

**Physical Therapy - GG Assessment**

Client Name: \_\_\_\_\_ Client DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist Name/Title (Printed): \_\_\_\_\_

Therapist Signature/Title: \_\_\_\_\_

1. SOC/ROC Performance	2. DC goal/ DC Performance	*** At DC only complete the DC performance column	
<b>Enter Codes in Boxes</b>			
<input type="text"/>	<input type="text"/>	<b>A. Roll left and right:</b> The ability to roll from lying on back to left and right side, and return to lying on back on the bed.	
<input type="text"/>	<input type="text"/>	<b>B. Sit to lying:</b> The ability to move from sitting on side of bed to lying flat on the bed.	
<input type="text"/>	<input type="text"/>	<b>C. Lying to sitting on side of bed:</b> The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.	
<input type="text"/>	<input type="text"/>	<b>D. Sit to stand:</b> The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.	
<input type="text"/>	<input type="text"/>	<b>E. Chair/bed-to-chair transfer:</b> The ability to transfer to and from a bed to a chair (or wheelchair).	
<input type="text"/>	<input type="text"/>	<b>F. Toilet transfer:</b> The ability to get on and off a toilet or commode.	
<input type="text"/>	<input type="text"/>	<b>G. Car Transfer:</b> The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.	
<input type="text"/>	<input type="text"/>	<b>H. Walk 10 feet:</b> Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. <b>If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170M, 1 step (curb)</b>	
<input type="text"/>	<input type="text"/>	<b>I. Walk 50 feet with two turns:</b> Once standing, the ability to walk 50 feet and make two turns.	
<input type="text"/>	<input type="text"/>	<b>J. Walk 150 feet:</b> Once standing, the ability to walk at least 150 feet in a corridor or similar space.	
<input type="text"/>	<input type="text"/>	<b>K. Walk 10 feet on uneven surfaces:</b> The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.	
<input type="text"/>	<input type="text"/>	<b>L. 1 step (curb):</b> The ability to go up and down a curb and/or up and down one step. <b>If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.</b>	
<input type="text"/>	<input type="text"/>	<b>M. 4 steps:</b> The ability to go up and down four steps with or without a rail. <b>If SOC/ROC performance is coded 07, 09, 10 or 88, skip to GG0170P, Picking up object.</b>	
<input type="text"/>	<input type="text"/>	<b>N. 12 steps:</b> The ability to go up and down 12 steps with or without a rail.	
<input type="text"/>	<input type="text"/>	<b>O. Picking up object:</b> The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<b>P. Does patient use wheelchair and/or scooter?</b> 0. No → Skip GG0170R, GG0170RR1, GG0170S, and GG0170SS1. 1. Yes → Continue to GG0170R, Wheel 50 feet with two turns.
<input type="text"/>	<input type="text"/>	<b>Q. Wheel 50 feet with two turns:</b> Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<b>QQ1. Indicate the type of wheelchair or scooter used.</b> 1. Manual 2. Motorized
<input type="text"/>	<input type="text"/>	<b>R. Wheel 150 feet:</b> Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<b>RR1. Indicate the type of wheelchair or scooter used.</b> 1. Manual 2. Motorized

**GG0130. Self-Care**

**Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).**

**Coding:**

**Safety and Quality of Performance** – If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided.

*Activities may be completed with or without assistive devices.*

- 06. **Independent** – Patient completes the activity by him/herself with no assistance from a helper
- 05. **Set-up or clean-up assistance** – helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity.
- 04. **Supervision or touching assistance** – Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.
- 03. **Partial/moderate assistance** – Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs and provides, 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 does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.

**If activity was not attempted, code reason**

- 07. **Patient Refused**
- 09. **Not applicable** – not attempted and the patient did not perform this activity prior to the current illness, exacerbation or injury.
- 10. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)
- 88. **Not attempted due to medical conditions or safety concerns**