

TEST FOR BALANCE: (Instructions for test for balance)

Position 1: Stand with your feet together side-by-side, do not move feet until I say stop.

If resident is ABLE to maintain position for 10 seconds, proceed to position 2.

Position 2: Now I would like you to stand with one foot halfway in front of the other.

Position 3: Now I would like you to stand with the heel of one foot in front of you, touching toes.

Position 4: Sit in a chair with your arms folded across your chest without using the back or arms of the chair for help, feet flat on the floor for 10 seconds.

SCORING FOR TEST: 0. Maintained position as required in the test.

1. Unsteady, but able to rebalance self without physical support
2. Partial physical support during test, or stands (sits) but does not follow directions for test.
3. Not able to attempt test without physical help.

DO NOT ATTEMPT TO TEST RESIDENTS WHO ARE UNABLE TO SIT WITHOUT HELP

SCORE FOR BALANCE WHILE STANDING ___ SCORE FOR BALANCE WHILE SITTING ___

SITTING

FUNCTIONAL LIMITATION IN RANGE OF MOTION: Code for limitations during last 7 days that interfered with daily functions or placed resident at risk for injury

A. RANGE OF MOTION

0. No limitation
1. Limitation on one side
2. Limitation on both sides

B. VOLUNTARY MOVEMENT

0. No loss
1. Partial loss
2. Full loss

	A.	B.
a. Neck	___	___
b. Arm (including shoulder & elbow)	___	___
c. Hand (including wrist & fingers)	___	___
d. Leg (including hip & knee)	___	___
e. Foot (including ankle & toes)	___	___
f. Other limitation or loss	___	___

RANGE OF MOTION ASSESSMENT:

SCORING: WFL=performance is within functional limits with no loss

MN=Minimal (75-100% of function) with partial loss

MD=Moderate (50-75% of function) with partial loss

M/S=Moderate to Severe (25-50% of function) with partial loss

S=Severe (0-25% of function) with full loss

(Circle if range of motion was passive movement; uncircled will indicate active, voluntary movement)

Function	Score
a. Neck rotation side to side	___
b. Neck rotation up & down	___
c. Shoulder extension	
Right	___
Left	___
d. Hand/finger flexion	
Right	___
Left	___
e. Wrist flexion	
Right	___
Left	___