



This performance-based functional assessment tool identifies potential problems early so they can be addressed using an individualized exercise program prescribed by a PT or OT. It is not intended to serve as a replacement for an individual's regular physical examination or other health services. Each individual who participates in this process does so voluntarily and assumes all risks involved with such participation.

## **Consent and Release Form**

I hereby request to participate in this assessment and release from all claims and liabilities the therapists and organizations involved in the development of this form and in the coordination, sponsorship, and staffing of this assessment. Lunderstand

that this assessment is n	ot a substitute for a medical or firm that I have disclosed all in	r physical examina	tion. I understand th	at I must use my best ju	dgment
I have read this consent a	and release form and understa	and its contents.			
	Signature of Participant			Date	
REGISTRATION (Please Pri	nt)				
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,				
(Last Name)	(First Name)	(Middle Initial)	() Phone	Age	<u>M / F</u> Sex
(Lust Nume)	(Hist Hallie)	(Middle illitidi)	THOIC	ngc	JCX
Email					
GENERAL HEALTH HISTO	DRY				
In the last year, how many	falls have you had in each cat	tegory?			
Grade 1: Near Fall – slip,	trip or loss of balance (did not	hit the floor)			
_	or lower level (no medical atte				
_	or lower level (medical attention		o hospital)		
Grade 4: Fall to ground o	or lower level (admitted to hos	pital)			
List anything that might af	fect your ability to exercise su	ch as pain, injury, i	llness, shortness of b	oreath, depression, etc.	
Please list all medical cond	itions (hypertension, diabetes	, etc.) medications	and surgeries.		
Please describe your currer	nt exercise program including	duration (# min) a	nd frequency (#/wee	ek).	
Hoart Dato	Rload Proceura /		Saturation	DMI	





Name	

Test	Reference Standard	Results	Follo	w Up	Significance of Findings/Comments	
Posture			Yes	No		
Forward Head: Wall Occiput Distance	> 0-4cm = poor posture > 4cm = fracture risk	Distance cm			Head and upper back posture can contribute to vertebral compression fractures.	
Thoracic Extension: Rib - Pelvis Distance	Rib - Pelvis Distance ≤2 fingers = fracture risk	# of fingers				
Flexibility						
Shoulder: Back Scratch	Risk = Men: > 8 inches Women: > 4 inches	inches			↓ shoulder ROM indicates a potential for ↑ disability.	
Ankle Dorsiflexion: Range of Motion (ROM)	Risk of falls: < 8° w knee straight <i>or</i> <10° w knee bent	degrees R degrees L			↓ ankle ROM can ↑ falls.	
Balance						
Static Balance (SB): Vestibular Hypofunction	Risk of injurious falls: < 10 sec tolerance for head turns	Dizzy or loss of balance atsec orNo symptoms			Inability to move one's head quickly without dizziness or loss of balance can ↑ the risk of injurious falls.	
	Risk of falls: < 10 sec toler- ance for up/ down head motion	seconds orNo symptoms				
SB: One Leg Stand	< 5 sec ↑ risk of injurious falls > 20 sec is normal	Lsec Rsec			Inability to stand on one leg for 5 sec † risk of injurious falls; <20 sec indicates lower body weakness.	
Dynamic Balance (DB): TUG	Age         Seconds         Age         Seconds           30-39         4.4 sec         60-69         5.6 sec           40-49         4.6 sec         70-79         6.7 sec           50-59         4.9 sec         80-89         7.8 sec	seconds			<ul> <li>↑ risk of falls if score is more than 14 seconds.</li> <li>≥ 9 seconds was shown to predict disability in the next two years.</li> </ul>	
DB Tandem Walk eyes open	Risk: > 2 errors in 2 meters	errors			↑ risk of falls if more than 2 errors in 2 meters eyes open OR inability to	
eyes closed	Risk: < 5 steps	steps			take 5 steps eyes closed.	





Name \_\_\_\_\_

Test	Reference Star	dard	Results	Follov	v Up	Significance of Findings/Comments
Endurance				Yes	No	
2 Minute Step	Age         Men           60-64         106           65-69         101           70-74         95           75-79         88           80-84         80           85-89         71           90-94         60	Women 97 93 89 84 78 70 60	steps			Scoring below one's norms indicates ↓ endurance, which indicates a potential for ↑ disability.
Strength						
Grip (Dynamometer)	Age         Hand         Men(Kg)           60-64         R         40.69           L         34.84           65-69         R         41.32           L         34.84           70-74         R         34.16           L         29.39           75-79         R         33.00           L         31.10           80-84         R         30.10           L         27.00           85-89         R         25.80           L         25.10           90-94         R         18.80           L         18.90	Women(Kg) 24.99 20.73 22.50 18.60 22.50 18.82 21.60 19.30 17.30 17.10 15.70 15.20 14.80	R kgs of force L kgs of force			Scoring below one's norms indicates a potential for ↑ disability and mortality.
Shoulder External Rotators		nen(lbs) 20	R#			Shoulder External Rotator weakness is a precursor to rotator cuff problems.
Plantarflexors	< 25 times = ↑ fall		Rtimes Ltimes			Less than the norm is associated with ↑ risk of falling.
Lower Extremity: Sit to Stand	30 Sec Sit to St <b>Age Men Won</b> 60-64 17 15 65-69 16 15 70-74 15 14 75-79 14 13 80-84 13 12 85-89 11 11 90-94 9 9	nen 5 5	times/ 30 sec. seconds/ 5 times sit to stand			Lower extremity strength can affect walking, daily activity and fall risk.  ≥ 10 seconds on the 5 times sit to stand has been shown to predict disability within the next 2 years.
Abdominals	Increased risk of bac Plank: < 73 sec or Curl-up: < 183 se < 85 sec.	c./men	seconds			Plank, Curl up, and Prone hold strengthen the core. Weakness in the core can lead to back problems.
Back Extension	Increased risk of ba Prone hold Men: < 208 sec Women: < 128 s	-	seconds			





Name \_\_\_\_\_

/ <del>T-FII</del> ADULT FUNCTIONAL INDEPENDENCE TEST
Posture
Flexibility
Balance
Endurance
Strength
Additional Comments and Recommendations/Referrals