## **Interdisciplinary High Level Worksheet**

When planning and reviewing a patient's rehabilitation program or prior to discontinuing therapy on a patient performing at a high level, consider the following:

| Have the following areas been assessed and   |     |     |     |                                    |
|--|-----|-----|-----|------------------------------------|
| - Control of the Cont | ОТ. | DT  | CT. | Commonto                           |
| addressed as necessary including patient/caregiver   | OT  | PT  | ST  | Comments                           |
| education and return demonstration?  | Y/N | Y/N | Y/N | (Tests and Measures <sup>1</sup> ) |
| WC MOBILITY  |     |     |     |                                    |
| Locking/unlocking breaks   |     |     |     |                                    |
| Managing leg rests   |     |     |     |                                    |
| Sitting posture  |     |     |     |                                    |
| Chair fit  |     |     |     |                                    |
| Transfers in/out wheelchair  |     |     |     |                                    |
| Avoid obstacles  |     |     |     |                                    |
| Adequate vision/cognition  |     |     |     |                                    |
| Door thresholds  |     |     |     |                                    |
| Curbs/ramps  |     |     |     |                                    |
| Carpets  |     |     |     |                                    |
| Uneven surfaces  |     |     |     |                                    |
| POWER MOBILITY DEVICE  |     |     |     |                                    |
| Turn on/off  |     |     |     |                                    |
| Reach and manage controls  |     |     |     |                                    |
| Trunk stability (scooter)  |     |     |     |                                    |
| Speed management   |     |     |     |                                    |
| Stop on command  |     |     |     |                                    |
| Maneuver around obstacles  |     |     |     |                                    |
| Safety awareness (hallways intersections)  |     |     |     |                                    |
| GAIT   |     |     |     |                                    |
| Curbs  |     |     |     |                                    |
| Ramps  |     |     |     |                                    |
| Steps  |     |     |     |                                    |
| Carpets  |     |     |     |                                    |
| Uneven surfaces  |     |     |     |                                    |
| Grass  |     |     |     |                                    |
| Ambulation without obstacles/distractions  |     |     |     |                                    |
| Ambulation in complex environment  |     |     |     |                                    |
| Gait velocity  |     |     |     |                                    |
| Ambulatory reserve (fast pace – normal pace ambulation)  |     |     |     |                                    |
| DYNAMIC BALANCE  |     |     |     |                                    |
| Lifting/carrying loads   |     |     |     |                                    |
| Push/pull  |     |     |     |                                    |
| Accelerate/decelerate  |     |     |     |                                    |
| Unilateral stance  |     |     |     |                                    |
| Reaching   |     |     |     |                                    |
| Reaction time  |     |     |     |                                    |
| Fall recovery strategies   |     |     |     |                                    |
| TRANSFERS  |     |     |     |                                    |
| Car/van  |     |     |     |                                    |
| Bus/public transportation  |     | -   |     |                                    |
|  |     |     |     |                                    |
| Floor to stand   |     |     |     |                                    |
| Kneeling/squatting   |     |     |     |                                    |
| Varied height surfaces   |     | 1   |     |                                    |
| Sofa/couch   |     |     |     |                                    |
| Tub  |     |     |     |                                    |

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|--|------|------|------|-----------------------|
| addressed as necessary including patient/caregiver | ОТ   | PT   | ST   | Comments              |
| education and return demonstration?                | Y/N  | Y/N  | Y/N  | (Tests and Measures¹) |
|  | T/IN | T/IN | T/IN | (Tests and Measures') |
| HOMEMAKING   |      |      |      |                       |
| Food preparation                                   |      |      |      |                       |
| Food clean-up                                      |      |      |      |                       |
| Vacuuming  |      |      |      |                       |
| Mopping  |      |      |      |                       |
| Dusting  |      |      |      |                       |
| Laundry management                                 |      |      |      |                       |
| Appliance use                                      |      |      |      |                       |
| ADLs   |      |      |      |                       |
| Bathing  |      |      |      |                       |
| Dressing   |      |      |      |                       |
| Eating   |      |      |      |                       |
| Toileting  |      |      |      |                       |
| Grooming   |      |      |      |                       |
| Equipment Use/Maintenance                          |      |      |      |                       |
| Don/Doff/Care: Prosthesis                          |      |      |      |                       |
| Evening ADLs – getting ready for bed               |      |      |      |                       |
| Medication management                              |      |      |      |                       |
| Bowel or bladder                                   |      |      |      |                       |
| OCCUPATIONAL PERFORMANCE                           |      |      |      |                       |
| Driving  |      |      |      |                       |
| Work simulation                                    |      |      |      |                       |
| Child care   |      |      |      |                       |
| Pet care   |      |      |      |                       |
| COGNITIVE PERFORMANCE                              |      |      |      |                       |
| Checking/bill paying                               |      |      |      |                       |
| Memory   |      |      |      |                       |
| Phone/communication use                            |      |      |      |                       |
| Turn taking  |      |      |      |                       |
| Mail/email   |      |      |      |                       |
| Judgment   |      |      |      |                       |
| Problem solving                                    |      |      |      |                       |
| Humor/idioms/slang                                 |      |      |      |                       |
| Comprehension of medication schedule               |      |      |      |                       |
| COMMUNICATION                                      |      |      |      |                       |
| Written expression                                 |      |      |      |                       |
| Reading comprehension                              |      |      |      |                       |
| Complex conversation                               |      |      |      |                       |
| Fluency  |      |      |      |                       |
| SWALLOWING   |      |      |      |                       |
| Swallowing safety with foods and liquids of choice |      |      |      |                       |
| Swallowing efficiency                              |      |      |      |                       |
| COMMUNITY ACCESS                                   |      |      |      |                       |
| Pre-driving  |      |      |      |                       |
| Crossing streets                                   |      |      |      |                       |
| Public transportation                              |      |      |      |                       |
| Shopping   |      |      |      |                       |
| Groceries  |      |      |      |                       |
| Restaurant   |      |      |      |                       |
| Other activities important to patient              |      |      |      |                       |

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|--|-----|-----|-----|------------------------------------|
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| education and return demonstration?                | Y/N | Y/N | Y/N | (Tests and Measures <sup>1</sup> ) |
| SAFETY ISSUES                                      |     |     |     |                                    |
| Temperature assessment and weather-related         |     |     |     |                                    |
| decisions/precautions                              |     |     |     |                                    |
| Emergency calls                                    |     |     |     |                                    |
| Awareness of hazards in the home and outdoors      |     |     |     |                                    |
| HOME ASSESSMENT PERFORMANCE                        |     |     |     |                                    |
| Mobility performance at home                       |     |     |     |                                    |
| Home environment                                   |     |     |     |                                    |
| Written home exercise program                      |     |     |     |                                    |
| Caregiver education                                |     |     |     |                                    |
| Equipment needs                                    |     |     |     |                                    |
| ACTIVITY TOLERANCE                                 |     |     |     |                                    |
| Signs and symptoms of activity intolerance         |     |     |     |                                    |
| Large fluctuations in performance throughout day   |     |     |     |                                    |
| Self-management of activity tolerance              |     |     |     |                                    |
| PAIN   |     |     |     |                                    |
| Identification                                     |     |     |     |                                    |
| Assessment, education, interventions               |     |     |     |                                    |
| Education  |     |     |     |                                    |
| Intervention                                       |     |     |     |                                    |
| Pain meds (coordination with nursing)              |     |     |     |                                    |
| SKIN/WOUND CARE                                    |     |     |     |                                    |
| Pressure relief                                    |     |     |     |                                    |
| Self-skin inspection (diabetics)                   |     |     |     |                                    |
| Scar management                                    |     |     |     |                                    |
| Wound care   |     |     |     |                                    |