GG Usual Performance Summary

Sit to Lying

Lying to Sitting

Chair/Bed to Chair

Toilet Transfer

Tub/Shower Transfer

Car Transfer

Walk 10 Feet

Sit to Stand

Transfer



Resident:		Prio	Prior Devices Used:							
Reason: (Circle One)	New Admit Re-A	: ARE	ARD:							
PLEASE INCLUDE ANY OBSERVATIONS IN THE FOLLOWING AREAS:										
GG	REHAB	RESIDENT SELF-REPORT/FAMILY	NURSING DOCUMENTA	ATION USUAL PERFORMANCE						
Eating										
Oral Hygiene										
Toilet Hygiene										
Shower/Bathe Self										
Upper Body Dressing										
Lower Body Dressing										
Putting On/Taking Off Footwear										
Personal Hygiene										
Roll L->R and R->L										

QRMHEALTH.COM 240510

Walk 50 Feet With 2 Turns									
Walk 150 Feet									
Walk 10 Feet on Uneven Surfaces									
1Step (Curb)									
4 Steps									
12 Steps									
Picking Up an Object									
Wheel 50 Feet With 2 Turns**									
Wheel 150 Feet**									
Huddle Note (and Date):									
Signature(s) of IDT and Date	DT								
Coding Breakdown	06: Independent	05: Setup/Clean-Up Assistance	04: Supervision/ Touching Assistance	03: Partial/Moderate Assistance	02: Substantial/ Max Assistance	01: Dependent			
10. Not Attempted Due to Environmental Limitations		09. Not Applicable		88. Not Attempted Due to Medical Condition or Safety Concerns		07. Patient/Resident Refused			

GG0115. Functional Limitation in Range of Motion

Code for limitation that interfered with daily functions or placed resident at risk of injury in the last 7 days

Coding:

- 0. No impairment
- Impairment on one side
 Impairment on both sides

Enter Codes in Boxes

A. Upper extremity (shoulder, elbow, wrist, hand)

B. Lower extremity (hip, knee, ankle, foot)

FUNCTIONAL LIMITATION IN RANGE OF MOTION

Limited ability to move a joint that interferes with daily functioning (particularly with activities of daily living) or places the resident at risk of injury.



GG Self-Care and Mobility Performance Coding Instructions



O6 Independent
Patient/resident safely completes activity by themselves with no assistance from a helper.

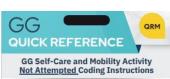
Setup/clean-up assistance Helper sets up or cleans up; patient/resident completes activity. Helper assists only prior to or following the activity.

Supervision/touching assistance
 Helper provides verbal cues and/or
 touching/steadying and/or contact guard
 assistance as the patient/resident completes
 the activity. Assistance may be provided
 throughout the activity or intermittently.

O3 Partial/moderate assistance Helper does LESS THAN HALF the effort. The helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.

O2 Substantial/maximal assistance Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.

Dependent
Helper does ALL of the effort.
Patient/resident does none of the effort to complete activity. Or, the assistance of two or more helpers is required for the patient/resident to complete activity.



07 Patient/resident refused

Not applicable
Not attempted. Patient/resident did not perform this activity prior to the current illness, exacerbation, or injury.

10 Not attempted due to environmental limitations
Examples include lack of equipment, weather constraints.

88 Not attempted due to medical condition or safety concerns

240510 **QRMHEALTH.COM**