bodies in motion
THE REHAB GYM
stay in motion

Office Use Only
Total # Visits: _____
ICD9 #: _____

TREATMENT OUTCOME FORM

The RehabGYM is concerned with the outcome of your rehabilitation. Your cooperation with this form will greatly help us in evaluating the effectiveness of our services. ***THANK YOU*** for your time.

Instructions: Prior to your first visit, please circle the level of difficulty you have for each activity. **Note that you only need to complete in the column on the left hand side.**

1=Able to do without any difficulty **2**=Able to do with little difficulty **3**=Able to do with moderate difficulty

4=Able to do with much difficulty **5**=Unable to do **na**=Not applicable

Pre-Treatment Date: _____ *Post-Treatment Date*: _____

	Can do.....can't do							Can do.....can't do						
1. Lying Flat	1	2	3	4	5	na		1. Lying Flat	1	2	3	4	5	na
2. Rolling front to back	1	2	3	4	5	na		2. Rolling front to back	1	2	3	4	5	na
3. Lying to sitting	1	2	3	4	5	na		3. Lying to sitting	1	2	3	4	5	na
4. Sitting	1	2	3	4	5	na		4. Sitting	1	2	3	4	5	na
5. Sit to stand	1	2	3	4	5	na		5. Sit to stand	1	2	3	4	5	na
6. Standing	1	2	3	4	5	na		6. Standing	1	2	3	4	5	na
7. Bending/stooping	1	2	3	4	5	na		7. Bending/stooping	1	2	3	4	5	na
8. Balancing – two feet	1	2	3	4	5	na		8. Balancing – two feet	1	2	3	4	5	na
9. Balancing – one foot	1	2	3	4	5	na		9. Balancing – one foot	1	2	3	4	5	na
10. Walking < $\frac{1}{4}$ mile	1	2	3	4	5	na		10. Walking < $\frac{1}{4}$ mile	1	2	3	4	5	na
11. Walking > $\frac{1}{4}$ mile	1	2	3	4	5	na		11. Walking > $\frac{1}{4}$ mile	1	2	3	4	5	na
12. Walking on uneven terrain	1	2	3	4	5	na		12. Walking on uneven terrain	1	2	3	4	5	na
13. Ascending stairs	1	2	3	4	5	na		13. Ascending stairs	1	2	3	4	5	na
14. Descending stairs	1	2	3	4	5	na		14. Descending stairs	1	2	3	4	5	na
15. Pushing	1	2	3	4	5	na		15. Pushing	1	2	3	4	5	na
16. Pulling	1	2	3	4	5	na		16. Pulling	1	2	3	4	5	na
17. Reaching overhead	1	2	3	4	5	na		17. Reaching overhead	1	2	3	4	5	na
18. Lifting floor to waist	1	2	3	4	5	na		18. Lifting floor to waist	1	2	3	4	5	na
19. Lifting waist to overhead	1	2	3	4	5	na		19. Lifting waist to overhead	1	2	3	4	5	na
20. Carrying	1	2	3	4	5	na		20. Carrying	1	2	3	4	5	na
21. Jumping	1	2	3	4	5	na		21. Jumping	1	2	3	4	5	na
22. Running	1	2	3	4	5	na		22. Running	1	2	3	4	5	na

23. Thinking about <u>*all*</u> of the activities you would like to do, please mark an "X" and *the date* at the point on the line that best describes your <u>*overall*</u> level of difficulty with these activities.

|————————————————————|————————————————————|

I have *extreme difficulty* doing any of the activities that I would like to do.

I have *no difficulty* doing any of the activities that I would like to do.