



ADVANCED PERFORMANCE & REHABILITATION SERVICES INC

Physical Therapy Services

1532 Ellis Street, Suite 201, Bozeman, MT 59715 – (406) 587-4501 – FAX (406) 587-3919

"improving life, sport and work"

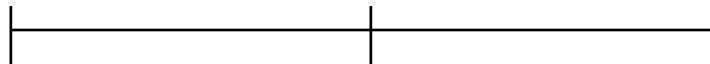
PATIENT NAME: _____

DATE: _____

OPTIMAL INSTRUMENT—DIFFICULTY

Instructions: Please circle the level of difficulty you have for each activity TODAY .	Able to do without any difficulty	Able to do with little difficulty	Able to do with moderate difficulty	Able to do with much difficulty	Unable to do	Not applicable
1. Laying Flat	1	2	3	4	5	9
2. Rolling Over	1	2	3	4	5	9
3. Moving—lying to sitting	1	2	3	4	5	9
4. Sitting	1	2	3	4	5	9
5. Squatting	1	2	3	4	5	9
6. Bending/stooping	1	2	3	4	5	9
7. Balancing	1	2	3	4	5	9
8. Kneeling	1	2	3	4	5	9
9. Walking—short distance	1	2	3	4	5	9
10. Walking—long distance	1	2	3	4	5	9
11. Walking—outdoors	1	2	3	4	5	9
12. Climbing stairs	1	2	3	4	5	9
13. Hopping	1	2	3	4	5	9
14. Jumping	1	2	3	4	5	9
15. Running	1	2	3	4	5	9
16. Pushing	1	2	3	4	5	9
17. Pulling	1	2	3	4	5	9
18. Reaching	1	2	3	4	5	9
19. Grasping	1	2	3	4	5	9
20. Lifting	1	2	3	4	5	9
21. Carrying	1	2	3	4	5	9

22. Thinking about all of the activities you would like to do, please mark an "X" at the point on the line that best describes your overall level of difficulty with these activities today.



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.

23. From the above list, choose the 3 activities you would most like to be able to do without any difficulty (for example, if you would most like to be able to *climb stairs*, *kneel*, and *hop* without any difficulty, you would choose: 1. 12 2. 8 3. 13) 1. _____ 2. _____ 3. _____