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Subseries:

OA/ID Number: 52063
Folder ID Number: 52063-005

Folder Title:
[TIRR] New Options Evaluation Forms [1975-1977] [2]

Stack: **Row:** **Section:** **Shelf:** **Position:**

22(X) OUT-PATIENT/FOLLOWUP (Interval Form)

53(X)Name:_____ G58(X)Number:_____ G52(X)Date:_____

Mode of Evaluation (Choose only one)

G73( )OPD Visit G74( )Rehab home visit G75( )Tele. w/pt G76( )VNA home visit
G77( )Tele. with: _____

****

COMPLETE THE FOLLOWING ONLY FOR AN INITIAL ASSESSMENT OR TO INDICATE A CHANGE:

G54( )Address--No. and Street: _____

G55( )Address--Town and State: _____ G56( )ZIP Code: _ _ _ _ _

G57( )Telephone Number: _ _ _--_ _ _ _ G59( )Date of Birth: _ _ / _ _ / _ _

G64( )Male G65( )Female
G66( )Single G67( )Married G68( )Widowed G69( )Divorced G70( )Separated

L33( )Major Handicapping RT-7 Code: _ _ _ L48( )Onset of disability: _ _ / _ _ / _ _

LIMBS	Good	Fair	Poor	Null	COMMUNICATION	Intact	Limited	Helper	Null
R Upper	( )G80	( )G81	( )G82	( )G83	Verbal	( )I68	( )I69	( )I70	( )I71
L Upper	( )G84	( )G85	( )G86	( )G87	Hearing	( )I72	( )I73	( )I74	( )I75
R Lower	( )G88	( )G89	( )G90	( )G91	Vision	( )I76	( )I77	( )I78	( )I79
L Lower	( )G92	( )G93	( )G94	( )G95					

****

Note degree of independence or need for assistance for each of the activities listed:

SELF CARE	Independent	Helper	Null
Drink from cup	(4) ( )	( )I05	( )I06
Feed from dish	(6) ( )	( )I08	( )I09
Dress upper body	(5) ( )	(3) ( )I11	( )I12
Dress lower body	(5) ( )	(2) ( )I14	( )I15
Don brace/prosthesis (if applicable)	( )	(-2) ( )I17	NONE
Groom	(5) ( )	( )I19	( )I20
Wash or bathe	(4) ( )	( )I22	( )I23
Perineal care (at toilet)	(4) ( )	(2) ( )I31	( )I32

Rate according to one of the following descriptions: (U of PULSES)

I07( )Independent in self care without impairment of upper limbs.
I08( )Independent in self care with some impairment of upper limbs.
I09( )Dependent upon assistance or supervision in self care with or without impairment of upper limbs.
I10( )Dependent totally in self care with marked impairment of upper limbs.

Note degree of independence or need for assistance for each of the activities listed:

MOBILITY	Independent	Helper	Null
Transfer, chair	(15) ( )	(7) ( )I35	( )I36
Transfer, toilet	(6) ( )	(3) ( )I38	( )I39
Transfer, tub or shower	(1) ( )	( )I41	( )I42
Walk 50 yards on level	(15) ( )	(10) ( )I44	( )I45
Stairs, up/down 1 flight	(10) ( )	(5) ( )I47	( )I48
Wheelchair, if not walking	(5) ( )I49	( )I50	NONE

Rate according to one of the following descriptions: (L of PULSES)

L11( )Independent in mobility without impairment of lower limbs.
L12( )Independent in mobility with some impairment of lower limbs; such as needing ambulatory aids, a brace (orthosis) or prosthesis, or else fully independent in a wheelchair.
L13( )Dependent upon assistance or supervision in mobility with or without impairment of lower limbs, or else partly independent in a wheelchair or else there are significant architectural or environmental barriers.
L14( )Dependent totally in mobility with marked impairment of lower limbs.

Rate according to one of the following descriptions: (S of PULSES)

L15( )Independent in communication (speech and hearing) and vision without impairment.
L16( )Independent in communication (speech and hearing) and vision with some impairment such as mild dysarthria, mild aphasia, or need for eyeglasses or hearing aid, or needing regular medication for eyes.
L17( )Dependent upon assistance, an interpreter or supervision in communication (speech or hearing) or vision.
L18( )Dependent totally in communication (speech or hearing) or vision.

Note degree of independence or need for assistance for each of the activities listed:

SPHINCTER CONTINENCE	Independent	Helper	Null
Bladder continence	(10) ( )	(5) ( )I25 Acc.	( )I26 Incontinent
Bowel continence	(10) ( )	(5) ( )I23 Acc.	( )I29 Incontinent

Rate according to one of the following descriptions: (E of PULSES)

L19( )Complete voluntary control of bladder and bowel sphincters.
L20( )Control of sphincters allows normal social activities despite urgency or need for catheter, appliance, suppositories, etc. Able to care for needs without assistance.
L21( )Dependent upon assistance in sphincter management or else has accidents occasionally.
L22( )Frequent wetting or soiling from incontinence or bladder or bowel sphincters.

Rate according to one of the following descriptions: Consider intellectual and emotional adaptability, support from family unit, and financial ability: (S of PULSES)

L23( )Able to fulfill usual role(s) and perform customary tasks.
L24( )Must make some modification in usual role(s) or performance of customary tasks.
L25( )Dependent upon assistance, supervision, encouragement or assistance from a public private agency due to any of the above considerations.
L26( )Dependent upon long-term institutional care (chronic hospital, nursing home, etc.) excluding time-limited hospitalization for specific evaluation, treatment or active rehabilitation.

List diagnostic terms for medical conditions. Follow with four-digit ICDA-8 code number. Add a fifth digit (1-4) after the / following each ICDA-8 number to indicate the degree of physician or nurse (RN or LPN) care required for that condition (P of PULSES).

L03( ) 1. Medical problem is sufficiently stable that physician or nurse monitoring is not required more often than 3-month intervals.
L04( ) 2. Medical problem requires physician or nurse monitoring more often than 3-month intervals but not each week.
L05( ) 3. Medical problem is sufficiently unstable as to require regular physician and/or nurse attention at least weekly.
L06( ) 4. Medical problem requires intensive physician and/or nurse attention at least daily (excluding personal care assistance only).

****

ONLY ADD DIAGNOSES NOT PREVIOUSLY RECORDED

L34(X)	Diagnosis	ICDA-8 Code	P Score
L35( )	_____	— — — — /	—
L36( )	_____	— — — — /	—
L37( )	_____	— — — — /	—
L38( )	_____	— — — — /	—
L39( )	_____	— — — — /	—
L40( )	_____	— — — — /	—
L41( )	_____	— — — — /	—

****

Architectural Barriers

J51( ) Absent--Has access into and out of home, to all levels if multi-story, and to all rooms without safety hazard or requiring assistance.

J52( ) Minor--Has access into and out of home and to all essential levels if multi-story and to all rooms essential to well-being and participation in family activities. Some non-essential rooms may not be accessible or else inconvenience may be imposed by thresholds, narrow passages or awkward arrangement of furniture. However, able to manage without assistance.

J53( ) Major--Not able to manage without assistance in getting into or out of home or in gaining access to rooms essential to well-being and/or participation in family activities.

Rate according to one of the following descriptions: ENVIRONMENT (E of ESCROW)

L76( )Lives in privately supported living quarters that are adequate for size of family unit, without major architectural barriers, accessible to convenient forms of transportation and other necessary facilities, in a safe neighborhood and free of significant or major problems.

L77( )Lives in privately supported living quarters that are either inadequate for size of family unit, with minor architectural barriers, inaccessible to convenient forms of transportation or necessary facilities, in a marginal neighborhood or else has other minor problems.

L78( )Lives in privately supported housing with major problems.

L79( )Lives in publicly supported housing.

Community Agency Involved

C34( ) VNA

C35( ) State Vocational Agency

C36( ) Welfare

C37( ) Other: _____

Rate according to one of the following descriptions: SOCIAL SUPPORTS (S of ESCROW)

L80( )Maintains a balance of social contacts by way of visiting, telephone calls, hobbies and interests, etc. Able to solve problems without undue reliance on others outside the family unit. Has one or more close or dependable friendships.

L81( )Social contacts are restrictive. May frequently rely on others outside the family unit to solve problems. Does not readily identify a close or dependable friendship.

L82( )Someone in the family unit occasionally requires assistance from a person or agency from the outside such as the visiting nurse association, home care, counseling services, etc.

L83( )Someone in the family unit is consistently dependent upon assistance from a community agency at least weekly.

Household Constellation

K17( ) Alone
K18( ) Spouse
K19( ) Children
K20( ) Spouse and children
K21( ) Parent(s)
K22( ) Other relatives
K23( ) Friend(s)
K24( ) Institution
K25( ) Other: _____

Rate according to one of the following descriptions: CLUSTER OF FAMILY MEMBERS (C of ESCROW)

L84( )The family unit consists of a least one member beside the patient related by marriage, kinship, or else a close personal companion; as a unit the family is sufficiently competent physically and mentally to provide adequate support to the patient at home at this time and under forseable circumstances.

L85( )The family unit is as above but under particular conditions of stress they may not be able to support the patient either physically or mentally or else particular circumstances such as a job require a crucial family member to be away from the home part of the day.

L86( )The impact of the disability has been such to change either the work effort, pattern of socialization, interests and hobbies or other important activities of some family member.

L87( )The impact of the disability has been such as to produce severe strain or produce disruptions of relationships between family members or else the patient lives alone.

Source of Payment

K38( ) Self/Family
K39( ) Insurance Plan
K40( ) Workers' Compensation
K41( ) State Vocational Agency
K42( ) Welfare/Medicaid
K43( ) Medicare
K44( ) Association/Fund
K45( ) Other: _____

Rate according to one of the following descriptions: RESOURCES (R of ESCROW)

L88( )The family is able to absorb the costs of the disability without increased indebtedness.

L89( )The family is required to incur debts to handle costs of the disability.

L90( )The family requires some form of public assistance to cover medically related costs (Medicaid).

L91( )The family requires public assistance to cover medical and subsistence costs (Welfare or SSI--Supplemental Security Income).

Vocational Status

K46( ) Homemaker
K47( ) Student
K48( ) Competitive employment
K49( ) Non-competitive employment (sheltered workshop, etc.)
K50( ) Unemployed, but employable and unable to find work
K51( ) Retired due to age
K52( ) Too disable to work,. or be a homemaker, or be a student, or else retired for disability

Educational or Vocational Ability

K59( ) Intact--Able to be vocationally independent or attend school without limitation at work or school or in transportation to and from.

K60( ) Limited--Able to be vocationally independent or attend school but with some limitation at work or school or in transportation to and from.

K61( ) Helper--Is receiving assistance by way of counseling, training, or fiscal either at work or school or in transportation to and from.

K62( ) Null--No ability at present for work or education or else assistance is received in transport for work or education outside of th

Organization of the Medical Record for Rehabilitation

Carl V. Granger, M.D.

There is general concern for the quality of medical care and the adequacy of systems for delivering care in the United States. The physician is the major figure on the health care team. Therefore, it is viewed that "if the quality of the individual physician's performance is raised, the general level of medical care should improve".[1] Consequently, there are a number of evaluation studies being conducted to extensively and explicitly investigate physician performance. So far, most studies have concentrated on acute aspects of care but, no doubt, aspects of rehabilitation and long-term care will also come under close scrutiny.

It remains difficult to determine how the dimensions of physician performance should be measured. As cited by Barro, Donabedian (1969) states, "Assessment of process is the evaluation of the activities of physician and other health professionals in the management of patients;.....assessment of outcome is the evaluation of end-results in terms of health and satisfaction." Further, the tendency to concentrate on the technical aspects of physician performance and to neglect the interpersonal dimensions continue to present formidable problems in assessment of quality care.

Third-party payers, such as Medicare, Medicaid, Blue Cross and Blue Shield are concerned about cost-accountability. They and other health care insurers are applying standards to determine whether professional services rendered constitute necessary and covered care for purposes of insurance payment. For the most part these standards are empirically derived, are subject to frequent re-interpretation through publication of revised regulations and are frequently criticised as not

being valid criteria. Regardless of objections, concepts of quality care are being significantly modified by the need to justify clinical activities in terms of necessary levels of care, cost-effectiveness, and other economic frames-of-references.

Audit of the medical record is one method for assessing quality of physician performance. In fact, the patient's record and hospital chart have become documents used by the third party payers to justify and to cost-account clinical care. There are a number of common deficiencies of data that render patient records imperfect as accounting documents. However, "greater use of problem-oriented records may help considerably to improve the quality of data,"[1] particularly to correct incompleteness, inaccuracies and non-standard expressions.

We have gone through a series of steps to improve our medical record as a guidance system, as a management tool and as an accounting document. Our goal is to have the medical record clearly reflect the patient's status before, during and after therapeutic or rehabilitative intervention.

Four new tools were adopted for this purpose:[2]

1. the problem-oriented medical record[3]
2. programmed examination formats[4]
3. a computer terminal (MUMPS System on PDP 11/20 time-sharing computer) where we were formerly using a programmable (magnetic tape cassette) editing typewriter
4. standardized assessments of functional abilities.[2]

Advantageous features of the programmed examination formats include the following:

* A uniform and comprehensive examination is defined and encouraged but not limited by form design;

* More than one agent or examiner may interact in compiling information;

* The preliminary form is a worksheet and may be audited, verified or corrected to assure accuracy and for teaching;

* Incorrect or insignificant responses may be suppressed and relevant data and detail may be added;

* The print-out is legible, organized in a predictable format and represents condensation of positive information;

* Design of the print-out is intended to permit quick scanning and highlighting of significant information;

* Communication between members of the health-care team is facilitated; and

* Purposes of Peer Review are served on an ongoing basis to permit rapid audit of the medical record for assuring high standards of care and efficient use of services.

We regard outcomes as the differences between functional status on admission, on discharge and on follow-up. The Barthel Index scores (Fig. 1) and the PULSES scores (Fig. 2) are incorporated into the assessments to give a numerical equivalent of functional status for comparison of change over time. We find the following descriptive items necessary in order to compare outcomes of disabled persons: age group, sex, duration since onset, Barthel score, PULSES score, behavioral (intellectual/emotional) adjustment, adequacy of family unit, financial status, vocational status, major handicapping condition, and associated medical disorders.

To develop a uniform and complete data base we designed a history questionnaire in which the information generated by the patient is subject to verification and augmentation by the physician. From his interview with the patient the physician adds explanatory detail including the present illness. Display of the history information is in a predictable sequence under standard headings. Asterisks serve to highlight certain responses of questions that have been

answered affirmatively. Information from the physical examination is arranged under headings to highlight abnormal findings. Systems not examined are clearly listed. The problems and plans are combined as a working document in the front of the chart to display past and present diagnoses, symptoms and signs of concern, possible problems for the future and the disabling consequences of somatic, psychological, social, economic, vocational or environmental impairment. By using a pre-numbered and a pre-titled problem list (Fig. 3) for selection we find that the initial problem list is more likely to be complete and that writing progress notes for common problems, such as mobility and self-care, for example, is facilitated because the numbers and titles of these problems are always the same from patient to patient. A summary of functional abilities enlarges the data base beyond history, physical examination and laboratory data by recording whether the activities and behaviors of daily living are performed independently or with assistance. Information is also recorded as to the status of critical supporting systems including competency of the family unit, financial resources and patient's ability to engage in educational or vocational pursuits. All descriptive items are specifically defined and are coded.

Using a standardized assessment system it is possible to display each item of admission, discharge and follow-up on a single sheet (Fig. 4) in order to show functional status and changes at three points in time. Additionally, storage of these data items in the computer is simply one additional step for comparison of rehabilitation outcomes of larger groups of patients. [7, 8]

The APPENDIX contains examples of data collection and input sheets and the corresponding printouts from the computer on a simulated case of "John Watt" at admission, discharge and followup.

5

BARTHEL INDEX

	CATEGORIES	INDEPENDENT	WITH HELP
i.	Feeding (if food needs to be cut up = help)	10	5
ii.	Moving from wheelchair to bed and return	15	10-5
iii.	Personal toilet (wash face, comb hair, shave, clean teeth)	5	0
iv.	Getting on and off toilet (handling clothes, wipe, flush)	10	5
v.	Bathing self	5	0
vi.	Walking on level surface (or if unable to walk, propel wheelchair)	15	10
	*score only if unable to walk	*5	*0
vii.	Ascend and descend stairs	10	5
viii.	Dressing (includes tying shoes, fastening fasteners)	10	5
ix.	Controlling bowels	10	5
x.	Controlling bladder	10	5

A patient scoring 100 Barthel Index is continent, feeds himself, dresses himself, gets up out of bed and chairs, bathes himself, walks at least a block, and can ascend and descend stairs. This does not mean that he is able to live alone; he may not be able to cook, keep house, and meet the public, but he is able to get along without attendant care.

P Physical condition including diseases of the viscera (cardiovascular, gastro-intestinal, urologic, and endocrine) and neurologic disorders:

1. Medical problems sufficiently stable that medical or nursing monitoring is not required more often than 3 month intervals.
2. Medical or nurse monitoring is needed more often than 3 month intervals but not each week.
3. Medical problems are sufficiently unstable as to require regular medical and/or nursing attention at least weekly.
4. Medical problems require intensive medical and/or nursing attention at least daily (excluding personal care assistance only).

U Self care activities (drink/feed, dress upper/lower, brace/prosthesis, groom, wash/bathe, perineal care) dependent mainly upon upper limb function:

1. Independent in self care without impairment of upper limbs.
2. Independent in self care with some impairment of upper limbs.
3. Dependent upon assistance or supervision in self care with or without impairment of upper limbs.
4. Dependent totally in self care with marked impairment of upper limbs.

L Mobility activities (transfer chair/toilet/tub or shower, walk, stairs, wheelchair) dependent mainly upon lower limb function:

1. Independent in mobility without impairment of lower limbs.
2. Independent in mobility with some impairment in lower limbs; such as needing ambulatory aids, a brace or prosthesis, or else fully independent in a wheelchair without significant architectural or environmental barriers.
3. Dependent upon assistance or supervision in mobility with or without impairment of lower limbs, or else partly independent in a wheelchair or else there are significant architectural or environmental barriers.
4. Dependent totally in mobility with marked impairment of lower limbs.

S Sensory components relating to communication (speech and hearing) and vision:

1. Independent in communication and vision without impairment.
2. Independent in communication and vision with some impairment such as mild dysarthria, mild aphasia, or need for eyeglasses or hearing aid, or needing regular medication.
3. Dependent upon assistance, an interpreter or supervision in communication or vision.
4. Dependent totally in communication or vision.

E Excretory functions (bladder and bowel):

1. Complete voluntary control of bladder and bowel sphincters.
2. Control of sphincters allows normal social activities despite urgency or need for catheter, appliance, suppositories, etc. Able to care for needs without assistance.
3. Dependent upon assistance in sphincter management or else has accidents occasionally.
4. Frequent wetting or soiling from incontinence of bladder or bowel sphincters.

S Consider intellectual and emotional adaptability, support from family unit, and financial ability:

1. Able to fulfill usual role(s) and perform customary tasks.
2. Must make some modification in usual role(s) or performance of customary tasks.
3. Dependent upon assistance, supervision, encouragement or assistance from a public or private agency due to any of the above considerations.
4. Dependent upon long-term institutional care (chronic hospital, nursing home, etc.) excluding time-limited hospitalization for specific evaluation, treatment or active rehabilitation,

PULSES TOTAL -- BEST SCORE IS 6/6. WORST SCORE IS 6/24.

PROGRAMMED PROBLEM-PLAN LIST - PPPL

Name and #:_____ Date formulated:_____

Select MEDICAL PROBLEM Number by Somatic System:

# 3 ( )Auditory	# 9 ( )General/Systemic	# 15( )Ophthalmic	# 21( )Urological
# 4 ( )Cardiac	# 10( )Genito/Reproduc	# 16( )Otolaryngol	# 22( )Foot
# 5 ( )Circulatory	# 11( )Hematologic	# 17( )Respiratory	# 23( )Hand
# 6 ( )Dental	# 12( )Immunologic	# 18( )Rheumatologic	# 24( )_____
# 7 ( )Endocr/Metabolic	# 13( )Muscular	# 19( )Skeletal	# 25( )_____
# 8 ( )Gastrointestinal	# 14( )Neurological	# 20( )Skin	

Select DISABILITY PROBLEM Number by Functional System:

# 26( )Mobility	# 32( )Intellect/Emotional	# 38( )Appearance	# 44( )Operate auto
# 27( )Self-care	# 33( )Perceptual-motor	# 39( )Procre/sex	# 45( )Recreational
# 28( )Hand skills	# 34( )Self-esteem	# 40( )Family/home	# 46( )Mechan/device
# 29( )Sphincter control	# 35( )Social adjustments	# 41( )Household	# 47( )Unreal Expect
# 30( )Communication	# 36( )Pain relief	# 42( )Educational	# 48( )_____
# 31( )Visual adequacy	# 37( )Endurance	# 43( )Vocational	

NO.	DATE ONSET	DETAIL OF PROBLEM	PLAN	STABLE

LONG RANGE EVALUATION SUMMARY

1	HOSPITAL NO. & NAME: Shirley Donacheck 00 00 01			
2	SEX: Female			
3	MARITAL STATUS: Single			
4	BIRTH DATE: 03/16/48			
5	ZIP CODE: 02368			
6	T-NEMC REHABILITATION INSTITUTE at T-NEMC			
7	LONG-RANGE EVALUATION SUMMARY INTAKE DATE: 09/18/67			
8		ADMISSION	DISCHARGE	FOLLOWUP
9	DATE OF EVALUATION:	09/18/67	05/12/68	08/17/72
10	CONDITION-RT7: 012 Spinal Cord Disorder			
11	PHYSICIAN/EVALUATOR	REHAB INST	REHAB INST	REHAB INST
12	MODE OF EVALUATION			Inpt/Discharge
13	RIGHT UPPER LIMB	III POOR	=	=
14	LEFT UPPER LIMB	III POOR	=	=
15	RIGHT LOWER LIMB	IV NULL	=	=
16	LEFT LOWER LIMB	IV NULL	=	=
17	DEPENDENT	DRINK, FEED	None	=
18	DEPENDENT	DRESS UPPER, LOWER	=	None
19	DEPENDENT	GROOM,WASH, PERIN	=	None
20	DEPENDENT	BLADDER	=	=
21	DEPENDENT	BOWEL	=	=
22	DEPENDENT	T/CHAIR,TOILET	None	=
23	DEPENDENT	T/TUB,SHOWER	=	=
24	DEPENDENT	WALK,STAIRS	=	=
25	DEPENDENT	WHEELCHAIR	None	=
26	SELF CARE SCORE	17/53	25/53	43/53
27	MOBILITY SCORE	0/47	26/47	26/47
28	BARTHEL TOTAL	17/100	51/100	69/100
29	VERBAL COMMUNICATION		I INTACT	=
30	HEARING		I INTACT	=
31	VISION		I INTACT	=
32	INTELL/EMOTIONAL		I INTACT	=
33	FAMILY SUPPORT		I INTACT	IV NULL
34	ABILITY IN HOME		III ASSISTANCE	II LIMITED
35	ARCHITECTURAL BAR		MINOR	=
36	VOCATIONAL ABILITY		IV NULL	III HELPER
37	FINANCIAL ABILITY		II LIMITED	IV NULL
38	HOUSEHOLD MEMBERS		PARENT(S)	ALONE
39	SOURCE OF REFERRAL	OTHER HOSPITAL		REHAB IN-PT
40	COMMUNITY AGENCY			VOC AGENCY
41	SOURCE OF PAYMENT	INSURANCE/PLAN		WELFARE
42	VOCATIONAL STATUS	COMPET/DISABLED	DISABLED	HOMEMAKER
43	HEALTH CARE SOURCES			PMD/REHAB
44	NEW PROBLEMS			(URINARY)
45	NEW SERVICE NEEDS			EDUCATION
46	REFERRED TO		VOC AGENCY	COLLEGE
47	P		2	1
	U		3	3
	L		3	3
	S		1	1
	E		3	3
	S = Total		2 = 6/14	2 = 6/13
48	MEDICAL DIAGNOSES		QUAD/OBESE	= + ILEAL LOOP
49	DISHCARGED TO		HOME	HOME
50	ONSET OF DISABILITY	07/67		

The sheet entitled Long Range Evaluation Summary with three columns of information listed is a simulated output from computer-stored data. Information from three "patient-encounters" over a five-year period (for simplicity intervening encounters are omitted) is presented. Equal sign (=) indicates "no change".

Interpretation of this sheet is as follows:

Lines 1-7 identify the patient at the facility

Lines 8-9 indicate the dates and circumstances of the patient encounter

Line 10 indicates the condition code which equals spinal cord disorder

Line 11 identifies the reporting institution

Lines 13-16 describe the function of the limbs being essentially unchanged neurologically from initial contact to the last visit i.e. the upper limbs lack full power, full range of motion or normal sensibility but have some usefulness and the lower limbs lack usefulness

Lines 17-25 indicate the specific areas of dependency in physical performances of self-care and mobility

Lines 26-28 summarize the self-care and mobility factors via the Barthel Score, that is, self-care improved between the three encounters while mobility did not improve beyond the second encounter

Lines 29-32 describe intactness of communication skills and emotional and intellectual abilities

Line 33 describes loss of family support between the second encounter and the third encounter

Line 34 indicates ability at home improved to a level of limited independence

Line 35 indicates that minor architectural barriers exist at home

Line 36 indicates that vocational (educational) ability improved

Line 37 indicates total dependence on public assistance financially has occurred

Line 38 indicates a move from the parents' home to living alone (adapted housing)

Lines 39-43 are self-explanatory

Line 44 indicates a new problem occurred (in the past)

Lines 45&46 indicate that application and acceptance to college occurred

Line 47 indicates the PULSES global assessments

Lines 48-50 are self-explanatory

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T-NEMC REHABILITATION INSTITUTE
LONG-RANGE EVALUATION SUMMARY

APPENDIX 1

Facility: _____

IN-PATIENT ADMISSION

Intake Date : __ __ / __ __ / __ __ (X)G49

Admission Date: __ __ / __ __ / __ __

Name: _____

Hosp. No.: _____ ____

D O B: __ __ / __ __ / __ __

SS#: __ __ __-- __ __-- __ __ __ __ ( )G60

Male( ) Female( )

Single( )G66 Married( )G67 Widowed( )G68

Divorced( )G69 Separated( )G70

Major Handicapping Condition (X)G71

R T 7 Code: __ __ __

Physician: _____ Code: __ __(X)G72

TYPIST--GO TO REVERSE SIDE AND RETURN

Source of Referral:

Living in LTCF (nursing home/chron. hosp)( )K24
Rehab In-pt.( )K26
In-House Acute Care( )K27
In-House OPD( )K28
Other hospital _____ ( )K29
Other physician _____ ( )K30
MRC or State Vocational Agency( )K31
Welfare( )K32
Community Agency not MRC/Welfare( )K33

Community Agency Involved:

VNA( )K34
MRC or Other State Voc. Agency( )K35
Welfare( )K36
Other _____ ( )K37

Source of Payment (choose one):

Self/Family( )K38
Insurance plan (BC/BS, etc)( )K39
Workers' Compensation( )K40
State Voc. Agency( )K41
Welfare/Medicaid( )K42
Medicare( )K43
Assoc/Fund( )K44
Other _____ ( )K45

Vocational Status (choose one):

Homemaker( )K46
Student( )K47
Competitive employment( )K48
Non-competitive employment (sheltered)( )K49
Unemployed/employable cannot find work( )K50
Retired due to age( )K51
Too disabled to work/homemaker/student( )K52

IF A REVISIT:

Less than 2 years( )K93
More than 2 years( )K94

Evaluator: _____ Code: __ __ (X)L42

G52(X)Today's Date: __ __/__ __/__ __ Name:_____

Good	Fair	Poor	Null	ACTIVE MOTION OF LIMBS
G80( )	G81( )	G82( )	G83( )	Right upper limb
G84( )	G85( )	G86( )	G87( )	Left upper limb
G88( )	G89( )	G90( )	G91( )	Right lower limb
G92( )	G93( )	G94( )	G95( )	Left lower limb

G96( ) Remarks on active motion:

INDEPENDENT		DEPENDENT		
Intact	Limited	Helper	Null	SELF CARE
H18( )	H19( )	H20( )	H21( )	Drink from cup
H22( )	H23( )	H24( )	H25( )	Feed from dish
H26( )	H27( )	H28( )	H29( )	Dress upper body
H30( )	H31( )	H32( )	H33( )	Dress lower body
H34( )	H35( )	H36( )	None( )	Don brace or prosthesis
H37( )	H38( )	H39( )	H40( )	Grooming
H41( )	H42( )	H43( )	H44( )	Wash or bathe
H45( )	H46( )	H47( )Acc.	H48( )Inc.	Bladder continence
H49( )	H50( )	H51( )Acc.	H52( )Inc.	Bowel continence
H53( )	H54( )	H55( )	H56( )	Care of perineum/clothing at toilet
H57( )	H58( )	H59( )	H60( )	Other hand skills

H61( ) Remarks on self care:

Intact	Limited	Helper	Null	MOBILITY
H62( )	H63( )	H64( )	H65( )	Transfer, chair
H66( )	H67( )	H68( )	H69( )	Transfer, toilet
H70( )	H71( )	H72( )	H73( )	Transfer, tub or shower
H74( )	H75( )	H76( )	H77( )	Transfer, automobile
H78( )	H79( )	H80( )	H81( )	Walk on level 50 yards or more
H82( )	H83( )	H84( )	H85( )	Up and down stairs for 1 flight or more
H86( )	H87( )	H88( )	H89( )	Walk outdoors 50 yards or more
H90( )	H91( )	H92( )	None( )	Wheelchair/50 yds-Only if <u>not</u> <u>walking</u>

H93( ) Remarks on mobility:

INDEPENDENT		DEPENDENT		
Intact	Limited	Helper	Null	
I68( )	I69( )	I70( )	I71( )	VERBAL COMMUNICATION
I72( )	I73( )	I74( )	I75( )	HEARING COMMUNICATION
I76( )	I77( )	I78( )	I79( )	VISION

I80( ) Remarks on communication and vision:

REPORTED BY:(Sign on reverse side at L42)

T-NEMC REHABILITATION INSTITUTE
LONG-RANGE EVALUATION SUMMARY
Facility: _____
IN-PATIENT DISCHARGE

APPENDIX 3

Discharge Date: __ __ / __ __ / __ __

Name: _____

No. & Street: _____ (X)G54

Town & State: _____ (X)G55

ZIP Code: __ __ __ __ __ (X)G56

Telephone No. __ __ __--__ __ __ __ (X)G57

Hosp. No. _____ ____

Active Motion of Limbs

Good	Fair	Poor	Null	
( )G80	( )G81	( )G82	( )G83	R Upper
( )G84	( )G85	( )G86	( )G87	L Upper
( )G88	( )G89	( )G90	( )G91	R Lower
( )G92	( )G93	( )G94	( )G95	L Lower

INDEPENDENT DEPENDENT SELF-CARE & MOBILITY

Intact	Limited	Helper	Null	
( )H18	( )H19	( )H20	( )H21	Drink from cup
( )H22	( )H23	( )H24	( )H25	Feed from dish
( )H26	( )H27	( )H28	( )H29	Dress upper body
( )H30	( )H31	( )H32	( )H33	Dress lower body
( )H34	( )H35	( )H36	( )None	Brace/Prosthesis
( )H37	( )H38	( )H39	( )H40	Groom
( )H41	( )H42	( )H43	( )H44	Wash/bathe
( )H45	( )H46	( )H47	( )H48	Bladder continence
( )H49	( )H50	( )H51	( )H52	Bowel continence
( )H53	( )H54	( )H55	( )H56	Perineal care
( )H57	( )H58	( )H59	( )H60	Hand skills

( )H61 Remarks:

( )H62	( )H63	( )H64	( )H65	T/Chair
( )H66	( )H67	( )H68	( )H69	T/Toilet
( )H70	( )H71	( )H72	( )H73	T/Tub or shower
( )H74	( )H75	( )H76	( )H77	T/Automobile
( )H78	( )H79	( )H80	( )H81	Walk 50 yards
( )H82	( )H83	( )H84	( )H85	Stairs 1 flight
( )H86	( )H87	( )H88	( )H89	Outdoors
( )H90	( )H91	( )H92	( )None	Wheelchair

( )H93 Remarks:

Communication

Intact	Limited	Helper	Null	
( )I68	( )I69	( )I70	( )I71	Verbal
( )I72	( )I73	( )I74	( )I75	Hearing
( )I76	( )I77	( )I78	( )I79	Vision

Intellectual and Emotional Adaptability

Intact	Limited	Helper	Null
( )J39	( )J40	( )J41	( )J42

Support from Family Unit

Intact	Limited	Helper	Null
( )J43	( )J44	( )J45	( )J46

Ability in Home

Intact	Limited	Helper	Null
( )J47	( )J48	( )J49	( )J50

Architectural Barriers

Absent( )J51 Minor( )J52 Major( )J53

Describe if present: ( )J54

_____

Household Constellation:

Alone( )K17
Spouse( )K18
Children( )K19
Spouse and children( )K20
Parent(s)( )K21
Other relatives( )K22
Friends( )K23
Institution( )K24
Other_____( )K25

Vocational Status (choose one):

Homemaker( )K46
Student( )K47
Competitive employment( )K48
Non-competitive employment (sheltered)( )K49
Unemployed/employable cannot find work( )K50
Retired due to age( )K51
Too disabled to work/homemaker/student( )K52

Vocational Ability

Intact	Limited	Helper	Null
( )K59	( )K60	( )K61	( )K62

Remarks: _____ ( )K65

_____

_____

_____

_____

_____

_____

_____

New Action Taken (Referrals made):

VNA( )K77
MRC or Other State Voc. Agency( )K78
Welfare/Medicaid( )K79
Private physician( )K80
Other hospital_____( )K81
Other_____( )K82

Financial Ability

Intact	Limited	Helper	Null
( )K83	( )K84	( )K85	( )K86

List proven or suspected complications (other than the major handicapping condition) that significantly interfered with the rehabilitation effort or delayed discharge. Prefix number (1) if it was present before admission or number (2) if it occurred after admission:

#1 __ __ __ ( )K87

#2 __ __ __ ( )K88

#3 __ __ __ ( )K89

#4 __ __ __ ( )K90

Physician:_____ Code: __ __(X)K92

If the patient was transferred to in-house acute care and returned prior to discharge:
Record number of days: __ __ __ ( )L01

Functional Profile:

	One	Two	Three	Four
P	( )L03	( )L04	( )L05	( )L06
U	( )L07	( )L08	( )L09	( )L10
L	( )L11	( )L12	( )L13	( )L14
S	( )L15	( )L16	( )L17	( )L18
E	( )L19	( )L20	( )L21	( )L22
S	( )L23	( )L24	( )L25	( )L26

Reason for this admission for this major handicapping condition:

First comprehensive effort( )L28
A subsequent or continuing effort( )L29
For limited evaluation/problem/other( )L30

Major Handicapping Condition (X)L33

R T 7 Code: __ __ __

Diagnostic Code / PULSES P (X)L34

#1 __ __ __ __ / __ ( )L35

#2 __ __ __ __ / __ ( )L36

#3 __ __ __ __ / __ ( )L37

#4 __ __ __ __ / __ ( )L38

#5 __ __ __ __ / __ ( )L39

#6 __ __ __ __ / __ ( )L40

#7 __ __ __ __ / __ ( )L41

Discharged to:

Home( )L43
Acute hospital_____( )L44
Chronic hospital_____( )L45
Nursing home( )L46
Other_____( )L47

Onset of disability:__ __/ __ __/ __ __(X)L48

Ability in Home

Intact	Limited	Helper	Null
( )J47	( )J48	( )J49	( )J50

Architectural Barriers

Absent( )J51 Minor( )J52 Major( )J53

Describe if present: ( )J54

_____

Vocational Ability

Intact	Limited	Helper	Null
( )J55	( )J56	( )J57	( )J58

Financial Ability

Intact	Limited	Helper	Null
( )J59	( )J60	( )J61	( )J62

Household Constellation:

Alone( )K17
Spouse( )K18
Children( )K19
Spouse and children( )K20
Parent(s)( )K21
Other relatives( )K22
Friends( )K23
Institution( )K24
Other _____ ( )K25

Source of Referral (choose one):

Rehab In-pt.( )K26
In-House Acute Care( )K27
In-House OPD( )K28
Other hospital _____( )K29
Other physician _____( )K30
MRC or State Vocational Agency( )K31
Welfare( )K32
Community Agency not MRC/Welfare( )K33

Community Agency Involved:

VNA( )K34
MRC or Other State Voc. Agency( )K35
Welfare( )K36
Other _____( )K37

Source of Payment (choose one):

Self/Family( )K38
Insurance plan (BC/BS, etc)( )K39
Workers' Compensation( )K40
State Voc. Agency( )K41
Welfare/Medicaid( )K42
Medicare( )K43
Assoc/Fund( )K44
Other _____( )K45

Vocational Status (choose one):

Homemaker( )K46
Student( )K47
Competitive employment( )K48
Non-competitive employment (sheltered)( )K49
Unemployed/employable cannot find work( )K50
Retired due to age( )K51
Too disabled to work/homemaker/student( )K52

Sources of Health Care:

Private MD( )K54 Rehab OPD( )K55

NEMCH OPD( )K56 Other _____( )K57

Other hospital _____( )K58

T-NEMC REHABILITATION INSTITUTE
LONG-RANGE EVALUATION SUMMARY

APPENDIX 5

Facility: _____

OUT-PATIENT/FOLLOWUP

Today's Date: __ __/__ __/__ __

Name: _____

No. & Street: _____ (X)G54

Town & State: _____ (X)G55

ZIP Code: __ __ __ __ __ (X)G56

Telephone No. __ __ __--__ __ __ __ (X)G57

Hosp. No. _____ ____

D O B: __ __/__ __/__ __

SS #: __ __ __--__ __--__ __ __ __ ( )G60

Male( ) Female( )

Single( )G66 Married( )G67 Widowed( )G68

Divorced( )G69 Separated( )G70

Mode of Evaluation

OPD visit( )G73 Rehab home visit( )G74

Tele. w/pt( )G75 VNA home visit( )G76

Tele. with _____ ( )G77

Active motion of Limbs

Good	Fair	Poor	Null	
( )G80	( )G81	( )G82	( )G83	R Upper
( )G84	( )G85	( )G86	( )G87	L Upper
( )G88	( )G89	( )G90	( )G91	R Lower
( )G92	( )G93	( )G94	( )G95	L Lower

	INDEPENDENT		DEPENDENT	SELF-CARE & MOBILITY
	Intact	Limited	Helper	Null	
	( )H18	( )H19	( )H20	( )H21	Drink/cup
	( )H22	( )H23	( )H24	( )H25	Feed/dish
	( )H26	( )H27	( )H28	( )H29	Dress upper
	( )H30	( )H31	( )H32	( )H33	Dress lower
	( )H34	( )H35	( )H36	( )None	Brace/Pros
	( )H37	( )H38	( )H39	( )H40	Groom
	( )H41	( )H42	( )H43	( )H44	Wash/bathe
	( )H45	( )H46	( )H47	( )H48	Bladder
	( )H49	( )H50	( )H51	( )H52	Bowel
	( )H53	( )H54	( )H55	( )H56	Perineum
	( )H57	( )H58	( )H59	( )H60	Hand skills

( )H61 Remarks:

( )H62	( )H63	( )H64	( )H65	T/Chair
( )H66	( )H67	( )H68	( )H69	T/Toilet
( )H70	( )H71	( )H72	( )H73	T/Tub-shower
( )H74	( )H75	( )H76	( )H77	T/automobile
( )H78	( )H79	( )H80	( )H81	Walk 50 yd
( )H82	( )H83	( )H84	( )H85	Stairs 1 fl
( )H86	( )h87	( )H88	( )H89	Outdoors
( )H90	( )H91	( )H92	( )None	Wheelchair

( )H93 Remarks:

Communication

Intact	Limited	Helper	Null	
( )I68	( )I69	( )I70	( )I71	Verbal
( )I72	( )I73	( )I74	( )I75	Hearing
( )I76	( )I77	( )I78	( )I79	Vision

Intellectual and Emotional Adaptability

Intact	Limited	Helper	Null
( )J39	( )J40	( )J41	( )J42

Support from Family Unit

Intact	Limited	Helper	Null
( )J43	( )J44	( )J45	( )J46

Remarks: _____ ( )K65

_____

_____

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_____

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_____

New Service Needs

Medical( )K68 Financial( )K69

Psycho-social( )K70 Housing( )K71

Vocational( )K72 Educational( )K73

Recreational( )K74 PT/OT/Speech/Hearing( )K75

Remarks: _____( )K76

_____

New Action Taken (Referrals made)

VNA( )K77

MRC or Other State Voc. Agency( )K78

Welfare/Medicaid( )K79

Private Physician( )K80

Other hospital_____( )K81

Other _____( )K82

IF A REVISIT: Less than 2 years( )K93

More than 2 years( )K94

Functional Profile:

	One	Two	Three	Four
P	( )L03	( )L04	( )L05	( )L06
U	( )L07	( )L08	( )L09	( )L10
L	( )L11	( )L12	( )L13	( )L14
S	( )L15	( )L16	( )L17	( )L18
E	( )L19	( )L20	( )L21	( )L22
S	( )L23	( )L24	( )L25	( )L26

Major Handicapping Condition (X)L33

R T 7 Code: __ __ __

Diagnostic Code / PULSES P (X)L34

#1 __ __ __ __ / __ ( )L35

#2 __ __ __ __ / __ ( )L36

#3 __ __ __ __ / __ ( )L37

#4 __ __ __ __ / __ ( )L38

#5 __ __ __ __ / __ ( )L39

#6 __ __ __ __ / __ ( )L40

#7 __ __ __ __ / __ ( )L41

Evaluator: _____Code:__ __(X)L42

Onset of Disability:__ __/ __ __/ __ __(X)L48

Functional Profile (if not in an institution):

	One	Two	Three	Four
E	( )L76	( )L77	( )L78	( )L79
S	( )L80	( )L81	( )L82	( )L83
C	( )L84	( )L85	( )L86	( )L87
R	( )L88	( )L89	( )L90	( )L91
O	( )L92	( )L93	( )L94	( )L95
W	( )L96	( )L97	( )L98	( )L99

(Simulated Patient) Watt, John 9999999

T-NEMC REHABILITATION INSTITUTE LONG-RANGE EVALUATION SUMMARY

Facility: NEMCH

IN-PATIENT ADMISSION

Intake date: April 6, 1970

Admission date: April 6, 1970

Name: Watt, John

No. & Street: 45 Brewster St.
Town & State: Podunck, Mass.
Zip Code: 02055

Telephone No.: 888-4321
Hosp. No.: 9999999
Date of Birth: June 19, 1950
SS #: 050-66-9349
Male
Married

Major handicapping condition RT7 Code: 011 Focal Cerebral Disorder
Physician: Dr. Carrington Code: 01

ACTIVE MOTION OF LIMBS

I		Right upper limb motion is intact
	III	Left upper limb motion is poor or uses a prosthesis
I		Right lower limb motion is intact
	III	Left lower limb motion is poor or uses a prosthesis

INDEPENDENT	DEPENDENT		SELF CARE & MOBILITY (Barthel index score)
II		1	Drinking is limited
II		4	Feeding is limited
	III	3	Dressing upper body needs assistance
	III	2	Dressing lower body needs assistance
	III		Grooming needs assistance
	III		Wash/bathing needs assistance
	III	5	Bladder continence needs assistance
II		10	Bowel continence is limited
	III	2	Perineal care needs assistance
	III		Hand skills need assistance

Remarks on self care: 27/53 Barthel sub-score

	III	7	Transfer to chair needs assistance
	III	3	Transfer to toilet needs assistance
	IV		Transfer to tub/shower is not done
	IV		Transfer to automobile is not done
	IV		Walks less than 50 yards or not at all
	IV		Up/down stairs 1 flight is not done
	IV		Walking outdoors is not done

WATT, JOHN
9999999

Remarks on mobility:10/47 Barthel sub-score
Total Barthel score: 37/100

III VERBAL COMMUNICATION needs assistance

II HEARING COMMUNICATION is limited

II VISION slightly to moderately impaired

Source of referral: Community agency not MRC/Welfare

Community agency involved: VNA

Source of payment: Self/family

Vocational status: too disabled for work/homemaker/student

Evaluator: R EATON Code: 01

WATT, JOHN
9999999

T-NEMC REHABILITATION INSTITUTE
LONG-RANGE EVALUATION SUMMARY

Facility: NEMCH

IN-PATIENT DISCHARGE

Discharge date: July 15, 1970

Name: WATT, JOHN

No. & Street: 45 Brewster St.
Town & State: Podunck, Mass.
Zip Code: 02055

Telephone No.: 888-4321
Hosp. No.: 9999999

ACTIVE MOTION OF LIMBS

I	Right upper limb motion is intact
II	Left upper limb motion is fair
I	Right lower limb motion is intact
II	Left lower limb motion is fair

INDEPENDENT	DEPENDENT	SELF CARE & MOBILITY (Barthel index score)
I		4 Drinking is intact
I		6 Feeding is intact
	III	3 Dressing upper body needs assistance
	III	2 Dressing lower body needs assistance
	III	-2 Don brace or prosthesis needs assistance
II		5 Grooming is limited
II		4 Wash/bathing is limited
I		10 Bladder incontinence is intact
II		10 Bowel continence is limited
I		4 Perineal care is intact
II		Hand skills are limited

Remarks on self care:46/53 Barthel sub-score

II	15 Transfer to chair is limited
II	6 Transfer to toilet is limited
II	1 Transfer to tub/shower is limited
II	Transfer to automobile is limited
II	15 Walking 50 yards or more is limited
II	10 Up/down stairs 1 flight is limited
II	Walking outdoors is limited

Remarks on mobility:47/47 Barthel sub-score
Total barthel score:93/100

II	VERBAL COMMUNICATION is limited
I	HEARING COMMUNICATION is intact
II	VISION slightly to moderately impaired

WATT, JOHN
9999999

III INTELLECTUAL/EMOTIONAL ADAPTABILITY needs assistance

II SUPPORT FROM FAMILY UNIT is limited

III ABILITY IN HOME needs assistance

Architectural barriers: are absent

Household constellation: Spouse

Household constellation: Other relative

Vocational status: too disabled for work/homemaker/student

IV VOCATIONAL ABILITY is null

Remarks on new medical/disability problems: Well motivated but becomes angry and frustrated when confronted with his problem-solving limitations. Can be left alone for about one or two hours watching TV. To live in apartment with wife in home of relative. Will continue with outpatient visits to OT and speech three times per week. Wife is taking driving lessons.

III FINANCIAL ABILITY needs public assistance

Transferred to in-house acute care and returned in 021 days

FUNCTIONAL PROFILE:
P 2
U 3
L 2
S 2
E 2
S 3

PULSES TOTAL = 6/14
Reason for admission: First comprehensive effort

Major handicapping condition RT7 Code: 011

Medical Diagnosis (International Code)
8509 - Post-traumatic Encephalopathy
8520 - Subdural Hematoma
3441 - Hemiparesis; Hemiplegia
3580 - Reflex Sympathetic Dystrophy

Complication: 225 - Post Admission - Surgical procedure

Complication: 226 - Post Admission - Contractures

Discharged to HOME IN APAT. OF RELATIVES

Onset of disability -- 01/01/70

Physician: DR. CARRINGTON Code: 01

WATT, JOHN
9999999

T-NEMC REHABILITATION INSTITUTE
LONG-RANGE EVALUATION SUMMARY

Facility: NEMCH

OUT-PATIENT/FOLLOWUP

Intake date: April 6, 1970

Today's date May 3, 1971

Name: WATT, JOHN
No. & Street: 45 BREWSTER ST.
Town & State: PODUNCK, MASS.
Zip Code: 02055

Telephone No.: 888-4321
Hosp. No.: 9999999
Date of birth: JUNE 19, 1950
SS #: 050-66-9349
Male
Married
Mode of evaluation: OPD visit

ACTIVE MOTION OF LIMBS

I		Right upper limb motion is intact
	II	Left upper limb motion is fair
I		Right lower limb motion is intact
	II	Left lower limb motion is fair

INDEPENDENT	DEPENDENT		SELF CARE & MOBILITY (Barthel index score)
I		4	Drinking is intact
I		6	Feeding is intact
	III	3	Dressing upper body needs assistance
	II	5	Dressing lower body is limited
I		5	Grooming is intact
	II	4	Wash/bathing is limited
I		10	Bladder continence is intact
I		10	Bowel continence is intact
I		4	Perineal care is intact
	II		Hand skills are limited

Remarks on self care: 51/53 Barthel sub-score

I		15	Transfer to chair is intact
I		6	Transfer to toilet is intact
	II	1	Transfer to tub/shower is limited
I			Transfer to automobile is intact
	II	15	Walking 50 yards or more is limited
	II	10	Up/down stairs 1 flight is limited
	II		Walking outdoors is limited

Remarks on mobility:47/47 Barthel sub-score

WATT, JOHN
9999999

Total Barthel score: 98/100

II	VERBAL COMMUNICATION is limited
I	HEARING COMMUNICATION is intact
II	VISION slightly to moderately impaired
II	INTELLECTUAL/EMOTIONAL ADAPTABILITY is limited
I	SUPPORT FROM FAMILY UNIT is intact
II	ABILITY IN HOME is limited

Architectural barriers: are absent

III	VOCATIONAL ABILITY needs assistance
III	FINANCIAL ABILITY needs public assistance

Household constellation: Spouse

Household constellation: Other relative

Source of referral: Rehab In-patient

Community agency involved: MRC or Other State Voc. Agency

Community agency involved: Welfare

Source of payment: Welfare/Medicaid

Vocational status: too disabled for work/homemaker/student

Source of health care: private MD
Source of health care: Rehab OPD
Remarks on new medical/disability problems: Able to be left home alone while wife is working and in-laws are out. Has contact with MRC and will begin prevocational testing. Frustration level has improved remarkably.

New service needs: educational

Functional PROFILE:

P	1
U	3
L	2
S	2
E	1
S	3

PULSES TOTAL = 6/12

Major Handicapping Condition RT7 Code: 011 Focal Cerebral Condition

WATT, JOHN
9999999

Medical Diagnosis (International Code)

8509 - Post-traumatic Encephalopathy
3441 - Hemiparesis; Hemiplegia

Evaluator: S. GOBEL Code: 01

Onset of disability -- 01/01/70

FUNCTIONAL PROFILE:
E 2
S 3
C 2
R 3
O 3
W 4

ESCROW TOTAL = 6/17

CRITERIA for PROGRAMMED SUMMARY OF FUNCTIONAL STATUS - PSFS

and LONG-RANGE EVALUATION SUMMARY - LRES

ACTIVE MOTION OF LIMBS

Good-All muscle groups of the limb complete full range of motion of the joints against moderate or greater resistance. No limitation due to contracture, pain, spasticity, diminished sensibility, etc.

Fair-All muscle groups of the limb complete available range of motion against gravity. Any limitation due to contracture, pain, spasticity, etc. still permits ordinary use of the limb.

Poor-Some active motion in the limb or it is used as a helper, includes amputation with functional prosthesis.

Null-No motion and/or usefulness, includes amputation without functional prosthesis.

INDEPENDENT

Intact--Activity completed under ordinary circumstances, without modification, and within reasonable time.

Limited-Activity completed with prior preparation or under special or modified circumstances, or with assistive devices or aids, or beyond a reasonable time.

DEPENDENT

Helper--Activity completed only with partial help or assistance or under supervision for safety or by cuing. ANOTHER HUMAN IS INVOLVED IN ACTIVITY

Null----Patient unable to assist, or totally dependent, or activity is not performed.

SELF CARE

Drink from Cup

Intact--Able to drink from a cup at a tray or table as customarily prepared; able to pour liquids and open a milk carton.

Limited-Requires prior preparation such as liquid being poured, or an adaptive or assistive device such as a straw, or takes more than a reasonable time.

Feed from Dish

Intact--Able to feed from a dish on a tray or table as customarily prepared; able to cut meat and to butter bread.

Limited-Requires prior preparation such as meat being cut or bread buttered, or an adaptive or assistive device such as a spork, rocking knife, etc., or takes more than a reasonable time.

Dress Upper Body

Intact--Able to dress and undress upper body including obtaining clothes from their customary places such as drawers and closets; able to handle bra, slip, pullover garment and front-opening garment as well as manage zippers, buttons, and snaps.

Limited-Requires prior retrieval or arrangement of clothes, or able to dress presentably in spite of omission of some of above, or through use of special closures, or takes more than a reasonable time.

Helper--Patient performs at least half the effort himself.

C. V. Granger, M.D. Dec, 1974

Intact--Able to dress and undress lower body including obtaining clothes from their customary places such as drawers and closets; able to handle underpants, slacks, skirt, belt, stockings (if elastic), and shoes with laces; able to manage zippers, buttons, snaps and garters.
Limited-Requires prior retrieval or arrangement of clothes, or able to dress presentably in spite of omission of some of above, or through use of special closures, suspenders, or loafer shoes; or takes more than a reasonable time.
Helper--Patient performs at least half the effort himself.

Don Brace or Prosthesis

Intact--Able to don prescribed sling, splint, brace, corset or prosthesis with reasonable ease.
Limited-Able to don prescribed sling, splint, brace, corset or prosthesis but with difficulty, or over more than a reasonable time.
Helper--Needs assistance to don brace or prosthesis.

Grooming

Intact--Able to clean teeth or dentures, comb and brush hair, shave, apply make-up including all preparations.
Limited-As above but requires adaptive or assistive device or takes more than a reasonable time.

Wash or Bathe

Intact--Able to wash and dry face and entire body (except shampoo hair) including all preparations such as obtaining water if bath is taken away from the sink or tub.
Limited-As above but requires an adaptive or assistive device or takes more than a reasonable time.

Bladder Continence

Intact--Complete voluntary and elective control of the bladder (never incontinent).
Limited-Has catheter, urinary collecting device or urinary diversion; able to instill or irrigate catheter without assistance; able to clean, sterilize and set up the equipment for irrigation without assistance; able to assemble and apply condom drainage or an ileal appliance without assistance; able to empty, put on, remove, and clean leg bag, or empty and clean ileal appliance bag; no accidents. May have bladder urgency.
Helper--Needs assistance with external device, or has occasional accidents, or cannot wait to get bed pan or to the toilet in time.
Null----Frequent wetting due to incontinence despite aids or assistance.

Bowel Continence

Intact--Complete voluntary and elective control of the bowels (never incontinent).
Limited-Regularly requires stool softeners, digital stimulation, suppository, laxative or enema but does not require assistance; has colostomy but does not require assistance; no accidents. May have bowel urgency.
Helper--Needs assistance using suppository or taking an enema or has occasional accidents.
Null----Frequent soiling due to incontinence despite aids or assistance.

Intact--Able to cleanse self after voiding or bowel evacuation; able to adjust clothing after using toilet; able to put on/insert sanitary napkins/tampons.
Limited-Able to perform above with some difficulty, with adaptive equipment, or takes more than a reasonable time but without assistance.
Helper--Needs assistance in adjusting clothes, or in using toilet paper, or in personal hygiene.

Other Hand Skills

Intact--Able to write name, turn a doorknob, turn a key in a lock, handle money, manipulate lamp and wall light switches, dial a telephone, turn a radio or TV on and off and turn a faucet handle.
Limited-As above but requires adaptive or assistive devices, or has difficulty, or takes more than a reasonable time but does not need assistance.

MOBILITY

Transfer, Chair

Intact--Able to approach, sit down or get up from a regular chair safely; if in wheelchair, able to approach a bed or another chair, lock brakes, lift foot rest, and safely perform either a standing pivot or sliding transfer; able to return safely, changing the position of the wheelchair if necessary; able to remove and replace arm rest if necessary.
Limited-As above but requires adaptive or assistive devices such as a sliding board or a lift, or takes more than a reasonable time but does not require assistance.
Helper--Minimal assistance or lifting is required.

Transfer, Toilet

Intact--Able to perform as in transferring to and from a chair with safety.
Limited-As above but requires adaptive or assistive devices such as grab bars, or takes more than a reasonable time but does not need assistance.
Helper--Needs assistance for balancing as in adjusting clothes.

Transfer, Tub or Shower

Intact--Able to enter and leave a tub or shower stall safely.
Limited-As above but requires adaptive or assistive devices such as grab bars or special seat or a lift, or takes more than a reasonable time but no assistance.

Transfer, Automobile

Intact--Able to enter and leave an automobile safely.
Limited-As above but requires adaptive or assistive devices such as a sliding board or lift, or takes more than a reasonable time but does not require assistance.

Walk on Level/50 Yards

Intact--Able to walk at least 50 yards; does not have brace or prosthesis on leg or special adaptation of shoes; does not use a cane, crutches, or walkerette.
Limited-Able to walk 50 yards but uses a brace or prosthesis on leg; or uses a cane, crutches, walkerette, or special shoes; if there are locks these are manageable; no assistance, supervision for safety or guarding is needed.
Helper--Able to walk at least 50 yards with assistance or supervision for safety.

Intact--Able to go up and down at least one flight of stairs without using any type of support and with safety; does not have a brace or prosthesis on leg.
Limited-Able to go up and down at least one flight of stairs with the use of side support or hand rail, or by using a cane or portable supports which must be managed without assistance.
Helper--Able to go up and down at least one flight of stairs but needs assistance or supervision for safety.

Walk Outdoors/50 Yards

Intact--Able to walk outdoors at least 50 yards; does not have a brace or prosthesis on leg or special adaptation of shoes; does not use a cane, or crutches or walkerette; can manage rough terrain, curbs, or ramps.
Limited-Able to walk outdoors at least 50 yards but uses a brace or prosthesis on leg. or a cane, or crutches, or walkerette, or special shoes; if there are locks these are manageable; no assistance or supervision is needed except possibly for rough terrain, high curbs or steep ramps.
Helper--Able to walk at least 50 yards with assistance or supervision for safety.

Wheelchair/50 Yards--Only if Not Walking

Intact--Able to propel wheelchair independently for at least 50 yards; must be able to go around corners, turn around, maneuver the chair to a table, bed, toilet, etc.; able to negotiate up to a 3% grade, maneuver on rugs, over doorsills, etc.
Limited-As above but requires a powered wheelchair, or takes more than a reasonable time.
Helper--Needs assistance in propelling or maneuvering wheelchair.

CRITERIA FOR COMMUNICATION

Intact--No language barrier; no difficulty in reading, writing or verbal communication.
Limited-Slight to moderate limitation in communication due to a language barrier or else due to reading, writing or verbal communication disorder.
Helper--A structured setting or interpreter is needed in order to facilitate communication.
Null----Communication not consistently feasible even in a structured setting.

CRITERIA FOR VISION

Intact--Visual fields and visual acuity intact without need for medication or eyeglasses.
Limited-Mild to moderate impairment of visual field or visual acuity and/or need for medication or eyeglasses (including contact lenses).
Helper--Severe visual impairment requiring assistance on an intermittent or constant basis.
Null----Legally blind.

✓FINANCIAL ABILITY

Intact--The family is able to absorb the costs of the disability without increased indebtedness.
Limited-The family is required to incur debts to handle costs of the disability.
Helper--The family requires some form of public assistance to cover medically related costs (Medicaid).
Null----The family requires public assistance to cover medical and subsistence costs (Welfare or SSI).
DATA BASE--ADEQUACY OF FINANCES (present and potential)----a) Method of payment for hospital services, b) Method of payment for additional needed services or equipment, c) Method of payment for continuing care, d) Whether receiving state assistance for medical expenses and/or subsistence.

Intact--The family unit consists of at least one member beside the patient related by marriage, kinship or else a close personal companion; as a unit the family is sufficiently competent physically and mentally to provide adequate support to the patient at home at this time and under foreseeable circumstances.
Limited-The family unit is as above but under particular conditions of stress may not be able to support the patient either physically or mentally or else particular circumstances such as a job require a crucial family member to be away from the home part of the day.
Helper--Another person other than a regular family member is needed to provide some service to the patient or family.
Null----The family is unable to cope with the patient or else the patient lives(d) alone.
DATA BASE--ADEQUACY OF SUPPORT FROM FAMILY UNIT (present and potential)----a) Number, relationship and ages of members of household, b) State of health (physical and mental) of members, c) Interpersonal relationships, d) Adequacy of living quarters, e) Monitoring of family group and its sense of adaptation to the patient's handicap, f) Identification of needs to support appropriate discharge planning

ABILITY IN HOME ✓

Intact--Able in self care and mobility and able to fulfill the customary and usual role(s) and perform customary and usual chores.
Limited-Able in self care and mobility but limited in ability to fulfill the customary and usual roles(s) or limited in ability to perform customary and usual chores.
Helper--Assistance needed in self care or mobility due to structural barriers; or cannot be left alone due to severe communication or mental problem; or else assistance is needed from outside the home to perform household tasks, if a homemaker.
Null----Would be totally dependent at home.
DATA BASE--ADEQUACY OF ABILITY AT HOME (present and potential)----a) Ability to resume usual role(s), b) Availability of other supporting agencies, c) Need for and willingness of family to accept outside assistance, d) Architectural barriers in living quarters

EDUCATIONAL OR VOCATIONAL ABILITY ✓

Intact--Able to be vocationally independent or attend school without limitation at work or school or in transportation to and from.
Limited-Able to be vocationally independent or attend school but with some limitation either at work or school or in transportation to and from.
Helper--Is receiving assistance by way of counseling, training, or fiscal sponsorship for work or education or assistance is received in transportation to and from.
Null----No ability at present for work or education outside of the home; or else retired.

ARCHITECTURAL BARRIERS ✓

Absent--Has access into and out of home, to all levels if multi-story, and to all rooms without safety hazard or requiring assistance.
Minor---Has access into and out of home and to all essential levels if multi-story and to all rooms essental to well-being and participation in family activities. Some non-essential rooms may not be accessible or else inconvenience may be imposed by threshold, narrow passages or awkward arrangement of furniture. However, able to manage without assistance.
Major---Not able to manage without assistance in getting into or out of home or in gaining accesss to rooms essential to well-being and/or participation in family activities.

INDEPENDENT--(Intact or Limited)--Patient functions independently without impairment (Intact) or mild impairment (Limited).

DEPENDENT--(Helper or Null)--Patient is observed to function appreciably better with assistance, supervision, cuing, coaxing or structured environment (Helper) or is not able to be benefitted by assistance (Null).

Intellectual Ability / Problem-Solving

Able to comprehend meaning, retain instructions and follow through a sequence of steps particularly in a novel situation. Makes use of previously learned information. Able to self correct if errors are made. Sustains attention until task is completed.

Emotional Stability / Regard for Others

Able to remain cooperative without being demanding or overly dependent upon others. Evidence of satisfying interactions with staff, other patients and family members.

Perceptual-Motor Ability / Gnosis-Praxis

Able to discriminate between differences in the environment by hearing, sight, touch and visuo-spatial orientation. Able to reproduce a requested motion or activity.

Judgment-Reliability / Insight (Realistic)

Aware of and understands limitations and disability problems. Able to plan or work out compensations or substitutions incorporating appropriate assistance.

Self Esteem / Regard for Self (Hopeful)

Able to feel hopeful about situation with sense of purpose and worthwhileness preserved. No evidence of inappropriate discouragement or anxiety, hypochondriasis, or misuse of drugs or alcohol. Able to go through grief reaction to real loss without undue denial, indifference or hysteria.

CRITERIA FOR HAND FUNCTION TESTING (Jebsen)

I	7/7	All values of subtests are within normal limits.
II	4-6/7	Majority of values of subtests are within normal limits.
III	0-3/7	Majority of values of subtests exceed normal limits.
IV	Incompl.	Unable to complete one or more subtests.

REHABILITATION GOAL ACHIEVEMENT:
Goals have been identified, level of achievement has been recorded and achievement has met the goals.

FURTHER REHABILITATION POTENTIAL:
Goals have been identified and level of achievement has been recorded. Further achievement can be expected with prescribed treatment and care.

NEED FOR MAINTENANCE CARE SERVICES: (In-Patient or Out-Patient)
Functional status has been recorded. Whether or not rehabilitation potential exists, an unstable medical condition and/or need for personal assistance require prescribed treatment and care to prevent loss of functional status or unnecessary medical deterioration.

EDUCATIONAL OR VOCATIONAL NEEDS:
Unmet educational or vocational needs are present.

P Physical condition including diseases of the viscera (cardiovascular, gastrointestinal, urologic, and endocrine) and neurologic disorders:

1. Medical problems sufficiently stable that medical or nursing monitoring is not required more often than 3 month intervals.
2. Medical or nurse monitoring is needed more often than 3 month intervals but not each week.
3. Medical problems are sufficiently unstable as to require regular medical and/or nursing attention at least weekly.
4. Medical problems require intensive medical and/or nursing attention at least daily (excluding personal care assistance only).

U Self care activities (drink/feed, dress upper/lower, brace/prosthesis, groom, wash/bathe, perineal care) dependent mainly upon upper limb function:

1. Independent in self care without impairment of upper limbs.
2. Independent in self care with some impairment of upper limbs.
3. Dependent upon assistance or supervision in self care with or without impairment of upper limbs.
4. Dependent totally in self care with marked impairment of upper limbs.

L Mobility activities (transfer chair/toilet/tub or shower, walk, stairs, wheelchair) dependent mainly upon lower limb function:

1. Independent in mobility without impairment of lower limbs.
2. Independent in mobility with some impairment in lower limbs; such as needing ambulatory aids, a brace or prosthesis, or else fully independent in a wheelchair without significant architectural or environmental barriers.
3. Dependent upon assistance or supervision in mobility with or without impairment of lower limbs, or else partly independent in a wheelchair or else there are significant architectural or environmental barriers.
4. Dependent totally in mobility with marked impairment of lower limbs.

S Sensory components relating to communication (speech and hearing) and vision:

1. Independent in communication and vision without impairment.
2. Independent in communication and vision with some impairment such as mild dysarthria, mild aphasia, or need for eyeglasses or hearing aid, or needing regular medication.
3. Dependent upon assistance, an interpreter or supervision in communication or vision.
4. Dependent totally in communication or vision.

E Excretory functions (bladder and bowel):

1. Complete voluntary control of bladder and bowel sphincters.
2. Control of sphincters allows normal social activities despite urgency or need for catheter, appliance, suppositories, etc. Able to care for needs without assistance.
3. Dependent upon assistance in sphincter management or else has accidents occasionally.
4. Frequent wetting or soiling from incontinence of bladder or bowel sphincters.

S Consider intellectual and emotional adaptability, support from family unit, and financial ability:

1. Able to fulfill usual role(s) and perform customary tasks.
2. Must make some modification in usual role(s) or performance of customary tasks.
3. Dependent upon assistance, supervision, encouragement or assistance from a public or private agency due to any of the above considerations.
4. Dependent upon long-term institutional care (chronic hospital, nursing home, etc.) excluding time-limited hospitalization for specific evaluation, treatment or active rehabilitation.

PULSES TOTAL -- BEST SCORE IS 6/6. WORST SCORE IS 6/24. C. V. Granger, M.D. March, 1975

From Moskowitz, E., and McCann, C.: Classification of disability in the chronically ill and aging. J. Chr. Dis., 5:342-346, 1957.

Stroke, Hemiplegia; Parkinsonism; Aphasia; CP	011	Neurological--Cerebral (focal)
Paraplegia; Quadriplegia; Poliomyelitis	012	" --Spinal Cord
Peripheral neuropathies; Guillain-Barre	013	" --Peripheral Nerve
Multiple Sclerosis	014	" --General CNS
Dementia, Seizures, etc. without focal deficit	015	" --Cerebral (general)
Fracture; Disc disease; Ortho	021	Musculoskeletal--Cervical
" ; " ; Scoliosis "	022	" --Thoracic
" ; " ; Low back pain "	023	" --Lumbo-sacral-Pelvis
" ; " : "	024	" --Upper Limb
" ; " ; "	025	" --Lower Limb
Muscular dystrophy; Polymyositis	030	Myopathy
Rheumatoid Arthritis	041	Arthropathy--Rheumatoid
Osteoarthritis	042	" --Degenerative
	043	" --Other
All limb amputations	051	Amputation--Single--Upper AE
	052	" -- " --Upper BE
	053	" -- " --Lower AK
	054	" -- " --Lower BK
	055	" --Double--AK/AK
	056	" -- " --AK/BK
	057	" -- " --BK/BK
	058	" --Other combinations
	061	Skin--Burn
	062	" --Ulceration
Psoriasis; Chronic skin condition	063	" --Dermatosis
All cardiac conditions	070	Cardiac
Pneumonia; Pulmonary embolism; Pre/Post-operative	081	Pulmonary--Acute
Asthma; Chronic bronchitis; Emphysema; COLD	082	" --Chronic
Diabetes mellitus; Obesity; Deficiency states	090	Endocrine/Metabolic
Arterial or venous insufficiency	100	Peripheral Vascular
Birth defects; Developmental anomalies	110	Growth/Development
Cancer	120	Malignancy
Chronic neurosis; Psychosis; Conversion reaction	130	Psychiatric
Deafness	140	Hearing
	150	Gastrointestinal
	160	Genito-urinary
Blindness	170	Vision
	180	Oral-Dental
	190	Hematological
	200	Other

AN oxic
BA cterial
CO mplications of Treatment
DE generative
EM bolic
GE netic or Congenital
HE matologic or Hemorrhage or Hematoma
IN flammatory or Granulomatous
MA lformation
ME tabolic or Endorinologic or Nutritional
NE oplastic, malignant
PS ychiatric or Psychogenic
SE nescence
SK eletal
TH ermal Injury
TO xic
TR aumatic
TU mor, benign
VA scular or Circulatory
VI ral

BARTHEL INDEX

	CATEGORIES	INDEPENDENT	WITH HELP
i.	Feeding (if food needs to be cut up = help)	10	5
ii.	Moving from wheelchair to bed and return (includes sitting up in bed)	15	10-5
iii.	Personal toilet (wash face, comb hair, shave, clean teeth)	5	0
iv.	Getting on and off toilet (handling clothes, wipe, flush)	10	5
v.	Bathing self	5	0
vi.	Walking on level surface (or if unable to walk, propel wheelchair)	15	10
	*score only if unable to walk	*5	*0
vii.	Ascend and descend stairs	10	5
viii.	Dressing (includes tying shoes, fastening fasteners)	10	5
ix.	Controlling bowels	10	5
x.	Controlling bladder	10	5

A patient scoring 100 Barthel Index is continent, feeds himself, dresses himself, gets up out of bed and chairs, bathes himself, walks at least a block, and can ascend and descend stairs. This does not mean that he is able to live alone; he may not be able to cook, keep house, and meet the public, but he is able to get along without attendant care.

From: Mahoney, F. I., and Barthel, D. W.: Functional Evaluation: The Barthel Index. Maryland Medical Journal 14:61-65, 1965.

The following items are most frequently misunderstood and therefore incorrectly coded:

1) Drinking and Feeding

INDEDENDENT
Intact -- Refer to Criteria
Limited -- Refer to Criteria

DEPENDENT
Helper or Assistance -- The individual takes full meals by mouth (ie, chews, and swallows) but requires the presence or help from someone else during the activity of drinking or feeding. The individual does not rely on alimentation through other routes such as parenteral or gastrostomy feedings.
Null -- The individual cannot take full meals by mouth but must rely at least in part on alimentation through other routes such as parenteral or gastrostomy feedings.

2) Bladder and Bowel Continence

INDEPENDENT
Intact -- Refer to Criteria
Limited -- Refer to Criteria

DEPENDENT
Helper or Assistance -- Refer to Criteria. This means that another person is required to help in maintaing a voiding or excretion pattern or else the individual has occasional sphincter accidents but not on a daily basis.
Null -- Refer to Criteria. This means that despite aids or help from another person the individual is wet or soiled on a frequent or almost daily basis. This might necessitate the wearing of diapers or other absorbtive pads. This does not include the simple presence of a catheter or ostomy device provided that it is well maintained such that wetting or soiling of skin, clothing or bedding does not occur.

3) Walking versus Wheelchair

Refer to Criteria. This means that if an individual walks 50 yards independently or with assistance from another person, always mark "None" for wheelchair or else leave it blank (despite a circumstance in which the individual might use a wheelchair for particular travelling needs -- ie, extra long distances). However, if an individual is rated "Null" on walking, then check the appropriate category for wheelchair.

In other works, rate "Walking" first. Then only rate "Wheelchair" if "Walking 50 Yards" is rated as "Null".

LIST OF COMPLICATIONS (OTHER THAN THE MAJOR HANDICAPPING CONDITION) THAT MIGHT SIGNIFICANTLY INTERFER WITH THE REHABILITATION EFFORT OR DELAY DISCHARGE BEYOND EXPECTED TIME BY ONE WEEK OR MORE

USE PREFIX NUMBER (1) IF IT WAS PRESENT BEFORE ADMISSION OR NUMBER (2) IF IT OCCURRED AFTER ADMISSION

201 Myocardial infarction

202 Cardiac arrest

03 Cardiac decompensation

04 Cardiac arrhythmia

05 Pulmonary decompensation

206 Pneumothorax

07 Pneumonia or Atelectasis

08 Pulmonary embolism

209 Extension of original lesion

210 Significant infection/Febrile illness

11 Autonomic dysreflexia

12 Wound infection

13 Skin ulcer

14 Renal decompensation

15 Electrolyte imbalance

16 Bladder or Urinary stones

17 Thrombophlebitis

18 Urinary tract problem

19 Fistula

20 Gastrointestinal problem

21 Complex pharmacologic treatment

22 Radiation therapy

23 Seizures

24 Dizziness

225 Surgical procedure

26 Contractures

27 Ectopic calcification

28 Muscle spasms

29 Pain

30 Blindness

31 Deafness

32 Language problem

33 Sphincter incontinence

34 Fractured bone

35 Poor endurance

36 Psychological problem

37 Poor motivation

38 Personality problem

39 Proprioceptive loss

40 Family maladjustments

41 Social maladjustments

42 Housing problem

43 Legal/Political problem

44 Ununited fracture

145 Pre-existing disability

46 Delayed discharge placement

47 Drug intoxication or reaction

48 Burn

49 Metabolic derangement (ie, diabetic control)

50 Liver disease

51 Dental problem

CRITERIA FOR REGISTERING THE EFFECTS OF MALIGNANCY AND ITS TREATMENT ON THE OUTCOMES OF PATIENT CARE

DEGREE OF ACTIVITY OF MALIGNANCY (first digit)

9) No evidence of progression at primary and/or metastatic sites within past two months

8) Primary and/or metastatic sites have newly occurred, been newly diagnosed and/or demonstrated progression within past 2 months

RATE OF PROGRESSION: IF MALIGNANCY ACTIVE IN PAST 2 MONTHS (second digit)

0) If #9 is used as first digit

7) Rate of progression has been negligible

6) Rate of progression has been slow

5) Rate of progression has been rapid

DEGREE OF TOXICITY FROM CHEMOTHERAPY AND/OR RADIOTHERAPY IN PAST 2 MONTHS (third digit)

0) If not receiving chemotherapy or radiotherapy

4) Symptoms or signs have been absent or negligible

3) Symptoms or signs have been mild

2) Symptoms or signs have been moderate

1) Symptoms or signs have been marked

EXAMPLES:

900 = No evidence of progression in past 2 months. No active treatment.

870 = Recent progression at a negligible rate. No active treatment.

862 = Recent progression has been slow. Treatment toxicity is moderate.

903 = No evidence of recent progression. Treatment toxicity is mild.

OUTPATIENT FOLLOWUP ---- ADAPTED HOUSING PROJECT

ame:_____ Number:_____ Date:_____

54( )Address--No. and Street: _____

55( )Address--Town and State: _____ G56( )ZIP Code: __ __ __ __ __

57( )Telephone Number: __ __ __--__ __ __ __ G59( )Date of Birth: __ __ / __ __ / __ __

64( )Male G65( )Female

66( )Single G67( )Married G68( )Widowed G69( )Divorced G70( )Separated

LIMBS	Good	Fair	Poor	Null	COMMUNICATION	Intact	Limited	Helper	Null
Upper	( )G80	( )G81	( )G82	( )G83	Verbal	( )I68	( )I69	( )I70	( )I71
Upper	( )G84	( )G85	( )G86	( )G87	Hearing	( )I72	( )I73	( )I74	( )I75
Lower	( )G88	( )G89	( )G90	( )G91	Vision	( )I76	( )I77	( )I78	( )I79
Lower	( )G92	( )G93	( )G94	( )G95					

53( )LIMITING CONDITIONS:
54( )Weakness
55( )Pain
56( )Inflammation
57( )Contracture
58( )Skin ulcer
59( )Ataxia
90( )Spasticity
91( )Rigidity
92( )Sensory loss
93( )Abnormal length (amp)
94( )Other:_____

I95( )AIDS AND APPLIANCES:
I96( )Uses any orthosis
I97( )Uses limb prosthesis
I98( )Has any kind of ostomy
J01( )Has bladder device
J02( )Uses 1 cane/crutch
J03( )Uses 2 canes/crutches
J04( )Uses walkerette
J05( )Uses wheelchair
J06( )Uses lift device
J07( )Uses grab bars
J08( )Other:_____

WEIGHT STATUS:
J09( )Normal
J10( )Underweight
J11( )Slightly to moderately overweight
J12( )Significantly overweight

FALLS WITHIN PAST YEAR:
J13( )None
J14( )One to three
J15( )Four to seven
J16( )Eight or more

(P of PULSES)

03( ) 1. Medical problem is sufficiently stable that physician or nurse monitoring is not required more often than 3-month intervals.
04( ) 2. Medical problem requires physician or nurse monitoring more often than 3-month intervals but not each week.
05( ) 3. Medical problem is sufficiently unstable as to require regular physician and/or nurse attention at least weekly.
06( ) 4. Medical problem requires intensive physician and/or nurse attention at least daily (excluding personal care assistance only).

ime(min)	Intact	Limited	Helper	Null	MOBILITY
__ 801	H62( )	H63( )	H64( )	H65( )	Transfer, chair
__ 802	H66( )	H67( )	H68( )	H69( )	Transfer, toilet
__ 803	H70( )	H71( )	H72( )	H73( )	Transfer, tub or shower
__ 804	H78( )	H79( )	H80( )	H81( )	Walk on level 50 yards or more
__ 805	771( )	772( )	773( )	774( )	By walking, enter/leave each room in home
__ 806	775( )	776( )	777( )	778( )	By walking, enter/leave home or apt. bldg.
__ 807	H82( )	H83( )	H84( )	H85( )	Up and down stairs for 1 flight or more
__ 808	H90( )	H91( )	H92( )	None( )	Wheelchair/50 yds-Only if not walking
__ 809	779( )	780( )	781( )	782( )	By wheelchair, enter/leave each room in home
__ 810	783( )	784( )	785( )	786( )	By wheelchair, enter/leave home or apt. bldg.

C. V. Granger, M. D.
185 Harrison Avenue
Boston, Mass. 02111

Time(min)	UP TIME
___ 811	In bed sleeping
___ 812	In bed awake
___ 813	In residence - not in bed
___ 814	In residence - recumbent
___ 815	Outside of residence, within 2 blocks of residence
___ 816	Outside of residence, more than 2 blocks from residence

Time(min)	Intact	Limited	Helper	Null	SELF-CARE
___ 817	H18( )	H19( )	H20( )	H21( )	Drink from cup
___ 818	H22( )	H23( )	H24( )	H25( )	Feed from dish
___ 819	H26( )	H27( )	H28( )	H29( )	Dress upper body
___ 820	H30( )	H31( )	H32( )	H33( )	Dress lower body
___ 821	H34( )	H35( )	H36( )	None( )	Don brace or prosthesis
___ 822	H37( )	H38( )	H39( )	H40( )	Grooming
___ 823	H41( )	H42( )	H43( )	H44( )	Wash or bathe
___ 824	H53( )	H54( )	H55( )	H56( )	Care of perineum/clothing at toilet
___ 825	H57( )	H58( )	H59( )	H60( )	Other hand skills

FUNCTIONAL CAPACITY FOR COMMON HOUSEHOLD TASKS

Time(min)	No Difficulty	Some Difficulty	Cannot Do	
___ 826	611( )	612( )	613( )	Work in garden/yard
___ 827	626( )	627( )	628( )	Use household appliances
___ 828	629( )	630( )	631( )	Take meds prn
___ 829	635( )	636( )	637( )	Admit visitors
___ 830	638( )	639( )	640( )	Use telephone
___ 831	644( )	645( )	646( )	Operate tv set, radio, stereo
___ 832	689( )	690( )	691( )	Operate lights & lamps
___ 833	692( )	693( )	694( )	Operate faucets

FUNCTIONAL CAPACITY FOR HOMEMAKER TASKS

Time(min)	No Difficulty	Some Difficulty	Cannot Do	
___ 834	652( )	653( )	654( )	Preparing snacks
___ 835	655( )	656( )	657( )	Preparing meals
___ 836	658( )	659( )	660( )	Washing dishes/cleaning up after meals
___ 837	661( )	662( )	663( )	Reaching - shelves, closet
___ 838	664( )	665( )	666( )	Light dusting/cleaning
___ 839	670( )	671( )	672( )	Making beds
___ 840	673( )	674( )	675( )	Wash clothes
___ 841	676( )	677( )	678( )	Iron clothes
___ 842	679( )	680( )	681( )	Tend children
___ 843	682( )	683( )	684( )	Grocery shopping

Problem-Solving

L50( ) Intact--Able to comprehend meaning, retain instructions and follow through a sequence of steps particularly in a novel situation. Makes use of previously learned information. Able to self correct if errors are made. Sustains attention until task is completed.

L51( ) Limited--Minimal limitations in problem-solving; modification of environment may be required.

L52( ) Helper--Limitations in problem-solving require a structured environment and/or another person is involved for supervision, cueing, coaxing, or assistance.

L53( ) Null--Unable to function appropriately due to limitation despite assistance.

Emotional Stability / Regard for Others

L54( ) Intact--Able to remain coooperative without being demanding or overly dependent upon others. Evidence of satisfying interactions with staff, other patients and family members.

L55( ) Limited--Minimal limitations in emotional stability; modification of environment may be required.

L56( ) Helper--Anti-social behavior requires a structured envioronment; and/or another person is involved for assistance, supervision, cueing, or coaxing.

L57( ) Null--Anti-social behavior severely limits function despite assistance.

Perceptual-Motor Ability / Gnosis-Praxis

L58( ) Intact--Able to discriminate between differences in the environment by hearing, sight, touch and visuo-spatial orientation. Able to reproduce a requested motion or activity.

L59( ) Limited--Limitation in perceptual-motor minimal; modification of environment may be required.

L60( ) Helper--Another person is involved for assistance, supervision, cueing, coaxing; and/or a structured environment is required for adequate function.

L61( ) Null--Unable to function due to limitations despite assistance.

Judgment-Reliability / Insight (Realism)

L62( ) Intact--Aware of and understands limitations or disability problems. Able to plan, work out, or incorporate compensations or substitutions, or else asks for appropriate assistance while working towards solutions and while using sound judgment.

L63( ) Limited--Minimal limitations in insight; may require environmental modification.

L64( ) Helper--Poor insight, judgment or reliability require a structured setting and/or another person involved for assistance, supervision, cueing, or coaxing.

L65) Null--Insight, judgment, or reliability are not appreciaby helped by assistance.

Self-Esteem / Regard for Self (Hopefulness)

L66( ) Intact--Able to feel hopeful about situation with sense of purpose and worthwhileness preserved. No evidence of inappropriate discouragement or anxiety, hypochondriasis, misuse of drugs or alcohol. Able to go through grief reation to real loss without undue denial, indifference or hysteria.

L67( ) Limited--Minimal limitations in self-esteem; a modified environment may be required.

L68( ) Helper--Manifest depression requires another person to be involved for assistance, supervision or cueing. A structured environment is required.

L69( ) Null--Manifest depression severely limits function despite assistance.

Rate according to one of the following descriptions: ENVIRONMENT (E of ESCROW)

L76( )Lives in privately supported living quarters that are adequate for size of family unit, without major architectural barriers, accessible to convenient forms of transportation and other necessary facilities, in a safe neighborhood and free of significant or major problems.

L77( )Lives in privately supported living quarters that are either inadequate for size of family unit, with minor architectural barriers, inaccessible to convenient forms of transportation or necessary facilities, in a marginal neighborhood or else has other minor problems.

L78( )Lives in privately supported housing with major problems.

L79( )Lives in publicly supported housing.

Rate according to one of the following descriptions: SOCIAL SUPPORTS (S of ESCROW)

L80( )Maintains a balance of social contacts by way of visiting, telephone calls, hobbies and interests, etc. Able to solve problems without undue reliance on others outside the family unit. Has one or more close or dependable friendships.

L81( )Social contacts are restrictive. May frequently rely on others outside the family unit to solve problems. Does not readily identify a close or dependable friendship.

L82( )Someone in the family unit occasionally requires assistance from a person or agency from the outside such as the visiting nurse association, home care, counseling services, etc.

L83( )Someone in the family unit is consistently dependent upon assistance from a community agency at least weekly.

te according to one of the following descriptions: CLUSTER OF FAMILY MEMBERS (C of ESCROW)

4( )The family unit consists of a least one member beside the patient related by marriage, kinship, or else a close personal companion; as a unit the family is sufficiently competent physically and mentally to provide adequate support to the patient at home at this time and under foreseeable circumstances.

5( )The family unit is as above but under particular conditions of stress they may not be able to support the patient either physically or mentally or else particular circumstances such as a job require a crucial family member to be away from the home part of the day.

6( )The impact of the disability has been such to change either the work effort, pattern of socialization, interests and hobbies or other important activities of some family member.

7( )The impact of the disability has been such as to produce severe strain or produce disruptions of relationships between family members or else the patient lives alone.

Household Constellation

7( ) Alone
8( ) Spouse
9( ) Children
0( ) Spouse and children
1( ) Parent(s)
2( ) Other relatives
3( ) Friend(s)
4( ) Lives in an institution

Income Status

J36( ) Enough to live on without worry
J37( ) Just enough to get by
J38( ) Not enough to make ends meet

te according to one of the following descriptions: RESOURCES (R of ESCROW)

8( )The family is able to absorb the costs of the disability without increased indebtedness.

9( )The family is required to incur debts to handle costs of the disability.

0( )The family requires some form of public assistance to cover medically related costs (Medicaid).

1( )The family requires public assistance to cover medical and subsistence costs (Welfare or SSI--Supplemental Security Income).

te according to one of the following descriptions: OUTLOOK (O of ESCROW)

2( )The individual functions independently without impairment in the following areas: problem-solving, regard for other, perceptual-motor ability, judgment-reliability, and self-esteem. The individual feels able to make decisions easily.
3( )The individual functions independently with mild impairment in some area(s) mentioned above or else has moderate difficulty making decisions.
4( )The individual is observed to function appreciably better with assistance, supervision, cueing coaxing or a structured environment due to one or more of the problems mentioned above or else has great difficulty making decisions.
5( )The individual is not particularly benefitted by assistance with problems mentioned above or else actually makes very few, if any, decisions.

Vocational Status

6( ) Homemaker
7( ) Student
8( ) Competitive employment
9( ) Non-competitive employment (sheltered workshop, etc.)
0( ) Unemployed, but employable and unable to find work
1( ) Retired due to age
2( ) Too disabled to work, or be a homemaker, or be a student, or else retired for disability

Educational or Vocational Ability

9( ) Intact--Able to be vocationally independent or attend school without limitation at work or school or in transportation to and from.
0( ) Limited--Able to be vocationally independent or attend school but with some limitation either at work or school or in transportation to and from.
1( ) Helper--Is receiving assistance by way of counseling, training, or fiscal sponsorship for work or education or else assistance is received in transportation to and from.
2( ) Null--No ability at present for work or education outside of the home; or else is retired.

te according to one of the following descriptions: WORK/SCHOOL STATUS (W of ESCROW)

5( )Educational and vocational levels are compatible. There are no work or educational restrictions. The individual is working full-time in the free job market or as a full-time student. Time lost from work does not exceed one day per month on the average. If retired, the indivual fulfills usual and customary tasks and roles in the household and/or the community.
7( )The individual desires more education or training or work but it may not be readily available. If working or attending school there may be some modification such as part-time, light work, etc. Time lost from work/school averages no more than 2 to 5 days per month. If retired, the individual fulfills the usual and customary tasks and roles in the household and/or the community in a limited way.
3( )The individual works or attends school in a special facility adapted for the handicapped or else loses more than an average of one week per month at a full-time or part-time job.
( )The individual is too disabled for employment or schooling or, if retired, is not able to fulfill usual and customary roles and tasks in the household or the community.

5( )Remarks:

(X)Evaluator:_____

CRITERIA for PROGRAMMED SUMMARY OF FUNCTIONAL STATUS -- PSFS

and LONG-RANGE EVALUATION SUMMARY -- LRES

ACTIVE MOTION OF LIMBS	I Good	II Fair	III Poor	IV Null
Right Upper Limb	( )	( )	( )	( )
Left Upper Limb	( )	( )	( ) ( )	
Right Lower Limb	( )	( )	( ) ( )	
Left Lower Limb	( )	( )	( ) ( )	

Remarks on Active Motion:

CRITERIA for EVALUATION OF ACTIVE MOTION OF LIMBS

I-Good -All muscle groups of the limb complete full range of motion of the joints against moderate or greater resistance. No limitation due to contracture, pain, spasticity, diminished sensibility, etc.

II-Fair -All muscle groups of the limb complete available range of motion against gravity. Any limitation due to contracture, pain, spasticity, etc. still permits ordinary use of the limb.

III-Poor -Some active motion in the limb or it is used as a helper, includes amputation with functional prosthesis.

IV-Null -No motion and/or usefulness, includes amputation without functional prosthesis.

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SELF CARE	INDEPENDENT		DEPENDENT	
	I	II	III	IV
	Intact	Limited	Helper	Null
Drink from cup	( )	( )	( )	( )
Feed from dish	( )	( )	( )	( )
Dress upper body	( )	( )	( )	( )
Dress lower body	( )	( )	( )	( )
Don brace or prosthesis	( )	( )	( )	NONE
Grooming	( )	( )	( )	( )
Wash or bathe	( )	( )	( )	( )
Bladder continence	( )	( )	( )	( )
Bowel continence	( )	( )	( )	( )
Care of perineum/clothing at toilet	( )	( )	( )	( )
Other hand skills	( )	( )	( )	( )

Barthel sub-score ___/53

Remarks on self care:

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INDEPENDENT

I Intact -- Activity completed under ORDINARY CIRCUMSTANCES, without modification, and within reasonable time.

II Limited -- Activity completed with prior preparation or under special or MODIFIED CIRCUMSTANCES, or with assistive devices or aids, or beyond a reasonable time.

DEPENDENT

III Helper -- Activity completed only with partial help or assistance or under supervision for safety or by cueing. ANOTHER HUMAN IS INVOLVED IN THE ACTIVITY.

IV Null -- Patient unable to assist, or totally dependent, or activity is not performed.

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DRINK FROM CUP

I Intact -- Able to drink from a cup at a tray or table as customarily prepared; able to pour liquids and open a milk carton.

II Limited -- Requires prior preparation such as liquid being poured, or an adaptive or assistive device such as a straw, or takes more than a reasonable time.

III Helper -- Another person involved in activity; supervision, cueing, coaxing, physical assistance.

IV Null -- Unable to drink by mouth; must rely at least in part on alimentation through other routes such as parenteral or gastrostomy feedings.

FEED FROM DISH

I Intact -- Able to feed from a dish on a tray or table as customarily prepared; able to cut meat and to butter bread.

II Limited -- Requires prior preparation such as meat being cut or bread buttered, or an adaptive or assistive device such as a spork, rocking knife, etc., or takes more than a reasonable time.

III Helper -- Able to take full meals by mouth (i.e. chews and swallows) but requires the presence or help from someone else during the activity of drinking or feeding. The individual does not rely on alimentation through other routes such as parenteral or gastrostomy feedings.

IV Null -- Cannot take full meals by mouth but must rely at least in part on alimentation through other routes such as parenteral or gastrostomy feedings.

DRESS UPPER BODY

I Intact -- Able to dress and undress uppper body including obtaining clothes from their customary places such as drawers and closets; able to handle bra, slip, pull-over garment and front-opening garment as well as manage zippers, buttons, and snaps.

II Limited -- Requires prior retrieval or arrangement of clothes, or able to dress presentably in spite of omission of some of above, or through use of special closures, or takes more than a reasonable time.

III Helper -- Performs at least half the effort himself.

IV Null -- Unable to assist (complete assistance given); or dressing is not performed.

DRESS LOWER BODY

I Intact -- Able to dress and undress lower body including obtaining clothes from their customary places such as drawers and closets; able to handle underpants, slacks, skirt, belt, stockings (if elastic), and shoes with laces; able to manage zippers, buttons, snaps and garters.

II Limited -- Requires prior retrieval or arrangement of clothes, or able to dress presentably in spite of omission of some of above, or through use of special closures, suspenders, or loafer shoes; or takes more than a reasonable time.

III Helper -- Performs at least half the effort himself.

IV Null -- Unable to assist (complete assistance given); or dressing is not performed.

DON BRACE OR PROSTHESIS

I Intact -- Able to don prescribed sling, splint, brace (orthosis), corset or prosthesis with reasonable ease.

II Limited -- Able to don prescribed sling, splint, brace (orthosis), corset or prosthesis but with difficulty, or in more than a reasonable time.

III Helper -- Needs partial or complete assistance to don brace (orthosis) or prosthesis.

IV NONE -- Does not have brace (orthosis) or prosthesis.

GROOMING

I Intact -- Able to clean teeth or dentures, comb and brush hair, shave, apply make-up including all preparations.

II Limited -- As above but requires adaptive or assistive device or takes more than a reasonable time.

III Helper -- Assistance, supervision, cueing given for activity.

IV Null -- Unable to perform grooming activities, complete assistance given.

WASH OR BATHE

II Intact -- Able to wash and dry face and entire body (except shampoo hair) including all preparations such as obtaining water if bath is taken away from the sink or tub.

II Limited -- As above but requires an adaptive or assistive device or takes more than a reasonable time.

III Helper -- Assistance, supervision, cueing, coaxing given in washing and drying and inspecting skin of body.

IV Null -- Unable to wash and dry and inspect skin of body, or complete assistance is given.

BLADDER CONTINENCE

I Intact -- Complete voluntary and elective control of bladder (never incontinent).

II Limited -- Has catheter, urinary collecting device or urinary diversion; able to instill or irrigate catheter without assistance; able to clean, sterilize and set up the equipment for irrigation without assistance. able to assemble and apply condom drainage or an ileal appliance without assistanc; able to empty, put on, remove, and clean leg bag or empty and clean ileal appliance bag; no accidents. May have bladder urgency.

III Helper -- Needs assistance with external device, or has occasional accidents; or cannot wait to ge to bed pan or the toilet in time; another person is required to help in maintaining a voiding or excretion pattern or else the individual has occasional sphincter accidents but not on a daily basis.

IV Null -- Frequent wetting due to incontinence despite aids or assistance; despite aids or help from another person the individual is wet on a frequent or almost daily basis. This might necessitate the wearing of diapers or other absorptive pads. This does not include the simple presence of a catheter or ostomy device provided that it is well maintained such that wetting of skin, clothing or bedding does not occur.

BOWEL CONTINENCE

I Intact -- Complete voluntary and elective control of bowels (never incontinent).

II Limited -- Regularly requires stool softeners, digital stimulation, suppository, laxative or enema but does not require assistance; has colostomy but does not require assistance; no accidents. May have bowel urgency.

III Helper -- Needs assistance using suppository or taking an enema or has occasional accidents; another person is required to help in maintaining an excretion pattern or else the individual has occasional sphincter accidents but not on a daily basis.

IV Null -- Frequent soiling due to incontinence despite aids or assistance; despite aids or help from another person the indivdiual is soiled on a frequent or almost daily basis. This might necessitate the wearing of diapers or other absorptive pads. This does not include the simple presence of an ostomy device provided that it is well maintained such that soiling of skin, clothing or bedding does not occur.

CARE OF PERINEUM/CLOTHING AT TOILET

I Intact -- Able to cleanse self after voiding or bowel evacuation; able to adjust clothing after using toilet; able to put on/insert sanitary napkins/tampons.

II Limited -- Able to perform above with some difficulty, with adaptive equipment, or takes more than a reasonable time but without assistance.

III Helper -- Needs assistance in adjusting clothes, or in using toilet paper, or in personal hygiene.

IV Null -- Unable to assist in adjusting clothes, using toilet paper, or in personal hygiene; complete assistance is given.

OTHER HAND SKILLS

I Intact -- Able to write name, turn a doorknob, turn a key in a lock, handle money, manipulate lamp and wall light switches, dial a telephone, turn a radio or TV on and off and turn a faucet handle.

II Limited -- As above but requires adaptive or assistive devices, or has difficulty, or takes more than a reasonable time but does not need assistance.

III Helper -- Requires assistance, supervision, cueing.

IV Null -- Unable to perform any of the handskills; requires complete assistance.

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MOBILITY	INDEPENDENT		DEPENDENT	
	I	II	III	IV
	Intact	Limited	Helper	Null
Transfer, chair	( )	( )	( )	( )
Transfer, toilet	( )	( )	( )	( )
Transfer, tub or shower	( )	( )	( )	( )
Transfer, automobile	( )	( )	( )	( )
Walk on level 50 yards or more	( )	( )	( )	( )
Up and down stairs for 1 flight or more	( )	( )	( )	( )
Walk outdoors 50 yards or more	( )	( )	( )	( )
Wheelchair/50 yards--only if <u>not</u> <u>walking</u>	( )	( )	( )	NONE

Barthel sub-score __/47

Remarks on mobility:

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CRITERIA FOR EVALUATION OF MOBILITY

INDEPENDENT

I Intact -- Activity completed under ORDINARY CIRCUMSTANCES, without modification, and within reasonable time.

II Limited -- Activity completed with prior preparation or under special or MODIFIED CIRCUMSTANCES, or with assistive devices or aids or beyond a reasonable time.

DEPENDENT

III Helper -- Activity completed only with partial help or assistance or under supervision for safety or by cueing. ANOTHER HUMAN IS INVOLVED IN THE ACTIVITY.

IV Null -- Patient unable to assist, or totally dependent, or activity is not performed.

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TRANSFER, CHAIR

I Intact -- Able to approach, sit down or get up from a regular chair safely; if in wheelchair, able to approach a bed or another chair, lock brakes, lift foot rest, and safely perform either a standing pivot or sliding transfer; able to return safely, changing the position of the wheelchair if necessary; able to remove and replace arm rest if necessary.

II Limited -- As above but requires adaptive or assistive devices such as a sliding board or a lift, or takes more than a reasonable time but does not require assistance.

III Helper -- Minimal lifting required and/or supervision, cueing, coaxing.

IV Null -- Heavy lifting is required; complete assistance given.

TRANSFER, TOILET

I Intact -- Able to perform as in transferring to and from a chair with safety.

II Limited -- As above but requires adaptive or assistive devices such as grab bars, or takes more than a reasonable time but does not need assistance.

III Helper -- Needs assistance for balancing as in adjusting clothes; minimal assistance or lifting is required.

IV -- Heavy lifting is required; complete assistance given.

TRANSFER, TUB OR SHOWER

I Intact -- Able to enter and leave a tub or shower stall safely.

II Limited -- As above but requires adaptive or assistive devices such as grab bars or special seat or a lift, or takes more than a reasonable time but no assistance.

III Helper -- Assistance, supervision, cueing given; minimal lifting involved.

IV Null -- Heavy lifting required; complete assistance given.

TRANSFER, AUTOMOBILE

I Intact -- Able to enter and leave an automobile safely.

II Limited -- As above but requires adaptive or assistive devices such as a sliding board or lift, or takes more than a reasonable time but does not require assistance.

III Helper -- Supervision, cueing, coaxing and/or minimal lifting required.

IV Null -- Heavy lifting required; complete assistance given.

WALK ON LEVEL 50 YARDS

I Intact -- Able to walk at least 50 yards; does not have a brace (orthosis) or prosthesis on leg or special adpative shoes; does not use a cane, crutches or walkerette.

II Limited -- Able to walk 50 yards but uses a brace (orthosis) or prosthesis on leg; or uses a cane, crutches, walkerette, or special shoes; if there are locks on equipment these are manageable; no assistance or supervision for safety or guarding is needed.

III Helper -- Able to walk at least 50 yards with assistance or supervision for safety.

IV Null -- Unable to walk 50 yards.

UP AND DOWN STAIRS ONE FLIGHT

I Intact -- Able to go up and down at least one flight of stairs without using any type of support and with safety; does not have a brace (orthosis) or prosthesis on leg.

II Limited -- Able to go up and down at least one flight of stairs with the use of side support or hand rail, or by using cane or portable supports which are managed without assistance.

III Helper -- Able to go up and down at least one flight of stairs but needs assistance or supervision for safety.

IV Null -- Unable to go up and down one flight of stairs; or is carried.

WALK OUTDOORS 50 YARDS

I Intact -- Able to walk outdooors at least 50 yards; does not have a brace (orthosis) or prosthesis on leg or special adaptative shoes; does not use a cane, crutches or walkerette; can manage rough terrain, curbs or ramps.

II Limited -- Able to walk outdoors at least 50 yards but uses a brace (orthosis) or prosthesis on leg, or a cane, crutches, or walkerette, or special shoes; if there are locks on equipment these are manageable; no assistance or supervision is needed except possibly for rough terrain, high curbs, or steep ramps.

III Helper -- Able to walk at least 50 yards with assistance or supervision for safety.

IV Null -- Unable to walk 50 yards.

WHEELCHAIR FOR 50 YARDS -- <u>ONLY IF NOT WALKING</u>

I Intact -- Able to propel wheelchair independently for at least 50 yards; must be able to go around corners, turn around, maneuver the chair to a table, bed, toilet, etc.; able to negotiate up to a 3% grade, maneuver on rugs, over doorsills, etc.

II Limited -- As above but requires a powered wheelchair, or takes more than a reasonable time.

III Helper -- Needs assistance in propelling or maneuvering wheelchair.

IV NONE -- Wheelchair is not used for ordinary locomotion.

The following items are most frequently misunderstood and therefore incorrectly coded:

1) Drinking and Feeding

INDEDENDENT
Intact -- Refer to Criteria
Limited -- Refer to Criteria

DEPENDENT
Helper or Assistance -- The individual takes full meals by mouth (ie, chews, and swallows) but requires the presence or help from someone else during the activity of drinking or feeding. The individual does not rely on alimentation through other routes such as parenteral or gastrostomy feedings.
Null -- The individual cannot take full meals by mouth but must rely at least in part on alimentation through other routes such as parenteral or gastrostomy feedings.

2) Bladder and Bowel Continence

INDEPENDENT
Intact -- Refer to Criteria
Limited -- Refer to Criteria

DEPENDENT
Helper or Assistance -- Refer to Criteria. This means that another person is required to help in maintaing a voiding or excretion pattern or else the individual has occasional sphincter accidents but not on a daily basis.
Null -- Refer to Criteria. This means that despite aids or help from another person the individual is wet or soiled on a frequent or almost daily basis. This might necessitate the wearing of diapers or other absorptive pads. This does not include the simple presence of a catheter or ostomy device provided that it is well maintained such that wetting or soiling of skin, clothing or bedding does not occur.

3) Walking versus Wheelchair

Refer to Criteria. This means that if an individual walks 50 yards independently or with assistance from another person, always mark "None" for wheelchair or else leave it blank (despite a circumstance in which the individual might use a wheelchair for particular travelling needs -- ie, extra long distances). However, if an individual is rated "Null" in walking, then check the appropriate category for wheelchair.

In other works, rate "Walking" first. Then only rate "Wheelchair" if "Walking 50 Yards" is rated as "Null".

COMMUNICATION AND VISION	INDEPENDENT		DEPENDENT	
	I	II	III	IV
	Intact	Limited	Helper	Null
Verbal Communication	( )	( )	( )	( )
Hearing Communication	( )	( )	( )	( )
Vision ( )	( )	( )	( )	

Remarks on communication and vision:

CRITERIA FOR EVALUATION OF COMMUNICATION AND VISION

INDEPENDENT

I Intact -- The person functions independently (adequately) under ORDINARY CIRCUMSTANCES.

II Limited -- The person may have a mild limitation and can function adequately under MODIFIED CIRCUMSTANCES.

DEPENDENT

III Helper -- The person functions appreciably better with assistance, supervision, cueing, coaxing, or in a structured environment. ANOTHER PERSON IS INVOLVED FOR FUNCTION.

IV Null -- The person has no improvement in function despite assistance.

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VERBAL COMMUNICATION

I Intact -- No cultural language barrier; no difficulty in reading, writing or verbal abilities; can understand spoken words, content and use of language is appropriate, and speech is intelligible.

II Limited -- Slight to moderate limitation in communication due to a language barrier or else due to reading, writing or verbal communication disorder; there may be need for a modified environment.

III Helper -- A structured setting or interpreter is needed in order to facilitate communication.

IV Null -- Communication is not consistently feasible even in a structured setting, or with presence of an interpreter.

HEARING

I Intact -- Can hear under ordinary circumstances.

II Limited -- Has some limitation, may need a modified environment or may use an assistive device (hearing aid).

III Helper -- A structured setting or an interpreter is needed in order for the individual to hear.

IV Null -- Communication is not consistently feasible even in a structured setting or with the presence of an interpreter.

VISION

I Intact -- Visual fields and visual acuity are intact without need for medication administered to the eyes or eyeglasses.

II Limited -- Mild to moderate impairment of visual field or visual acuity and/or need for medication administered to the eyes or eyeglasses including contact lenses.

III Helper -- Severe visual impairment requiring assistance on an intermittent or constant basis.

IV Null -- Legally blind.

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INTELLECTUAL AND EMOTIONAL ADAPTABILITY	INDEPENDENT		DEPENDENT	
	I	II	III	IV
	Intact	Limited	Helper	Null
Intellecual ability (problem-solving)	( )	( )	( )	( )
Perceptual-motor ability (gnosis-praxis)	( )	( )	( )	( )
Self-esteem (regard for self)	( )	( )	( )	( )
Emotional stability (regard for others)	( )	( )	( )	( )
Judgment-reliability (insight)	( )	( )	( )	( )

Remarks on intellectual and emotional adaptability:

CRITERIA FOR EVALUATION OF INTELLECTUAL AND EMOTIONAL ADAPTABILITY

INDEPENDENT

I Intact -- The person functions independently (adequately) under ORDINARY CIRCUMSTANCES.

II Limited -- The person may have a mild limitation and can function adequately under MODIFIED CIRCUMSTANCES.

DEPENDENT

III Helper -- The person functions appreciably better with assistance, supervision, cueing, coaxing or in a structured environment. ANOTHER PERSON IS INVOLVED FOR FUNCTION.

IV Null -- The person has no improvement in performance despite assistance.

CVG/TEF
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INTELLECTUAL ABILITY / PROBLEM-SOLVING

I Intact -- Able to comprehend meaning, retain instructions and follow through a sequence of steps particularly in a novel situation. Makes use of previously learned information. Able to self correct if errors are made. Sustains attention until task is completed.

II Limited -- Minimal limitations in problem-solving; modification of environment may be required.

III Helper -- Limitations in problem-solving require a structured environment and/or another person is involved for supervision, cueing, coaxing, or assistance.

IV Null -- Unable to function appropriately due to limitations despite assistance.

PERCEPTUAL-MOTOR ABILITY / GNOSIS-PRAXIS

I Intact -- Able to discriminate between differences in the environment by hearing, sight, touch and visuo-spatial orientation. Able to reproduce a requested motion or activity.

II Limited -- Limitation in perceptual/motor minimal; modification of environment may be required.

III Helper -- Another person is involved for assistance, supervision, cueing, coaxing; and/or a structured environment is required for adequate function.

IV Null -- Unable to function due to limitations despite assistance.

SELF-ESTEEM / REGARD FOR SELF (Hopefulness)

I Intact -- Able to feel hopeful about situation with sense of purpose and worthwhileness preserved. No evidence of inappropriate discouragement or anxiety, hypochrondriasis, misuse of drugs or alcohol. Able to go through grief reaction to real loss without undue denial, indifference or hysteria.

II Limited -- Minimal limitations in self-esteem; a modified environment may be required.

III Helper -- Manifest depression requires another person to be involved for assistance, supervision or cueing. A structured environment is required.

IV Null -- Manifest depression severely limits function despite assistance.

EMOTIONAL STABILITY / REGARD FOR OTHERS

I Intact -- Able to remain cooperative without being demanding or overly dependent upon others. Evidence of satisfying interactions with staff, other patients and family members.

II Limited -- Minimal limitations in emotional stability; modification of environment may be required.

III Helper -- Anti-social behavior requires a structured environment; and/or another person is involved for assistance, supervision, cueing, or coaxing.

IV Null -- Anti-social behavior severely limits function despite assistance.

JUDGMENT-RELIABILITY / INSIGHT (Realism)

I Intact -- Aware of and understands limitations or disability problems. Able to plan, work out, or incorporate compensations or substitutions, or else asks for appropriate assistance while working towards solutions and while using sound judgment.

II Limited -- Minimal limitations in insight; may require environmental modification.

III Helper -- Poor insight, judgment or reliability require a structured setting and/or another person involved for assistance, supervision, cueing, or coaxing.

IV Null -- Insight, judgment, or reliability are not appreciably helped by assistance.

CVG/TEF
11/26/75

HOUSEHOLD AND COMMUNITY ABILITIES	INDEPENDENT		DEPENDENT	
	I	II	III	IV
	Intact	Limited	Helper	Null
Educational or Vocational Ability	( )	( )	( )	( )
Financial Ability	( )	( )	( )	( )
Ability in Home	( )	( )	( )	( )
Support from Family Unit	( )	( )	( )	( )

Remarks on household and community abilities:

CRITERIA FOR EVALUATION OF HOUSEHOLD AND COMMUNITY ABILITIES

INDEPENDENT

I Intact -- The person functions independently (adequately) under ORDINARY CIRCUMSTANCES.

II Limited -- The person may have a mild limitation and can function adequately under MODIFIED CIRCUMSTANCES.

DEPENDENT

III Helper -- The person functions appreciably better with assistance, supervision, cueing, coaxing or in a structured environment. ANOTHER PERSON IS INVOLVED FOR FUNCTION.

IV Null -- The person has no improvement in performance despite assistance.

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EDUCATIONAL OR VOCATIONAL ABILITY

I Intact -- Able to be vocationally independent or attend school without limitation at work or school or in transportation to and from.

II Limited -- Able to be vocationally independent or attend school but with some limitation either at work or school or in transportation to and from.

III Helper -- Is receiving assistance by way of counselling, training, or fiscal sponsorship for work or education or else assistance is received in transportation to and from.

IV Null -- No ability at present for work or education outside of the home; or else is retired.

FINANCIAL ABILITY

I Intact -- The family is able to absorb the costs of the disability without increased indebtedness.

II Limited -- The family is required to incur debts to handle costs of the disability.

III Helper -- The family requires some form of public assistance to cover medically related costs (Medicaid).

IV Null -- The family requires public assistance to cover medical and subsistence costs (Welfare or SSI/Supplemental Security Income).

ABILITY IN HOME

I Intact -- Able to fulfill the customary and usual role(s) and perform the customary and usual chores, including self-care and mobility.

II Limited -- Limited in ability to fulfill the customary and usual role(s) or chores.

III Helper -- Assistance needed due to structural barriers; cannot be left alone due to communication or mental problem; or else assistance is needed from outside the home to perform household tasks.

IV Null -- Totally dependent at home.

SUPPORT FROM FAMILY UNIT

I Intact -- The family unit consists of at least one member beside the individual related by marriage, kinship or else a close personal companion; as a unit the family is sufficiently competent physically and mentally to provide adequate support to the patient at home at this time and under foreseeable circumstances.

II Limited -- The family unit is as above but under particular conditions of stress may not be able to support the individual either physically or mentally or else particular circumstances such as a job require a crucial family member to be away from the home part of the day.

III Helper -- Another person other than a regular family member is needed to provide some service to the individual or family.

IV Null -- The family is unable to cope with the patient, or else the patient lives(d) alone; or else is a resident of a long-term care or chronic-care facility.

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Stroke, Hemiplegia; Parkinsonism; Aphasia; CP	011	Neurological--Cerebral (focal)
Paraplegia; Quadriplegia; Poliomyelitis	012	" --Spinal Cord
Peripheral neuropathies; Guillain-Barre	013	" --Peripheral Nerve
Multiple Sclerosis	014	" --General CNS
Dementia, Seizures, etc. without focal deficit	015	" --Cerebral (general)
Fracture; Disc disease; Ortho	021	Musculoskeletal--Cervical
" ; " ; Scoliosis "	022	" --Thoracic
" ; " ; Low back pain "	023	" --Lumbo-sacral-Pelvis
" ; " : "	024	" --Upper Limb
" ; " ; "	025	" --Lower Limb
Muscular dystrophy; Polymyositis	030	Myopathy
Rheumatoid Arthritis	041	Arthropathy--Rheumatoid
Osteoarthritis	042	" --Degenerative
	043	" --Other
All limb amputations	051	Amputation--Single--Upper AE
	052	" -- " --Upper BE
	053	" -- " --Lower AK
	054	" -- " --Lower BK
	055	" --Double--AK/AK
	056	" -- " --AK/BK
	057	" -- " --BK/BK
	058	" --Other combinations
	061	Skin--Burn
	062	" --Ulceration
Psoriasis; Chronic skin condition	063	" --Dermatosis
All cardiac conditions	070	Cardiac
Pneumonia; Pulmonary embolism; Pre/Post-operative	081	Pulmonary--Acute
Asthma; Chronic bronchitis; Emphysema; COLD	082	" --Chronic
Diabetes mellitus; Obesity; Deficiency states	090	Endocrine/Metabolic
Arterial or venous insufficiency	100	Peripheral Vascular
Birth defects; Developmental anomalies	110	Growth/Development
Cancer	120	Malignancy
Chronic neurosis; Psychosis; Conversion reaction	130	Psychiatric
Deafness	140	Hearing
	150	Gastrointestinal
	160	Genito-urinary
Blindness	170	Vision
	180	Oral-Dental
	190	Hematological
	200	Other

CRITERIA FOR HAND FUNCTION TESTING (Jebsen)

I	7/7	All values of subtests are within normal limits.
II	4-6/7	Majority of values of subtests are within normal limits.
III	0-3/7	Majority of values of subtests exceed normal limits.
IV	Incomplete	Unable to complete one or more subtests.

ARCHITECTURAL BARRIERS

Irrevelant--Has access into and out of home, to all levels if multi-story, and to all rooms without safety hazard or requiring assistance or else not relevant to the problem.

Minor---Has access into and out of home and to all essential levels if multi-story and to all rooms essental to well-being and participation in family activities. Some non-essential rooms may not be accessible or else inconvenience may be imposed by threshold, narrow passages or awkward arrangement of furniture. However, able to manage without assistance.

Major---Not able to manage without assistance in getting into or out of home or in gaining accesss to rooms essential to well-being and/or participation in family activities.

BARTHEL INDEX

	CATEGORIES	INDEPENDENT	WITH HELP
i.	Feeding (if food needs to be cut up = help)	10	5
ii.	Moving from wheelchair to bed and return (includes sitting up in bed)	15	10-5
iii.	Personal toilet (wash face, comb hair, shave, clean teeth)	5	0
iv.	Getting on and off toilet (handling clothes, wipe, flush)	10	5
v.	Bathing self	5	0
vi.	Walking on level surface (or if unable to walk, propel wheelchair)	15	10
	*score only if unable to walk	*5	*0
vii.	Ascend and descend stairs	10	5
vii.	Dressing (includes tying shoes, fastening fasteners)	10	5
ix.	Controlling bowels	10	5
x.	Controlling bladder	10	5

A patient scoring 100 Barthel Index is continent, feeds himself, dresses himself, gets up out of bed and chairs, bathes himself, walks at least a block, and can ascend and descend stairs. This does not mean that he is able to live alone; he may not be able to cook, keep house, and meet the public, but he is able to get along without attendant care.

From: Mahoney, F. I., and Barthel, D. W.: Functional Evaluation: The Barthel Index. Maryland Medical Journal 14:61-65, 1965.

P Physical condition including diseases of the viscera (cardiovascular, gastro-intestinal, urologic, and endocrine) and neurologic disorders:

1. Medical problems sufficiently stable that medical or nursing monitoring is not required more often than 3 month intervals.
2. Medical or nurse monitoring is needed more often than 3 month intervals but not each week.
3. Medical problems are sufficiently unstable as to require regular medical and/or nursing attention at least weekly.
4. Medical problems require intensive medical and/or nursing attention at least daily (excluding personal care assistance only).

U Self care activities (drink/feed, dress upper/lower, brace/prosthesis, groom, wash/bathe, perineal care) dependent mainly upon upper limb function:

1. Independent in self care without impairment of upper limbs.
2. Independent in self care with some impairment of upper limbs.
3. Dependent upon assistance or supervision in self care with or without impairment of upper limbs.
4. Dependent totally in self care with marked impairment of upper limbs.

L Mobility activities (transfer chair/toilet/tub or shower, walk, stairs, wheelchair) dependent mainly upon lower limb function:

1. Independent in mobility without impairment of lower limbs.
2. Independent in mobility with some impairment in lower limbs; such as needing ambulatory aids, a brace or prosthesis, or else fully independent in a wheelchair without significant architectural or environmental barriers.
3. Dependent upon assistance or supervision in mobility with or without impairment of lower limbs, or else partly independent in a wheelchair or else there are significant architectural or environmental barriers.
4. Dependent totally in mobility with marked impairment of lower limbs.

S Sensory components relating to communication (speech and hearing) and vision:

1. Independent in communication and vision without impairment.
2. Independent in communication and vision with some impairment such as mild dysarthria, mild aphasia, or need for eyeglasses or hearing aid, or needing regular medication.
3. Dependent upon assistance, an interpreter or supervision in communication or vision.
4. Dependent totally in communication or vision.

E Excretory functions (bladder and bowel):

1. Complete voluntary control of bladder and bowel sphincters.
2. Control of sphincters allows normal social activities despite urgency or need for catheter, appliance, suppositories, etc. Able to care for needs without assistance.
3. Dependent upon assistance in sphincter management or else has accidents occasionally.
4. Frequent wetting or soiling from incontinence of bladder or bowel sphincters.

S Consider intellectual and emotional adaptability, support from family unit, and financial ability:

1. Able to fulfill usual role(s) and perform customary tasks.
2. Must make some modification in usual role(s) or performance of customary tasks.
3. Dependent upon assistance, supervision, encouragement or assistance from a public or private agency due to any of the above considerations.
4. Dependent upon long-term institutional care (chronic hospital, nursing home, etc.) excluding time-limited hospitalization for specific evaluation, treatment or active rehabilitation.

PULSES TOTAL -- BEST SCORE IS 6/6. WORST SCORE IS 6/24. C. V. Granger, M.D. 2/76

From Moskowitz, E., and McCann, C.: Classification of disability in the chronically ill and aging. J. Chr. Dis., 5:342-346, 1957.

LIST OF COMPLICATIONS (OTHER THAN THE MAJOR HANDICAPPING CONDITION) THAT MIGHT SIGNIFICANTLY INTERFER WITH THE REHABILITATION EFFORT OR DELAY DISCHARGE BEYOND EXPECTED TIME BY ONE WEEK OR MORE.
USE PREFIX NUMBER (1) IF IT WAS PRESENT BEFORE ADMISSION OR NUMBER (2)IF IT OCCURRED AFTER ADMISSION.

201 Myocardial infarction
202 Cardiac arrest
03 Cardiac decompensation
04 Cardiac arrhythmia
05 Pulmonary decompensation
206 Pneumothorax
07 Pneumonia or Atelectasis
08 Pulmonary embolism
209 Extension of original lesion
210 Significant infection/Febrile illness
11 Autonomic dysreflexia
12 Wound infection
13 Skin ulcer
14 Renal decompensation
15 Electrolyte imbalance
16 Bladder or Urinary stones
17 Thrombophlebitis
18 Urinary tract problem
19 Fistula
20 Gastrointestinal problem
21 Complex pharmacologic treatment
22 Radiation therapy
23 Seizures
24 Dizziness
225 Surgical procedure
26 Contractures
27 Ectopic calcification
28 Muscle spasms
29 Pain
30 Blindness
31 Deafness
32 Language problem
33 Sphincter incontinence
34 Fractured bone
35 Poor endurance
36 Psychological problem
37 Poor motivation
38 Personality problem
39 Proprioceptive loss
40 Family maladjustments
41 Social maladjustments
42 Housing problem
43 Legal/Political problem
44 Ununited fracture
145 Pre-existing disability
46 Delayed discharge placement (extra-mural)
47 Drug intoxication or reaction
48 Burn
49 Metabolic derangement (ie, diabetic control)
50 Liver disease
51 Dental problem
252 Delayed discharge placement (intra-mural)

CRITERIA FOR REGISTERING THE EFFECTS OF MALIGNANCY AND ITS TREATMENT ON THE OUTCOMES OF PATIENT CARE

DEGREE OF ACTIVITY OF MALIGNANCY (first digit)

9) No evidence of progression at primary and/or metastatic sites within past two months

8) Primary and/or metastatic sites have newly occurred, been newly diagnosed and/or demonstrated progression within past two months

RATE OF PROGRESSION: IF MALIGNANCY ACTIVE IN PAST TWO MONTHS (second digit)

0) If #9 is used as first digit

7) Rate of progression has been negligible

6) Rate of progression has been slow

5) Rate of progression has been rapid

DEGREE OF TOXICITY FROM CHEMOTHERAPY AND/OR RADIOTHERAPY IN PAST TWO MONTHS (third digit)

0) If not receiving chemotherapy or radiotherapy

4) Symptoms or signs have been absent or negligible

3) Symptoms or signs have been mild

2) Symptoms or signs have been moderate

1) Symptoms or signs have been marked

EXAMPLES: 900 = No evidence of progression in past 2 months. No active treatment.

870 = Recent progression at a negligible rate. No active treatment.

862 = Recent progression has been slow. Treatment toxicity is moderate.

903 = No evidence of recent progression. Treatment toxicity is mild.

E -- ENVIRONMENT

1. Lives in privately supported living quarters that are adequate for size of family unit, without major architectural barriers, accessible to convenient forms of transportation and other necessary facilities, in a safe neighborhood and free of significant or major problems.
2. Lives in privately supported living quarters that are either inadequate for size of family unit, with minor architectural barriers, inaccessible to convenient forms of transportation or necessary facilities, in a marginal neighborhood or else has other minor problems.
3. Lives in privately supported housing with major problems.
4. Lives in publicly supported housing.

S -- SOCIAL SUPPORTS

1. Maintains a balance of social contacts by way of visiting, telephone calls, hobbies and interests, etc. Able to solve problems without undue reliance on others outside the family unit. Has one or more close or dependable friendships.
2. Social contacts are restrictive. May frequently rely on others outside the family unit to solve problems. Does not readily identify a close or dependable friendship.
3. Someone in the family unit occasionally requires assistance from a person or agency from the outside such as the visiting nurse association, home care, counseling services, etc.
4. Someone in the family unit is consistently dependent upon assistance from a community agency at least weekly.

C -- CLUSTER OF FAMILY MEMBERS

1. The family unit consists of at least one member beside the patient related by marriage, kinship, or else a close personal companion; as a unit the family is sufficiently competent physically and mentally to provide adequate support to the patient at home at this time and under forseeable circumstances.
2. The family unit is as above but under particular conditions of stress they may not be able to support the patient either physically or mentally or else particular circumstances such as a job require a crucial family member to be away from the home part of the day.
3. The impact of the disability has been such to change either the work effort, pattern of socialization, interests and hobbies or other important activities of some family member.
4. The impact of the disability has been such as to produce severe strain or produce disruptions of relationships between family members or else the patient lives alone.

R -- RESOURCES

1. The family is able to absorb the costs of the disability without increased indebtedness.
2. The family is required to incur debts to handle costs of the disability.
3. The family requires some form of public assistance to cover medically related costs (Medicaid).
4. The family requires public assistance to cover medical and subsistence costs (Welfare or SSI).

O -- OUTLOOK

1. The individual functions independently without impairment in the following areas: problem-solving, regard for others, perceptual motor ability, judgment, reliability, and self-esteem. The individual feels able to make decisions easily.
2. The individual functions independently with mild impairment in some area(s) mentioned above or else has moderate difficulty making decisions.
3. The individual is observed to function appreciably better with assistance, supervision, cueing, coaxing or structured environment due to one or more of the problems mentioned above or else has great difficulty making decisions.
4. The individual is not particularly benefitted by assistance with problems mentioned above or else actually makes very few, if any, decisions.

CRITERIA FOR ESCROW FUNCTIONAL SCALE (RT-7)

W -- WORK/SCHOOL STATUS

1. Educational and vocational levels are compatible. There are no work or educational restrictions. The individual is working full-time in the free job market or as a full-time student. Time lost from work does not exceed one day per month on the average. If retired, the individual fulfills usual and customary tasks and roles in the household and/or the community.
2. The individual desires more education or training or work but it may not be readily available. If working or attending school there may be some modification such as part-time, light work, etc. Time lost from work/school averages no more than 2 to 5 days per month. If retired, the individual fulfills the usual and customary tasks and roles in the household and/or the community in a limited way.
3. The individual works or attends school in a special facility adapted for the handicapped or else loses more than an average of one week per month at a full-time or part-time job.
4. The individual is too disabled for employment or schooling or, if retired, is not able to fulfill usual and customary roles and tasks in the household or the community.

C. V. Granger, M. D.
March, 1976

As a part of development of a system for evaluating the results of medical rehabilitation care, a method of systematic functional assessment has been in clinical operation for about four years. This method was developed through use of pre-coded reporting formats that were processed on a programmable typewriter until a computer system could be implemented. In the Spring of 1975, the computer system became operational. As new cases were put on the computer, the backlog of the previous three years were entered during the remainder of 1975.

The following pages represent "RT-7 Medical Rehabilitation Comparative Reports" of the various hospital units using the system. These reports do not show all the data that is being collected through the system but represent a simplified presentation to allow a program director to visualize a very brief representation of "output" of program results. For example, for quick comparative purposes, the following are shown:

a) Time span and number of individuals discharged in that period.

b) Percent distribution by type of discharge: Home, Acute Hospital, Long-Term Care Facility, Special Arrangement, Died.

c) According to type of discharge plus the total across all types of discharges of average age, male/female distribution, admission Barthel index score, discharge Barthel index score, change in Barthel index score, length of stay in weeks, discharge score according to PULSES profile, distribution of cases according to type of major handicapping condition, and overall distribution of types of major handicapping condition by RT-7 codes.

From review of this simple report, a hospital rehabilitation program director is able to compare on an annual basis:

a) Actual with desired number of individuals served.

b) Actual with desired distribution of types of discharge.

c) Actual with desired age range, male/female distribution and length of stay.

d) Degree of severity of handicap at admission and at discharge in relation to staffing patterns and use of other institutional resources.

e) The range and concentrations of types of clinical disorders in relation to needs of the community or institutions being served by the program.

GROUPING OF RT-7 DIAGNOSTIC CODES

Central and Peripheral Neuromuscular Disorders — 011-014

Consist of neurological disorder which, if they result in functional limitation, do so by impairing motor, sensory, or some other modality of limbs or trunk, also language skills.

Diffuse Brain Disorders — 015

Consist of central nervous system disorders which are characterized by integrative deficiencies, e. g., senility, mental retardation, etc.

Special Sensory Disorders — 140, 170

Consist of disorders characterized by deficiencies of sight or hearing.

Amputations — 051-58

Consist of congenital or acquired amputations of limbs.

Cardiorespiratory and Vascular Disorders — 070, 081-082, 100

Consist of cardiorespiratory and vascular disorders which, if they result in functional impairment, do so by impairing stamina, exercise tolerance, general vigor or peripheral vascular supply.

Hematological and Metabolic Disorders — 090, 190, 200

Consist of hematological, metabolic and other disorders which, if they result in functional limitation, do so by virtue of their general toxicity and/or disturbance of biochemical equilibrium; this type of impairment is generally not localized, focal or specific.

Tumors (including Cancer) — 120

Consist of malignant or benign growths.

Psychiatric and Psychosocial Problems — 130

Consist of psychiatric and psychosocial problems in which the individual may be distressed in his/her personal or social role(s) or possibly a dange to society or oneself (in the legal as well as the clinical sense of that phrase).

Gastrointestinal Disorders — 150

Consist of gastrointestinal problems, such as cirrhosis, which may impair function in variable and often non-specific fashion.

Genitourinary Disorders — 160

Consist of renal and genitourinary tract problems which may, but not necessarily, be associated with sphincter incontinence, but more usually, if they impair function, do so in variable and often non-specific fashion.

Musculoskeletal Disorders — 022-025, 030, 041-043

Consist of musculoskeletal disorders which, if they result in functional limitation, do so by misalignment of bones, restriction of joints or poor control of muscles, either mechanically or because of inflammation and/or pain.

Skin Disorders — 061-063

Consist of chronic dermatoses or scarring (as from body burns) that restrict mobility by constraining joint movement, or cause cosmetic disfigurement, or else threaten health because of the presence of or tendency for infection.

Growth and Development Disorders — 110

Consist of the various developmental disorders of birth or early childhood that impair the normal sequence of physical, psychological and emotional maturation and limit the options for necessary experiences of growth and development.

Oral-Dental-Facial Disorders — 180

Consist of disorders resulting in facial disfigurement, or impairment of the masticatory apparatus or articulatory apparatus for speech.

RT-7 MEDICAL REHABILITATION COMPARATIVE REPORT

HOSPITAL: I TIME PERIOD: FROM--6/27/72 TO--12/31/73 N = 150

AVERAGES	HOME=78%	ACUTE HOSP= 7%	LTCF= 9%	SPECIAL= 4%	DIED= 1%	TOTAL
AGE	51	49	58	39	71	51
MALE/FEMALE	68/49	7/4	3/11	4/2	2/0	84/66
ADMISSION BARTHEL	67	49	35	45	20	61
DISCHARGE BARTHEL	85	59	47	60		77
BARTHEL CHANGE	+18	+11	+12	+15		+17
STAY IN WEEKS	5.0	2.5	6.7	8.9	4.2	5.1
PULSES	12	17	18	16		13
A Focal Cerebral	41	3	10	1	1	56
B Spinal Cord Disorder	26	2	1	2		31
C Other Neuromuscular	8	1	2			11
D Musc/Skeletal/Skin	17	2	1	3		23
E Upper Amputation	2					2
F Lower Amputation	20	1				21
G General Medical	3	1			1	5
H Malignancy		1				1
I Psychiatric/Sensory						

RT-7 codes occurring in 10 or more cases = 75%

A	011	Focal Cerebral	56	(37%)
B	012	Spinal Cord Disorder	31	(21%)
D	023	Musc/Skeletal-Lumb/Sac	12	(8%)
F	054	Below Knee Amp	14	(9%)

HOSPITAL: I TIME PERIOD: FROM--1/1/74 TO--12/31/74 N = 145

AVERAGES	HOME=85%	ACUTE HOSP= 2%	LTCF= 9%	SPECIAL= 0%	DIED= 1%	TOTAL
AGE	46	43	59	19	56	47
MALE/FEMALE	64/60	4/0	6/8	0/1	2/0	76/69
ADMISSION BARTHEL	65	36	38	74	51	61
DISCHARGE BARTHEL	82	37	50	98		76
BARTHEL CHANGE	+17	+1	+13	+24		+15
STAY IN WEEKS	7.1	3.6	11.1	3.6	6.7	7.3
PULSES	12	18	16	15		12
A Focal Cerebral	40	1	8	1		50
B Spinal Cord Disorder	37	2	5		1	45
C Other Neuromuscular	18	1				19
D Musc/Skeletal/Skin	11				1	12
E Upper Amputation	1					1
F Lower Amputation	15		1			16
G General Medical	1					1
H Malignancy	1					1
I Psychiatric/Sensory						

RT-7 codes occurring in 10 or more cases = 80%

A	011	Focal Cerebral	50	(34%)
B	012	Spinal Cord Disorder	45	(31%)
C	013	Other Neuromuscular	10	(7%)
F	054	Below Knee Amp	12	(8%)

RT-7 MEDICAL REHABILITATION COMPARATIVE REPORT

HOSPITAL: I TIME PERIOD: FROM--1/1/75 TO--12/31/75 N = 181

AVERAGES	HOME=77%	ACUTE HOSP= 3%	LTCF=16%	SPECIAL= 1%	DIED= 0%	TOTAL
AGE	49	55	61	50		52
MALE/FEMALE	69/72	6/1	14/16	3/0		92/89
ADMISSION BARTHEL	69	43	48	65		64
DISCHARGE BARTHEL	81	50	54	77		76
BARTHEL CHANGE	+13	+8	+6	+13		+11
STAY IN WEEKS	6.0	11.8	8.1	3.6		6.5
PULSES	13	18	18	15		14
A Focal Cerebral	60	4	17	2		83
B Spinal Cord Disorder	29	2	4			35
C Other Neuromuscular	15		6			21
D Musc/Skeletal/Skin	21		2			23
E Upper Amputation						
F Lower Amputation	14	1	1	1		17
G General Medical	2					2
H Malignancy						
I Psychiatric/Sensory						

RT-7 codes occurring in 10 or more cases = 84%

A	011	Focal Cerebral	83	(46%)
B	012	Spinal Cord Disorder	35	(19%)
C	014	Diffuse CNS	10	(6%)
F	054	Below Knee Amputation	10	(6%)

RT-7 MEDICAL REHABILITATION COMPARATIVE REPORT

HOSPITAL: II TIME PERIOD: FROM--2/7/72 TO--12/31/73 N = 246

AVERAGES	HOME=59%	ACUTE HOSP=14%	LTCF=20%	SPECIAL= 0%	DIED= 5%	TOTAL
AGE	66	70	72		73	68
MALE/FEMALE	65/81	15/20	25/27		11/2	116/130
ADMISSION BARTHEL	62	46	45		38	55
DISCHARGE BARTHEL	86	47	52			68
BARTHEL CHANGE	+24	+1	+6			+14
STAY IN WEEKS	7.1	6.9	7.4		5.0	7.0
PULSES	11	18	17			12
A Focal Cerebral	66	20	39		5	130
B Spinal Cord Disorder	7	1				8
C Other Neuromuscular	6	1	1			8
D Musc/Skeletal/Skin	30	9	5		2	46
E Upper Amputation						
F Lower Amputation	32	2	5		1	40
G General Medical	3	1	2		1	7
H Malignancy	2	1			4	7
I Psychiatric/Sensory						

RT-7 codes occurring in 10 or more cases = 79%

A	011	Focal Cerebral	130	(53%)
D	025	Musc/Skeletal-lower	30	(12%)
F	053	Above Knee Amp	20	(8%)
F	054	Below Knee Amp	14	(6%)

HOSPITAL: II TIME PERIOD: FROM--1/1/74 TO--12/31/74 N = 185

AVERAGES	HOME=68%	ACUTE HOSP=11%	LTCF=16%	SPECIAL= 0%	DIED= 2%	TOTAL
AGE	66	58	72		65	66
MALE/FEMALE	56/71	14/8	15/16		4/1	89/96
ADMISSION BARTHEL	52	35	45		34	49
DISCHARGE BARTHEL	83	30	61			71
BARTHEL CHANGE	+31	-4	+16			+22
STAY IN WEEKS	6.3	3.2	14.1		4.1	7.2
PULSES	11	20	16			13
A Focal Cerebral	56	12	15		2	85
B Spinal Cord Disorder	2	1				3
C Other Neuromuscular	7		1		1	9
D Musc/Skeletal/Skin	27	3	8		1	39
E Upper Amputation						
F Lower Amputation	33	3	3		1	40
G General Medical	1	3	3			7
H Malignancy			1			1
I Psychiatric/Sensory	1					1

RT-7 codes occurring in 10 or more cases = 75%

A	011	Focal Cerebral	85	(46%)
D	025	Musc/Skeletal-lower	31	(11%)
F	053	Above Knee Amp	25	(13%)
F	054	Below Knee Amp	10	(5%)

RT-7 MEDICAL REHABILITATION COMPARATIVE REPORT

HOSPITAL: III TIME PERIOD: FROM--10/1/72 TO--12/31/73 N = 167

AVERAGES	HOME=47%	ACUTE HOSP= 0%	LTCF=19%	SPECIAL=19%	DIED=12%	TOTAL
AGE	67		73	69	74	70
MALE/FEMALE	46/34		15/18	15/18	11/10	87/80
ADMISSION BARTHEL	56		16	24	4	35
DISCHARGE BARTHEL	85		33	50		57
BARTHEL CHANGE	+29		+17	+27		+22
STAY IN WEEKS	2.2		4.2	3.8	2.0	2.9
PULSES	12		19	17		13
A Focal Cerebral	80		33	32	21	166
B Spinal Cord Disorder				1		1
C Other Neuromuscular						
D Musc/Skeletal/Skin						
E Upper Amputation						
F Lower Amputation						
G General Medical						
H Malignancy						
I Psychiatric/Sensory						

RT-7 codes occurring in 10 or more cases = 99%

A 011 Focal Cerebral 166 (99%)

HOSPITAL: III TIME PERIOD: FROM--1/1/74 TO--12/31/74 N = 104

AVERAGES	HOME=48%	ACUTE HOSP= 0%	LTCF=20%	SPECIAL=11%	DIED=20%	TOTAL
AGE	67		75	71	72	70
MALE/FEMALE	27/23		12/9	3/9	9/12	51/53
ADMISSION BARTHEL	60		21	29	7	38
DISCHARGE BARTHEL	89		34	54		56
BARTHEL CHANGE	+29		+12	+25		+18
STAY IN WEEKS	2.6		7.8	4.2	2.4	3.8
PULSES	11		18	17		11
A Focal Cerebral	50		21	12	21	104
B Spinal Cord Disorder						
C Other Neuromuscular						
D Musc/Skeletal/Skin						
E Upper Amputation						
F Lower Amputation						
G General Medical						
H Malignancy						
I Psychiatric/Sensory						

RT-7 codes occurring in 10 or more cases = 100%

A 011 Focal Cerebral 104 (100%)

RT-7 MEDICAL REHABILITATION COMPARATIVE REPORT

HOSPITAL: III TIME PERIOD: FROM--1/1/75 TO--12/31/75 N = 125

AVERAGES	HOME=48%	ACUTE HOSP= 4%	LTCF=13%	SPECIAL=19%	DIED=13%	TOTAL
AGE	70	69	80	68	69	71
MALE/FEMALE	39/22	2/4	3/14	15/9	11/6	70/55
ADMISSION BARTHEL	65	28	21	37	15	45
DISCHARGE BARTHEL	93	19	33	59		62
BARTHEL CHANGE	+28	-8	+12	+23		+17
STAY IN WEEKS	3.1	2.4	4.3	2.2	2.0	2.9
PULSES	10	19	18	15		11
A Focal Cerebral	61	6	17	24	17	125
B Spinal Cord Disorder						
C Other Neuromuscular						
D Musc/Skeletal/Skin						
E Upper Amputation						
F Lower Amputation						
G General Medical						
H Malignancy						
I Psychiatric/Sensory						

RT-7 codes occurring in 10 or more cases = 100%

A	011	Focal Cerebral	125	(100%)

RT-7 MEDICAL REHABILITATION COMPARATIVE REPORT

HOSPITAL: IV TIME PERIOD: FROM--1/1/74 TO--12/31/74 N = 18

AVERAGES	HOME=83%	ACUTE HOSP=11%	LTCF= 5%	SPECIAL= 0%	DIED= 0%	TOTAL
AGE	57	55	57			56
MALE/FEMALE	6/9	0/2	1/0			7/11
ADMISSION BARTHEL	74	33	32			67
DISCHARGE BARTHEL	90	32	58			82
BARTHEL CHANGE	+16	-1	+26			+15
STAY IN WEEKS	5.2	2.6	3.9			4.8
PULSES	10	19	16			12
A Focal Cerebral	5					5
B Spinal Cord Disorder	1					1
C Other Neuromuscular		1	1			2
D Musc/Skeletal/Skin	5					5
E Upper Amputation						
F Lower Amputation	3					3
G General Medical	1					1
H Malignancy		1				1
I Psychiatric/Sensory						

RT-7 codes occurring in 10 or more cases = 0%

HOSPITAL: IV TIME PERIOD: FROM--1/1/75 TO--12/31/75 N = 221

AVERAGES	HOME=67%	ACUTE HOSP= 6%	LTCF=23%	SPECIAL= 2%	DIED= 0%	TOTAL
AGE	64	68	73	65		66
MALE/FEMALE	55/95	5/9	13/38	5/1		78/143
ADMISSION BARTHEL	67	42	44	65		60
DISCHARGE BARTHEL	88	40	59	72		78
BARTHEL CHANGE	+21	-1	+15	+7		+18
STAY IN WEEKS	2.1	1.4	2.1	3.2		2.1
PULSES	12	18	17	15		14
A Focal Cerebral	33	5	18	3		59
B Spinal Cord Disorder	5		1	1		7
C Other Neuromuscular	19	1	1	1		22
D Musc/Skeletal/Skin	65	2	22	1		90
E Upper Amputation						
F Lower Amputation	16	1	5			22
G General Medical	9	3	4			16
H Malignancy	1	2				3
I Psychiatric/Sensory	2					3

RT-7 codes occurring in 10 or more cases = 60%

A	011	Focal Cerebral	59	(27%)
C	014	Other Neuromuscular	13	(6%)
D	025	Musculo/Skeletal--lower	60	(27%)

RT-7 MEDICAL REHABILITATION COMPARATIVE REPORT

HOSPITAL: V TIME PERIOD: FROM--2/18/75 TO--12/31/75 N = 143

AVERAGES	HOME=76%	ACUTE HOSP= 4%	LTCF=13%	SPECIAL= 0%	DIED= 3%	TOTAL
AGE	62	68	70	79	80	64
MALE/FEMALE	49/61	4/3	10/10	0/1	4/1	67/75
ADMISSION BARTHEL	68	49	51	71	32	64
DISCHARGE BARTHEL	83	39	61	94		75
BARTHEL CHANGE	+15	-9	+11	+23		+11
STAY IN WEEKS	2.6	2.1	3.4	6.6	1.3	2.9
PULSES	11	20	16	12		12
A Focal Cerebral	54	5	10	1	3	73
B Spinal Cord Disorder	3					3
C Other Neuromuscular	6					6
D Musc/Skeletal/Skin	23		2		2	27
E Upper Amputation						
F Lower Amputation	19	1	6			26
G General Medical	4	1	2			7
H Malignancy						
I Psychiatric/Sensory	1					1

RT-7 codes occurring in 10 or more cases = 73%

A	011	Focal Cerebral	73	(51%)
D	025	Musc/Skeletal-lower	16	(11%)
F	058	Amputation-lower	16	(11%)

CRITERIA for PROGRAMMED SUMMARY OF FUNCTIONAL STATUS -- PSFS

and LONG-RANGE EVALUATION SUMMARY -- LRES

ACTIVE MOTION OF LIMBS	I Good	II Fair	III Poor	IV Null
Right Upper Limb	( )	( )	( )	( )
Left Upper Limb	( )	( )	( ) ( )	
Right Lower Limb	( )	( )	( ) ( )	
Left Lower Limb	( )	( )	( ) ( )	

Remarks on Active Motion:

CRITERIA for EVALUATION OF ACTIVE MOTION OF LIMBS

I-Good -All muscle groups of the limb complete full range of motion of the joints against moderate or greater resistance. No limitation due to contracture, pain, spasticity, diminished sensibility, etc.

II-Fair -All muscle groups of the limb complete available range of motion against gravity. Any limitation due to contracture, pain, spasticity, etc. still permits ordinary use of the limb.

III-Poor -Some active motion in the limb or it is used as a helper, includes amputation with functional prosthesis.

IV-Null -No motion and/or usefulness, includes amputation without functional prosthesis.

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SELF CARE	INDEPENDENT		DEPENDENT	
	I	II	III	IV
	Intact	Limited	Helper	Null
Drink from cup	( )	( )	( )	( )
Feed from dish	( )	( )	( )	( )
Dress upper body	( )	( )	( )	( )
Dress lower body	( )	( )	( )	( )
Don brace or prosthesis	( )	( )	( )	NONE
Grooming	( )	( )	( )	( )
Wash or bathe	( )	( )	( )	( )
Bladder continence	( )	( )	( )	( )
Bowel continence	( )	( )	( )	( )
Care of perineum/clothing at toilet	( )	( )	( )	( )
Other hand skills	( )	( )	( )	( )

Barthel sub-score ___/53

Remarks on self care:

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INDEPENDENT

I Intact -- Activity completed under ORDINARY CIRCUMSTANCES, without modification, and within reasonable time.

II Limited -- Activity completed with prior preparation or under special or MODIFIED CIRCUMSTANCES, or with assistive devices or aids, or beyond a reasonable time.

DEPENDENT

III Helper -- Activity completed only with partial help or assistance or under supervision for safety or by cueing. ANOTHER HUMAN IS INVOLVED IN THE ACTIVITY.

IV Null -- Patient unable to assist, or totally dependent, or activity is not performed.

****

DRINK FROM CUP

I Intact -- Able to drink from a cup at a tray or table as customarily prepared; able to pour liquids and open a milk carton.

II Limited -- Requires prior preparation such as liquid being poured, or an adaptive or assistive device such as a straw, or takes more than a reasonable time.

III Helper -- Another person involved in activity; supervision, cueing, coaxing, physical assistance.

IV Null -- Unable to drink by mouth; must rely at least in part on alimentation through other routes such as parenteral or gastrostomy feedings.

FEED FROM DISH

I Intact -- Able to feed from a dish on a tray or table as customarily prepared; able to cut meat and to butter bread.

II Limited -- Requires prior preparation such as meat being cut or bread buttered, or an adaptive or assistive device such as a spork, rocking knife, etc., or takes more than a reasonable time.

III Helper -- Able to take full meals by mouth (i.e. chews and swallows) but requires the presence or help from someone else during the activity of drinking or feeding. The individual does not rely on alimentation through other routes such as parenteral or gastrostomy feedings.

IV Null -- Cannot take full meals by mouth but must rely at least in part on alimentation through other routes such as parenteral or gastrostomy feedings.

DRESS UPPER BODY

I Intact -- Able to dress and undress uppper body including obtaining clothes from their customary places such as drawers and closets; able to handle bra, slip, pull-over garment and front-opening garment as well as manage zippers, buttons, and snaps.

II Limited -- Requires prior retrieval or arrangement of clothes, or able to dress presentably in spite of omission of some of above, or through use of special closures, or takes more than a reasonable time.

III Helper -- Performs at least half the effort himself.

IV Null -- Unable to assist (complete assistance given); or dressing is not performed.

DRESS LOWER BODY

I Intact -- Able to dress and undress lower body including obtaining clothes from their customary places such as drawers and closets; able to handle underpants, slacks, skirt, belt, stockings (if elastic), and shoes with laces; able to manage zippers, buttons, snaps and garters.

II Limited -- Requires prior retrieval or arrangement of clothes, or able to dress presentably in spite of omission of some of above, or through use of special closures, suspenders, or loafer shoes; or takes more than a reasonable time.

III Helper -- Performs at least half the effort himself.

IV Null -- Unable to assist (complete assistance given); or dressing is not performed.

DON BRACE OR PROSTHESIS

I Intact -- Able to don prescribed sling, splint, brace (orthosis), corset or prosthesis with reasonable ease.

II Limited -- Able to don prescribed sling, splint, brace (orthosis), corset or prosthesis but with difficulty, or in more than a reasonable time.

III Helper -- Needs partial or complete assistance to don brace (orthosis) or prosthesis.

IV NONE -- Does not have brace (orthosis) or prosthesis.

GROOMING

I Intact -- Able to clean teeth or dentures, comb and brush hair, shave, apply make-up including all preparations.

II Limited -- As above but requires adaptive or assistive device or takes more than a reasonable time.

III Helper -- Assistance, supervision, cueing given for activity.

IV Null -- Unable to perform grooming activities, complete assistance given.

WASH OR BATHE

II Intact -- Able to wash and dry face and entire body (except shampoo hair) including all preparations such as obtaining water if bath is taken away from the sink or tub.

II Limited -- As above but requires an adaptive or assistive device or takes more than a reasonable time.

III Helper -- Assistance, supervision, cueing, coaxing given in washing and drying and inspecting skin of body.

IV Null -- Unable to wash and dry and inspect skin of body, or complete assistance is given.

BLADDER CONTINENCE

I Intact -- Complete voluntary and elective control of bladder (never incontinent).

II Limited -- Has catheter, urinary collecting device or urinary diversion; able to instill or irrigate catheter without assistance; able to clean, sterilize and set up the equipment for irrigation without assistance. able to assemble and apply condom drainage or an ileal appliance without assistanc; able to empty, put on, remove, and clean leg bag or empty and clean ileal appliance bag; no accidents. May have bladder urgency.

III Helper -- Needs assistance with external device, or has occasional accidents; or cannot wait to ge to bed pan or the toilet in time; another person is required to help in maintaining a voiding or excretion pattern or else the individual has occasional sphincter accidents but not on a daily basis.

IV Null -- Frequent wetting due to incontinence despite aids or assistance; despite aids or help from another person the individual is wet on a frequent or almost daily basis. This might necessitate the wearing of diapers or other absorptive pads. This does not include the simple presence of a catheter or ostomy device provided that it is well maintained such that wetting of skin, clothing or bedding does not occur.

BOWEL CONTINENCE

I Intact -- Complete voluntary and elective control of bowels (never incontinent).

II Limited -- Regularly requires stool softeners, digital stimulation, suppository, laxative or enema but does not require assistance; has colostomy but does not require assistance; no accidents. May have bowel urgency.

III Helper -- Needs assistance using suppository or taking an enema or has occasional accidents; another person is required to help in maintaining an excretion pattern or else the individual has occasional sphincter accidents but not on a daily basis.

IV Null -- Frequent soiling due to incontinence despite aids or assistance; despite aids or help from another person the indivdiual is soiled on a frequent or almost daily basis. This might necessitate the wearing of diapers or other absorptive pads. This does not include the simple presence of an ostomy device provided that it is well maintained such that soiling of skin, clothing or bedding does not occur.

CARE OF PERINEUM/CLOTHING AT TOILET

I Intact -- Able to cleanse self after voiding or bowel evacuation; able to adjust clothing after using toilet; able to put on/insert sanitary napkins/tampons.

II Limited -- Able to perform above with some difficulty, with adaptive equipment, or takes more than a reasonable time but without assistance.

III Helper -- Needs assistance in adjusting clothes, or in using toilet paper, or in personal hygiene.

IV Null -- Unable to assist in adjusting clothes, using toilet paper, or in personal hygiene; complete assistance is given.

OTHER HAND SKILLS

I Intact -- Able to write name, turn a doorknob, turn a key in a lock, handle money, manipulate lamp and wall light switches, dial a telephone, turn a radio or TV on and off and turn a faucet handle.

II Limited -- As above but requires adaptive or assistive devices, or has difficulty, or takes more than a reasonable time but does not need assistance.

III Helper -- Requires assistance, supervision, cueing.

IV Null -- Unable to perform any of the handskills; requires complete assistance.

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MOBILITY	INDEPENDENT		DEPENDENT	
	I	II	III	IV
	Intact	Limited	Helper	Null
Transfer, chair	( )	( )	( )	( )
Transfer, toilet	( )	( )	( )	( )
Transfer, tub or shower	( )	( )	( )	( )
Transfer, automobile	( )	( )	( )	( )
Walk on level 50 yards or more	( )	( )	( )	( )
Up and down stairs for 1 flight or more	( )	( )	( )	( )
Walk outdoors 50 yards or more	( )	( )	( )	( )
Wheelchair/50 yards--only if <u>not</u> <u>walking</u>	( )	( )	( )	NONE

Barthel sub-score __/47

Remarks on mobility:

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CRITERIA FOR EVALUATION OF MOBILITY

INDEPENDENT

I Intact -- Activity completed under ORDINARY CIRCUMSTANCES, without modification, and within reasonable time.

II Limited -- Activity completed with prior preparation or under special or MODIFIED CIRCUMSTANCES, or with assistive devices or aids or beyond a reasonable time.

DEPENDENT

III Helper -- Activity completed only with partial help or assistance or under supervision for safety or by cueing. ANOTHER HUMAN IS INVOLVED IN THE ACTIVITY.

IV Null -- Patient unable to assist, or totally dependent, or activity is not performed.

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TRANSFER, CHAIR

I Intact -- Able to approach, sit down or get up from a regular chair safely; if in wheelchair, able to approach a bed or another chair, lock brakes, lift foot rest, and safely perform either a standing pivot or sliding transfer; able to return safely, changing the position of the wheelchair if necessary; able to remove and replace arm rest if necessary.

II Limited -- As above but requires adaptive or assistive devices such as a sliding board or a lift, or takes more than a reasonable time but does not require assistance.

III Helper -- Minimal lifting required and/or supervision, cueing, coaxing.

IV Null -- Heavy lifting is required; complete assistance given.

TRANSFER, TOILET

I Intact -- Able to perform as in transferring to and from a chair with safety.

II Limited -- As above but requires adaptive or assistive devices such as grab bars, or takes more than a reasonable time but does not need assistance.

III Helper -- Needs assistance for balancing as in adjusting clothes; minimal assistance or lifting is required.

IV -- Heavy lifting is required; complete assistance given.

TRANSFER, TUB OR SHOWER

I Intact -- Able to enter and leave a tub or shower stall safely.

II Limited -- As above but requires adaptive or assistive devices such as grab bars or special seat or a lift, or takes more than a reasonable time but no assistance.

III Helper -- Assistance, supervision, cueing given; minimal lifting involved.

IV Null -- Heavy lifting required; complete assistance given.

TRANSFER, AUTOMOBILE

I Intact -- Able to enter and leave an automobile safely.

II Limited -- As above but requires adaptive or assistive devices such as a sliding board or lift, or takes more than a reasonable time but does not require assistance.

III Helper -- Supervision, cueing, coaxing and/or minimal lifting required.

IV Null -- Heavy lifting required; complete assistance given.

WALK ON LEVEL 50 YARDS

I Intact -- Able to walk at least 50 yards; does not have a brace (orthosis) or prosthesis on leg or special adpative shoes; does not use a cane, crutches or walkerette.

II Limited -- Able to walk 50 yards but uses a brace (orthosis) or prosthesis on leg; or uses a cane, crutches, walkerette, or special shoes; if there are locks on equipment these are manageable; no assistance or supervision for safety or guarding is needed.

III Helper -- Able to walk at least 50 yards with assistance or supervision for safety.

IV Null -- Unable to walk 50 yards.

UP AND DOWN STAIRS ONE FLIGHT

I Intact -- Able to go up and down at least one flight of stairs without using any type of support and with safety; does not have a brace (orthosis) or prosthesis on leg.

II Limited -- Able to go up and down at least one flight of stairs with the use of side support or hand rail, or by using cane or portable supports which are managed without assistance.

III Helper -- Able to go up and down at least one flight of stairs but needs assistance or supervision for safety.

IV Null -- Unable to go up and down one flight of stairs; or is carried.

WALK OUTDOORS 50 YARDS

I Intact -- Able to walk outdooors at least 50 yards; does not have a brace (orthosis) or prosthesis on leg or special adaptative shoes; does not use a cane, crutches or walkerette; can manage rough terrain, curbs or ramps.

II Limited -- Able to walk outdoors at least 50 yards but uses a brace (orthosis) or prosthesis on leg, or a cane, crutches, or walkerette, or special shoes; if there are locks on equipment these are manageable; no assistance or supervision is needed except possibly for rough terrain, high curbs, or steep ramps.

III Helper -- Able to walk at least 50 yards with assistance or supervision for safety.

IV Null -- Unable to walk 50 yards.

WHEELCHAIR FOR 50 YARDS -- <u>ONLY IF NOT WALKING</u>

I Intact -- Able to propel wheelchair independently for at least 50 yards; must be able to go around corners, turn around, maneuver the chair to a table, bed, toilet, etc.; able to negotiate up to a 3% grade, maneuver on rugs, over doorsills, etc.

II Limited -- As above but requires a powered wheelchair, or takes more than a reasonable time.

III Helper -- Needs assistance in propelling or maneuvering wheelchair.

IV NONE -- Wheelchair is not used for ordinary locomotion.

The following items are most frequently misunderstood and therefore incorrectly coded:

1) Drinking and Feeding

INDEDENDENT
Intact -- Refer to Criteria
Limited -- Refer to Criteria

DEPENDENT
Helper or Assistance -- The individual takes full meals by mouth (ie, chews, and swallows) but requires the presence or help from someone else during the activity of drinking or feeding. The individual does not rely on alimentation through other routes such as parenteral or gastrostomy feedings.
Null -- The individual cannot take full meals by mouth but must rely at least in part on alimentation through other routes such as parenteral or gastrostomy feedings.

2) Bladder and Bowel Continence

INDEPENDENT
Intact -- Refer to Criteria
Limited -- Refer to Criteria

DEPENDENT
Helper or Assistance -- Refer to Criteria. This means that another person is required to help in maintaing a voiding or excretion pattern or else the individual has occasional sphincter accidents but not on a daily basis.
Null -- Refer to Criteria. This means that despite aids or help from another person the individual is wet or soiled on a frequent or almost daily basis. This might necessitate the wearing of diapers or other absorptive pads. This does not include the simple presence of a catheter or ostomy device provided that it is well maintained such that wetting or soiling of skin, clothing or bedding does not occur.

3) Walking versus Wheelchair

Refer to Criteria. This means that if an individual walks 50 yards independently or with assistance from another person, always mark "None" for wheelchair or else leave it blank (despite a circumstance in which the individual might use a wheelchair for particular travelling needs -- ie, extra long distances). However, if an individual is rated "Null" in walking, then check the appropriate category for wheelchair.

In other works, rate "Walking" first. Then only rate "Wheelchair" if "Walking 50 Yards" is rated as "Null".

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COMMUNICATION AND VISION	INDEPENDENT		DEPENDENT	
	I	II	III	IV
	Intact	Limited	Helper	Null
Verbal Communication	( )	( )	( )	( )
Hearing Communication	( )	( )	( )	( )
Vision ( )	( )	( )	( )	

Remarks on communication and vision:

CRITERIA FOR EVALUATION OF COMMUNICATION AND VISION

INDEPENDENT

I Intact -- The person functions independently (adequately) under ORDINARY CIRCUMSTANCES.

II Limited -- The person may have a mild limitation and can function adequately under MODIFIED CIRCUMSTANCES.

DEPENDENT

III Helper -- The person functions appreciably better with assistance, supervision, cueing, coaxing, or in a structured environment. ANOTHER PERSON IS INVOLVED FOR FUNCTION.

IV Null -- The person has no improvement in function despite assistance.

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VERBAL COMMUNICATION

I Intact -- No cultural language barrier; no difficulty in reading, writing or verbal abilities; can understand spoken words, content and use of language is appropriate, and speech is intelligible.

II Limited -- Slight to moderate limitation in communication due to a language barrier or else due to reading, writing or verbal communication disorder; there may be need for a modified environment.

III Helper -- A structured setting or interpreter is needed in order to facilitate communication.

IV Null -- Communication is not consistently feasible even in a structured setting, or with presence of an interpreter.

HEARING

I Intact -- Can hear under ordinary circumstances.

II Limited -- Has some limitation, may need a modified environment or may use an assistive device (hearing aid).

III Helper -- A structured setting or an interpreter is needed in order for the individual to hear.

IV Null -- Communication is not consistently feasible even in a structured setting or with the presence of an interpreter.

VISION

I Intact -- Visual fields and visual acuity are intact without need for medication administered to the eyes or eyeglasses.

II Limited -- Mild to moderate impairment of visual field or visual acuity and/or need for medication administered to the eyes or eyeglasses including contact lenses.

III Helper -- Severe visual impairment requiring assistance on an intermittent or constant basis.

IV Null -- Legally blind.

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INTELLECTUAL AND EMOTIONAL ADAPTABILITY	INDEPENDENT		DEPENDENT	
	I	II	III	IV
	Intact	Limited	Helper	Null
Intellecual ability (problem-solving)	( )	( )	( )	( )
Perceptual-motor ability (gnosis-praxis)	( )	( )	( )	( )
Self-esteem (regard for self)	( )	( )	( )	( )
Emotional stability (regard for others)	( )	( )	( )	( )
Judgment-reliability (insight)	( )	( )	( )	( )

Remarks on intellectual and emotional adaptability:

CRITERIA FOR EVALUATION OF INTELLECTUAL AND EMOTIONAL ADAPTABILITY

INDEPENDENT

I Intact -- The person functions independently (adequately) under ORDINARY CIRCUMSTANCES.

II Limited -- The person may have a mild limitation and can function adequately under MODIFIED CIRCUMSTANCES.

DEPENDENT

III Helper -- The person functions appreciably better with assistance, supervision, cueing, coaxing or in a structured environment. ANOTHER PERSON IS INVOLVED FOR FUNCTION.

IV Null -- The person has no improvement in performance despite assistance.

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INTELLECTUAL ABILITY / PROBLEM-SOLVING

I Intact -- Able to comprehend meaning, retain instructions and follow through a sequence of steps particularly in a novel situation. Makes use of previously learned information. Able to self correct if errors are made. Sustains attention until task is completed.

II Limited -- Minimal limitations in problem-solving; modification of environment may be required.

III Helper -- Limitations in problem-solving require a structured environment and/or another person is involved for supervision, cueing, coaxing, or assistance.

IV Null -- Unable to function appropriately due to limitations despite assistance.

PERCEPTUAL-MOTOR ABILITY / GNOSIS-PRAXIS

I Intact -- Able to discriminate between differences in the environment by hearing, sight, touch and visuo-spatial orientation. Able to reproduce a requested motion or activity.

II Limited -- Limitation in perceptual/motor minimal; modification of environment may be required.

III Helper -- Another person is involved for assistance, supervision, cueing, coaxing; and/or a structured environment is required for adequate function.

IV Null -- Unable to function due to limitations despite assistance.

SELF-ESTEEM / REGARD FOR SELF (Hopefulness)

I Intact -- Able to feel hopeful about situation with sense of purpose and worthwhileness preserved. No evidence of inappropriate discouragement or anxiety, hypochrondriasis, misuse of drugs or alcohol. Able to go through grief reaction to real loss without undue denial, indifference or hysteria.

II Limited -- Minimal limitations in self-esteem; a modified environment may be required.

III Helper -- Manifest depression requires another person to be involved for assistance, supervision or cueing. A structured environment is required.

IV Null -- Manifest depression severely limits function despite assistance.

EMOTIONAL STABILITY / REGARD FOR OTHERS

I Intact -- Able to remain cooperative without being demanding or overly dependent upon others. Evidence of satisfying interactions with staff, other patients and family members.

II Limited -- Minimal limitations in emotional stability; modification of environment may be required.

III Helper -- Anti-social behavior requires a structured environment; and/or another person is involved for assistance, supervision, cueing, or coaxing.

IV Null -- Anti-social behavior severely limits function despite assistance.

JUDGMENT-RELIABILITY / INSIGHT (Realism)

I Intact -- Aware of and understands limitations or disability problems. Able to plan, work out, or incorporate compensations or substitutions, or else asks for appropriate assistance while working towards solutions and while using sound judgment.

II Limited -- Minimal limitations in insight; may require environmental modification.

III Helper -- Poor insight, judgment or reliability require a structured setting and/or another person involved for assistance, supervision, cueing, or coaxing.

IV Null -- Insight, judgment, or reliability are not appreciably helped by assistance.

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HOUSEHOLD AND COMMUNITY ABILITIES	INDEPENDENT		DEPENDENT	
	I	II	III	IV
	Intact	Limited	Helper	Null
Educational or Vocational Ability	( )	( )	( )	( )
Financial Ability	( )	( )	( )	( )
Ability in Home	( )	( )	( )	( )
Support from Family Unit	( )	( )	( )	( )

Remarks on household and community abilities:

CRITERIA FOR EVALUATION OF HOUSEHOLD AND COMMUNITY ABILITIES

INDEPENDENT

I Intact -- The person functions independently (adequately) under ORDINARY CIRCUMSTANCES.

II Limited -- The person may have a mild limitation and can function adequately under MODIFIED CIRCUMSTANCES.

DEPENDENT

III Helper -- The person functions appreciably better with assistance, supervision, cueing, coaxing or in a structured environment. ANOTHER PERSON IS INVOLVED FOR FUNCTION.

IV Null -- The person has no improvement in performance despite assistance.

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11/26/75

EDUCATIONAL OR VOCATIONAL ABILITY

I Intact -- Able to be vocationally independent or attend school without limitation at work or school or in transportation to and from.

II Limited -- Able to be vocationally independent or attend school but with some limitation either at work or school or in transportation to and from.

III Helper -- Is receiving assistance by way of counselling, training, or fiscal sponsorship for work or education or else assistance is received in transportation to and from.

IV Null -- No ability at present for work or education outside of the home; or else is retired.

FINANCIAL ABILITY

I Intact -- The family is able to absorb the costs of the disability without increased indebtedness.

II Limited -- The family is required to incur debts to handle costs of the disability.

III Helper -- The family requires some form of public assistance to cover medically related costs (Medicaid).

IV Null -- The family requires public assistance to cover medical and subsistence costs (Welfare or SSI/Supplemental Security Income).

ABILITY IN HOME

I Intact -- Able to fulfill the customary and usual role(s) and perform the customary and usual chores, including self-care and mobility.

II Limited -- Limited in ability to fulfill the customary and usual role(s) or chores.

III Helper -- Assistance needed due to structural barriers; cannot be left alone due to communication or mental problem; or else assistance is needed from outside the home to perform household tasks.

IV Null -- Totally dependent at home.

SUPPORT FROM FAMILY UNIT

I Intact -- The family unit consists of at least one member beside the individual related by marriage, kinship or else a close personal companion; as a unit the family is sufficiently competent physically and mentally to provide adequate support to the patient at home at this time and under foreseeable circumstances.

II Limited -- The family unit is as above but under particular conditions of stress may not be able to support the individual either physically or mentally or else particular circumstances such as a job require a crucial family member to be away from the home part of the day.

III Helper -- Another person other than a regular family member is needed to provide some service to the individual or family.

IV Null -- The family is unable to cope with the patient, or else the patient lives(d) alone; or else is a resident of a long-term care or chronic-care facility.

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Stroke, Hemiplegia; Parkinsonism; Aphasia; CP	011	Neurological--Cerebral (focal)
Paraplegia; Quadriplegia; Poliomyelitis	012	" --Spinal Cord
Peripheral neuropathies; Guillain-Barre	013	" --Peripheral Nerve
Multiple Sclerosis	014	" --General CNS
Dementia, Seizures, etc. without focal deficit	015	" --Cerebral (general)
Fracture; Disc disease; Ortho	021	Musculoskeletal--Cervical
" ; " ; Scoliosis "	022	" --Thoracic
" ; " ; Low back pain "	023	" --Lumbo-sacral-Pelvis
" ; " : "	024	" --Upper Limb
" ; " ; "	025	" --Lower Limb
Muscular dystrophy; Polymyositis	030	Myopathy
Rheumatoid Arthritis	041	Arthropathy--Rheumatoid
Osteoarthritis	042	" --Degenerative
	043	" --Other
All limb amputations	051	Amputation--Single--Upper AE
	052	" -- " --Upper BE
	053	" -- " --Lower AK
	054	" -- " --Lower BK
	055	" --Double--AK/AK
	056	" -- " --AK/BK
	057	" -- " --BK/BK
	058	" --Other combinations
	061	Skin--Burn
	062	" --Ulceration
Psoriasis; Chronic skin condition	063	" --Dermatosis
All cardiac conditions	070	Cardiac
Pneumonia; Pulmonary embolism; Pre/Post-operative	081	Pulmonary--Acute
Asthma; Chronic bronchitis; Emphysema; COLD	082	" --Chronic
Diabetes mellitus; Obesity; Deficiency states	090	Endocrine/Metabolic
Arterial or venous insufficiency	100	Peripheral Vascular
Birth defects; Developmental anomalies	110	Growth/Development
Cancer	120	Malignancy
Chronic neurosis; Psychosis; Conversion reaction	130	Psychiatric
Deafness	140	Hearing
	150	Gastrointestinal
	160	Genito-urinary
Blindness	170	Vision
	180	Oral-Dental
	190	Hematological
	200	Other

CRITERIA FOR HAND FUNCTION TESTING (Jebsen)

I	7/7	All values of subtests are within normal limits.
II	4-6/7	Majority of values of subtests are within normal limits.
III	0-3/7	Majority of values of subtests exceed normal limits.
IV	Incomplete	Unable to complete one or more subtests.

ARCHITECTURAL BARRIERS

Irrevelant--Has access into and out of home, to all levels if multi-story, and to all rooms without safety hazard or requiring assistance or else not relevant to the problem.

Minor---Has access into and out of home and to all essential levels if multi-story and to all rooms essental to well-being and participation in family activities. Some non-essential rooms may not be accessible or else inconvenience may be imposed by threshold, narrow passages or awkward arrangement of furniture. However, able to manage without assistance.

Major---Not able to manage without assistance in getting into or out of home or in gaining accesss to rooms essential to well-being and/or participation in family activities.

BARTHEL INDEX

	CATEGORIES	INDEPENDENT	WITH HELP
i.	Feeding (if food needs to be cut up = help)	10	5
ii.	Moving from wheelchair to bed and return (includes sitting up in bed)	15	10-5
iii.	Personal toilet (wash face, comb hair, shave, clean teeth)	5	0
iv.	Getting on and off toilet (handling clothes, wipe, flush)	10	5
v.	Bathing self	5	0
vi.	Walking on level surface (or if unable to walk, propel wheelchair)	15	10
	*score only if unable to walk	*5	*0
vii.	Ascend and descend stairs	10	5
vii.	Dressing (includes tying shoes, fastening fasteners)	10	5
ix.	Controlling bowels	10	5
x.	Controlling bladder	10	5

A patient scoring 100 Barthel Index is continent, feeds himself, dresses himself, gets up out of bed and chairs, bathes himself, walks at least a block, and can ascend and descend stairs. This does not mean that he is able to live alone; he may not be able to cook, keep house, and meet the public, but he is able to get along without attendant care.

From: Mahoney, F. I., and Barthel, D. W.: Functional Evaluation: The Barthel Index. Maryland Medical Journal 14:61-65, 1965.

P Physical condition including diseases of the viscera (cardiovascular, gastro-intestinal, urologic, and endocrine) and neurologic disorders:
1. Medical problems sufficiently stable that medical or nursing monitoring is not required more often than 3 month intervals.
2. Medical or nurse monitoring is needed more often than 3 month intervals but not each week.
3. Medical problems are sufficiently unstable as to require regular medical and/or nursing attention at least weekly.
4. Medical problems require intensive medical and/or nursing attention at least daily (excluding personal care assistance only).

U Self care activities (drink/feed, dress upper/lower, brace/prosthesis, groom, wash/bathe, perineal care) dependent mainly upon upper limb function:
1. Independent in self care without impairment of upper limbs.
2. Independent in self care with some impairment of upper limbs.
3. Dependent upon assistance or supervision in self care with or without impairment of upper limbs.
4. Dependent totally in self care with marked impairment of upper limbs.

L Mobility activities (transfer chair/toilet/tub or shower, walk, stairs, wheelchair) dependent mainly upon lower limb function:
1. Independent in mobility without impairment of lower limbs.
2. Independent in mobility with some impairment in lower limbs; such as needing ambulatory aids, a brace or prosthesis, or else fully independent in a wheelchair without significant architectural or environmental barriers.
3. Dependent upon assistance or supervision in mobility with or without impairment of lower limbs, or else partly independent in a wheelchair or else there are significant architectural or environmental barriers.
4. Dependent totally in mobility with marked impairment of lower limbs.

S Sensory components relating to communication (speech and hearing) and vision:
1. Independent in communication and vision without impairment.
2. Independent in communication and vision with some impairment such as mild dysarthria, mild aphasia, or need for eyeglasses or hearing aid, or needing regular medication.
3. Dependent upon assistance, an interpreter or supervision in communication or vision.
4. Dependent totally in communication or vision.

E Excretory functions (bladder and bowel):
1. Complete voluntary control of bladder and bowel sphincters.
2. Control of sphincters allows normal social activities despite urgency or need for catheter, appliance, suppositories, etc. Able to care for needs without assistance.
3. Dependent upon assistance in sphincter management or else has accidents occasionally.
4. Frequent wetting or soiling from incontinence of bladder or bowel sphincters.

S Consider intellectual and emotional adaptability, support from family unit, and financial ability:
1. Able to fulfill usual role(s) and perform customary tasks.
2. Must make some modification in usual role(s) or performance of customary tasks.
3. Dependent upon assistance, supervision, encouragement or assistance from a public or private agency due to any of the above considerations.
4. Dependent upon long-term institutional care (chronic hospital, nursing home, etc.) excluding time-limited hospitalization for specific evaluation, treatment or active rehabilitation.

PULSES TOTAL -- BEST SCORE IS 6/6. WORST SCORE IS 6/24. C. V. Granger, M.D. 2/76

From Moskowitz, E., and McCann, C.: Classification of disability in the chronically ill and aging. J. Chr. Dis., 5:342-346, 1957.

LIST OF COMPLICATIONS (OTHER THAN THE MAJOR HANDICAPPING CONDITION) THAT MIGHT SIGNIFICANTLY INTERFER WITH THE REHABILITATION EFFORT OR DELAY DISCHARGE BEYOND EXPECTED TIME BY ONE WEEK OR MORE.
USE PREFIX NUMBER (1) IF IT WAS PRESENT BEFORE ADMISSION OR NUMBER (2)IF IT OCCURRED AFTER ADMISSION.

201 Myocardial infarction
202 Cardiac arrest
03 Cardiac decompensation
04 Cardiac arrhythmia
05 Pulmonary decompensation
206 Pneumothorax
07 Pneumonia or Atelectasis
08 Pulmonary embolism
209 Extension of original lesion
210 Significant infection/Febrile illness
11 Autonomic dysreflexia
12 Wound infection
13 Skin ulcer
14 Renal decompensation
15 Electrolyte imbalance
16 Bladder or Urinary stones
17 Thrombophlebitis
18 Urinary tract problem
19 Fistula
20 Gastrointestinal problem
21 Complex pharmacologic treatment
22 Radiation therapy
23 Seizures
24 Dizziness
225 Surgical procedure
26 Contractures
27 Ectopic calcification
28 Muscle spasms
29 Pain
30 Blindness
31 Deafness
32 Language problem
33 Sphincter incontinence
34 Fractured bone
35 Poor endurance
36 Psychological problem
37 Poor motivation
38 Personality problem
39 Proprioceptive loss
40 Family maladjustments
41 Social maladjustments
42 Housing problem
43 Legal/Political problem
44 Ununited fracture
145 Pre-existing disability
46 Delayed discharge placement (extra-mural)
47 Drug intoxication or reaction
48 Burn
49 Metabolic derangement (ie, diabetic control)
50 Liver disease
51 Dental problem
252 Delayed discharge placement (intra-mural)

CRITERIA FOR REGISTERING THE EFFECTS OF MALIGNANCY AND ITS TREATMENT ON THE OUTCOMES OF PATIENT CARE

DEGREE OF ACTIVITY OF MALIGNANCY (first digit)

9) No evidence of progression at primary and/or metastatic sites within past two months

8) Primary and/or metastatic sites have newly occurred, been newly diagnosed and/or demonstrated progression within past two months

RATE OF PROGRESSION: IF MALIGNANCY ACTIVE IN PAST TWO MONTHS (second digit)

0) If #9 is used as first digit

7) Rate of progression has been negligible

6) Rate of progression has been slow

5) Rate of progression has been rapid

DEGREE OF TOXICITY FROM CHEMOTHERAPY AND/OR RADIOTHERAPY IN PAST TWO MONTHS (third digit)

0) If not receiving chemotherapy or radiotherapy

4) Symptoms or signs have been absent or negligible

3) Symptoms or signs have been mild

2) Symptoms or signs have been moderate

1) Symptoms or signs have been marked

EXAMPLES: 900 = No evidence of progression in past 2 months. No active treatment.

870 = Recent progression at a negligible rate. No active treatment.

862 = Recent progression has been slow. Treatment toxicity is moderate.

903 = No evidence of recent progression. Treatment toxicity is mild.

E -- ENVIRONMENT

1. Lives in privately supported living quarters that are adequate for size of family unit, without major architectural barriers, accessible to convenient forms of transportation and other necessary facilities, in a safe neighborhood and free of significant or major problems.
2. Lives in privately supported living quarters that are either inadequate for size of family unit, with minor architectural barriers, inaccessible to convenient forms of transportation or necessary facilities, in a marginal neighborhood or else has other minor problems.
3. Lives in privately supported housing with major problems.
4. Lives in publicly supported housing.

S -- SOCIAL SUPPORTS

1. Maintains a balance of social contacts by way of visiting, telephone calls, hobbies and interests, etc. Able to solve problems without undue reliance on others outside the family unit. Has one or more close or dependable friendships.
2. Social contacts are restrictive. May frequently rely on others outside the family unit to solve problems. Does not readily identify a close or dependable friendship.
3. Someone in the family unit occasionally requires assistance from a person or agency from the outside such as the visiting nurse association, home care, counseling services, etc.
4. Someone in the family unit is consistently dependent upon assistance from a community agency at least weekly.

C -- CLUSTER OF FAMILY MEMBERS

1. The family unit consists of at least one member beside the patient related by marriage, kinship, or else a close personal companion; as a unit the family is sufficiently competent physically and mentally to provide adequate support to the patient at home at this time and under forseeable circumstances.
2. The family unit is as above but under particular conditions of stress they may not be able to support the patient either physically or mentally or else particular circumstances such as a job require a crucial family member to be away from the home part of the day.
3. The impact of the disability has been such to change either the work effort, pattern of socialization, interests and hobbies or other important activities of some family member.
4. The impact of the disability has been such as to produce severe strain or produce disruptions of relationships between family members or else the patient lives alone.

R -- RESOURCES

1. The family is able to absorb the costs of the disability without increased indebtedness.
2. The family is required to incur debts to handle costs of the disability.
3. The family requires some form of public assistance to cover medically related costs (Medicaid).
4. The family requires public assistance to cover medical and subsistence costs (Welfare or SSI).

O -- OUTLOOK

1. The individual functions independently without impairment in the following areas: problem-solving, regard for others, perceptual motor ability, judgment, reliability, and self-esteem. The individual feels able to make decisions easily.
2. The individual functions independently with mild impairment in some area(s) mentioned above or else has moderate difficulty making decisions.
3. The individual is observed to function appreciably better with assistance, supervision, cueing, coaxing or structured environment due to one or more of the problems mentioned above or else has great difficulty making decisions.
4. The individual is not particularly benefitted by assistance with problems mentioned above or else actually makes very few, if any, decisions.

CRITERIA FOR ESCROW FUNCTIONAL SCALE (RT-7)

W -- WORK/SCHOOL STATUS

1. Educational and vocational levels are compatible. There are no work or educational restrictions. The individual is working full-time in the free job market or as a full-time student. Time lost from work does not exceed one day per month on the average. If retired, the individual fulfills usual and customary tasks and roles in the household and/or the community.
2. The individual desires more education or training or work but it may not be readily available. If working or attending school there may be some modification such as part-time, light work, etc. Time lost from work/school averages no more than 2 to 5 days per month. If retired, the individual fulfills the usual and customary tasks and roles in the household and/or the community in a limited way.
3. The individual works or attends school in a special facility adapted for the handicapped or else loses more than an average of one week per month at a full-time or part-time job.
4. The individual is too disabled for employment or schooling or, if retired, is not able to fulfill usual and customary roles and tasks in the household or the community.

C. V. Granger, M. D.
March, 1976