





# PHYSICAL THERAPY EVALUATION (Cont'd.)

MUSCLE STRENGTH/FUNCTIONAL ROM EVAL						FUNCTIONAL INDEPENDENCE/BALANCE EVAL				
	AREA	STRENGTH		ACTION	ROM			TASK	ASSIST SCORE	ASSISTIVE DEVICES/COMMENTS
		Right	Left		Right	Left				
UPPER EXTREMITIES	Shoulder			Flex/Extend			BED MOBILITY	Roll/Turn		
				Abd./Add.				Sit/Supine		
				Int. rot./Ext. rot.				Scoot/Bridge		
	Elbow			Flex/Extend			TRANSFERS	Sit/Stand		
	Forearm			Sup./Pron.				Bed/Wheelchair		
Wrist			Flex/Extend			Toilet				
Fingers			Flex/Extend			Floor				
LOWER EXTREMITIES	Hip			Flex/Extend			BALANCE	Auto		
				Abd./Add.				Static Sitting		
				Int. rot./Ext. rot.				Dynamic Sitting		
	Knee			Flex/Extend				Static Standing		
	Ankle			Plant/Dors			Dynamic Standing			
	Foot			Inver/Ever			W/C SKILLS	Propulsion		
								Pressure Reliefs		
						Foot Rests				
							Locks			

### OBJECTIVE DATA TESTS AND SCALES

#### MANUAL MUSCLE TEST (MMT) MUSCLE STRENGTH

GRADE	DESCRIPTION
5	Normal functional strength - against gravity - full resistance.
4	Good strength - against gravity with some resistance.
3	Fair strength - against gravity - no resistance - safety compromise.
2	Poor strength - unable to move against gravity.
1	Trace strength - slight muscle contraction - no motion.
0	Zero - no active muscle contraction.

#### FUNCTIONAL RANGE OF MOTION (ROM) SCALE

GRADE	DESCRIPTION
5	100% active functional motion.
4	75% active functional motion.
3	50% active functional motion.
2	25% active functional motion.
1	Less than 25%.

#### FUNCTIONAL INDEPENDENCE SCALE (bed mobility, transfers, W/C skills)

GRADE	DESCRIPTION
5	Physically able and does task independently.
4	Verbal cue (VC) only needed.
3	Stand-by assist (SBA)-100% patient/client effort.
2	Minimum assist (Min A)-75% patient/client effort.
1	Maximum assist (Max A)-25% - 50% patient/client effort.
0	Totally dependent-total care/support

#### NORMATIVE DATA FOR JOINT MOTION (ROM)

AREA	ACTION/MOVEMENT			
Shoulder	Flex	158°	Extend	55°
	Abd.	170°	Add.	50°
	Int. rot.	70°	Ext. rot.	90°
Elbow	Flex	145°	Ext.	0°
	Sup.	85°	Pron.	70°
Forearm	Flex	73°	Ext.	70°
	Flex all	90°	Ext.	0°
Hip	Flex	90-115°	Ext.	25°
	Abd.	45°	Add.	30°
	Int. rot.	45°	Ext. rot.	45°
	Knee	Flex	135°	Ext.
Ankle	Plant.	50°	Dors.	20°
	Inv.	30°	Ever.	20°

#### BALANCE SCALE (sitting - standing)

GRADE	DESCRIPTION
5	Independent
4	Verbal cue (VC) only needed.
3	Stand-by assist (SBA)-100% patient/client effort.
2	Minimum assist (Min A)-75% patient/client effort.
1	Maximum assist (Max A)-25% patient/client effort.
0	Totally dependent for support.

### GAIT

ASSISTANCE:  Independent  SBA  Min. assist  Mod. assist  Max. assist  Unable

SURFACES:  Level  Uneven  Stairs (number/condition) \_\_\_\_\_ DISTANCE: \_\_\_\_\_

WEIGHT BEARING STATUS:  FWB  WBAT  PWB  TDWB  NWB

ASSISTIVE DEVICE(S):  Cane  Quad cane  Crutches  Hemi-walker  Walker  Wheeled walker

Other (specify) \_\_\_\_\_

QUALITY/DEVIATIONS: \_\_\_\_\_

### EQUIPMENT

HAS: \_\_\_\_\_

NEEDS: \_\_\_\_\_

Complete TIME OUT (an front) prior to signing here	PATIENT'S SIGNATURE _____	DATE	/ /
	THERAPIST'S SIGNATURE/TITLE _____	DATE	/ /