GG Usual Performance Summary

Resident:	Prior Devices Used:
Reason: (Circle One) New Admit Re-Admit Quarterly Other (Please Explain):	ARD:

PLEASE INCLUDE ANY OBSERVATIONS IN THE FOLLOWING AREAS:				
GG	**REHAB**	**RESIDENT SELF-REPORT/FAMILY**	**NURSING DOCUMENTATION**	**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				
Sit to Lying				
Lying to Sitting				
Sit to Stand				
Chair/Bed to Chair Transfer				
Toilet Transfer				
Tub/Shower Transfer				
Car Transfer				
Walk 10 Feet				

Walk 50 Feet With 2 Turns				
Walk 150 Feet				
Walk 10 Feet on Uneven Surfaces				
1 Step (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	_____ _____

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**
1. **Impairment on one side**
2. **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.