

## Functional Assessment Tests - Significant Change in Score Information

**Berg Balance** Max Score: 56 = safe and independent, negligible fall risk

- > 45 = Less likely to fall, safe amb w/o a device
- 35 to 44 = Increasing fall risk, safe amb with device
- < 34 = The lower the # the greater the fall risk, may be able to amb with a device and assistance due to safety concerns

*General guidelines for determining safety with an assistive device from the Berg Scores:*

(56 to 45 = may not require a device; 45 to 32 = range for cane; 32 to 26 = range for walker)

**Tinetti Gait and Balance** Max Score: 28 = negligible fall risk

(Other tests have a much greater, research-based validity predicting fall risk. Tinetti has a ceiling effect. DO NOT only use Tinetti for FAT evidence of fall risk or progress. ***If you utilize this test, you must have an additional test with a goal for that additional test***)

- >25 = low fall risk
- 24 to 19 = moderate fall risk
- 18 to 0 = high fall risk

**Physical Performance Test (PPT)**

Max score for 9 item with stairs included = 36 for independence with function

Max score for 7 item (no stairs) = 28

- 36 to 21 = Independent functioning (declining ability as score declines)
- 20 to 16 = Declining independence and safety
- 15 to 3 = Increasing dependence to dependent
- < 17 unlikely unable to function without help
- < 9.5 avg score for total dependence

**Barthel Index** Max score 100 for independence with ADLs and functional activity

- 100 = Independent
- 99 to 80 = Mildly dependent
- 79 to 60 = Moderately dependent
- 59 to 40 = Marked dependence

- 39 to 20 = Severe dependence
- 19 to 0 = Total dependence

**Dynamic Gait Index DGI** Max score 24

<19 = fall risk

If the patient uses a walker the score cannot be higher than a 16/24. However, if the pt NEEDS a walker they have a fall risk. The DGI can be used to address issues with negotiating obstacles, turning around, looking both directions when walking, walking at different speeds with the walker to increase safety, balance and ability with those functions even if they will remain on the walker.

**Function in Sitting Test FIST** Max score is 56

Has been used in hospitals to determine safe DC. If a patient scores <42; the pt cannot be DC to home without assistance or help.

14 components – the higher the score the greater the safety and independence in sitting

- 0 = dependent on others for task completion
- 14 = unable to complete task w/o physical assist – from min to mod to max assist
- 28 = needs UE support or assistance to complete tasks
- 42 = needs verbal cues or increased time to complete tasks
- 56 = independent task completion in sitting

**Elderly Mobility Scale** Max score 20

- 20 to 14 = Independent w basic ADLs – safe with some minor help
- 13 to 10 = Borderline independent / Increasing dependence with basic ADLs. Will need some help with mobility
- 9 to 0 = Requires help with ADLs and mobility. Is dependent and needs LTC placement

## **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 and how far the patient will be able to improve
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 left leg up toward step (#12)
  - b. Cannot weight shift to stand on 1 leg (#14) should be R leg
  - 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 R 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 L leg while walking, or balance while pivoting toward the right from one surface to the next.

6. Decide on treatment interventions

## 7. Write goals

Example:

WHO: The pt

WHAT: Increase R 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 to be able to maintain balance and trunk control while lifting the L leg up onto a step and achieve Sup with stair climbing.

***STG: The pt will increase R hip abd & ext strength to 5/5 to be able to maintain balance and trunk control while lifting the L leg up onto a step within 2 weeks to improve Berg Balance score to 50/56 and achieve Supervision managing 4 stairs***

Example:

WHO: The pt

WHAT: increase bilat UE strength to \_\_\_\_\_.

WHEN: within 2 weeks

WHERE: (a given in therapy)

TO WHAT DEGREE: so such tasks coming to standing, sitting back down, transfers can safely be accomplished (mere examples of functional tasks)

***STG: The pt will increase bilat UE strength to improve sit to stand or stand to sit transfers with cues and minimal assist increasing Berg Balance score to 35/56 in 2 weeks.***

Example:

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

***STG: The pt will be able to pivot toward the right with minimal assist for R foot placement ... to transfer WC to toilet,... to transfer Bed to commode,... to complete meal prep while standing at the kitchen counter.. within 2 weeks improving Berg Balance score to 20/56***

Example:

WHO: The pt

WHAT: will improve Berg Score to 48/56 decreasing fall risk and improving safety by being able to stand on 1 leg for (timeframe) 5 sec in 2 wks and >10 sec by DC

WHEN: STG in 2 weeks LTG by DC

WHERE: room to meals

TO WHAT DEGREE: 3x per day by herself

***STG: Pt will improve Berg Score to 48/56 by being able to stand on 1 leg for 5 to 10 seconds thus decreasing fall risk and achieve independent ambulation with a cane from her room to meals (400 feet) 3x per day within 2 weeks with good balance.***

***LTG: Pt will improve Berg Score to 54/56***

**Other BERG Goal Examples:**

STG: Pt will achieve 40/56 in Berg Balance by progressing from min A to manage 1 step to complete 4 stairs with supervision, alternately placing feet on steps in 1 week.

or

STG: Pt will improve dynamic standing balance to Good with improved Berg Score of 40/56 demonstrating ability to alternately place feet on steps while standing unsupported 4 times with supervision.

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LTG: Patient to improve Berg score to 48/56  
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Example: Pt scores 22/56 at eval

STG: Patient to improve stand balance to Fair + and improve Berg score to 25/56 (or gain 3 points on the Berg Balance), by demonstrating ability to stand unsupported for 2 minutes with Supervision while completing meal prep.

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STG: Patient to improve stand balance to Good - and improve Berg score to 24/56 (or gain 2 points on the Berg Balance), by attempting to pick up an object from the floor from standing position, and reaching within 1-2 inches of the object while maintaining balance.  
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STG: Patient to improve Berg Score to 24/56, achieving SBA with transfers moving sit to stand using hands after several tries and stand to sit using back of legs against chair to control descent

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LTG: Patient to achieve Berg Balance score of 48/56 to limit fall risk and maximize independence with all mobility skills

LTG: Patient to achieve Berg Balance score of 48/56.

**TINETTI:** *If you utilize this test, you must have an additional test with a goal for that additional test)*

STG: Tinetti 16/28: Pt will achieve SBA with stand pivot transfers by progressing from turning with unsteady discontinuous steps to turning with steady steps within 5 days

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LTG: Tinetti 25/28: Pt will achieve Ind with stand pivot transfers by progressing from turning with unsteady and discontinuous steps to turning with steady and continuous steps within 2 weeks.

**PPT:**

**STG:** To address inability to don/doff jacket from PPT assessment, Pt will achieve Ind with UB dressing as evidenced by using compensatory strategies to donn doff jacket safely while protecting shoulder from subluxation

**STG:** To address PPT feeding deficit: Pt will feed self with adaptive utensils and set up without spilling foods or liquids during meals.

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**Barthel Index**

STG: Barthel: Pt will improve bathing from dependent to min assist with set up in 2 weeks

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STG: Pt will demonstrate improvement in Barthel by progressing in bathing from dependence to Independent

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Pt scores 50/100 at eval

STG: Patient to achieve 55/100 on Barthel index (or gain 5 point on the Barthel Index) by achieving independent with wheelchair mobility, including corners, for > 50 yards

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STG: Patient to achieve 55/100 on Barthel index (or gain 5 point on the Barthel Index) by managing toilet transfers with minimal (minor physical or verbal) assist

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STG: Patient to achieve 55/100 on Barthel index (or gain 5 point on the Barthel Index) by improving dressing to moderate assist level (needing help but able to do about half unaided).

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STG: Patient to achieve 55/100 on Barthel index (or gain 5 point on the Barthel Index) by completing grooming skills (face, hair, teeth, shaving) independently

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LTG: Patient to achieve 90/100 on Barthel index.

**TUG:**

STG: Pt will amb independently with RW for 10 feet in 15 seconds without losing balance in 1 week.

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LTG: Pt will amb independently without a device for 10 feet in <10 seconds without losing balance in 3 weeks. 13.5 seconds is a predictor of falls w/o device.

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**DGI:**

STG: Pt will score 17/24 on the DGI by demonstrating SBA ambulation with a RW managing obstacles with verbal cueing.

LTG: Pt will score 20/24 on the DGI by demonstrating ability to ambulate independently with RW, smoothly changing walking speeds without loss of balance and able to walk around objects safely and Independently with no evidence of imbalance.

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STG: Pt scored 16/24 on the DGI due to an inability to safely walk around objects, change speeds, look side to side, or turn around in < 3 seconds to face the opposite direction. To decrease fall risk the pt will be able to walk around objects safely, look side to side while walking, and turn around in < 3 seconds to face the opposite direction without losing balance.

LTG: Pt will score 20/24 on the DGI.

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Patient scores a 5/24 at eval

STG: Patient to gain 2 points on the DGI by achieving min Assist (mild impairment) with gait on level surfaces ambulating 20' with RW, slower speed and mild gait deviations (asymmetrical step length).

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STG: Patient to gain 4 points on the DGI by ambulating with contact guard assist and RW and making horizontal and vertical head turns with a slight change in velocity

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DGI Patient scores 16/24 at eval

STG: Patient to achieve 18/24 on DGI (or gain 2 points on the DGI) achieving SBA with ambulation using RW managing obstacles by stepping over the obstacles but needing to slow down and adjust steps to clear obstacles safely.

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LTG: Pt to achieve DGI score of 20/24     OR

LTG: Pt to achieve DGI score of 20/24 to limit fall risk and achieve modified independent ambulation using st. cane on all surfaces, while managing obstacles and stairs.

**FIST:**

Patient score 15/56 at eval

STG: Patient to achieve 19/56 on FIST (or gain 4 points on the FIST) by completing lateral and forward reach and picking up an object from behind, each with UE support to achieve min A with UB dressing while sitting on EOB

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STG: Patient to achieve 18/56 on FIST (or gain 3 points on the FIST) demonstrating fair + static sitting balance by completing static sitting with eyes open and eyes closed successfully and independently.

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LTG: Pt to achieve 50/56 on the FIST                     OR

LTG: Pt to achieve 50/56 on the FIST as evidenced by Good sitting balance and Sup with UB and LB dressing on EOB.

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## **Elderly Mobility Scale**

Patient score 5/20 at eval

STGs:

- a) Patient to gain 1 point on the EMS by moving lying to sitting independently.
- b) Patient to gain 1 point on the EMS by progressing to Fair – stand balance maintaining stand position with support.
- c) Patient to gain 1 point on the EMS by ambulating 6 meters with RW and min A in greater than 30 seconds.

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STG: Patient to achieve 7/20 on the EMS (or gain 2 points on the EMS) by achieving independent level with lying to sit and sit to lying.  
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LTG: Pt to achieve 18/20 on the Elderly Mobility Scale

**Speech Therapy: NOMS**

**Subject: Memory** (may not be appropriate for a huge increase so may be more appropriate to only have a LTG). Patient is Level 3 at eval.

LTG: Patient to achieve NOMS Level 4 for Memory Skills occasionally requiring minimal cues to recall or use external memory aids for simple routine tasks of grooming and oral facial hygiene & consistent maximal cues to recall or use memory aids for complex information including \_\_\_\_\_ .

**Subject: Expressive Language.** Patient for Spoken Language Expression is at NOMS Level 2 at eval

STG: Patient to achieve NOMS Level 3 for expressive language requiring consistent and moderate cues to produce words and phrases that are appropriate and meaningful to effectively communicate wants and needs

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LTG: Patient to achieve NOMS Level 5 for expressive language able to initiate communication with spoken language in structured conversations with unfamiliar healthcare providers & requiring minimal cueing to frame complex sentences to effectively communicate wants and needs

**Subject: Swallowing.** Patient for Swallowing is at NOMS Level 1 at eval

STG: Patient to achieve NOMS Level 2 for swallowing able to manage puree consistency with max cues in therapy only (trial therapeutic feeding)

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LTG: Patient to achieve NOMS Level 4 for swallowing requiring moderate cues for compensatory strategies managing mechanical soft diet without s/s of aspiration.

**FAT Worksheet**

**Patient Name** \_\_\_\_\_ **Therapist** \_\_\_\_\_ **Date** \_\_\_\_\_

**FAT** \_\_\_\_\_

**FAT Score:** \_\_\_\_\_

**Identify areas of the test that the patient did not score well in and determine how much the patient could improve based on the criteria of the test item:**

- 1
- 2
- 3
- 4

**Hypothesize as to what is causing the deficit(s) – List underlying impairments.**

- 1.
- 2.
- 3.
- 4.

**Decide on treatment interventions.**

**Write a goal (who, what, when, where, to what degree)**

Who:

What:

When:

Where:

To what Degree: