

## **Patient-specific functional Scale**

Have you ever asked a patient what limitations they are having only to hear, “I can do everything”? This makes it difficult to document and measure functional progress. One way to document functional progress is with a scale called the patient specific functional scale (PSFS). There are other functional scales out there however they are often difficult or not practical in an outpatient setting. Therefore, this scale can help you be sure the patient is progressing (or not progressing) with regards to their functional deficits. Also, by using the method outline below you can be sure your therapeutic exercise training programs reflect the specific functional deficits with which your patient’s present.

### **Administering the PSFS**

The tool was originally designed to be administered verbally. For convenience and ease of reproducibility, a form has been organized below to help you. Ask the patient to identify at least 3 but no more than 5 specific tasks they have difficulty performing. (3, 4 or 5 tasks) Be sure they are specific. In other words, “I have trouble at work” would not be appropriate. You should ask, “What specifically at work are you having trouble with?” Record each of the specific tasks in the form outlined below. We’ll call those specific tasks PSFS indicators.

### **Scoring the PSFS**

Each functional task is scored between 0 and 10. Zero (0) represents inability to perform the task at all while 10 represents no difficulty at all. This can be a bit tricky. Generally we think of a 0 to 10 scale in the context of the numeric pain rating scale. (0 no pain 10 worst pain) This scale is actually reversed. (0 worst function 10 best function) A trick to help remember this is thinking of the last time you watched the Olympics. If a diver performed a perfect dive the judges would hold up a “10” on the scorecard. This is the same idea here.

### **Tips in using the PSFS**

First, you (as the clinician) often already know what the patient’s greatest limitations are. So give them some queues to help them along in identifying these tasks. Clarify that it is what they are having difficulty with not what they can and can’t do. Also, we are trying to focus on those tasks that they have the greatest difficulty with. Therefore, I prefer they identify tasks that are rated at 5 or below on the initial assessment. If they rate something as 9 it would be difficult for you to demonstrate meaningful change. Also, if they identify 5 different tasks and 1 of them is rated high (9 /10) I would consider dropping that one from the list. The scale allows 3 or 4 items. By dropping the item that demonstrated the least functional deficit, the final score will better represent the functional difficulty they truly have. Also, as you will see, you can use the PSFS to develop training programs so it’s important to identify those tasks you plan to address in your plan.

# Patient-specific functional Scale

Patient Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Identify up to 5 important activities that you are unable to do or are having moderate to extreme difficulty doing. For each activity, rate the level of difficulty you have performing each activity using the 0-10 scale listed below. The higher the number, the more easily you can perform the activity. The lower the number, the more difficulty you have.

Once you have included activities you are unable to do or are having moderate to extreme difficulty doing, you may also include activities that you are having just a little bit of difficulty doing. Only include these activities if you have not already listed 5 activities you have moderate to extreme difficulty doing.

Note: If you are filling this form out at a follow-up appointment, be sure to rate the same activities you list at your initial appointment. Ask your therapist for a copy of your initial form so that you can rate the same activities.

## Rating Scale

*Unable to perform the activity*

*Able to perform the activity at the same level as before neck/back pain*

0    1    2    3    4    5    6    7    8    9    10

Activity	Initial —/—	FU 1 —/—	FU 2 —/—			
1.						
2.						
3.						
4.						
5.						
<b>Average Score:</b>						

## Instructions in using the PSFS exercise flow sheet

Now that you are comfortable with administering the PSFS let's use this information to develop a functionally based treatment program. Below you will find flow sheets each representing a specific functional task that the patient is having difficulty with. The most advanced exercises should be listed at the bottom for each respective flow sheet. In order for you to focus on the functional deficits fill out the flow sheets starting at the bottom of each section and working your way up. Each flow sheet has seven (7) different places for exercises meaning you need to get to that last (and most functional) exercise within a progression of seven different exercises. This forces you to be concise in your progression AND purposeful. Therefore, every single exercise you prescribe must have a specific purpose in addressing the functional deficit outlined in the PSFS indicator. Here's an example of some functional progressions.

### *PSFS indicator: Transitioning from sit to stand*

#### **Most difficult**

#### **Least difficult**

Sit to stand > full wall slides > partial wall slides > Seated weight shifts > Bridging > Side lying clams

*You'll notice I listed the exercises in reverse order always starting with the most functional task. When they are entered into the flow sheet start from the bottom and work your way up.*

Finally, there are many ways to progress a patient other than adding additional weights or making a given exercise more difficult. At the bottom of each page you notice some symbols, which represent functional ways to progress patients.

- **(~)** Unstable surface: Ask yourself how you can make any exercise more inherently unstable. Stability balls, BOSU balls, foam pads, pillows, are all great ways to make an exercise more challenging.
- **(//)** Perturbations: apply external forces to put someone off balance. This can be done my simply pushing on the patient while they do their exercises but there are also great tools out there such as the Body blade or B.O.I.N.G devise. Can they be incorporated into your progression?
- **(--)** Eyes closed: we tend to rely on our visual acuity when there is poor sensory motor awareness. Closing the eyes during exercise can be much more challenging than you may anticipate.
- **(X)** Multi directional movements: We function in a multidirectional environment. How can any of the exercises you are prescribing be performed in a multidirectional context?





