How to Incorporate FATs in clinical documentation

1. Complete an evidence based functional assessment test

2. Score the test

3. Identify areas of the test that the patient did not score well in

4. Hypothesize as to what is causing the deficit(s)

    a. Your clinical reasoning and tests

    b. The patient's concerns, observations, thoughts, goals

5. Decide on treatment interventions

6. Write goals (who, what, when, where, to what degree)

Examples:

1. Complete an evidence based functional assessment test: BERG BALANCE

2. Score the test: 40/56 INDICATING INCREASING FALL RISK: SAFE WITH
    WALKER AND POSSIBLY A CANE

3. Identify areas of the test that the patient did not score well in:

    a. Needs mini assist to lift leg up toward step (#12)

    b. Cannot weight shift to stand on 1 leg (#14)

    c. Cannot pivot safely toward the right from one surface to the other (#5)

4. Hypothesize as to what is causing the deficit(s)

    a. Your clinical reasoning and tests

    b. The patient's concerns, observations, thoughts, goals

5. Establish what loss of function could occur due to the deficit(s)

    Due to a loss of hip abd/ext strength (3-) and inability to dorsiflex the right ankle
    past neutral this patient is not able to safely stair climb, weight shift to lift and
    advance the opposite leg while walking, or balance while pivoting toward the
    right from one surface to the next.

6. Decide on treatment interventions

7. Write goals

WHO: The pt

WHAT: Increase hip abd ext strength to 5

WHEN: within 2 weeks

WHERE: (a given in therapy)

TO WHAT DEGREE: to be able to maintain balance and trunk control while lifting the L leg up on to the next step

Short Term Goal: The pt will increase hip abd ext strength to 5 to be able to maintain balance and trunk control while lifting the L leg up on to the next step within 2 weeks (3/5) and improve Berg Balance score to 50/56

WHO: The pt

WHAT: increase ankle dorsiflexion ROM

WHEN: within 3 weeks

WHERE: (a given in therapy)

TO WHAT DEGREE: so such tasks as putting on slacks, stepping into a tub, stepping off a curb can safely be accomplished independently (examples of functional tasks)

Long Term Goal: The pt will increase ankle dorsiflexion ROM to be able to weight shift over the R leg and maintain balance on one leg for 10 seconds (5/5) so "such tasks as putting on slacks, stepping into a tub, stepping off a curb" can safely be accomplished independently within 3 weeks and improve Berg Balance score to 50/56.

WHO: The pt

WHAT: pivot toward the right

WHEN: within 2 weeks

WHERE: examples are bathroom, bedside, kitchen

TO WHAT DEGREE: safely with minimal assist for R foot placement

Short term goal: The pt will be able to pivot toward the right using the walker (3/5)…. from WC to toilet, from Bed to commode, while preparing a PBJ sandwich when standing at the kitchen counter…. safely with minimal assist for R foot placement within 2 weeks and improve Berg Balance score to 48/56

WHO: The pt

WHAT: will improve Berg Score to 48/56 decreasing fall risk and improving safety

WHEN: Example 1 = 2 weeks   Example 2 = by DC

WHERE: Example 1 = room to meals   Example 2 = condo to laundry room

TO WHAT DEGREE: Example 1 = 3x per day by herself   Example 2 = carrying a small bag of clothes

1. *Short Term Goal: Pt will improve Berg Score to 48/56 by scoring 4/5 by being able to stand on 1 leg for 5 to 10 seconds thus decreasing fall risk and improving safety while ambulating with a cane from her room to meals including on and off the elevator 3x per day by herself within 2 weeks.*

2. *Long Term Goal: Pt will improve Berg Score to 54/56 by being able to stand in tandem (5/5), complete placing foot on alternately on stairs 8 steps in 20 seconds (5/5) and picking up an object from the floor (5/5) thus decreasing fall risk and improving safety while ambulating with a cane from her condo apt to the laundry room carrying a small bag of clothes by discharge.*

Other Goal examples:

BERG:

Short term goal: On Berg Balance 40/56: Patient will progress from requiring mini assist to step up (2/5) to being able to complete 4 steps with supervision (3/5) by the end of this week.

Long term goal: On Berg Balance 48/56: Patient will progress from requiring mini assist to step up (2/5) to being able to complete 8 steps in 20 seconds independently (5/5) by the end of the month.

TINETTI:

Short term goal: Tinetti 16/28: Pt will progress from turning with unsteady discontinuous steps (0/2) to turning with steady steps. (1/2) within 5 days.

Long Term Goal: Tinetti 25/28: Pt will progress from turning with unsteady and discontinuous steps (0/2) to turning with steady and continuous steps (2/2) within 2 weeks.

PPT:

Short term goal: PPT 18/28: Pt will improve from taking > 20 seconds (1/5) to write a sentence to only 10.5 to 15 seconds (3/5) within 1 week.

Long Term goal: PPT 28/28: Pt will be able to write a sentence in 10 seconds or less (5/5) by DC.

TUG:

Short term goal: Pt will amb with the walker for 10 feet in 15 seconds without losing balance in 1 week. 13.5 seconds is a predictor of falls w/o device.

Long term goal: Pt will amb without a device for 10 feet in <10 seconds without losing balance in 3 weeks. 13.5 seconds is a predictor of falls 2/o device.

DGI:

Short term goal: Pt scored 16/24 on the DGI due to a (2/3 score in each of the following areas) inability to safely walk around objects, change speeds, look side to side, or turn around in < 3 seconds to face the opposite direction. By the end of next week the pt will score 18/24 by being able to walk around objects safely and minimally change speeds (both 3/3).

Long term goal: Pt scored 16/24 on the DGI due to a (2/3 score in each of the following areas) inability to safely walk around objects, change speeds, look side to side, or turn around in < 3 seconds to face the opposite direction. By DC the pt will score 20/24 by being able to walk around objects safely, change speeds significantly, look side to side while walking, and turn around in < 3 seconds to face the opposite direction (all 3/3).