth but a helper assists with some aspects of applying toothpaste and/or completing oral care with the toothbrushOR Patient can remove and replace dentures, but helper is required to assist the patient with managing equipment for soaking & rinsingOR Patient can manage all the equipment for cleaning dentures, but is unable to safely/fully remove dentures or replace them for proper fitOR Helper guides the limb and provides < 50% of the effort in assisting the patient in cleaning teeth or removing/replacing dentures and managing equipment.	Helper provides VERBAL CUES or TOUCHING/ STEADYING assistance as patient completes the activity. There may be concerns about safety with hot water or maintaining hygienic conditions for dentures which require verbal cues from helper for technique. Touching/steadying only may be required with applying toothpasteOR using toothbrush to fully complete oral careOR managing equipment for soaking/rinsingOR Removing/replacing dentures.	Helper SETS UP or CLEANS UP, but patient completes the activity. Helper only assists prior to or following oral hygiene. Patient can brush teeth once toothpaste is applied to toothbrushAND/OR Patient can replace and remove dentures independently, but needs helper to set up equipment for soaking.	Patient COMPLETES THE ACTIVITY BY HIM/HERSELF WITH NO ASSISTANCE from helper. Patient can perform all oral hygiene tasks independently and safely using any adaptive devices necessary. Patient can apply toothpaste and brush teeth independently. Patient cares for dentures independently and is able to remove/replace them without assistance from helper.

Task	1 – Dependent	2 – Substantial/ maximal assistance	3 – Partial/ moderate assistance	4 – Supervision or touching assistance	5 – Setup/clean-up assistance	6 – Independent
Toilet Hygiene	Helper does ALL the	Helper does MORE	Helper does LESS	Helper provides	Helper SETS UP or	Patient COMPLETES
	effort. Patient does	THAN HALF the effort.	THAN HALF the effort.	VERBAL CUES or	CLEANS UP, but	THE ACTIVITY BY
The ability to maintain	none of the effort to	Helper lifts or holds	Helper lifts or holds	TOUCHING/	patient completes the	HIM/HERSELF WITH
perineal hygiene,	complete the task.	trunk or limbs, but	trunk or limbs, but	STEADYING assistance	activity. Helper only	NO ASSISTANCE from
adjust clothes <u>before</u>	Patient is dependent	provides more than	provides less than	as patient completes	assists prior to or	helper. Patient
<u>& after</u> using toilet,	in all aspects of toilet	half the effort.	half the effort.	the activity.	following toilet	adjusts clothing prior
commode, bedpan,	hygiene. Patient is	Patient participates in	Patient able to	Prompting and cueing	hygiene.	to using the toilet,
urinal. This task <u>does</u>	unable to adjust	and provides some	manage clothing but	to fully accomplish	Patient needs helper	gathers toilet paper,
<u>not include</u> getting to	clothing before and	effort in clothing	helper must assist	perineal hygiene may	for initial preparation	wipes front or back
the toilet/commode or	after toileting and is	management but is	with perineal hygiene	be required	such as handing the	fully, adjusts clothing
placing the	unable to maintain	dependent in perineal	OR	AND/OR	patient the toilet	after using the toilet,
bedpan/urinal.	perineal hygiene. If	hygiene	Patient requires	there may be	tissue or placing the	and fastens clothing
If managing ostomy,	using an ostomy, the	OR	physical assist from	concerns about safety	bedside commode for	safely without any
includes wiping	patient is unable to	Patient participates in	helper for managing	which require verbal	nighttime use, or	assistance from
opening but not	clean the opening.	and provides some	clothing before/after	cues from helper for	emptying the bedside	helper. Patient can
managing equipment.		effort in perineal	toileting but is able to	technique	commode/urinal	use required
		hygiene, but is	demonstrate perineal	AND/OR		equipment such as
Code the patient's		dependent in clothing	hygiene	Touching/Steadying		dressing stick, zipper
most usual		management	OR	only may be required		pull, or grab bars.
performance.		OR	Helper provides <50%	while adjusting		
		Helper provides >50%	of the effort overall in	clothing, belts, with		
Activities may be		of the effort overall in	(1) clothing	zipping/unzipping		
completed		assisting patient in (1)	management and/or	fly/skirt for safety.		
with/without assistive		clothing management	(2) perineal hygiene.			
devices.		and/or (2) perineal				
		hygiene.				

Task	1 – Dependent	2 – Substantial/ maximal assistance	3 – Partial/ moderate assistance	4 – Supervision or touching assistance	5 – Setup/clean-up assistance	6 - Independent
Upper Body Dressing	Helper does ALL the	Helper does MORE	Helper does LESS	Helper provides	Helper SETS UP or	Patient COMPLETES
	effort. Patient does	THAN HALF the effort.	THAN HALF the effort.	VERBAL CUES or	CLEANS UP; patient	THE ACTIVITY BY
The ability to put on	none of the effort to	Helper lifts or holds	Helper lifts or holds	TOUCHING/	completes the	HIM/HERSELF WITH
and remove shirt or	complete the task.	trunk or limbs, but	trunk or limbs, but	STEADYING assistance	activity. Helper only	NO ASSISTANCE from
pajama top. Includes	Patient is dependent	provides more than	provides less than	as patient completes	assists prior to or	helper.
buttoning if	in all aspects of upper	half the effort. Patient	half the effort. Patient	the activity.	following UB dressing.	Patient puts on the
applicable.	body dressing. The	participates in putting	participates in putting	Prompting and cueing	Patient needs helper	shirt/top, and can
	patient may lean	on/removing UB	on/removing UB	for sequencing to fully	for initial preparation	button, snap or fasten
Code the patient's	forwards, backwards,	clothing, but helper	clothing, but helper	accomplish upper	such as handing the	it, and can
most usual	may be able to use	provides >50%of the	provides <50% of the	body dressing are	patient the garment	unbutton/unfasten/
performance.	bedside rails, may be	effort	effort	required	or handing the patient	unsnap the shirt or
	able to raise arms to	OR	OR	AND/OR	required equipment	top, and take it off
Activities may be	thread a sleeve, but	Patient is able to bring	Patient is able to put	There may be	such as a zipper pull,	without any assistance
completed	the helper does all the	garment together	on garment but is	concerns about safety	buttonholer or in	from helper. Patient
with/without assistive	effort to put	once it is put on, but is	unable to fasten, snap	with completing task	application of an	can use required
devices.	on/remove the upper	unable to fasten, snap	or button it.	without falling over	orthosis / prosthesis.	equipment such as
	body garment and the	or button it.	OR	which require verbal	Patient may need	zipper pull,
	patient contributes no	OR	Patient is unable to	cues from helper for	helper to fold clothing	buttonholer.
	effort to the task.	Patient is able to get	unbutton/unfasten/	technique	and put it away after	
		one arm in/out of	unsnap garment, but	AND/OR	removal.	
		sleeve but not both	is able to remove it.	Touching/Steadying		
		arms	OR	only may be required		
		OR	Patient is able to place	while putting		
		Patient is able to place	shirt without buttons	on/removing shirt or		
		shirt without buttons	over head, but is	top or in fastening		
		over head, but is	unable to thread both	buttons, snaps or		
		unable to thread	arms through the	Velcro.		
		either arm through	sleeves			
		the sleeves				

Task	1 – Dependent	2 – Substantial/ maximal assistance	3 – Partial/ moderate assistance	4 – Supervision or touching assistance	5 – Setup/clean-up assistance	6 - Independent
Lower Body Dressing	Helper does ALL the	Helper does MORE	Helper does LESS	Helper provides	Helper SETS UP or	Patient COMPLETES
	effort. Patient does	THAN HALF the effort.	THAN HALF the effort.	VERBAL CUES or	CLEANS UP, but	THE ACTIVITY BY
The ability to dress	none of the effort to	Helper lifts or holds	Helper lifts or holds	TOUCHING/	patient completes the	HIM/HERSELF WITH
and undress below the	complete the task.	trunk or limbs, but	trunk or limbs, but	STEADYING assistance	activity. Helper only	NO ASSISTANCE from
waist, including	Patient is dependent	provides more than	provides less than	as patient completes	assists prior to or	helper.
fasteners.	in all aspects of lower	half the effort. Patient	half the effort.	the activity.	following LB dressing.	Patient puts on the
	body dressing. The	participates in putting	Patient participates in	Prompting and cueing	Patient needs helper	pants/skirt, and can
Does not include	patient may lean	on/removing LB	putting on/removing	for sequencing to fully	for initial preparation	button, snap, Velcro
footwear.	forwards, backwards,	clothing, but helper	LB clothing, but helper	accomplish lower	such as handing the	or fasten it, and can
	may be able to use	provides >50% of the	provides <50% of the	body dressing are	patient the garments	unbutton/unfasten/
Code the patient's	bedside rails, may be	effort	effort	required	or handing the patient	unsnap the skirt or
most usual	able to raise legs to	OR	OR	AND/OR	required equipment	pants, and take it off
performance.	thread a pant	Patient is able to bring	Patient is able to put	There may be	such as a zipper pull,	without any assistance
	leg/skirt, but the	garment together	on garments but is	concerns about safety	dressing stick,	from helper. Patient
Activities may be	helper does all the	once it is put on, but is	unable to fasten,	with completing task	buttonholer or in	can use required
completed	effort to put	unable to fasten,	snap, tie, belt or	without falling over	application of orthosis	equipment such as
with/without assistive	on/remove the lower	snap, tie, belt or	button it	which require verbal	/ prosthesis. Patient	zipper pull, dressing
devices.	body garment and the	button it	OR	cues from helper for	may need helper to	stick, buttonholer.
	patient contributes no	OR	Patient is unable to	technique	fold clothing and put it	
	effort to the task.	Patient is able to get	unbutton/unfasten/	AND/OR	away after removal.	
		one leg in/out of	unsnap/untie/unbelt	Touching/Steadying		
		underwear & pant	garments, but is able	only may be required		
		sleeve/skirt but not	to remove them	while putting		
		both legs	OR	on/removing		
		OR	Patient can pull up	underwear & pants or		
		Patient is able to start	underwear &	skirt or in fastening		
		the task of putting on	pants/skirt or pull	buttons, snaps, ties,		
		or taking off	them down, but is	belt or Velcro.		
		underwear &	unable to			
		pants/skirt, but is	thread/remove both			
		unable to complete	legs through the			
		the task of	underwear &pant			
		threading/removing	sleeves/skirt			
		legs through the				
		underwear & pant				
		sleeves/skirt				

		2 – Substantial/	3 – Partial/ moderate	4 – Supervision or	5 - Setup/clean-up	
Task	1 – Dependent	maximal assistance	assistance	touching assistance	assistance	6 - Independent
Wash Upper Body	Helper does ALL the	Helper does MORE	Helper does LESS THAN	Helper provides	Helper SETS UP or	Patient COMPLETES
,,,,,,	effort. Patient does	THAN HALF the effort.	HALF the effort. Helper	VERBAL CUES or	CLEANS UP, but	THE ACTIVITY BY
The ability to wash,	none of the effort	Helper lifts or holds	lifts or holds trunk or	TOUCHING/	patient completes the	HIM/HERSELF WITH
rinse and dry the face,	to complete the	trunk or limbs, but	limbs, but provides less	STEADYING assistance	activity. Helper only	NO ASSISTANCE
hands, chest and arms	task.	provides more than	than half the effort.	as patient completes	assists prior to or	from helper.
while sitting in a chair	Once the patient is	half the effort.	Once the patient is seated	the activity.	following washing UB.	Once the patient is
or bed.	seated in a chair or	Once the patient is	in a chair or at bedside,	Once the patient is	Once the patient is	seated in a chair or at
	at bedside, patient	seated in a chair or at	the patient participates in	seated in a chair or at	seated in a chair or at	bedside, patient
Code the patient's	is dependent in all	bedside, the patient	washing, rinsing and/or	bedside, helper	bedside, patient needs	washes, rinses and
most usual	aspects of bathing	participates in washing,	drying their face, hands,	provides prompting	helper for initial	dries their face,
performance.	face, hands, chest &	rinsing and/or drying	arms chest, and helper	and cueing for	preparation such as	hands, arm and chest
	arms.	their face, hands, arms	provides <50% of the	sequencing to fully	handing the patient a	without any
Activities may be	Patient may lean	& chest, but helper	effortOR Patient is able to use a	accomplish washing,	prepared washcloth,	assistance from
completed	forwards,	provides >50% of the	washcloth to wash face,	rinsing and drying face,	bathmitt, towel or	helper. Patient can
with/without assistive	backwards, may be	effort	arms and chest, but is	hands, arms & chest	other required	use required
devices.	able to hold to	OR	unable to thoroughly or	AND/OR	equipment or in	equipment, such as a
	armrests or	Patient is able to use a	completely wash all areas	There may be concerns	application of an	bathmitt.
	bedrails, may be	washcloth to initiate	OR Patient is able	about safety with	orthosis / prosthesis.	
	able to raise arms,	some washing, but	to hold washcloth to rinse	completing task and/or	Patient may need	
	but the helper does	unable to reach all	hands and arms, but is	thoroughly washing all	helper to draw water	
	all the effort to	areas	unable to thoroughly or	areas which require	or check temperature	
	wash, rinse and dry	OR	completely rinse all areas	verbal cues from helper	of water prior to	
	the patient's face,	Patient is able to hold	OR Patient is able to	for technique	starting bath.	
	hands, chest &	washcloth to initiate	use a towel to dry face,	AND/OR		
	arms. The patient	some rinsing, but	hands and arms, but is	Touching/Steadying		
	contributes no	unable to completely	unable to thoroughly or	only may be required		
	effort to washing,	rinse all areas	completely dry all areasOR Patient is able to	for balance / safety		
	rinsing or drying.	OR	complete 2 out of 3	when reaching for		
		Patient is able to use a	(washing, rinsing, drying),	washcloth, faucet or		
		towel to initiate or dry	but is unable to complete	towel to prevent		
		some parts of body, but	the 3 rd task	falling, or to enable		
		is unable to reach all	OR	patient to thoroughly		
		areas OR	Patient is able to	wash, rinse, and dry all		
			completely wash, rinse,	areas.		
		Patient is able to	dry some parts of upper			
		participate in some aspects of all three, but	body, but is unable to			
		the helper provides	complete them all (face,			
		>50% of the effort	hands, chest and arms)			
		>50% of the effort				

Task	1 – Dependent	2 – Substantial/ maximal assistance	3 – Partial/ moderate assistance	4 – Supervision or touching assistance	5 – Setup/clean-up assistance	6 - Independent
Shower/Bathe Self The ability to bathe self in shower or tub, including washing, rinsing, and drying self. Does not include transferring in/out of tub/shower. Code the patient's most usual performance. Activities may be completed with/without assistive devices.	Helper does ALL the effort. Patient does none of the effort to complete the task. Once the patient is in the shower or tub, patient is dependent in all aspects of bathing self. Patient may lean forwards, backwards, may be able to hold to grab bars, may be able to raise arms or legs, but the helper does all the effort to wash, rinse and dry the patient. The patient contributes no effort to washing, rinsing or drying. While the patient may be able to participate in some aspects of bathing at bedside, this item measures bathing in the shower / tub.	Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs, but provides more than half the effort. Once the patient is in the shower or tub, patient participates in washing, rinsing and/or drying self, but helper provides >50% of the effortOR Patient is able to use a washcloth to initiate some washing, but is unable to reach all body partsOR Patient is able to hold showerhead or washcloth to initiate some rinsing, but is unable to completely rinse bodyOR Patient is able to use a towel to initiate or dry some parts of body, but is unable to reach all body partsOR Patient is able to participate in some aspects of all three, but the helper provides > 50% of the effort	Helper does LESS THAN HALF the effort. Helper lifts or holds trunk or limbs, but provides less than half the effort. Once the patient is in the shower or tub, patient participates in washing, rinsing and/or drying self, and helper provides <50% of the effortOR Patient is able to use a washcloth to wash most of body, but is unable to thoroughly or completely wash all body partsOR Patient is able to hold showerhead or washcloth to rinse most of body, but is unable to thoroughly or completely rinse all body partsOR Patient is able to use a towel to dry most of body, but is unable to thoroughly or completely rinse all body partsOR Patient is able to use a towel to dry most of body, but is unable to thoroughly or completely dry all body partsOR Patient is able to participate in some aspects of all three, but the helper provides <50% of the effortOR Patient is able to completely wash, rinse, dry some parts body in the tub/shower, but is unable to complete them all and helper provides <50% of the effort	Helper provides VERBAL CUES or TOUCHING/ STEADYING assistance as patient completes the activity. Once the patient is in the shower or tub, helper provides prompting and cueing for sequencing to fully accomplish washing, rinsing and drying selfAND/OR There may be concerns about safety with completing task, and/or thoroughly washing all body parts which require verbal cues from helper for techniqueAND/OR Touching/Steadying only may be required for balance / safety when reaching for washcloth, shower head/faucet or towel to prevent falling, or to enable patient to thoroughly wash, rinse, and dry all body parts.	Helper SETS UP or CLEANS UP, but patient completes the activity. Helper only assists prior to or following shower/bathing self. Once the patient is in the shower or tub, patient needs helper for initial preparation such as handing the patient a prepared washcloth, bathmitt, towel or other required equipment or in application of an orthosis / prosthesis. Patient may need helper to draw water or check temperature of water prior to starting bath.	Patient COMPLETES THE ACTIVITY BY HIM/HERSELF WITH NO ASSISTANCE from helper. Once the patient is in the shower or tub, patient washes, rinses and dries self without any assistance from helper. Patient can use required equipment, such as a bathmitt.

Task	1 – Dependent	2 – Substantial/ maximal assistance	3 – Partial/ moderate assistance	4 – Supervision or touching assistance	5 – Setup/clean-up assistance	6 - Independent
Putting on & Taking	Helper does ALL the	Helper does MORE	Helper does LESS THAN	Helper provides	Helper SETS UP or	Patient COMPLETES
off footwear	effort. Patient does	THAN HALF the	HALF the effort. Helper	VERBAL CUES or	CLEANS UP, but	THE ACTIVITY BY
	none of the effort to	effort. Helper lifts or	lifts or holds trunk or	TOUCHING/	patient completes the	HIM/HERSELF WITH
The ability to put on	complete the task.	holds trunk or limbs,	limbs, but provides	STEADYING assistance	activity. Helper only	NO ASSISTANCE from
and take off socks and	Patient is dependent	but provides more	less than half the	as patient completes	assists prior to or	helper.
shoes or other	in all aspects of	than half the effort.	effort.	the activity.	following putting	Patient puts on socks,
footwear that are	putting on and taking	Patient participates	Patient participates in	The patient requires	on/taking off	shoes or other
appropriate for safe	off socks and shoes or	in putting on/taking	putting on/taking off	prompting and cueing	footwear.	footwear (including
mobility.	other footwear. The	off shoes/footwear,	shoes/footwear, and	for sequencing to fully	Patient needs helper	compression stockings)
	patient may be able to	but helper provides	helper provides <50 %	accomplish putting on	for initial preparation	and can tie/velcro the
Code the patient's	raise legs/feet to	>50% of the effort	of the effort	& taking off socks,	such as handing the	footwear as well as
most usual	allow helper to put	OR	OR	shoes, or other	patient socks/shoes or	remove the footwear
performance.	the shoes/socks on,	Patient is able to	Patient is able to pull	footwear	handing the patient	and socks/stockings
	but the helper does all	bring the sock or	on the sock or shoe,	with/without adaptive	required equipment	without any assistance
Activities may be	the effort to put	shoe to the foot, but	but is unable to	equipment.	such as sock aid, shoe	from helper. Patient
completed	on/remove socks and	is unable to pull	completely pull them	AND/OR	horn or in application	can use required
with/without assistive	shoes or other	them on and snugly	on to fit snugly on foot	There may be	of an orthosis /	equipment such as sock
devices.	footwear and the	fit them on foot.	with/without adaptive	concerns about safety	prosthesis /	aid or shoe horn.
	patient contributes no	OR	equipment if necessary	with completing task	compression	
	effort to the task.	Once helper starts	OR	without falling over	stockings. Patient	
		the sock, the patient	Once helper starts the	which require verbal	may need helper to	
		is able to pull it on,	sock, the patient is able	cues from helper for	smooth stockings, or	
		but patient is unable	to pull it on AND once	technique	tie shoelaces or fasten	
		to assist with	helper fits	AND/OR	velcro once shoes/	
		shoes/footwear	shoe/footwear on	Touching/Steadying	footwear are on	
		OR	distal part of foot,	only may be required		
		Patient is unable to	patient is able to slip	while reaching	Note: If a patient can	
		assist with socks, but	the entire foot into the	forward to put on or	complete all tasks of	
		once helper fits	shoe/footwear	take off shoes/socks	putting on/taking off	
		shoe/footwear on	with/without adaptive	or in fastening Velcro	footwear <u>except</u>	
		distal part of foot,	equipment if necessary	or tying shoe laces or	putting on/taking off	
		patient is able to slip		in using adaptive	compression	
		the entire foot into		equipment safely and	stockings, the score	
		the shoe/footwear		correctly	would be a "5"	

Task	1 – Dependent	2 - Substantial/	3 – Partial/ moderate	4 – Supervision or	5 - Setup/clean-	6 - Independent
	·	maximal assistance	assistance	touching assistance	up assistance	•
Lying to Sitting on	Helper does ALL the	Helper does MORE	Helper does LESS THAN	Helper provides	Helper SETS UP or	Patient COMPLETES
Side of Bed	effort. Patient does	THAN HALF the effort.	HALF the effort. Helper	VERBAL CUES or	CLEANS UP, but	THE ACTIVITY BY
	none of the effort	Helper lifts or holds	lifts or holds trunk or	TOUCHING/	patient completes	HIM/HERSELF WITH
The ability to safely	to complete the	trunk or limbs, but	limbs, but provides less	STEADYING assistance	the activity.	NO ASSISTANCE from
move from lying on	task.	provides more than half	than half the effort.	as patient completes	Helper only assists	helper.
the back to sitting on	Patient is	the effort. Patient	Patient participates in	the activity.	prior to or	Patient safely moves
the side of the bed	dependent in all	participates in safely	safely moving from lying on	Patient requires	following moving	from lying on his/her
with feet flat on the	aspects of safely	moving from lying on the	the back to sitting on the side of the bed, and helper	prompting and cueing	from lying to	back to sitting on the
floor, no back support.	moving from lying	back to sitting on the side of the bed, but helper	provides <50% of the effort	for sequencing to fully	sitting on side of	side of the bed with
	on the back to	provides >50% of the effort	OR	accomplish safely	bed.	feet flat on the floor
Code the patient's	sitting on the side of	OR	Patient is able to roll self	moving from lying on	Patient needs	with no back support
most usual	the bed with feet	Patient is able to initiate	using bedrail &/or bends	the back to sitting on	helper for initial	without any assistance
performance.	flat on the floor, no	positioning self by reaching	one knee to push self over,	the side of the bed with	preparation such	from helper. Patient
	back support.	for bedrail or bending one	but is unable to generate	no back support	as moving bed to	can use required
Activities may be	Patient may cross	knee to push self over, but	enough physical effort to	AND/OR	optimal height	equipment such as
completed	arms over chest or	is unable to initiate any	sit up completely without	There may be concerns	position, adjusting	orthosis/prosthesis,
with/without assistive	cross legs in	physical effort at rolling	assistance from helper. Once sitting, patient	about safety with	bedrails or grab	bedrails or grab bars.
devices.	preparation for	over or pushing up to sit. Once sitting, patient	requires occasional	completing the task	bars, removing	
	moving from supine	requires full assist to stay	physical assist to stay	without falling over	bedcovers, or in	
	to sit, but does not	upright.	upright.	which require verbal	application of an	
	participate in the	OR	OR	cues from helper for	orthosis /	
	actual task being	Patient is unable to initiate	Patient is able to move legs	technique	prosthesis. Patient	
	measured.	positioning self for coming	to side of bed, but requires	AND/OR	may need helper	
		to sitting position, but once	some assistance to sit up;	Touching/Steadying	to remove	
		feet are on the floor, the	patient can accomplish positioning self on side of	only may be required	orthosis/prosthesis	
		patient is able to sit	the bed with feet are on	for hand placement,	following activity	
		unsupported for intermittent brief periods.	the floor, but is only able to	initial sitting balance,	or adjust bed	
		OR	sit unsupported for short	sitting balance after	position or bedrails	
		Patient is able to pull using	periods of time.	fatigue, and/or pelvic	following sitting	
		bedrails, initiate push up	OR	stability for sitting	up.	
		from bed, &/or move legs	Patient is able to pull using	without back support.		
		toward the side of the bed,	bedrails or initiate push up			
		but helper provides > 50%	from bed, and helper			
		of the effort to sit up on	provides < 50% of the			
		side of bed and once	effort to sit up on side of bed and once sitting,			
		sitting, patient requires > 50% assistance from helper	patient requires < 50%			
		to remain upright.	assistance from helper to			
		to remain aprignt.	remain upright.			

Task	1 – Dependent	2 – Substantial/ maximal assistance	3 – Partial/ moderate assistance	4 – Supervision or touching assistance	5 – Setup/clean-up assistance	6 - Independent
The ability to move from sitting on side of bed to lying flat on the bed. Code the patient's most usual performance. Activities may be completed with/without assistive devices.	Helper does ALL the effort. Patient does none of the effort to complete the task. Patient is dependent in all aspects of safely moving from sitting on the side of the bed to lying flat on the bed. Patient may cross arms over chest or cross legs in preparation for moving from sit to supine, but does not participate in the actual task being measured.	Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs, but provides more than half the effort. Patient participates in safely moving from sitting on side of bed to lying flat on the bed, but helper provides >50% of the effortOR Patient is able to initiate the movement by reaching for bedrail, lowering self to elbow or partially lifting legs toward the bed, but is unable to initiate a significant physical effort at moving to a lying position. Patient requires >50% assistance from helper to get legs on bed and in a fully flat positionOR Patient is unable to initiate positioning self for getting to a lying position, but once movement is started, the patient is able to lift one leg partially/completely onto the bedOR Patient is unable to contribute to moving from a sitting position to lying on side or lift legs on bed, & helper provides >50% of the effort but once legs are up on the bed, the patient can roll to their back.	Helper does LESS THAN HALF the effort. Helper lifts or holds trunk or limbs, but provides less than half the effort. Patient participates in safely moving from sitting on side of bed to lying flat on the bed, and helper provides <50% of the effortOR Patient is able to reach for bedrail or lower self to elbow & lift legs toward the bed, but cannot achieve enough physical effort to complete moving to a lying position. Patient requires <50% assistance from helper to get legs on bedOR Patient needs assistance to initiate sidelying, but once there, the patient is able to lift legs onto the bedOR Patient is able to initiate moving from a sitting position to lying on side and lift legs on bed, but once there, helper provides <50% of the effort to assist patient to roll to their back.	Helper provides VERBAL CUES or TOUCHING/ STEADYING assistance as patient completes the activity. Patient requires prompting and cueing for sequencing to fully accomplish safely moving from sitting on side of bed to lying flat on the bedAND/OR There may be concerns about safety with completing task without falling over or to follow orthopedic precautions which require verbal cues from helper for techniqueAND/OR Touching/Steadying only may be required for hand placement, lowering self to sidelying, getting legs completely on the bed and/or rolling onto back.	Helper SETS UP or CLEANS UP, but patient completes the activity. Helper only assists prior to or following moving from sitting on side of bed to lying flat. Patient needs helper for initial preparation such as moving bed to optimal height position, adjusting bedrails or pillows, removing bedcovers or in application of an orthosis / prosthesis. Patient may need helper to remove orthosis/prosthesis following activity or adjust bed position or bedrails following lying down.	Patient COMPLETES THE ACTIVITY BY HIM/HERSELF WITH NO ASSISTANCE from helper. Patient safely moves from sitting on side of bed to lying flat on the bed without any assistance from helper. Patient can use required equipment such as orthosis/prosthesis, bedrails or grab bars.

Task	1 – Dependent	2 – Substantial/ maximal assistance	3 – Partial/ moderate assistance	4 – Supervision or touching assistance	5 – Setup/clean-up assistance	6 – Independent
Rolling left & right	Helper does ALL the	Helper does MORE	Helper does LESS THAN	Helper provides	Helper SETS UP or	Patient COMPLETES
	effort. Patient does	THAN HALF the effort.	HALF the effort. Helper	VERBAL CUES or	CLEANS UP, but	THE ACTIVITY BY
The ability to roll from	none of the effort	Helper lifts or holds	lifts or holds trunk or	TOUCHING/	patient completes	HIM/HERSELF WITH
lying on back to left	to complete the	trunk or limbs, but	limbs, but provides less	STEADYING	the activity. Helper	NO ASSISTANCE from
and right side, and	task.	provides more than half	than half the effort.	assistance as patient	only assists prior to	helper.
return to lying on the	Patient is	the effort.	Patient participates in	completes the	or following rolling	Patient safely rolls
back	dependent in all	Patient participates in	safely rolling from lying	activity.	left to right.	from lying on his/her
	aspects of rolling	safely rolling from lying	on the back to the left &	Patient requires	Patient needs helper	back to the right and
Code the patient's	from lying on the	on the back to the left &	right side, and returning	prompting and	for initial preparation	left side and returning
most usual	back to the left &	right side, and returning	to lying on the back, and	cueing for	such as placing hands	to lying on the back
performance.	right side, and	to lying on the back, but	helper provides <50% of	sequencing to fully	on bedrail or	without any assistance
	returning to lying on	helper provides >50% of	the effort	accomplish safely	positioning leg in	from helper. Patient
Activities may be	the back. Patient	the effort	OR	rolling from lying on	hooklying to push for	can use required
completed	may cross arms over	OR Patient is able	Patient is able to	back to the left &	rolling to right or left	equipment such as
with/without assistive	midline or move	to initiate rolling by	partially complete rolling	right side and	side, adjusting	orthosis/prosthesis,
devices.	legs in preparation	reaching for bedrail or	by reaching for bedrail,	returning to lying on	bedrails or grab bars,	electric bed controls,
	for rolling, but does	bending one knee to use	and initiates effort to	the back	or removing	bedrails or grab bars.
	not participate in	for pushing over, but is	roll over, but is unable	AND/OR	bedcovers or in	
	the actual task	unable to initiate any	to exert enough physical	There may be	application of a	
	being measured.	physical effort at rolling	effort to complete the	concerns about	orthosis / prosthesis	
		over or returning to back	roll	safety with	AND/OR	
		OR	OR	completing task due	Patient may need	
		Patient is able to	Patient is able to roll to	to mobility	helper to remove	
		partially complete rolling	one side, return to back	restrictions &/or	orthosis/prosthesis	
		to right or left and	and initiate rolling to the	orthopedic	following activity or	
		almost complete	other side, but requires	restrictions which	adjust bed position	
		returning to lying on	<50% effort provided by	require verbal cues	or bedrails following	
		back, but helper still	helper to complete the	from helper for	returning to back.	
		provides >50% of the	task, but patient can	technique		
		effort	return to lying on back	AND/OR		
		OR		Touching/Steadying		
		Patient is able to roll to		only may be required		
		one side, but requires		for hand placement,		
		complete assistance		positioning in		
		from the helper to roll to		preparation for roll		
		other side and return to		or after rolling,		
		lying on the back		and/or after fatigue.		

Task	1 – Dependent	2 – Substantial/	3 – Partial/ moderate	4 – Supervision or	5 - Setup/clean-	6 - Independent
Task	1 Dependent	maximal assistance	assistance	touching assistance	up assistance	0 - macpenaem
Sit to Stand	Helper does ALL the	Helper does MORE	Helper does LESS THAN	Helper provides	Helper SETS UP or	Patient COMPLETES
	effort. Patient does	THAN HALF the effort.	HALF the effort. Helper	VERBAL CUES or	CLEANS UP;	THE ACTIVITY BY
The ability to safely	none of the effort	Helper lifts or holds	lifts or holds trunk or	TOUCHING/	patient completes	HIM/HERSELF WITH
come to a standing	to complete the	trunk or limbs, but	limbs, but provides less	STEADYING assistance	the activity.	NO ASSISTANCE from
position from sitting in	task.	provides more than half	than half the effort.	as patient completes	Helper only assists	helper.
a chair or on the side	Patient is	the effort.	Patient participates in	the activity.	prior to or	Patient safely moves
of the bed.	dependent in all	Patient participates in	safely coming to a standing	Prompting and cueing	following moving	from sitting in a chair
	aspects of safely	safely coming to a standing	position from sitting in a	for sequencing to fully	from sit to stand.	or on the side of the
Code the patient's	coming to a	position from sitting in a	chair or on the side of the bed, and helper provides	accomplish safely	Patient needs	bed to standing
most usual	standing position	chair or on the side of the bed, but helper provides	< 50% of the effort	moving from sitting in a	helper for initial	without any assistance
performance.	from sitting in a	>50% of the effort	OR	chair or on the side of	preparation such	from helper. Patient
	chair or on the side	OR	Patient is able to complete	the bed to standing.	as moving bed to	completes
Activities may be	of the bed.	Patient is able to complete	preparatory steps to stand	There may be concerns	optimal height	appropriate safety
completed	Patient may cross	preparatory steps to stand	by securing chair, placing	about safety with	position, adjusting	steps which may
with/without assistive	arms over chest or	by securing chair, placing	assistive device in	completing task before	bedrails or	include locking brakes,
devices.	place hands on an	assistive device in	appropriate place,	chair is locked, lifting	armrests, locking	moving footrests,
	assistive device or	appropriate place, scooting	positioning legs/feet in preparation for weight-	footrests, or without	brakes, lifting	positioning assistive
	therapist in	to edge of chair, positioning legs/feet in	bearing, rocking prior to	falling over which	footrests, or	devices, and/or using
	preparation for	preparation for weight-	coming to stand, and	require verbal cues	placing assistive	other required
	standing, but does	bearing, rocking prior to	helper provides <50% of	from helper for	device or transfer	equipment such as
	not participate in	coming to stand, but	the physical effort to stand.	technique.	pole within reach,	orthosis/prosthesis or
	the actual task	provides <50% of the	OR	Touching/Steadying	or in application of	armrests/transfer
	being measured.	physical effort to stand.	Patient is unable to	only may be required	a orthosis /	poles.
		OR	complete preparatory steps	for hand/foot/trunk	prosthesis. Patient	
		Patient is unable to	to stand, but once feet are on the floor, the patient is	placement, initial	may need helper	
		complete preparatory steps	able to lean forward and	standing balance,	to remove	
		to stand, but once feet are on the floor, the patient is	stand with <50% physical	locking brakes, and/or	orthosis/prosthesis	
		able to generate some	assistance from helper.	using assistive device	or transfer pole	
		power to lean forward and	OR	appropriately once	following activity	
		stand.	Patient is able to complete	standing.	or adjust assistive	
		OR	>50% of the preparatory		device position.	
		Patient is able to complete	steps to stand, helper			
		< 50% of the preparatory	provides <50% of the effort			
		steps to stand, and -helper	to assist the patient to a			
		provides > 50% of the	standing position.			
		effort to assist the patient to a standing position.				
		to a standing position.		l	l	

Task	1 – Dependent	2 – Substantial/	3 – Partial/ moderate	4 – Supervision or	5 - Setup/clean-	6 - Independent
	-	maximal assistance	assistance	touching assistance	up assistance	-
Chair/Bed-to-Chair	Helper does ALL the	Helper does MORE	Helper does LESS THAN	Helper provides	Helper SETS UP or	Patient COMPLETES
Transfer	effort. Patient does	THAN HALF the effort.	HALF the effort. Helper	VERBAL CUES or	CLEANS UP, but	THE ACTIVITY BY
	none of the effort	Helper lifts or holds	lifts or holds trunk or	TOUCHING/	patient completes	HIM/HERSELF WITH
The ability to safely	to complete the	trunk or limbs, but	limbs, but provides less	STEADYING assistance	the activity.	NO ASSISTANCE from
transfer to & from a	task.	provides more than half	than half the effort.	as patient completes	Helper only assists	helper.
chair (or wheelchair).	Patient is	the effort.	Patient participates in rocking to allow sliding board or other	the activity.	prior to or	Patient safely
The chairs are placed	dependent in all	Patient participates in rocking/ leaning/rolling to allow Hoyer	device to be placed	Patient requires	following	transfers to and from
at right angles to each	aspects of safely	sling or sliding board or other	underneath them and	prompting and cueing	chair/bed-to-chair	a chair or WC placed
other.	transferring to &	device to be placed	participates in leaning forward	for sequencing to fully	transfer.	at right angles to each
	from a chair or	underneath them – or	to come to a standing position	accomplish safely	Patient needs	other without any
Code the patient's	wheelchair placed	participates in leaning forward	from sitting in a chair or on the side of the bed, and helper	transferring from a	helper for initial	assistance from
most usual	at right angles to	to come to a standing position from sitting in a chair or on the	provides <50% of the effort to	chair or WC placed at	preparation such	helper. Patient
performance.	each other.	side of the bed, but helper	complete the transfer	right angles	as removing or	completes
	Patient may cross	provides >50% of the effort	OR	AND/OR	adjusting armrests,	appropriate safety
Activities may be	arms over chest in	OR	Patient is able to complete preparatory steps to stand by	There may be concerns	locking brakes,	steps which may
completed	preparation for	Patient is able to complete some or most of the	securing chair, scooting to	about safety with	lifting footrests,	include locking brakes,
with/without assistive	standing or bearing	preparatory steps to transfer	edge of chair, positioning	completing task before	placing sliding	moving footrests,
devices.	weight through legs,	by securing chair, scooting to	legs/feet in preparation for	chair is locked, lifting	board, or in	positioning sliding
	but does not	edge of chair, positioning legs/feet in preparation for	weight-bearing, rocking prior to coming to stand, or placing	footrests, or without	application of an	board, and/or using
	participate in the	weight-bearing, rocking prior	sliding board underneath them	falling over which	orthosis /	other required
	actual task being	to coming to stand, or partially	but helper provides <50 %	require verbal cues	prosthesis. Patient	equipment such as
	measured. The	placing sliding board	effort to transfer to the chair/WC.	from helper for	may need helper	orthosis/prosthesis or
	transfer may	underneath them but helper provides >50% of the effort to	OR	technique	to position	other assistive device.
	require 1 helper, 2	transfer to the chair/WC.	Patient is unable to complete	AND/OR	assistive device (if	
	helpers and/or	OR	preparatory steps to transfer,	Touching/Steadying	used once	
	require a sliding	Patient is unable to complete	or scoot to edge of chair/bed but once feet are on the floor	only may be required	standing). Patient	
	board or Hoyer Lift.	preparatory steps to transfer, but once feet are on the floor,	or sliding board is in place, the	for hand/foot/trunk	may need helper	
		the patient is able to generate	patient is able to lean forward,	placement, initial	to remove	
		some power to lean forward,	bear weight through legs, and	standing balance or	orthosis/prosthesis	
		bear weight through legs,	complete the transferOR	sliding board	or sliding board	
		move feet and transferOR	Patient is able to complete >	placement, removing	following activity	
		Patient is able to complete	50% of the preparatory steps	armrests, locking	or replace	
		some of the preparatory steps	to transfer, and > 50% of the	brakes, and/or using	footrests or	
		to transfer, and bears weight /	effort to transfer to a chair or WC. Helper provides <50 %	assistive device	armrests.	
		moves feet during transfer, but helper provides > 50 % of the	vvc. Helper provides >30/0	appropriately (if		
		effort to assist the patient in		necessary) once		
		transferring to a chair or WC.		standing to pivot and		
				transfer.		

Task	1 – Dependent	2 – Substantial/ maximal assistance	3 – Partial/ moderate assistance	4 – Supervision or touching assistance	5 – Setup/clean-up assistance	6 - Independent
Toilet Transfer	Helper does ALL	Helper does MORE	Helper does LESS THAN	Helper provides	Helper SETS UP or	Patient COMPLETES
	the effort.	THAN HALF the effort.	HALF the effort. Helper	VERBAL CUES or	CLEANS UP, but	THE ACTIVITY BY
The ability to safely	Patient does	Helper lifts or holds	lifts or holds trunk or	TOUCHING/	patient completes the	HIM/HERSELF WITH
get on and off a toilet	none of the effort	trunk or limbs, but	limbs, but provides less	STEADYING assistance	activity. Helper only	NO ASSISTANCE from
or commode	to complete the	provides more than half	than half the effort.	as patient completes	assists prior to or	helper.
	task.	the effort.	Patient participates in rocking	the activity.	following toilet	Patient safely gets on
Code the patient's	Patient is	Patient participates in rocking	to allow sliding board or other	Prompting and cueing	transfer.	and off a toilet or
most usual	dependent in all	to allow sliding board or other device to be placed	device to be placed underneath them and	for sequencing to fully	Patient needs helper	commode without any
performance.	aspects of safely	underneath them – or	participates in leaning forward	accomplish a safe	for initial preparation	assistance from
	getting on and off	participates in leaning forward	to come to a standing position	transfer to/from a	to get on/off toilet or	helper. Patient
Activities may be	a toilet or	to come to a standing position	from sitting, and helper	commode or toilet	commode – e.g., if	completes
completed	commode.	from sitting, but helper	provides <50% of the effort to complete the toilet transfer	AND/OR	approaching by WC:	appropriate safety
with/without assistive	Patient may cross	provides >50% of the effort to complete the toilet transfer	OR	There may be	removing or adjusting	steps which may
devices.	arms over chest in	OR	Patient is able to complete	concerns about safety	armrests, locking	include: If
	preparation for	Patient is able to complete	preparatory steps to stand by securing chair, scooting to	and accuracy of sitting	brakes, lifting	approaching by WC:
	transfer, but does	preparatory steps to stand by securing chair, positioning	edge, positioning legs/feet in	on toilet/commode, or	footrests, or placing	locking brakes, moving
	not participate in	legs/feet in preparation for	preparation for weight-	about balance while	sliding board; or if	footrests, positioning
	the actual task	weight-bearing, rocking prior	bearing, rocking prior to	seated on toilet which	approaching by	sliding board; and/or
	being measured.	to coming to stand, or partially	coming to stand, and /or placing sliding board	require verbal cues	ambulation:	if approaching by
	The transfer may	placing sliding board underneath them but helper	underneath them but helper	from helper for	placement of assistive	ambulation:
	require 1 helper,	provides >50% of the effort to	provides some effort to	technique	device, application of	placement of assistive
	2 helpers and/or	transfer to/from a	transfer to/from the	AND/OR	an orthosis /	device, using other
	require a sliding	commode/toilet.	toilet/commode.	Touching/Steadying	prosthesis. Patient	required equipment
	board.	OR Patient is unable to complete	OR Patient is unable to complete	only may be required	may need helper to	such as
		preparatory steps to transfer,	preparatory steps to get in	for hand/foot/trunk	remove	orthosis/prosthesis or
		but once feet are on the floor,	position/prepare to transfer,	placement, standing	orthosis/prosthesis or	other assistive device.
		the patient is able to generate	but once feet are on the floor	balance or sliding	sliding board following	
		some power to lean forward,	or sliding board is in place, the patient is able to lean forward,	board placement,	activity or replace	
		bear weight through legs, move feet, and transfer	bear weight through legs and	eccentric control while	footrests or armrests.	
		to/from a commode/toilet.	complete the transfer to/from	lowering self onto		
		OR	the toilet/commode.	toilet, and/or to		
		Patient is able to complete	OR Patient is able to complete	accurately sit on		
		some of the preparatory steps to transfer, and bears	> 50 % of the preparatory steps	toilet/commode seat.		
		weight/moves feet during	to transfer, and > 50% of the			
		transfer, but helper provides >	effort to transfer to a			
		50% of the effort to assist the	toilet/commode. Helper provides <50%			
		patient in transferring to/from a commode/toilet.	p. 5.1.6.5 196/0			

LONGEST DISTANCE - WALKING

If the patient achieves locomotion by walking AND using a WC, COMPLETE this section

If the patient currently does not ambulate, but it is a goal of the therapy plan of care, COMPLETE this section

If the patient only uses a WC, and does not currently ambulate AND ambulating will not be a goal of the therapy plan of care, code this section on walking distance with "N"

STEP 1: ASSESS MAXIMUM DISTANCE WALKED: (Only score one distance and the others will remain blank)

Once standing, the patient can wa >/= 150 feet (45 m) in a corridor of similar space, with or without any level of helper assistance YES NO Go to Step 2: Choose Assistance rating for Walking >/=150 feet	= 150 feet (45 m) in a corridor or nilar space, with or without any el of helper assistance YES NO To Step 2: Choose Assistance Y in a corridor or similar space, with or without any level of helper assistance YES NO Go to Step 2: Choose Assistance		Once standing, the patient can walk >/= 50 feet (15 m), but = 99 feet in a corridor or similar space, with or without any level of helper assistance YES NO Go to Step 2: Choose Assistance rating for Walking /=50 feet		Once standing, the patient can walk in room or >/= 10 feet (3 m) but =49 feet in a corridor or similar space, with or without any level of helper assistance YES NO Go to Step 2: Choose Assistance rating for Walking in Room or /=10 feet		Once standing, the patient is unable to walk or is unable to walk > 10 feet (3 m) in a corridor or similar space, with or without any level of helper assistance YES Patient is coded as "1"/Dependent for Walking in Room or >/=10 feet	
STEP 2: CODE HIS/HER LEVEL OF 1 – INDEPENDENCE	- Dependent	2 – Substantial/ maximal assistance	ıl	3 – Partial/ moderate assistance	4 – Supervision or touching assistance	5 – Setup/clea assistance	•	6 - Independent
Mobility Distance (150, 100, 50, 10 feet) based on the maximum distance the patient is able to walk. Code the patient's most with a steps Activities may be completed with/without assistive devices. the end does does does does does does does doe	ratient may be to stand up assistance, but able to take	Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs, but provides more than half the effort. Patient may be able to bear weight through arms (if AD used) and advance one or tw feet in attempts to walk, but helper provides >50% of the effort to achieve the motionOR Patient may be able to bear weight through arms (if AD used) but requires assistance to advance an impaired limb or advance the AD without assistance from helperOR Patient may be able to bear weight through arms and tak some steps, but helper is providing >50% of the effort advance the AD and/or provide support to the patien to remain upright.	wo t ::	Helper does LESS THAN HALF the effort. Helper lifts or holds trunk or limbs, but provides less than half the effort. Patient able to bear weight through arms (if AD used), advance feet and/or AD to walk, and helper provides <50% of the effort to achieve the motionOR Patient able to bear weight through arms (if AD used), take some steps, & advance AD, and helper is providing <50% of the effort to provide support to the patient to remain upright, or assist with advancing the AD, or brace/position an impaired limbOR Patient able to walk, but helper is providing <50% of the effort to insure appropriate weight-bearing restrictions are met	Helper provides VERBAL CUES or TOUCHING/ STEADYING assistance as patient completes the activity. Patient needs prompting and cueing for sequencing to use AD or accomplish mobility distanceAND/OR There may be concerns about safety when using the AD around obstacles or gait speed/step height/step lengthAND/OR Touching/Steadying only may be required for balance, for appropriate use of AD, or for weight-bearing restrictions.	Helper SETS UP or UP, but patient co the activity. Help assists prior to or following mobility distance. Patient needs help prepare for mobilit reaching for/posit AD or applying prosthesis/orthosis special shoes. Aftractivity, helper rer AD and/or assists prosthesis/orthosis brace/special shoes	ompletes er only oper to ty, by ioning is/brace/ er moves with is/	Patient COMPLETES THE ACTIVITY BY HIM/HERSELF WITH NO ASSISTANCE from helper. Patient safely walks the distance with/without an AD. Patient requires no help with the AD or with prosthesis/ orthosis/brace/special shoes.

LONGEST DISTANCE - WHEELCHAIR

If the patient achieves locomotion by using a WC AND walking, COMPLETE this section

If the patient currently does not use a WC, but it is a goal of the therapy plan of care, COMPLETE this section

If the patient only ambulates, and does not currently use a WC AND using a WC will not be a goal of the therapy plan of care, code this section on WC distance with a "N"

STEP 1: ASSESS MAXIMUM DISTANCE PROPELLED: (Only score one distance and the others will remain blank)

Once sitting, the patient ca wheel >/= 150 feet (45 m) corridor or similar space, w without any level of helper assistance YES NO Go to Step 2: Choose Assist rating for WC mobility >/=15	in a with or 1 sq o	vheel >/= 10.49 feet in a pace, with of helper ass YES Go to Step 2	the patient can of feet (30 m) up to a corridor or similar or without any level sistance NO C: Choose Assistance heeling >/=100 feet	whe 99 for space of h	e sitting, the patient can ele >/= 50 feet (15 m) up to eet in a corridor or similar ce, with or without any level elper assistance YES NO to Step 2: Choose Assistance ng for Wheeling >/=50 feet	any level of helper as	= 10 feet (3 n a corridor n or without ssistance NO	Once sitting, the patient is unable to wheel or is unable to wheel 10 feet (3 m) in a corridor or similar space, with or without a level of helper assistance YES Patient is coded as "1"/Dependent for Wheeling in Room or >/=10 feel	
STEP 2: CODE HIS/HER LEVEL OF INDEPENDENCE	1 – Depe	endent	2 – Substantial/ maximal assistanc	e	3 – Partial/ moderate assistance	4 – Supervision or touching assistance	5 – Setup/clean-up assistance		6 - Independent
Mobility Distance (150, 100, 50, 10 feet) based on the maximum distance the patient is able to wheel. Code the patient's most usual performance. Activities may be completed with/without assistive devices.	Helper does effort. Patinone of the ocomplete ask. Patient is dependent in all aspects mobility. Helper must he patient in the patient is under the patient	pendent s of propel n the WC. nly time this e used is if unable to	Helper does MORE THAN HALF the effor Helper lifts or holds trunk or limbs, but provides more than I the effort. Patient may be able to advance feet or place h to the floor in attempts propel WC/pull WC forward but helper provides >50% of the ef to move the WC forwar maneuver it around obstaclesOR Patient may be able to place hands on wheels a push/pull wheels but unable to complete one/more revolutions a helper provides >50% o the effort to move the M forward	half eels to ffort d or	Helper does LESS THAN HALF the effort. Helper lifts or holds trunk or limbs, but provides less than half the effort. Patient able to advance feet and place heels to the floor to propel WC/pull WC forward and helper provides <50% of the effort to move the WC forward or maneuver it around obstaclesOR Patient able to place hands on wheels and push/pull wheels to achieve some/most of required revolutions to move WC forward, and helper provides <50% of the effort to get started and/or make turns	Helper provides VERBAL CUES or TOUCHING/ STEADYING assistance as patient completes the activity. Patient requires prompting and cueing for sequencing to fully accomplish mobility distanceAND/OR There may be concerns about safety when maneuvering WC around obstacles or to avoid self- injury to hands & feetAND/OR Touching/Steadying only may be required for hand/foot placement or to complete full step or full revolution of wheelsAND/OR Touching/Steadying only may be required for assisting patient with turns	Helper SETS CLEANS UP, I patient comp the activity. only assists p or following distance. Patient needs prepare for me removing or ac armrests, unlo brakes, remov lifting footrest applying prosthesis/ort special shoes. activity, helpe armrests, leg r and/or assists prosthesis / or	but pletes Helper prior to mobility helper to obility, by djusting poking ring or ss or hosis/ After r replaces rests with	Patient COMPLETES THE ACTIVITY BY HIM/HERSELF WITH NO ASSISTANCE from helper. Patient safely propels wheelchair over the distance, making turns and/or moving around obstacles. Patient requires no help with WC armrests. footrests, brakes or with prosthesis/ orthosis/special shoes

Task	1 – Dependent	2 – Substantial/ maximal assistance	3 – Partial/ moderate assistance	4 – Supervision or touching assistance	5 – Setup/clean-up assistance	6 - Independent
Pick up Object	Helper does ALL the	Helper does MORE	Helper does LESS	Helper provides	Helper SETS UP or	Patient COMPLETES
	effort. Patient does	THAN HALF the effort.	THAN HALF the effort.	VERBAL CUES or	CLEANS UP, BUT	THE ACTIVITY BY
The ability to	none of the effort	Helper lifts or holds	Helper lifts or holds	TOUCHING/	patient completes the	HIM/HERSELF WITH
bend/stoop from a	to complete the	trunk or limbs, but	trunk or limbs, but	STEADYING assistance	activity. Helper only	NO ASSISTANCE from
standing position to	task.	provides more than half	provides less than	as patient completes	assists prior to or	helper.
pick up small object	Patient is	the effort.	half the effort.	the activity.	following bending or	Patient safely bends
such as a spoon from	dependent in all	Once standing, patient	Once standing, patient	Patient requires	stooping from a	over/stoops from a
the floor, once the	aspects of picking	participates in	participates in	prompting and cueing	standing position to	standing position to
patient is in a	up an object from	bending/stooping to pick	bending/stooping to	for sequencing to fully	pick up an object	pick up small object
standing position.	the floor. Once	up a small object from	pick up a small object	accomplish safely	from the floor.	from the floor without
	standing, the	the floor and standing	from the floor and	bending over/stooping	Patient needs helper	any assistance from
Code the patient's	patient may initiate	back up but helper	stands back up, and	from a standing	for initial preparation	helper. Patient can
most usual	bending over or	provides >50% of the	helper provides <50%	position to pick up a	such as getting in	use required
performance.	bend knees to	effort	of the effort	small object from the	position close enough	equipment such as
	stoop, but can make	OR	OR	floor	to the object before	orthosis/prosthesis.
Activities may be	no more than	Patient is able to bend	Patient bends over or	AND/OR	bending over/stooping	
completed	minimal motion to	over or stoop, but is	stoops, but needs	There may be	or in application of an	
with/without assistive	participate in the	unable to pick up an	<50% assistance from	concerns about safety	orthosis / prosthesis.	
devices.	actual task being	object or resume upright	helper to pick the	with completing task	Patient may need	
	measured.	standing without >50%	object up or resume	without falling over or	helper to remove	
		assistance from helper	upright standing	to follow orthopedic	orthosis/prosthesis	
		OR	without losing balance	precautions which	following activity.	
		Helper provides >50% of	OR	require verbal cues		
		the effort to help the	Helper provides <50%	from helper for		
		patient bend over/stoop	of the effort to assist	technique		
		from a standing position	the patient	AND/OR		
		and resume upright	bend/stoop from a	Touching/Steadying		
		standing, but the patient	standing position and	only may be required		
		is able to pick up the	resume upright	for bending over,		
		small object from the	standing, but the	stooping, and standing		
		floor.	patient is able to pick	back up.		
			up the small object			
			from the floor.			

Task	1 – Dependent	2 – Substantial/ maximal assistance	3 – Partial/ moderate assistance	4 – Supervision or touching assistance	5 – Setup/clean-up assistance	6 - Independent
Car Transfers The ability to transfer in & out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt. Code the patient's most usual performance. Activities may be completed with/without assistive devices.	Helper does ALL the effort. Patient does none of the effort to complete the task. Patient is dependent in all aspects of transferring in & out of a car or van on the passenger side. Patient may be able to stand up &/or bend over &/or bear weight through legs, but does not participate in the actual task being measured. The transfer may require 1 helper or 2 helpers.	Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs, but provides more than half the effort. Patient participates in stooping, bending or turning to get in position for car transfer, but helper provides >50% of the effortOR Patient is able to stoop, bend or turn and get part of the way in/out of car, but helper provides >50% of the effort to transfer in and out of the carOR Patient is unable to complete preparatory steps to transfer, but once the patient is sitting in the car seat, he is able to swing legs into car & out of car, but helper provides >50% of total effort to get patient in & out of carOR Patient is unable to complete preparatory steps to total effort to get patient in & out of carOR Patient is unable to complete preparatory steps to get into car and swing legs into & out of car, but once the patient is turned with feet on the ground, he is able to use AD/car support to initiate some force to stand up from car seat, but helper provides	Helper does LESS THAN HALF the effort. Helper lifts or holds trunk or limbs, but provides less than half the effort. Patient participates in stooping, bending or turning to get in position for car transfer, and helper provides <50% of the effortOR Patient is able to stoop, bend or turn and get most of the way in/out of car, and helper provides <50% of the effort to transfer in and out of the carOR Patient is able to complete most of the steps to transfer in & out of care, but helper provides <50% assistance to swing legs into car & out of carOR Patient is able to complete most of the steps to transfer in & out of car, including swinging legs in and out; once the patient is turned with feet on the ground, he is able to use AD/car support to initiate most of force to stand up from car seat, but helper provides <50% of the total effort to get patient out of car	Helper provides VERBAL CUES or TOUCHING/ STEADYING assistance as patient completes the car transfer. Patient requires prompting and cueing for sequencing to fully accomplish safely transferring in and out of a car or vanAND/OR There may be concerns about safety with completing task without falling over or for orthopedic precautions which require verbal cues from helper for techniqueAND/OR Touching/Steadying only may be required for hand/foot/trunk placement, standing balance, &/or swinging legs in/out of car.	Helper SETS UP or CLEANS UP, but patient completes the activity. Helper only assists prior to or following transferring in & out of a car or van. Patient needs helper for initial preparation such as getting in position close enough to car/van before transferring or in application of an orthosis / prosthesis/ special shoes. Patient may need helper to remove orthosis/prosthesis following activity.	Patient COMPLETES THE ACTIVITY BY HIM/HERSELF WITH NO ASSISTANCE from helper. Patient safely transfers in & out of a car or van on the passenger side without any assistance from helper. Patient can use required equipment such as orthosis/prosthesis/ special shoes.
		>50% of the total effort to get patient in & out of car				

ADDITIONAL MOBILITY ITEMS

If the patient achieves locomotion by walking AND using a WC, COMPLETE the remaining items If the patient currently does not ambulate, but it is a goal of the therapy plan of care, COMPLETE the remaining items

If the patient does not ambulate and it is not a goal of the therapy plan of care and the patient only utilizes a WC, ANSWER THE REMAINING QUESTIONS "N"

Task	1 – Dependent	2 – Substantial/	3 – Partial/ moderate	4 – Supervision or	5 – Setup/clean-up	6 - Independent
IdSK	1 – Dependent	maximal assistance	assistance	touching assistance	assistance	o - independent
Walk 50 feet with two	Helper does ALL the	Helper does MORE	Helper does LESS THAN	Helper provides	Helper SETS UP or	Patient COMPLETES
turns	effort. Patient does	THAN HALF the effort.	HALF the effort. Helper	VERBAL CUES or	CLEANS UP, but	THE ACTIVITY BY
	none of the effort	Helper lifts or holds	lifts or holds trunk or	TOUCHING/	patient completes the	HIM/HERSELF WITH
The ability to walk 50	to complete the	trunk or limbs, but	limbs, but provides less	STEADYING assistance	activity. Helper only	NO ASSISTANCE from
feet and make two	task.	provides more than	than half the effort.	as patient completes	assists prior to or	helper.
turns, once standing	The patient may be	half the effort.	Patient able to bear	the activity.	following walking 50	Patient safely walks
	able to stand up	Patient may be able to	weight through arms (if	Patient requires	feet with two turns.	the distance and
Code the patient's	without assistance,	bear weight through	AD used), walk 25 feet	prompting and cueing	Patient needs helper	completes two turns
most usual	but is unable to	arms (if AD used) and	turn, walk 25 feet and	for sequencing to use	to prepare for	with/without an AD.
performance.	walk 50 feet and	walk part of the	turn again, but helper is	AD (if applicable) or	mobility task, by	Patient requires no
	make two turns.	distance, but helper provides >50% of the	needed to provide <50 %	accomplish both turns	reaching	help with the AD or
Activities may be		effort to complete the	of the effort to complete	AND/OR	for/positioning AD or	with prosthesis/
completed		activity	the activity	There may be	applying	orthosis/special shoes
with/without assistive		OR	OR	concerns about safety	prosthesis/orthosis/	
devices.		Patient may be able to	Patient able to bear	when using the AD	special shoes. After	
		bear weight through	weight through arms (if	during turns	activity, helper	
		arms (if AD used) and	AD used), walk the	AND/OR	removes AD and/or	
		walk the first 25 feet but	distance & advance	There may be	assists with	
		is unable to turn, walk the 2 nd 25 feet and turn	walker, and helper is	concerns about gait	prosthesis/orthosis/	
		again without >50%	giving <50% of the effort	speed/step	special shoes.	
		assistance from helper	to provide support to	height/step length		
		OR	the patient during turns,	AND/OR		
		Patient may be able to	or assist with directional	Touching/ Steadying		
		bear weight through	changes.	only may be required		
		arms and walk the	OR	for balance, for		
		distance, but helper is	Patient able to walk and	appropriate use of AD,		
		providing >50% of the	turn, but helper is	and/or for weight-		
		effort to advance walker	providing <50% of the	bearing restrictions.		
		&/or complete turns and/or provide support	effort to insure			
		to the patient to remain	appropriate weight-			
		upright during	bearing restrictions are			
		directional changes.	met			

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Task	1 – Dependent	2 – Substantial/	3 - Partial/	4 – Supervision or	5 – Setup/clean-up	6 - Independent
		maximal assistance	moderate assistance	touching assistance	assistance	o macpenaent
Walk 10 feet on	Helper does ALL the	Helper does MORE	Helper does LESS THAN	Helper provides	Helper SETS UP or	Patient COMPLETES
uneven surfaces	effort. Patient does	THAN HALF the effort.	HALF the effort. Helper	VERBAL CUES or	CLEANS UP, but	THE ACTIVITY BY
	none of the effort to	Helper lifts or holds	lifts or holds trunk or	TOUCHING/	patient completes the	HIM/HERSELF WITH
The ability to walk 10	complete the task.	trunk or limbs, but	limbs, but provides	STEADYING assistance	activity. Helper only	NO ASSISTANCE from
feet on uneven or	The patient may be	provides more than	less than half the	as patient completes	assists prior to or	helper.
sloping surfaces, such	able to stand up	half the effort.	effort.	the activity.	following walking 10	Patient safely walks
as grass or gravel.	without assistance,	Patient may be able to	Patient able to bear	Patient requires	feet on uneven or	the distance
	and ambulate on	bear weight through	weight through arms (if	prompting and cueing	sloping surfaces.	with/without an AD.
Code the patient's	even surfaces, but is	arms (if AD used) and	AD used) and walk 10 feet	for sequencing to use	Patient needs helper	Patient requires no
most usual	unable to walk 10	walk part of the	on uneven or sloping	AD	to prepare for	help with the AD or
performance.	feet on uneven or	distance, but helper	surfaces and helper	AND/OR	mobility task, by	with prosthesis/
, ,	sloping surfaces.	provides >50% of the	provides <50% of the effort to achieve the	There may be	reaching	orthosis/special shoes.
Activities may be		effort to achieve the activity	activity	concerns about safety	for/positioning AD or	, ,
completed		OR	OR	when using the AD on	applying	
with/without assistive		Patient may be able to	Patient may be able to	uneven surfaces	prosthesis/orthosis/	
devices.		bear weight through	bear weight through arms	AND/OR	special shoes. After	
		arms and achieve the	and achieve the distance,	Patient may require	activity, helper	
		distance, but helper is	but helper is providing	prompting and cueing	removes AD and/or	
		providing >50% of the	< 50 % of the effort to	for gait speed/step	assists with prosthesis	
		effort to advance walker	advance walker & provide	height/step length.	/ orthosis/special	
		& provide support/	support/ balance to the	AND/OR	shoes.	
		balance to the patient	patient	Touching/ Steadying	311003.	
		OR	OR	only may be required		
		Patient may be able to bear weight through	Patient may be able to	for balance, for		
		arms and achieve the	bear weight through arms and achieve the distance,	appropriate use of AD,		
		distance, but helper is	but helper is providing	or for weight-bearing		
		providing >50% of the	< 50% of the effort to help	restrictions		
		effort to help patient	patient achieve enough	restrictions		
		achieve enough power	power to get up a slope			
		to get up a slope	OR			
		OR	Patient may be able to			
		Patient may be able to	bear weight through arms			
		bear weight through	and achieve the distance,			
		arms and achieve the	but helper is providing			
		distance, but helper is	<50% of the effort to help			
		providing >50% of the	patient maintain WB			
		effort to help patient maintain WB restrictions	restrictions			
		mamam wb restrictions				

Task	1 – Dependent	2 – Substantial/ maximal assistance	3 – Partial/moderate assistance	4 – Supervision or touching assistance	5 – Setup/clean-up assistance	6 - Independent
1 step (curb) The ability to step over a curb or up and down one step. Code the patient's most usual performance. Activities may be completed with/without assistive devices.	Helper does ALL the effort. Patient does none of the effort to complete the task. The patient may be able to stand up without assistance, but is unable to even initiate taking a step up or down. Patient is totally dependent in the task.	Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs, but provides more than half the effort. Patient may be able to bear weight through arms (if AD used) but is unable to lift a foot onto curb/step without >50% assistance from helperOR Patient may be able to bear weight through arms (if AD used) and lift foot in attempt to step up, but helper provides >50% of the effort to achieve the power to step over / step up & down and/or to maintain balanceOR Patient may be able to bear weight through arms and place foot on step/curb, but helper is providing >50% of the effort to stabilize stance knee and/or provide balancing support while getting onto or over curb/step	Helper does LESS THAN HALF the effort. Helper lifts or holds trunk or limbs, but provides less than half the effort. Patient is able to bear weight through arms (if AD used) and is able to lift one foot onto curb/step but needs <50% assistance from helper to step up and/or get 2 nd foot onto curb/step, & is able to step down with <50% assistanceOR Patient is able to bear weight through arms (if AD used) and step both feet onto curb/step, and helper provides <50% of assist as patient steps down from curb/stepOR Patient may be able to bear weight through arms, step feet on and off the step/curb, but needs helper to provide <50% assistance to stabilize knee(s) &/or provide balancing support	Helper provides VERBAL CUES or TOUCHING/ STEADYING assistance as patient completes the activity. Patient requires prompting and cueing for sequencing to use AD (if used) or accomplish step up and downAND/OR There may be concerns about safety if using an AD or appropriate sequence of step up and down due to orthopedic precautionsAND/OR Touching/ Steadying only may be required for balance, for appropriate use of AD, or for weight-bearing restrictions.	Helper SETS UP or CLEANS UP, but patient completes the activity. Helper only assists prior to or following stepping over a curb or up & down one step. Patient needs helper to help prepare for stepping up on curb/step, by reaching for/positioning AD or applying prosthesis/orthosis. After activity, helper removes AD and/or assists with prosthesis/orthosis/ special shoes.	Patient COMPLETES THE ACTIVITY BY HIM/HERSELF WITH NO ASSISTANCE from helper. Patient safely steps over a curb or up & down one step with/without an AD. Patient requires no help with the AD or with prosthesis/ orthosis/special shoes.

		2 – Substantial/	3 - Partial/	4 – Supervision or	E _ Cotun /cloon	
Task	1 – Dependent	· ·		•	5 – Setup/clean-up	6 - Independent
4 .		maximal assistance	moderate assistance	touching assistance	assistance	D 1' 1 COMPLETES
4 steps	Helper does ALL the	Helper does MORE	Helper does LESS THAN	Helper provides	Helper SETS UP or	Patient COMPLETES
	effort. Patient does	THAN HALF the effort.	HALF the effort. Helper	VERBAL CUES or	CLEANS UP, but	THE ACTIVITY BY
The ability to go up	none of the effort to	Helper lifts or holds	lifts or holds trunk or	TOUCHING/	patient completes the	HIM/HERSELF WITH
and down 4 steps with	complete the task.	trunk or limbs, but	limbs, but provides	STEADYING assistance	activity. Helper only	NO ASSISTANCE from
or without a rail,	The patient may be	provides more than	less than half the	as patient completes	assists prior to or	helper.
once standing	able to stand up	half the effort.	effort.	the activity.	following going up &	Patient safely goes up
	with/without	Patient may be able to	Patient may be able to	Patient requires	down 4 steps.	& down 4 steps
Code the patient's	assistance, and hold	bear weight through	bear weight through arms (if AD used) or use rail but	prompting and cueing	Patient needs helper	with/without an AD.
most usual	to rail, but is unable	arms (if AD used) or	needs <50% assistance	for sequencing to use	to prepare for going	Patient requires no
performance.	to go up and down 4	use rail but is unable	from helper to achieve	AD (if used) or	up/down 4 steps, by	help with the AD or
	steps.	to achieve the power	the power necessary to go	handrail to accomplish	reaching for/	with prosthesis/
Activities may be		necessary to go up &	up & down 4 steps	going up and down 4	positioning AD or	orthosis/special shoes.
completed		down 4 steps without	OR	steps	applying	
with/without assistive		>50% assistance from	Patient may be able to	AND/OR	prosthesis/orthosis/	
devices.		helper	bear weight through arms	There may be	special shoes. After	
		OR	(if AD used) &/or use rail and go up & down 4	concerns about safety	activity, helper	
		Patient may be able to	steps, but requires <50 %	when using the AD or	removes AD and/or	
		bear weight through	assistance from the helper	appropriate sequence	assists with prosthesis	
		arms (if AD used)&/or	to turn around at top of	of stepping up and	/ orthosis/special	
		use rail and go up 4	steps	down due to	shoes.	
		steps, but helper	OR	orthopedic 		
		provides >50%	Patient may be able to	precautions		
		assistance because	bear weight through arms	AND/OR		
		the patient is unable	&/or use rail but needs	Touching/ Steadying		
		to turn around at top	<50% assistance to initiate going up first step(s)	only may be required		
		of steps and go back	OR	for balance, for		
		down 4 steps	Patient is able to	appropriate use of AD,		
		OR	complete the 4 steps up	for turning at top of		
		Patient may be able to	and turn around, but then	stairs, or for weight-		
		bear weight through	needs <50% assistance	bearing restrictions		
		arms &/or use rail but	from helper coming down			
		is unable to get up the	the steps to stabilize the			
		stairs and turn around	knees and/or provide			
		without >50%	balancing support			
		assistance from				
		helper, but is able to				
		come down the 4				
		steps				

		2 – Substantial/	3 - Partial/	4 – Supervision or	5 – Setup/clean-up	
Task	1 – Dependent	maximal assistance	moderate assistance	touching assistance	assistance	6 - Independent
12 steps	Helper does ALL the	Helper does MORE	Helper does LESS THAN	Helper provides	Helper SETS UP or	Patient COMPLETES
12 steps	effort. Patient does	THAN HALF the effort.	HALF the effort. Helper	VERBAL CUES or	CLEANS UP, but	THE ACTIVITY BY
The ability to go up	none of the effort to	Helper lifts or holds	lifts or holds trunk or	TOUCHING/	patient completes the	HIM/HERSELF WITH
and down 12 steps	complete the task.	trunk or limbs, but	limbs, but provides	STEADYING assistance	activity. Helper only	NO ASSISTANCE from
with or without a rail,	The patient may be	provides more than	less than half the	as patient completes	assists prior to or	helper.
once standing	able to stand up	half the effort.	effort.	the activity.	following going up &	Patient safely goes up
once standing	with/without	Patient may be able to	Patient may be able to	Patient requires	down 12 steps.	& down 12 steps
Code the patient's	assistance and hold	bear weight through	bear weight through arms	prompting and cueing	Patient needs helper	with/without an AD.
most usual	to rail, but is unable	arms (if AD used) or	(if AD used) or use rail but	for sequencing to use	to prepare for going	Patient requires no
performance.	to go up and down	use rail but is unable	needs <50% assistance	AD (If used) or	up/down 12 steps, by	help with the AD or
	12 steps.	to achieve the power	from helper to achieve	handrail to accomplish	reaching for/	with prosthesis/
Activities may be		necessary to go up &	the power necessary to go all the way up & down 12	going up and down 12	positioning AD or	orthosis/special shoes.
completed		down 12 steps	steps	steps	applying	
with/without assistive		without >50%	OR	AND/OR	prosthesis/orthosis/	
devices.		assistance from helper	Patient may be able to	There may be	special shoes. After	
		OR	bear weight through arms	concerns about safety	activity, helper	
		Patient may be able to	(if AD used) &/or use rail	when using the AD or	removes AD and/or	
		bear weight through	and go up & down 12	appropriate sequence	assists with prosthesis	
		arms (if AD used) &/or	steps, but requires <50% assistance from the helper	of stepping up and	/ orthosis/special	
		use rail and go up 12	to turn around at top of	down due to	shoes.	
		steps, but helper	steps	orthopedic		
		provides >50%	OR	precautions		
		assistance because	Patient may be able to	AND/OR		
		the patient is unable	bear weight through arms	Touching/ Steadying		
		to turn around at top	&/or use rail but needs	only may be required		
		of steps and go back	<50% assistance to get initiate going up the first	for balance, for		
		down 12 steps	few steps	appropriate use of AD,		
		OR	OR	for turning at top of		
		Patient may be able to	Patient is able to	stairs, or for weight-		
		bear weight through	complete the 12 steps up	bearing restrictions.		
		arms &/or use rail but	and turn around, but then			
		is unable to get up the stairs and turn around	needs <50% assistance			
		without >50%	from helper coming down the steps to stabilize the			
		assistance from	knees and/or provide			
		helper, but is able to	balancing support			
		come down the 12				
		steps				
		siehs				

Clinical Vignettes

EATING

Example 1: Eating

After the helper puts the tray on Mr. H.'s table and opens his milk container, Mr. H. eats his meal without any further assistance. The helper removes the tray once Mr. H. is done eating. Mr. H. does not have a feeding tube.

CODING	RATIONALE
5 – Setup or Clean-up	The helper opens up Mr. H.'s milk container. This is setup assistance.
Assistance	Delivery and pick up of trays is not considered in scoring Eating.

Example 2: Eating

Mrs. V. has had difficulty seeing on her left side since her stroke. During meals, a helper has to remind her to scan her entire meal tray to ensure she has seen all food items. She does not get any physical assistance from a helper. Mrs. V. does not have a feeding tube.

CODING	RATIONALE
4 - Supervision or	The helper provides verbal cues so the nationt sees and eats all her food
Touching Assistance	The helper provides verbal cues so the patient sees and eats all her food.

Example 3: Eating

Mrs. Y. is a home care patient. Her food intake is limited to foods such as applesauce, yogurt and pureed meats. She feeds herself after her husband opens containers. About half of her calories and fluid needs are received from PEG feedings. She administers her own feedings after her husband brings her the supplies and opens up the containers. He also removes empty containers and cleans the supplies.

CODING	RATIONALE
5 - Setup or Clean-up	The patient's husband is her helper. She needs setup assistance before she
Assistance	can eat.

Example 4: Eating

Mrs. H. does not have any dietary restrictions, but sometimes needs to swallow 2 or 3 times so the food clears her throat due to difficulty with pharyngeal peristalsis. She requires verbal cues to use the compensatory strategy of extra swallows to clear the food.

CODING	RATIONALE
4- Supervision or	Mrs. H. swallows all types of food consistencies, but requires verbal cueing
Touching Assistance	from a helper.

Example 5: Eating

Mr. R. is admitted to the hospital with a diagnosis of stroke. He also had a stroke 9 months ago, and continues to have swallowing problems from the initial stroke. He cannot swallow thin liquids safely, but uses a thickening agent so that his fluids are mildly thick. The only assistance he needs when eating meals is help to open the thickening agent packet.

CODING	RATIONALE
5 - Setup or Clean-up Assistance	The patient cannot swallow thin liquids and modifies the consistency of his liquids by using a thickening agent. The helper provides set-up assistance for eating (opening the thickening agent packet).

Example 6: Eating

Mr. G. is currently on a diabetic diet due to type II diabetes. He eats meals without assistance, including opening his containers and cutting up meat.

CODING	RATIONALE
6 - Independent	The patient does not have any food consistency restrictions. Special diets
	(e.g., low-calorie or diabetic diets) do not affect coding for eating.

Example 7: Eating

Mrs. N. is impulsive. While she eats, a helper provides verbal and tactile cuing so that Mrs. N. does not lift her fork to her mouth until she has swallowed what was in her mouth.

CODING	RATIONALE
4- Supervision/Touching Assistance	The patient requires supervision and touching assistance in order to eat safely.

Example 8: Eating

Mrs. P. has Parkinson's disease. She is on a mechanical soft diet with nectar thick liquids. She is able to manage a few bites herself, but quickly fatigues and spills >75% of the food when getting it from her plate to her mouth. She requires a helper to get food on the fork and provide support to her arm to move the fork from her plate to her mouth.

CODING	RATIONALE
3 - Partial/Moderate Assistance	The patient is able to complete a few bites independently, but then requires physical assistance with getting food on to her utensil and with lifting her arm to her mouth in order to be able to eat her food.

ORAL HYGIENE

Example 1: Oral Hygiene

Mrs. F. brushes her teeth while sitting on the side of the bed. The helper gathers her toothbrush, toothpaste, water and an empty cup and puts them on the bedside table for her. Once Mrs. F. is finished brushing her teeth, which she does without any help, the helper returns to gather her items and dispose of the waste.

CODING	RATIONALE
5 - Setup or Clean-up	The helper provides setup and clean-up assistance. The patient brushes her
Assistance	teeth without any help.

Example 2: Oral Hygiene

Mr. S. brushes his teeth at the sink in the bathroom. The helper provides steadying assistance to Mr. S. as he walks to the bathroom. The helper applies toothpaste onto Mr. S.'s toothbrush. Once Mr. S. is done with oral hygiene and washing his hands and face, the helper provides steadying assistance as the patient walks back to his bed.

CODING	RATIONALE
5 - Setup or Clean-up Assistance	The helper provides setup assistance (putting toothpaste on the toothbrush) so that Mr. S. can brush his teeth. Do not consider assistance provided to get to or from the bathroom to score Oral Hygiene.

Example 3: Oral Hygiene

Mr. W. begins to brush his teeth after the helper applies toothpaste onto his toothbrush. He brushes his top front teeth, but cannot finish due to fatigue. The helper completes the activity by brushing his back upper teeth and all his lower teeth.

CODING	RATIONALE
2 - Substantial/Maximal Assistance	The patient begins the activity. The helper completes the activity by performing more than half of the effort.

TOILET HYGIENE

Example 1: Toilet Hygiene

Mrs. R. transfers onto the toilet and pulls down her underwear and pants as the helper provides moderate assistance. After voiding, she cleanses herself. She then stands up and pulls up her underwear and pants as the helper steadies her.

CODING	RATIONALE
	The helper provides steadying assistance as the patient performs the toilet
4 - Supervision or	hygiene tasks. The assistance provided to Mrs. R as she gets onto and off the
Touching Assistance	toilet is not considered for the Toilet Hygiene Item. It would be scored under
	Toilet Transfer.

Example 2: Toilet Hygiene

Mrs. L. uses the toilet to void and have bowel movements. A helper walks into the bathroom with her in case she needs help with transferring or adjusting clothing. During the last 2 days, the helper has been present in the bathroom, but has not provided any physical assistance with managing clothes or cleansing.

CODING	RATIONALE
4 - Supervision or	The helper provides supervision as the patient performs toilet hygiene tasks.
Touching Assistance	

Example 3: Toilet Hygiene

Mrs. P. has urinary urgency. As soon as she gets in the bathroom, she asks the nursing assistant to lift her gown and pull down her underwear. After voiding, Mrs. P. wipes herself and pulls her underwear back up.

CODING	RATIONALE
3 - Partial/Moderate Assistance	The helper provides more than touching assistance. But the patient does 2 of the 3 toilet hygiene tasks. Therefore the patient does more than half of the effort and the helper does less than half of the effort.

Example 4: Toilet Hygiene

Mr. D. has a catheter, but needs to use the toilet to have a bowel movement. He can ambulate into the bathroom on his own and sit down on the commode seat. He requires a helper to hang the catheter appropriately on the cabinet next to the toilet. When he is through he lets the helper know, and the helper hands him toilet paper for him to wipe himself.

CODING	RATIONALE
	Patient needs helper for initial preparation to hang the Foley bag
5 – Set up / Clean up	appropriately while he is sitting on the toilet. Patient then needs helper to
Assistance	hand him toilet paper afterwards to prevent him from having to reach. The
	patient performs the activity of toilet hygiene independently.

UPPER BODY DRESSING

Example 1: Upper Body Dressing

Mrs. Z. wears a bra and a sweatshirt most days while in the rehabilitation program. Mrs. Z threads her arms through the bra straps and the helper hooks the bra. Mrs. Z. puts her sweatshirt on without any assistance.

CODING	RATIONALE
3 - Partial/Moderate	The helper provides assistance with upper body dressing, but the patient
Assistance	performs more than half of the effort.

Example 2: Upper Body Dressing

Mr. B dresses his upper body independently once his sweatshirt is placed next to him on his bed by his nurse.

CODING	RATIONALE
5 – Setup or Clean-up	The patient dresses himself once the helper provides setup assistance.
Assistance	

Example 3: Upper Body Dressing

Mr. X sits on the side of the bed to dress his upper body. He is able to thread his arms through the sleeves of his button-down shirt, but requires steadying as he leans to his left side to insure he does not fall over.

CODING	RATIONALE
4 – Supervision or Touching Assistance	The patient can dress his upper body, but requires occasional touching to steady him as he leans to his weak side for safety reasons.

LOWER BODY DRESSING

Example 1: Lower Body Dressing

Mrs. Z. requires supervision when standing to pull up her underpants and pants due to balance problems.

CODING	RATIONALE
4 - Supervision or	The helper does not provide any physical assistance but is required to
Touching Assistance	supervise patient due to safety concerns.

Example 2: Lower Body Dressing

Mr. B is unable to thread his pants or underpants on his feet due to hip precautions. Once the helper begins to thread his pants and underpants, Mr. B pulls them up to his knees, stands and pulls them up around his hips and zips up his pants. The helper puts on socks and shoes.

CODING	RATIONALE
3 – Partial/moderate assistance	The helper performs physical assist but for less than half of the tasks of LB dressing. This item does not address putting on footwear, so that assistance will be coded in another item.

Example 3: Lower Body Dressing

Mr. Z is unable to remove his pants or underpants independently. Once he is lying down in the bed, he can unfasten his pants. He can roll slightly to his right and left and assist the helper to pull his pants over his hips. He can lift each leg one at a time so the helper can remove his pants and underpants.

CODING	RATIONALE
2 –	The helper performs physical assist for more than half of the tasks of LB
Substantial/maximal	dressing. The patient does participate some in the task by unfastening his
assistance	pants and assisting with pulling his pants down over his hips.

WASH UPPER BODY

Example 1: Wash Upper Body

After the helper places the wash basin filled with water, soap, a washcloth and a towel on the bedside table, Mrs. L. washes, rinses, and dries her upper body. She asks the helper to wash, rinse and dry her back only. The helper also removes all of the items once Mrs. L. is done.

CODING	RATIONALE
5 – Setup or Clean-up	The helper provides setup assistance. Assistance with washing the back is not
Assistance	considered when rating this item.

Example 2: Wash Upper Body

Mrs. M. is assisted to a shower chair and requires assistance of one to support her sitting up. The helper prepares the water and a washcloth and hands it to Mrs. M instructing her to wash her face. While the helper washes and rinses the rest of her upper body, Mrs. M washes one side of her face with her washcloth, but the helper finishes it and dries her off.

CODING	RATIONALE
2 – Substantial /	Mrs. M participated in the activity, but the helper provided > 50% of the
Maximal Assistance	effort to complete washing her upper body.

Example 3: Wash Upper Body

Mrs. O. is recovering from pneumonia. After the helper places the wash basin filled with water, soap, a washcloth and a towel on the bedside table, Mrs. O. washes and rinses her upper body. She is too fatigued to dry herself completely and the helper notices her oxygen saturation levels are at 86% after she finishes rinsing herself. The helper dries her off and removes all the items.

CODING	RATIONALE
3 – Partial / Moderate Assistance	Mrs. M was able to complete two of the three activities in washing her upper body, but could not completely dry herself, requiring the helper to provide less than half the effort in the task.

SHOWER/BATHE SELF

Example 1: Shower/Bathe Self

Mr. J. sits on a tub bench as he washes, rinses and dries himself. The helper stays with him to ensure his safety and provides lifting assistance as he gets onto and off the tub bench.

CODING	RATIONALE
4 – Supervision or	The helper provides supervision as Mr. J. washes, rinses, and dries himself in
Touching Assistance	the tub.

Example 2: Shower/Bathe Self

Mrs. L stands while showering herself. She prefers not to use a stool as she says that it doesn't look nice in her shower. She washes and rinses herself except she is not able to safely reach from her knees down to her feet and asks her husband to assist with this part of her care. Mrs. L sits on the toilet seat to dry herself including her feet.

CODING	RATIONALE
3 – Partial/Moderate	The husband is assisting with less than half of the task. Mrs. L washed her
Assistance	body except from the knees to her feet and rinsed and dried her entire body.

PUTTING ON /REMOVING FOOTWEAR

Example 1: Putting on/Removing Footwear

Mrs. K. sits on the side of the bed. The helper puts her slipper over her forefoot and then instructs Mrs. K to pull the slipper over her heel. Mrs. K is able to do this and the process is repeated on the other foot. Mrs. K is able to get the slippers off her feet without assistance.

CODING	RATIONALE
3 – Partial/ Moderate	The patient requires assistance from the helper to start the task, but once the
Assistance	slipper is started, the patient can complete the task.

Example 2: Putting on/Removing Footwear

Mrs. D. is recovering from left total hip replacement surgery. She is sitting on the side of the bed dressing for her rehab session. Her socks and shoes are handed to her, and she puts them on her right foot without difficulty. The helper hands her the sock aid and the patient requires verbal cues to place the sock on the sock aid. As she goes to put the sock on, she requires steadying for safety on the side of the bed, but also to avoid excessive hip flexion. She is able to slide her foot into her shoe, but requires help from the helper to tie the shoe. She requires assistance to untie her shoes from the helper in order to avoid excessive hip flexion. Using her sock aid, she can remove her socks, but requires steadying on the side of the bed.

CODING	RATIONALE
4 – Supervision or Touching Assistance	The patient requires verbal cues and touching assistance for steadying herself and as tactile reminders to avoid excessive hip flexion. Aside from that, she is able to put on/remove her footwear

Example 3. Putting on/Removing Footwear

Mrs. G. has orders to wear compression stockings when out of bed to control her lower extremity edema. She cannot get them started on her own, but once the stockings are over her ankles, she can assist with pulling them up and smoothing them. After her stockings are on, she is able to put her slippers on without assistance. Mrs. G occasionally requires assistance to remove her stockings depending on the amount of swelling.

CODING	RATIONALE
5 – Set up / Clean up Assistance	The patient requires assistance to get compression stockings on/off. This
	item does not include the <u>amount</u> of assistance necessary to put on/remove
	compression stockings. If a patient is unable to get them on/off
	independently, their maximum score for this item is a "5". If a patient can
	get them on/off independently, their score would be a "6".

LYING TO SITTING ON SIDE OF BED

Example 1: Lying to Sitting on Side of Bed

Mr. B. pushes up on the bed to get himself from a lying to a seated position. The helper provides steadying assistance as Mr. B. scoots himself to the edge of the bed and lowers his feet to the floor.

CODING	RATIONALE
4 – Supervision or	The helper provides touching assistance as the patient moves from a lying to
Touching Assistance	sitting position.

Example 2: Lying to Sitting on Side of Bed

Mr. M. is blind. Once the bed rails are put in the upright position and the bed is lowered, Mr. M. can push up on the bed, using the rail to get himself from a lying to a seated position. Mr. M. can scoot himself to the edge of the bed and lowers his feet to the floor.

CODING	RATIONALE
5 – Set up / Clean up	The helper provides set up assistance by positioning the bed so the patient
Assistance	can move from a lying to sitting position.

Example 3: Lying to Sitting on Side of Bed

Mrs. W can reach for the bedrails and initiates pulling herself to her side. She can initiate raising one leg in an effort to use her leg to push herself over, but she requires assistance from the helper to roll over. Once she is on her side, she requires the helper to raise her up to a sitting position. She can sit upright with steadying for <1 second at a time, and requires full assistance otherwise to remain upright.

CODING	RATIONALE
2 – Substantial/Maximal Assistance	The patient attempts to participate in the activity, but the helper provides more than half the effort to complete the task.

SIT TO LYING

Example 1: Sit To Lying

Mrs. H. requires assistance from a helper to transfer from sitting at the edge of the bed to lying in bed due to paralysis on her right side. Mrs. H can use the bedrail to lower herself down to the bed, but cannot lift her legs completely up onto the bed. The helper lifts Mrs. H's legs and assists her in positioning them. Mrs. H then uses her arms and upper body to position her trunk.

CODING	RATIONALE
3 – Partial/Moderate	A helper is needed to transfer from a seated to a lying position, but Mrs. H.
Assistance	does a majority of the task.

Example 2: Sit To Lying

Mrs. E. is recovering from a thoracic compression fracture. Once sitting at the edge of the bed, she has a tendency to lean back on the bed and raise her legs up which causes her significant pain. She requires verbal cues to remind her to lower herself down to her side first before rolling over to her back.

CODING	RATIONALE
4 – Supervision /	A helper is needed to provide verbal cues for safe technique since Mrs. E is
Touching Assistance	not consistent in her performance.

Example 3: Sit To Lying

Mr. A. is wearing a shoulder immobilizer after fracturing his humerus. He is able to walk around his room and transfer to the side of the bed. In order to lie down safely and with the least amount of pain, he asks the helper to raise the upper bedrails and the head of the bed for him so he can use it to assist him lying down.

CODING	RATIONALE
5 – Set up / Clean up	A helper is needed to help prepare the bed for Mr. A by putting the rails in
Assistance	the optimal position.

ROLLING LEFT AND RIGHT

Example 1: Rolling Left And Right

Mr. W. is receiving rehab after a left hemisphere stroke with subsequent right sided weakness. He presents lying in bed supine when the therapist meets him to evaluate. The therapist instructs him to reach for the right bedrail with his left arm and pull himself over. The patient does not respond but once the therapist places his left hand on the bedrail and gives him visual cues, the patient responds and begins to pull himself over. He requires assistance from the therapist to reach full sidelying. The patient does not let go of the bedrail, however, and requires assistance from the therapist to get back on his back. His right arm is flaccid and therefore the patient is unable to grasp the bedrail to roll to his left.

CODING	RATIONALE
2 – Substantial / Maximal Assistance	A helper is needed to complete the task of rolling to each side and back to supine. The patient does initiate some part of rolling to his right side, however, and therefore is not coded as "1 – Dependent"

Example 2: Rolling Left And Right

Upon re-evaluation, Mr. W. (patient in Example 1) is able to reach for the right bedrail with his left arm and pull himself over to sidelying without assistance from the therapist. With cues, he is able to roll back to supine position. With assistance, he can pull his right leg to a hip/knee flexion position and initiate pushing himself over to his left side, but needs cues to cradle his right arm and is not able to reach full sidelying without assistance from the helper.

CODING	RATIONALE
	The patient is able to roll to one side without assistance from the helper, but
3 – Partial/ Moderate	requires verbal cueing to return to his back and physical assistance to roll to
Assistance	the other side. Overall, the helper is providing less than half the effort now
	and therefore the patient is coded as "3 – Partial/Moderate Assistance"

Example 3: Rolling Left And Right

At discharge, Mr. W. (patient in Example 1 & 2) is able to reach for the right bedrail with his left arm and pull himself over to sidelying without assistance from the therapist. When prompted, he is able to roll back to supine position. With prompting, he can pull his right leg to a hip/knee flexion position, but requires assistance from the helper to stabilize the leg while he pushes himself over to his left side. He still needs cues to cradle his right arm due to residual neglect. He is able to return to his back without assistance from the helper.

CODING	RATIONALE
4 – Supervision/ Touching Assistance	The patient is able to roll to one side without assistance from the helper, and
	requires verbal cues and steadying from the helper to roll to the other side.
g raciotanico	He is able to return to his back without assistance from the helper.

SIT TO STAND

Example 1: Sit to Stand

As Mr. M. gets from a sitting to standing position, the helper touches his arm to steady him.

CODING	RATIONALE
4 – Supervision or	The helper provides touching assistance only.
Touching Assistance	

Example 2: Sit to Stand

Mrs. D. arrives to the therapy gym in a wheelchair and is ready to start gait training with her new prosthesis. The therapist assists her by putting on her new prosthesis, and positions the wheelchair in front of the parallel bars. Once in position, Mrs. D. stands up from the wheelchair and steadies herself on the parallel bars.

CODING	RATIONALE
5 – Set up / Clean up Assistance	The helper assists Mrs. D with getting ready to stand by positioning the wheelchair in front of the parallel bars and putting on her prosthesis. Mrs. D. is able to stand up by herself after getting set up.

Example 3: Sit to Stand

Mr. A presents for his evaluation s/p total knee replacement. He is able to scoot to the edge of the chair but is impaired by the fear of pain he will feel in his knee. He is instructed to place his hands on the armrests of the chair and push up, but is only able to initiate some power to push up. He requires assistance to get to a standing position and place his hands appropriately on the walker.

CODING	RATIONALE
2 –	Mr. A is able to do some of the preparatory activities for standing up. But
Substantial/Maximal	the helper provides more than half the effort to assist him to a standing
Assistance	position.

CHAIR/BED-to-CHAIR TRANSFER

Example 1: Chair/Bed-to-Chair Transfer

Mr. L. had a stroke 3 days ago and uses a wheelchair for mobility. When Mr. L. gets out of bed, the helper moves the wheelchair into the correct position, and locks the brakes so that Mr. L. can transfer into the wheelchair safely. Mr. L. transfers into the wheelchair by himself (no helper) about 10 minutes later.

CODING	RATIONALE
5 - Setup or Cleanup	The helper provides setup assistance. Mr. L. does not need help during the
Assistance	transfer.

Example 2: Chair/Bed-to-Chair Transfer

The helper provides lifting assistance as Mrs. Z. moves from the bed to a chair. Mrs. Z. provides some effort during the transfer, but the helper provides more effort than the patient.

CODING	RATIONALE
2 -	
Substantial/Maximal	The helper provides more effort than the patient.
Assistance	

Example 3: Chair/Bed-to-Chair Transfer

Mr. R scoots to the edge of the WC in preparation for transferring to bed. He is forgetful, and the helper must remind him to lock his wheelchair prior to standing up. He stands up on his own but faces the bed forward. The helper cues him to turn around and sit down on the bed.

CODING	RATIONALE
4 – Supervision /	The patient can transfer chair/bed to chair but the helper must provide
Touching Assistance	verbal cues for the patient to complete the task safely.

TOILET TRANSFER

Example 1: Toilet Transfer

Mrs. Q. has had a hip replacement and is improving with therapy. She is able to transfer onto and off the elevated toilet seat with her walker, but she needs reminders for her hip precautions.

CODING	RATIONALE
4 - Supervision or Touching Assistance	The helper provides supervision as the patient transfers onto and off the toilet. She needs occasional cues for keeping her hip precautions. She may use an assistive device.

Example 2: Toilet Transfer

The helper provides hand-on assistance to steady Mrs. Z as she lowers her underwear and pants and then lowers herself onto the toilet. After voiding, Mrs. Z. cleanses herself. She then stands up and pulls up her underwear and pants as the helper steadies her with her hand placement on her back.

CODING	RATIONALE
4 - Supervision or Touching Assistance	The helper provides steadying assistance as the patient transfers onto and off the toilet. Assistance with managing clothing and cleansing is coded under
	the item Toilet Hygiene.

Example 3: Toilet Transfer

Mrs. Y. is anxious about getting up to use the bathroom. She asks the patient care technician to stay with her in the bathroom as she gets on and off the toilet. The patient care technician stays with her, as requested, and provides verbal encouragement to Mrs. Y.

CODING	RATIONALE
4 - Supervision or	The helper provides supervision/verbal cues as Mrs. Y. transfers onto and off
Touching Assistance	the toilet.

Example 4: Toilet Transfer

Mrs. S. is ordered to stay on bedrest. She is able to use a bedpan independently for bladder and bowel management.

CODING	RATIONALE
1 – Dependent	The patient does not transfer onto or off a toilet due to an order to remain
	on bedrest.

Example 5: Toilet Transfer

The helper moves the wheelchair foot rests up so that Ms. T can transfer onto the toilet safely. Once Mrs. T. is done, she flips the foot rests back down herself.

CODING	RATIONALE
5 - Setup or Clean-up	The helper provides setup assistance (moving the foot rest out of the way)
Assistance	before Mrs. T. can transfer safely onto the toilet.

Example 6: Toilet Transfer

Mrs. O. is weak from her pneumonia. She asks the patient care technician to assist her getting on and off the toilet. Mrs. O. can scoot to the edge of the chair. She requires assistance to push up to a standing position. Once standing she can pivot her feet and sit down on the toilet. When finished toileting, she needs assistance to rock forward and stand back up. Once up on her feet, she can pivot and sit back down in her chair.

CODING	RATIONALE
3 – Partial / Moderate	The helper provides less than half the assistance for Mrs. O to get to and
Assistance	from the toilet. Mrs. O provides more than half the effort.

LONGEST DISTANCE WALKED

Example 1: Longest Distance Walked

Mrs. P. walks 70 feet with a quad cane. The helper provides occasional steadying when the patient is going around obstacles to maintain her balance.

CODING FOR MAXIMUM DISTANCE WALKED	CODING FOR LEVEL OF ASSISTANCE	RATIONALE
Walk 50 feet but = 99 feet</th <th>4 - Supervision/Touching Assistance</th> <th>The helper provides touching assistance as the patient walks more than 50 feet but less than 100 feet. The patient may use an assistive device.</th>	4 - Supervision/Touching Assistance	The helper provides touching assistance as the patient walks more than 50 feet but less than 100 feet. The patient may use an assistive device.

Example 2: Longest Distance Walked

Mrs. L. is unable to bear her full weight on her left leg. As she walks 60 feet down the hall with her crutches, her husband supports her trunk. He provides less than half of the effort.

CODING FOR MAXIMUM DISTANCE WALKED	CODING FOR LEVEL OF ASSISTANCE	RATIONALE
Walk 50 feet but =<br 99 feet	3 - Partial/Moderate Assistance	The helper (her husband) provides trunk support as the patient walks more than 50 feet, but not > 100 feet.

Example 3: Longest Distance Walked

A helper puts Mrs. W.'s walker within reach. Mrs. W. needs verbal cues to remind her of the safest way to stand up from a sitting position. Once standing, Mrs. W. walks 120 feet down the hall without any assistance from a helper.

CODING FOR MAXIMUM DISTANCE WALKED	CODING FOR LEVEL OF ASSISTANCE	RATIONALE
Walk 100 feet but =<br 150 feet	5 – Setup or Clean- up Assistance	Mrs. W. walks more than 100 feet once the helper places the walker within reach. Assistance with getting from a sitting to a standing position is not considered in this item and is coded separately under the item Sit to Stand. This item only considers walking after the patient is standing.

Example 4: Longest Distance Walked

Mr. B. walks around his room, a distance of about 12 feet. A patient care technician stands close by as he walks, because he has a history of falls.

CODING FOR MAXIMUM DISTANCE WALKED	CODING FOR LEVEL OF ASSISTANCE	RATIONALE
Walk 10 feet but =<br 49 feet	4 – Supervision or Touching Assistance	The helper stands by (i.e., supervises) Mr. B. as he walks in his room more than 10 feet, but less than 50 feet.

Example 5: Longest Distance Walked

Mr. C. is 1 week status post left hip fracture and has non-weight-bearing orders for his left leg. He is brought to the therapy gym for gait training in the parallel bars. He is able to use the parallel bars to pull up and requires only minimal assistance to stand. Once standing, he is able to hold the left leg off the floor. He is unable to 'hop' in the parallel bars due to his upper body weakness and coordination with understanding non-weight bearing.

CODING FOR MAXIMUM DISTANCE WALKED	CODING FOR LEVEL OF ASSISTANCE	RATIONALE
Walk in room or > 10 feet (3 m)	1 – Dependent	Mr. C is unable to maintain non-weight-bearing status and therefore is unable to walk at all.

LONGEST DISTANCE WHEELED

Example 1: Longest Distance Wheeled

Mrs. M. is unable to bear any weight on her right leg. After the helper provides steadying assistance to transfer from the bed into the wheelchair, Mrs. M. propels herself about 120 feet down the hall using her left leg.

CODING FOR MAXIMUM DISTANCE WHEELED	CODING FOR LEVEL OF ASSISTANCE	RATIONALE
Wheel 100 feet but = 149 feet</th <th>6 – Independent</th> <th>The patient wheels herself more than 100 feet, but less than 150 feet. The assistance provided by the helper with the transfer is not considered when scoring longest distance wheeled. There is a separate item for scoring bed to chair transfers.</th>	6 – Independent	The patient wheels herself more than 100 feet, but less than 150 feet. The assistance provided by the helper with the transfer is not considered when scoring longest distance wheeled. There is a separate item for scoring bed to chair transfers.

Example 2: Longest Distance Wheeled

Mrs. P. is 3 weeks status post right CVA. She is able to provide less than half the effort to transfer into the wheelchair. Once she is sitting upright in the chair, the helper removes the right legrest and instructs Mrs. P in how to use her right arm and right leg to propel the wheelchair. Mrs. P. is able to move her right leg forward and initiate pulling her wheelchair forward, but is unable to move the chair without assistance from the helper.

CODING FOR MAXIMUM DISTANCE WHEELED	CODING FOR LEVEL OF ASSISTANCE	RATIONALE
Wheeling in room or >/=10 feet	1 - Dependent	The patient is able to provide some effort to wheel her chair but is unable to wheel herself more than 10 feet. Therefore the patient's score is Dependent. The assistance provided by the helper with the transfer is not considered when scoring longest distance wheeled. There is a separate item for scoring bed to chair transfers.

Example 3: Longest Distance Wheeled

Mr. D. is 2 years post left CVA that left him with a mostly flaccid left arm, and some use of his left leg. He is able to transfer himself into his wheelchair. He can wheel himself > 400 feet to the dining room, but requires verbal cues for avoiding obstacles due to his macular degeneration. He occasionally allows his right arm to dangle against the wheel, and must be reminded to position it inside the wheelchair in his lap.

CODING FOR MAXIMUM DISTANCE WHEELED	CODING FOR LEVEL OF ASSISTANCE	RATIONALE
Wheel > 150 ft	4 – Supervision / Touching Assistance	The patient is able to wheel his chair but does require supervision for safety – both to avoid obstacles due to a visual and to occasionally remind him to keep his right arm inside the wheelchair to avoid injury.

PICKING UP OBJECTS

Example 1: Picking Up Objects

Mr. T bends over from a standing position to reach for his shaver. The patient care technician places both hands lightly on his waist to steady him as she observed his unsteadiness in performing the task.

CODING	RATIONALE	
4 – Supervision or	The helper provides standwing assistance to Mr. The provent him from falling	
touching assistance	The helper provides steadying assistance to Mr. T to prevent him from f	

Example 2: Picking Up Objects

Mrs. W keeps her reacher beside her at all times. Using her reacher, she can pick up her slippers off the floor to put them on.

CODING	RATIONALE
6 Indopendent	Mrs. W is able to pick up objects from a standing position using her reacher.
6 – Independent	The use of adaptive equipment does not decrease her score.

Example 3: Picking Up Objects

Mr. G stoops down from a standing position to pick up the newspaper from the floor. He requires physical support from the helper to stoop down without falling over. Mr. G can pick up the newspaper, but is unable to get fully upright again without physical support from the helper.

CODING	RATIONALE
2 – Substantial / Maximal Assistance	Mr. G is able to pick up the object off the floor, but cannot stoop down or stand back up without physical assist from the helper. The helper is providing more than half the effort.

CAR TRANSFERS

Example 1: Car Transfers

Mr. D. has a doctor's appointment to which his wife is going to transport him. He ambulates to the car with supervision/touching assistance using his walker. He turns around with his back to the car seat, but is unable to rotate his trunk and head around without losing his balance. The helper assists Mr. D to bend and lower his body into the car seat. Once he is seated, Mr. D is able to pick his legs up and put them in the car. When he returns from his appointment, he can swing his legs out of the car, but is unable to stand without physical assistance from a helper. Once standing, he is able to ambulate into the house.

CODING	RATIONALE
	The patient is unable to stoop, bend or turn to get in the car without physical
2 – Substantial /	assistance, but once the patient is sitting in the car seat, he is able to swing
Maximal Assistance	his legs into and out of the car. He is unable to stand up and the helper
	provides > 50% of the effort.

Example 2: Car Transfers

Mr. Y. can lower himself into the passenger seat of his son's car and swing his legs into the car. When getting out of the car, he swings his legs out on his own. He needs some physical assistance from the helper to initiate standing up due to the height of the car set.

CODING	RATIONALE
	The patient is able to stoop, bend or turn to get in the car without physical
3 – Partial / Moderate	assistance, and once the patient is sitting in the car seat, he is able to swing
Assistance	his legs into and out of the car. He is unable to stand up on his own and the
	helper provides < 50% of the effort.

Example 3: Car Transfers

Mr. G. has diminished vision. He is able to walk to the car using his cane. The helper lets him know when he is close enough to the car to step in. Before getting out of the car, the helper lets him know what the ground surface is like and hands him his cane.

CODING	RATIONALE
5 – Set up / Clean up	The patient is physically able to get into and out of the car. The helper
Assistance	verbally assists the patient with preparatory activities due to his poor vision

WALKING 50 FEET WITH TWO TURNS

Example 1: Walking 50 Feet with Two Turns

Mrs. F. is able to stand with maximal assistance from the helper. Once standing on her walker, she is able to walk 10 feet with < 50% assistance from the helper.

CODING	RATIONALE
1 – Dependent	The patient is able to ambulate, but is unable to walk 50 feet and make two
	turns

Example 2: Walking 50 Feet with Two Turns

Mrs. K. ambulates with a rolling walker. She is able to walk 25 feet, but requires maximal assistance from the helper to advance the walker and manage her balance during the first turn. She ambulates 25 feet back to her chair, but requires maximal assistance to safely sit down.

CODING	RATIONALE
2 – Substantial /	The patient requires > 50% of the effort throughout the task to complete it
Maximal Assistance	safely, but is able to manage the 50 feet and two turns.

Example 3: Walking 50 Feet with Two Turns

Mr. W. ambulates 25 feet, turns and walks 25 feet back to his chair, and sits down. The patient is unsteady on the turns and the helper provides touching to steady him due to some loss of balance when weight-shifting in the turns.

CODING	RATIONALE
4 – Supervision or	The patient requires > 50% of the effort throughout the task to complete it
Touching Assistance	safely, but is able to manage the 50 feet and two turns.

WALKING 10 FEET ON UNEVEN SURFACES

Example 1: Walking 10 Feet on Uneven Surfaces

Mr. K. has a driveway at home with an uneven surface. The physical therapist has been working on ambulation with him outside of the facility to prepare him for this task. Mr. K. had a hip replacement and is now using a small based quad cane with which to walk indoors. Upon walking outside on the uneven surface he requires steadying assistance as he tends to be unsteady while using his device on this surface.

CODING	RATIONALE
4 – Supervision or	Patient requires steadying (touching) assistance in order to perform the
Touching Assistance	activity safely.

Example 2: Walking 10 Feet on Uneven Surfaces

Mr. R. has a ramp (rather than steps) at home to get into his front door. He has been working on increasing his lower extremity power in physical therapy, but he still requires some physical assistance from the therapist to get up the 10 foot ramp due to its 5% grade.

CODING	RATIONALE
3 – Partial/ Moderate	Patient requires physical assistance from the therapist, but is able to provide
Assistance	greater than half the effort to walk on uneven surfaces.

Example 3: Walking 10 Feet on Uneven Surfaces

Mr. B. ambulates up to 25 feet on even surfaces with partial / moderate assistance from a helper. His front walkway to the car is gravel. Mr. B can manage 5 feet on the gravel, but then decompensates such that he must sit down.

CODING	RATIONALE
1 – Dependent	The patient is able to ambulate on even surfaces greater than 10 feet, but is unable to walk 10 feet on uneven surfaces. A score of "A", Task Attempted but Not Completed would not be the most appropriate response.

1 STEP / CURB

Example 1: 1 Step / Curb

Mrs. P. has orders for touch-down weight-bearing on her right leg. She struggles with keeping her weight bearing precautions on even surfaces, but is able to walk 5 feet with substantial/maximal assistance and a rolling walker. She approaches a single step, but is visibly concerned about attempting to go up or down one step.

CODING	RATIONALE
1 – Dependent	The therapist can infer from the patient's level of performance with walking
	on even surfaces that she is dependent for a single step due to her difficulty in maintaining her weight-bearing orders on even surfaces. This would be
	the most appropriate score, rather than a "S" / Not Attempted due to Safety
	Concerns, "N"/ Not Applicable, or "P"/Patient Refused.

Example 2: 1 Step / Curb

Mr. G is a bilateral amputee who has not used his prosthesis in more than five years. Due to his pulmonary status, he is satisfied with functioning at a wheelchair level.

CODING	RATIONALE
N – Not Applicable	Mr. G is not a candidate for prosthetic training due to his pulmonary status,
	and is satisfied with functioning at a wheelchair level.

Example 3: 1 Step / Curb

Mrs. K is able to place her walker up on the curb and put one foot up. She requires assistance to lift her body weight up in order to get her 2nd foot onto the curb. She is able to place her walker and step down with both feet without assistance from the helper.

CODING	RATIONALE
3 – Partial / Moderate Assistance	Mrs. K is able to partially complete going up the step/curb, but requires < 50% assistance to complete that portion of the task. Mrs. K is able to step down without assistance.

4 STEPS

Example 1: 4 Steps

Mrs. B. has orders for 50% weight-bearing on her right leg. She has five steps to get into her home. She wears 2 liters of oxygen at all times and has orders to keep her oxygen saturation above 90%. Using two handrails, she is able to go up two steps with substantial assistance from the helper. After two steps, her oxygen saturation drops to 86%. The helper waits 30 sec and it does not come back up. Mrs. B begins to get anxious that she is not going to be able to get down. The helper abandons trying to go up any more steps and assists Mrs. B down the steps with substantial/maximum assistance.

CODING	RATIONALE
	The therapist decides not to pursue completing the task for medical reasons.
	The patient's oxygen saturation was less than acceptable and she was
1 – Dependent	becoming more anxious which would only increase her work of breathing.
	She was unable to go up/down four steps, and while part of this was related
	to her medical condition, "1" is the most appropriate score.

Example 2: 4 Steps

Mrs. Z. has late-stage dementia, and is being assessed for an appropriate functional maintenance program. She ambulates with a shuffle-gait and requires only supervision-touching assistance. She can step up and down 1 step/curb with partial/moderate assistance. When she is presented with the task of going up and down 4 steps, she halts and refuses to step up. The therapist gives her verbal and visual prompts and places her hands on the handrail to induce memory. The patient becomes more agitated and begins to raise her voice. The task is abandoned.

CODING	RATIONALE
	The patient became visibly agitated when the task of walking up/down 4
S – Not attempted	steps was presented to her. The therapist decided for safety reasons it would
due to Safety	not be appropriate to attempt to try again. The therapist is unable to infer
Concerns	from other activities what her ability would be, however, and therefore "S" is
	an appropriate score.

Example 3: 4 Steps

Mr. A. has four steps to get into his home. He only has one handrail, so the therapist assesses him with one handrail. He is able to go up the stairs and turn around and come down. The therapist provides some verbal instruction about turning around at the top in order to minimize his loss of balance and reduce the change of getting tripped up

CODING	RATIONALE
4 – Supervision or	The patient does not require any physical assistance, but there are concerns
Touching Assistance	about his safety and sequencing as he turns to come down the step.

12 STEPS

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Page 54 of 55

Example 1: 12 Steps

Mrs. A. has orders for partial-weight-bearing on her right leg. She has 12 steps to get to the 2nd level of her home where her bedroom is. She is able to go up the 12 steps with two handrails with partial assistance from the helper. At the top of the stairs, she has trouble maintaining her partial weight-bearing status while turning around and requires maximal assistance from the helper to keep her balance. When coming down the stairs, she is fatigued and is unable to get down without > 50% assistance from the helper.

CODING	RATIONALE
2 – Substantial/ Maximal Assistance	The patient is able to get up the steps with < 50% assistance from the helper but is unable to turn around and get back down the steps without > 50% assistance from the helper.

Example 2: 12 Steps

Mr. O. is recovering from a CVA with mild left hemiparesis. He wears an AFO on this left foot. He is unable to get the AFO on without assistance. Once the AFO is on, the patient can walk up and down 12 steps using a handrail on the right side on the way up and the way down. He stops after 4 steps and rests, and then continues up the steps. He rests for 2 minutes at the top of the steps before coming down

CODING	RATIONALE
5 – Set up / Clean up	The patient is able to go up and down the steps without physical assistance from the helper once his AFO is on properly. How long it takes him to go up
Assistance	and down, or how many rest breaks he takes is not a consideration in scoring
	this item.

Example 3: 12 Steps

Mr. K. is recovering from a fall where he fractured his right proximal humerus and his right patella. He is non-weight-bearing on his right arm and weight-bearing as tolerated on his right leg with a knee brace to keep his knee in full extension. He is able to ambulate with supervision / touching assistance with a quad cane for 125 feet. He is unable to step up on one step/curb without the helper providing all the effort to get him up on the step.

CODING	RATIONALE
1 – Dependent	The patient is unable to go up/down one step/curb without total assistance
	of the helper. Therefore it can be inferred that he would be dependent in the
	tasks of going up/down 12 steps (and 4 steps).

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