

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

TRAINING MANUAL

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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**

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Link to CARE Item Set Training Videos:

<p>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</p>		
I. CARE General Items	Reviews the scoring system for both Item Sets	Video: approximately 30 min Test: approximately 20 min
II. CARE Self Care Items	Reviews the definitions and application of the Self-Care Item Set	Video: approximately 30 min Test: approximately 20 min
III. CARE Mobility Items	Reviews the definitions and application of the Mobility Item Set	Video: approximately 60 min Test: approximately 30 min

CARE Item Set Electronic Post-Tests:

In order to provide organizations 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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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.

In choosing the response for all items, consider: Safety and Quality of Performance – 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 no assistance from a helper.
5	Set-up or Clean-up Assistance	Helper SETS UP or CLEANS UP; patient completes activity. Helper assists only prior to or following the activity.
4	Supervision or Touching Assistance	Helper provides VERBAL CUES or TOUCHING/STEADYING assistance a patient completes activity. Assistance may be provided throughout the activity or intermittently.
3	Partial / Moderate Assistance	Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.
2	Substantial / Maximal Assistance	Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
1	Dependent*	Helper does ALL of the effort. Patient does none 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 Description	Score Definition
S	Not attempted due to Safety Concerns	The task is not attempted due to safety concerns and the therapist <u>cannot</u> infer what their level of dependence for that task based on other parts of the evaluation
N	Not Applicable	<ul style="list-style-type: none"> • Choose this rating when the person is not expected to perform the task <u>now OR in the future</u>. [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: <ul style="list-style-type: none"> ○ 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	<ul style="list-style-type: none"> • There may be times when the evaluation is interrupted due to <ul style="list-style-type: none"> ○ 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	<ul style="list-style-type: none"> • “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: Self-Care

1. Eating
2. Oral Hygiene
3. Toilet Hygiene
4. Upper Body Dressing
5. Lower Body Dressing
6. Wash Upper Body
7. Shower/Bathe Self
8. Putting on and Taking off Footwear

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

Task	1 – Dependent	2 – Substantial/ maximal assistance	3 – Partial/ moderate assistance	4 – Supervision or touching assistance	5 – Setup/clean-up assistance	6 - Independent
<p>Oral Hygiene</p> <p><i>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.</i></p> <p><i>Code the patient's most usual performance.</i></p> <p><i>Activities may be completed with/without assistive devices.</i></p>	<p>Helper does ALL the effort. Patient does none of the effort to complete the task.</p> <p>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.</p>	<p>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 toothbrush</p> <p>...OR....</p> <p>Patient can remove or replace dentures, and helper is required to manage equipment for soaking & rinsing</p> <p>...OR...</p> <p>Patient can manage some equipment for cleaning dentures, but is unable to safely/fully remove dentures or replace them for proper fit.</p> <p>...OR...</p> <p>Helper guides the limb and provides > 50% of the effort in assisting the patient in cleaning teeth or removing/replacing dentures and managing equipment.</p>	<p>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 toothbrush</p> <p>...OR....</p> <p>Patient can remove and replace dentures, but helper is required to assist the patient with managing equipment for soaking & rinsing</p> <p>...OR...</p> <p>Patient can manage all the equipment for cleaning dentures, but is unable to safely/fully remove dentures or replace them for proper fit.</p> <p>...OR...</p> <p>Helper guides the limb and provides < 50% of the effort in assisting the patient in cleaning teeth or removing/replacing dentures and managing equipment.</p>	<p>Helper provides VERBAL CUES or TOUCHING/ STEADYING assistance as patient completes the activity.</p> <p>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 toothpaste</p> <p>...OR...</p> <p>using toothbrush to fully complete oral care</p> <p>...OR...</p> <p>managing equipment for soaking/rinsing</p> <p>...OR...</p> <p>Removing/replacing dentures.</p>	<p>Helper SETS UP or CLEANS UP, but patient completes the activity. Helper only assists prior to or following oral hygiene.</p> <p>Patient can brush teeth once toothpaste is applied to toothbrush</p> <p>...AND/OR...</p> <p>Patient can replace and remove dentures independently, but needs helper to set up equipment for soaking.</p>	<p>Patient COMPLETES THE ACTIVITY BY HIM/HERSELF WITH NO ASSISTANCE from helper.</p> <p>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.</p>

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

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

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

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

Task	1 – Dependent	2 – Substantial/ maximal assistance	3 – Partial/ moderate assistance	4 – Supervision or touching assistance	5 – Setup/clean-up assistance	6 - Independent
<p>Shower/Bathe Self</p> <p><i>The ability to bathe self in shower or tub, including washing, rinsing, and drying self. Does not include transferring in/out of tub/shower.</i></p> <p><i>Code the patient's most usual performance.</i></p> <p><i>Activities may be completed with/without assistive devices.</i></p>	<p>Helper does ALL the effort. Patient does none of the effort to complete the task.</p> <p>Once the patient is in the shower or tub, patient is dependent in all aspects of bathing self.</p> <p>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.</p> <p>While the patient may be able to participate in some aspects of bathing at bedside, <u>this item measures bathing in the shower / tub.</u></p>	<p>Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs, but provides more than half the effort.</p> <p>Once the patient is in the shower or tub, patient participates in washing, rinsing and/or drying self, but helper provides >50% of the effort</p> <p>...OR...</p> <p>Patient is able to use a washcloth to initiate some washing, but is unable to reach all body parts</p> <p>...OR...</p> <p>Patient is able to hold showerhead or washcloth to initiate some rinsing, but is unable to completely rinse body</p> <p>...OR...</p> <p>Patient is able to use a towel to initiate or dry some parts of body, but is unable to reach all body parts</p> <p>...OR...</p> <p>Patient is able to participate in some aspects of all three, but the helper provides > 50% of the effort</p>	<p>Helper does LESS THAN HALF the effort. Helper lifts or holds trunk or limbs, but provides less than half the effort.</p> <p>Once the patient is in the shower or tub, patient participates in washing, rinsing and/or drying self, and helper provides <50% of the effort</p> <p>...OR...</p> <p>Patient is able to use a washcloth to wash most of body, but is unable to thoroughly or completely wash all body parts</p> <p>...OR...</p> <p>Patient is able to hold showerhead or washcloth to rinse most of body, but is unable to thoroughly or completely rinse all body parts</p> <p>...OR...</p> <p>Patient is able to use a towel to dry most of body, but is unable to thoroughly or completely dry all body parts</p> <p>...OR...</p> <p>Patient is able to participate in some aspects of all three, but the helper provides <50% of the effort</p> <p>...OR...</p> <p>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</p>	<p>Helper provides VERBAL CUES or TOUCHING/ STEADYING assistance as patient completes the activity.</p> <p>Once the patient is in the shower or tub, helper provides prompting and cueing for sequencing to fully accomplish washing, rinsing and drying self</p> <p>...AND/OR...</p> <p>There may be concerns about safety with completing task, and/or thoroughly washing all body parts which require verbal cues from helper for technique</p> <p>...AND/OR...</p> <p>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.</p>	<p>Helper SETS UP or CLEANS UP, but patient completes the activity. Helper only assists prior to or following shower/bathing self.</p> <p>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.</p>	<p>Patient COMPLETES THE ACTIVITY BY HIM/HERSELF WITH NO ASSISTANCE from helper.</p> <p>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.</p>

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

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

Task	1 – Dependent	2 – Substantial/ maximal assistance	3 – Partial/ moderate assistance	4 – Supervision or touching assistance	5 – Setup/clean-up assistance	6 - Independent
<p>Sit to Lying</p> <p><i>The ability to move from sitting on side of bed to lying flat on the bed.</i></p> <p><i>Code the patient's most usual performance.</i></p> <p><i>Activities may be completed with/without assistive devices.</i></p>	<p>Helper does ALL the effort. Patient does none of the effort to complete the task.</p> <p>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.</p>	<p>Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs, but provides more than half the effort.</p> <p>Patient participates in safely moving from sitting on side of bed to lying flat on the bed, but helper provides >50% of the effort ...OR... 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 position ...OR... 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 bed. ...OR... 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.</p>	<p>Helper does LESS THAN HALF the effort. Helper lifts or holds trunk or limbs, but provides less than half the effort.</p> <p>Patient participates in safely moving from sitting on side of bed to lying flat on the bed, and helper provides <50% of the effort ...OR... 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 bed. ...OR... Patient needs assistance to initiate sidelying, but once there, the patient is able to lift legs onto the bed. ...OR... 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.</p>	<p>Helper provides VERBAL CUES or TOUCHING/ STEADYING assistance as patient completes the activity.</p> <p>Patient requires prompting and cueing for sequencing to fully accomplish safely moving from sitting on side of bed to lying flat on the bed ...AND/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 technique ...AND/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.</p>	<p>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.</p> <p>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.</p>	<p>Patient COMPLETES THE ACTIVITY BY HIM/HERSELF WITH NO ASSISTANCE from helper.</p> <p>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.</p>

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

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

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

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

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)

<p>Once standing, the patient can walk >= 150 feet (45 m) in a corridor or similar space, with or without any level of helper assistance</p> <p style="text-align: center;">YES ↓ NO →</p> <p>Go to Step 2: Choose Assistance rating for Walking >=150 feet</p>	<p>Once standing, the patient can walk >= 100 feet (30 m), but <=149 feet in a corridor or similar space, with or without any level of helper assistance</p> <p style="text-align: center;">YES ↓ NO →</p> <p>Go to Step 2: Choose Assistance rating for Walking >=100 feet</p>	<p>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</p> <p style="text-align: center;">YES ↓ NO →</p> <p>Go to Step 2: Choose Assistance rating for Walking >=50 feet</p>	<p>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</p> <p style="text-align: center;">YES ↓ NO →</p> <p>Go to Step 2: Choose Assistance rating for Walking in Room or >=10 feet</p>	<p>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</p> <p style="text-align: center;">YES ↓</p> <p>Patient is coded as "1"/Dependent for Walking in Room or >=10 feet</p>		
<p>STEP 2: CODE HIS/HER LEVEL OF INDEPENDENCE</p>	<p>1 – Dependent</p>	<p>2 – Substantial/ maximal assistance</p>	<p>3 – Partial/ moderate assistance</p>	<p>4 – Supervision or touching assistance</p>	<p>5 – Setup/clean-up assistance</p>	<p>6 - Independent</p>
<p>Choose only one Mobility Distance (150, 100, 50, 10 feet) based on the maximum distance the patient is able to walk.</p> <p><i>Code the patient's most usual performance.</i></p> <p><i>Activities may be completed with/without assistive devices.</i></p>	<p>Helper does ALL the effort. Patient does none of the effort to complete the task.</p> <p>The patient may be able to stand up with assistance, but is unable to take steps.</p> <p>*Note: The only time this score would be used is if the patient is unable to ambulate any distance at all.</p>	<p>Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs, but provides more than half the effort.</p> <p>Patient may be able to bear weight through arms (if AD used) and advance one or two feet in attempts to walk, but helper provides >50% of the effort to achieve the motion ...OR...</p> <p>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 helper ...OR...</p> <p>Patient may be able to bear weight through arms and take some steps, but helper is providing >50% of the effort to advance the AD and/or provide support to the patient to remain upright.</p>	<p>Helper does LESS THAN HALF the effort. Helper lifts or holds trunk or limbs, but provides less than half the effort.</p> <p>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 motion ...OR...</p> <p>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 limb ...OR...</p> <p>Patient able to walk, but helper is providing <50% of the effort to insure appropriate weight-bearing restrictions are met</p>	<p>Helper provides VERBAL CUES or TOUCHING/STEADYING assistance as patient completes the activity.</p> <p>Patient needs prompting and cueing for sequencing to use AD or accomplish mobility distance ...AND/OR...</p> <p>There may be concerns about safety when using the AD around obstacles or gait speed/step height/step length ...AND/OR...</p> <p>Touching/Steadying only may be required for balance, for appropriate use of AD, or for weight-bearing restrictions.</p>	<p>Helper SETS UP or CLEANS UP, but patient completes the activity. Helper only assists prior to or following mobility distance.</p> <p>Patient needs helper to prepare for mobility, by reaching for/positioning AD or applying prosthesis/orthosis/brace/special shoes. After activity, helper removes AD and/or assists with prosthesis/orthosis/brace/special shoes.</p>	<p>Patient COMPLETES THE ACTIVITY BY HIM/HERSELF WITH NO ASSISTANCE from helper.</p> <p>Patient safely walks the distance with/without an AD. Patient requires no help with the AD or with prosthesis/orthosis/brace/special shoes.</p>

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 can wheel >= 150 feet (45 m) in a corridor or similar space, with or without any level of helper assistance <p style="text-align: center;"> YES NO </p> <p style="text-align: center;"> ↓ </p> Go to Step 2: Choose Assistance rating for WC mobility >=150 feet	Once sitting, the patient can wheel >= 100 feet (30 m) up to 149 feet in a corridor or similar space, with or without any level of helper assistance <p style="text-align: center;"> YES NO </p> <p style="text-align: center;"> ↓ </p> Go to Step 2: Choose Assistance rating for Wheeling >=100 feet	Once sitting, the patient can wheel >= 50 feet (15 m) up to 99 feet in a corridor or similar space, with or without any level of helper assistance <p style="text-align: center;"> YES NO </p> <p style="text-align: center;"> ↓ </p> Go to Step 2: Choose Assistance rating for Wheeling >=50 feet	Once sitting, the patient can wheel in room or >= 10 feet (3 m) but <= 49 feet in a corridor or similar space, with or without any level of helper assistance <p style="text-align: center;"> YES NO </p> <p style="text-align: center;"> ↓ </p> Go to Step 2: Choose Assistance rating for Wheeling in Room or >=10 feet	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 any level of helper assistance <p style="text-align: center;"> YES </p> <p style="text-align: center;"> ↓ </p> Patient is coded as "1"/Dependent for Wheeling in Room or >=10 feet
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STEP 2: CODE HIS/HER LEVEL OF INDEPENDENCE	1 – Dependent	2 – Substantial/ maximal assistance	3 – Partial/ moderate assistance	4 – Supervision or touching assistance	5 – Setup/clean-up assistance	6 - Independent
Choose <u>only one</u> Mobility Distance (150, 100, 50, 10 feet) based on the maximum distance the patient is able to wheel. <i>Code the patient's most usual performance.</i> <i>Activities may be completed with/without assistive devices.</i>	Helper does ALL the effort. Patient does none of the effort to complete the task. Patient is dependent in all aspects of mobility. Helper must propel the patient in the WC. <i>*Note: The only time this score would be used is if the patient is unable to wheel self any distance at all.</i>	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 advance feet or place heels to the floor in attempts to propel WC/pull WC forward but helper provides >50% of the effort to move the WC forward or maneuver it around obstacles ...OR... Patient may be able to place hands on wheels and push/pull wheels but unable to complete one/more revolutions and helper provides >50% of the effort to move the WC forward	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 obstacles ...OR... 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 distance ...AND/OR... There may be concerns about safety when maneuvering WC around obstacles or to avoid self-injury to hands & feet ...AND/OR... Touching/Steadying only may be required for hand/foot placement or to complete full step or full revolution of wheels ...AND/OR... Touching/Steadying only may be required for assisting patient with turns	Helper SETS UP or CLEANS UP , but patient completes the activity. Helper only assists prior to or following mobility distance . Patient needs helper to prepare for mobility, by removing or adjusting armrests, unlocking brakes, removing or lifting footrests or applying prosthesis/orthosis/ special shoes. After activity, helper replaces armrests, leg rests and/or assists with prosthesis / orthosis.	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
<p>Pick up Object</p> <p><i>The ability to bend/stoop from a standing position to pick up small object such as a spoon from the floor, once the patient is in a standing position.</i></p> <p><i>Code the patient's most usual performance.</i></p> <p><i>Activities may be completed with/without assistive devices.</i></p>	<p>Helper does ALL the effort. Patient does none of the effort to complete the task.</p> <p>Patient is dependent in all aspects of picking up an object from the floor. Once standing, the patient may initiate bending over or bend knees to stoop, but can make no more than minimal motion to participate in the actual task being measured.</p>	<p>Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs, but provides more than half the effort.</p> <p>Once standing, patient participates in bending/stooping to pick up a small object from the floor and standing back up but helper provides >50% of the effort</p> <p>...OR...</p> <p>Patient is able to bend over or stoop, but is unable to pick up an object or resume upright standing without >50% assistance from helper</p> <p>...OR...</p> <p>Helper provides >50% of the effort to help the patient bend over/stoop from a standing position and resume upright standing, but the patient is able to pick up the small object from the floor.</p>	<p>Helper does LESS THAN HALF the effort. Helper lifts or holds trunk or limbs, but provides less than half the effort.</p> <p>Once standing, patient participates in bending/stooping to pick up a small object from the floor and stands back up, and helper provides <50% of the effort</p> <p>...OR...</p> <p>Patient bends over or stoops, but needs <50% assistance from helper to pick the object up or resume upright standing without losing balance</p> <p>...OR...</p> <p>Helper provides <50% of the effort to assist the patient bend/stoop from a standing position and resume upright standing, but the patient is able to pick up the small object from the floor.</p>	<p>Helper provides VERBAL CUES or TOUCHING/ STEADYING assistance as patient completes the activity.</p> <p>Patient requires prompting and cueing for sequencing to fully accomplish safely bending over/stooping from a standing position to pick up a small object from the floor</p> <p>...AND/OR...</p> <p>There may be concerns about safety with completing task without falling over or to follow orthopedic precautions which require verbal cues from helper for technique</p> <p>...AND/OR...</p> <p>Touching/Steadying only may be required for bending over, stooping, and standing back up.</p>	<p>Helper SETS UP or CLEANS UP, BUT patient completes the activity. Helper only assists prior to or following bending or stooping from a standing position to pick up an object from the floor.</p> <p>Patient needs helper for initial preparation such as getting in position close enough to the object before bending over/stooping or in application of an orthosis / prosthesis. Patient may need helper to remove orthosis/prosthesis following activity.</p>	<p>Patient COMPLETES THE ACTIVITY BY HIM/HERSELF WITH NO ASSISTANCE from helper.</p> <p>Patient safely bends over/stoops from a standing position to pick up small object from the floor without any assistance from helper. Patient can use required equipment such as orthosis/prosthesis.</p>

Task	1 – Dependent	2 – Substantial/ maximal assistance	3 – Partial/ moderate assistance	4 – Supervision or touching assistance	5 – Setup/clean-up assistance	6 - Independent
<p>Car Transfers</p> <p><i>The ability to transfer in & out of a car or van on the <u>passenger side</u>. Does not include the ability to open/close door or fasten seat belt.</i></p> <p><i>Code the patient's most usual performance.</i></p> <p><i>Activities may be completed with/without assistive devices.</i></p>	<p>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.</p>	<p>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 effort ...OR... 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 car. ...OR... 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 car ...OR... 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 >50% of the total effort to get patient in & out of car</p>	<p>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 effort ...OR... 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 car. ...OR... 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 car ...OR... 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</p>	<p>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 van. ...AND/OR... There may be concerns about safety with completing task without falling over or for orthopedic precautions which require verbal cues from helper for technique ...AND/OR... Touching/Steadying only may be required for hand/foot/trunk placement, standing balance, &/or swinging legs in/out of car.</p>	<p>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.</p>	<p>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.</p>

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

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

Task	1 – Dependent	2 – Substantial/ maximal assistance	3 – Partial/moderate assistance	4 – Supervision or touching assistance	5 – Setup/clean-up assistance	6 - Independent
<p>1 step (curb)</p> <p><i>The ability to step over a curb or up and down one step.</i></p> <p><i>Code the patient's most usual performance.</i></p> <p><i>Activities may be completed with/without assistive devices.</i></p>	<p>Helper does ALL the effort. Patient does none of the effort to complete the task.</p> <p>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.</p>	<p>Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs, but provides more than half the effort.</p> <p>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 helper ...OR... 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 balance ...OR... 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</p>	<p>Helper does LESS THAN HALF the effort. Helper lifts or holds trunk or limbs, but provides less than half the effort.</p> <p>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 2nd foot onto curb/step, & is able to step down with <50% assistance ...OR... 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/step ...OR... 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</p>	<p>Helper provides VERBAL CUES or TOUCHING/ STEADYING assistance as patient completes the activity.</p> <p>Patient requires prompting and cueing for sequencing to use AD (if used) or accomplish step up and down ...AND/OR... There may be concerns about safety if using an AD or appropriate sequence of step up and down due to orthopedic precautions ...AND/OR... Touching/ Steadying only may be required for balance, for appropriate use of AD, or for weight-bearing restrictions.</p>	<p>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.</p> <p>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.</p>	<p>Patient COMPLETES THE ACTIVITY BY HIM/HERSELF WITH NO ASSISTANCE from helper.</p> <p>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.</p>

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

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

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 Assistance	The helper opens up Mr. H.'s milk container. This is setup 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 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 Assistance	The patient's husband is her helper. She needs setup assistance before she 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 Touching Assistance	Mrs. H. swallows all types of food consistencies, but requires verbal cueing 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 Assistance	The helper provides setup and clean-up assistance. The patient brushes her 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
4 - Supervision or Touching Assistance	The helper provides steadying assistance as the patient performs the toilet hygiene tasks. The assistance provided to Mrs. R as she gets onto and off the 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 Touching Assistance	The helper provides supervision as the patient performs toilet hygiene tasks.

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
5 – Set up / Clean up Assistance	Patient needs helper for initial preparation to hang the Foley bag appropriately while he is sitting on the toilet. Patient then needs helper to 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 Assistance	The helper provides assistance with upper body dressing, but the patient 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 Assistance	The patient dresses himself once the helper provides setup 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 Touching Assistance	The helper does not provide any physical assistance but is required to 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 – Substantial/maximal assistance	The helper performs physical assist for more than half of the tasks of LB dressing. The patient does participate some in the task by unfastening his 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 Assistance	The helper provides setup assistance. Assistance with washing the back is not 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 / Maximal Assistance	Mrs. M participated in the activity, but the helper provided > 50% of the 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 Touching Assistance	The helper provides supervision as Mr. J. washes, rinses, and dries himself in 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 Assistance	The husband is assisting with less than half of the task. Mrs. L washed her 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 Assistance	The patient requires assistance from the helper to start the task, but once the 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 Touching Assistance	The helper provides touching assistance as the patient moves from a lying to 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 Assistance	The helper provides set up assistance by positioning the bed so the patient 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 Assistance	A helper is needed to transfer from a seated to a lying position, but Mrs. H. 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 / Touching Assistance	A helper is needed to provide verbal cues for safe technique since Mrs. E is 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 Assistance	A helper is needed to help prepare the bed for Mr. A by putting the rails in 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
3 – Partial/ Moderate Assistance	The patient is able to roll to one side without assistance from the helper, but requires verbal cueing to return to his back and physical assistance to roll to 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. 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 Touching Assistance	The helper provides touching assistance only.

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 – Substantial/Maximal Assistance	Mr. A is able to do some of the preparatory activities for standing up. But the helper provides more than half the effort to assist him to a standing 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 Assistance	The helper provides setup assistance. Mr. L. does not need help during the 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 Assistance	The helper provides more effort than the patient.

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 / Touching Assistance	The patient can transfer chair/bed to chair but the helper must provide 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 Touching Assistance	The helper provides supervision/verbal cues as Mrs. Y. transfers onto and off 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 Assistance	The helper provides setup assistance (moving the foot rest out of the way) 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 Assistance	The helper provides less than half the assistance for Mrs. O to get to and 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	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 </= 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 </= 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 <u>after</u> 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 </= 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	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 touching assistance	The helper provides steadying assistance to Mr. T to prevent him from falling.

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 – Independent	Mrs. W is able to pick up objects from a standing position using her reacher. 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
2 – Substantial / Maximal Assistance	The patient is unable to stoop, bend or turn to get in the car without physical assistance, but once the patient is sitting in the car seat, he is able to swing 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
3 – Partial / Moderate Assistance	The patient is able to stoop, bend or turn to get in the car without physical assistance, and once the patient is sitting in the car seat, he is able to swing 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 Assistance	The patient is physically able to get into and out of the car. The helper 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 / Maximal Assistance	The patient requires > 50% of the effort throughout the task to complete it 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 Touching Assistance	The patient requires > 50% of the effort throughout the task to complete it 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 Touching Assistance	Patient requires steadying (touching) assistance in order to perform the 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 Assistance	Patient requires physical assistance from the therapist, but is able to provide 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
1 – Dependent	The therapist decides not to pursue completing the task for medical reasons. The patient's oxygen saturation was less than acceptable and she was 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
S – Not attempted due to Safety Concerns	The patient became visibly agitated when the task of walking up/down 4 steps was presented to her. The therapist decided for safety reasons it would not be appropriate to attempt to try again. The therapist is unable to infer 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 Touching Assistance	The patient does not require any physical assistance, but there are concerns about his safety and sequencing as he turns to come down the step.

12 STEPS

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 Assistance	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 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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