

Powers Physical Therapy, LLC

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OPTIMAL INSTRUMENT Difficulty Baseline

Name: _____ D.O.B. _____ Date: _____

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. Lying 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. Standing	1	2	3	4	5	9
10. Walking-Short distance	1	2	3	4	5	9
11. Walking-Long Distance	1	2	3	4	5	9
12. Walking Outdoors	1	2	3	4	5	9
13. Climbing Stairs	1	2	3	4	5	9
14. Hopping	1	2	3	4	5	9
15. Jumping	1	2	3	4	5	9
16. Running	1	2	3	4	5	9
17. Pushing	1	2	3	4	5	9
18. Pulling	1	2	3	4	5	9
19. Reaching	1	2	3	4	5	9
20. Grasping	1	2	3	4	5	9
21. Lifting	1	2	3	4	5	9
22. Carrying	1	2	3	4	5	9
TOTAL SCORE:						
TOTAL POSSIBLE SCORE:						

Three (3) activities you would most like to be able to do without any difficulty (identified at baseline assessment):

1. _____ 2. _____ 3. _____

Primary activity you would most like to be able to do without any difficulty (identified at baseline assessment):

Primary Goal. _____