

Tips to Document Any Activity

- DOES THE ACTIVITY WORK TOWARDS A GOAL?
 - EX. REACHING INTO CABINETS IN ORDER TO IMPROVE SHOULDER RANGE OF MOTION
- IS THE ACTIVITY FUNCTIONAL?
 - EX. WIPING COUNTERTOP, HANGING CLOTHES IN CLOSET WALKING OUTSIDE ON VARIOUS TERRAINS
- WHAT CAN THE ACTIVITY HELP IMPROVE?
 - EX. LEG STRENGTH, FINE MOTOR COORDINATION, GRIP STRENGTH
- LEVELS OF ASSISTANCE
 - MAX, MOD, MIN, SBA, SET UP ASSIST
- TYPE OF ASSISTANCE
 - PHYSICAL, TACTILE, VERBAL, VISUAL
- MINUTES OR SETS/REPS REQUIRED TO COMPLETE ACTIVITY
 - EX. PT PERFORMED 2 SETS OF 5 REPS OF STANDING FROM SOFT SURFACE AND 1 SET OF 3 REPS DUE TO FATIGUE
- BARRIERS TO COMPLETING ACTIVITY
 - EX. DECREASED O2 LEVELS, REQUIRING SEATED BREATHING EXERCISES TO INCREASE O2 LEVEL PRIOR TO RESUMING ACTIVITY
- PATIENT'S REACTION TO TREATMENT
 - EX. PT HAS DIFFICULTY REACHING OVERHEAD TO RETRIEVE CONTAINER FROM CABINET DUE TO DECREASED SHOULDER RANGE OF MOTION, REQUIRING MODIFICATION OF SHELF HEIGHT

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