

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)

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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

QUICK REFERENCE

QRM

GG Self-Care and Mobility
Performance Coding Instructions

06 Independent

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

05 Setup/clean-up assistance

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

04 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.

03 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.

02 Substantial/maximal assistance

Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.

01 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.

GG

QUICK REFERENCE

QRM

GG Self-Care and Mobility Activity
Not Attempted Coding Instructions

07 Patient/resident refused

09 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