

# TAOS – Therapeutic Associates

## Outcomes Systems

### Please fill out the check marked sections only

*Choose the one answer that best describes your condition in the sections check marked.*

#### **Functional Index**

##### **Walking**

- Symptoms do not prevent me from walking any distance.
- Symptoms prevent me from walking more than 1 mile.
- Symptoms prevent me walking more than 1/2mile.
- Symptoms prevent me walking more than 1/4 mile.
- I can only walk using stick or crutches.
- I am in bed most of the time and have to crawl to the toilet.

##### **Work (Applies to work in home and outside)**

- I can do as much work as I want to.
- I can only do my usual work, but no more.
- I can do most of my usual work, but no more.
- I cannot do my usual work.
- I can hardly do any work at all (only light duty).
- I cannot do any work at all.

##### **Personal Care (Washing, Dressing, etc.)**

- I can manage all personal care without symptoms.
- I can manage all personal care with some increased symptoms.
- Personal care requires slow, concise movements due to increased symptoms.
- I need help to manage some personal care.
- I need help to manage all personal care.
- I cannot manage any personal care.

##### **Sleeping**

- I have no trouble sleeping.
- My sleep is mildly disturbed (less than 1 hr. sleepless).
- My sleep is mildly disturbed (1-2 hrs. sleepless).
- My sleep is moderately disturbed (2-3 hrs. sleepless).
- My sleep is greatly disturbed (3-5 hrs. sleepless).
- My sleep is completely disturbed (5-7 hrs. sleepless).

##### **Recreation/Sports**

(Indicate Sport if Appropriate \_\_\_\_\_)

- I am able to engage in all my recreational/sports activities without increased symptoms.
- I am able to engage in all my recreational/sports activities with some increased symptoms.
- I am able to engage in most, but not all of my usual recreational/sports activities because of increased symptoms.
- I am able to engage in a few of my usual recreational/sports activities because of my increased symptoms.
- I can hardly do any recreational/sports activities because of increased symptoms.
- I cannot do any recreational/sports activities at all.

#### **Acuity**

*(Answer on initial visit)*

How many days ago did onset/injury occur? \_\_\_\_\_days

Name \_\_\_\_\_

Date \_\_\_\_\_  Initial Visit  Discharge Visit

- Upper Extremity (A,D)  Lower Extremity (B,F)
- Cervical Thoracic (C,D)  Lumbar (D,F)  TMJ (C,E)

#### **A. Upper Extremity**

##### **Carrying**

- I can carry heavy loads without increased symptoms.
- I can carry heavy loads with some increased symptoms.
- I cannot carry heavy loads overhead, but I can manage if they are positioned close to my trunk.
- I cannot carry heavy loads, but I can manage light to medium loads if they are positioned close to my trunk.
- I can carry very light weights with some increased symptoms.
- I cannot lift or carry anything at all.

##### **Dressing**

- I can put on a shirt or blouse without symptoms.
- I can put on a shirt or blouse with some increased symptoms.
- It is painful to put on a shirt or blouse and I am slow and careful.
- I need some help but I manage most of my shirt or blouse dressing.
- I need help in most aspects of putting on my shirt or blouse.
- I cannot put on a shirt or blouse at all.

##### **Reaching**

- I can reach to a high shelf to place an empty cup without increased symptoms.
- I can reach to a high shelf to place an empty cup with some increased symptoms.
- I can reach to a high shelf to place an empty cup with a moderate increase in symptoms.
- I cannot reach to a high shelf to place an empty cup, but I can reach up to a lower shelf without increased symptoms.
- I cannot reach up to a lower shelf without increased symptoms, but I can reach counter height to place an empty cup.
- I cannot reach my hand above waist level without increased symptoms.

#### **B. Lower Extremity**

##### **Stairs**

- I can walk stairs comfortably without a rail.
- I can walk stairs comfortably, but with a crutch, cane, or rail.
- I can walk more than 1 flight of stairs, but with increased symptoms.
- I can walk less than 1 flight of stairs.
- I can manage only a single step or curb.
- I am unable to manage even a step or curb.

##### **Uneven Ground**

- I can walk normally on uneven ground without loss of balance or using a cane or crutches.
- I can walk on uneven ground, but with loss of balance or with the use of a cane or crutches.
- I have to walk very carefully on uneven ground without using a cane or crutches.
- I have to walk very carefully on uneven ground even when using a cane or crutches.
- I have to walk very carefully on uneven ground and require physical assistance to manage it.
- I am unable to walk on uneven ground.

**■ C. Cervical/TMJ**

**Concentration**

- I can concentrate fully when I want to with no difficulty
- I can concentrate fully when I want to with slight difficulty.
- I have a fair degree of difficulty in concentrating when I want to.
- I have a lot of difficulty in concentrating when I want to.
- I have a great deal of difficulty in concentrating when I want to.
- I cannot concentrate at all.

**Headaches**

- I have no headaches at all.
- I have slight headaches which come less than 3 per week.
- I have moderate headaches which come infrequently.
- I have moderate headaches which come 4 or more per week.
- I have severe headaches which come frequently.
- I have headaches almost all of the time.

**Reading**

- I can read as much as I want without increased symptoms.
- I can read as much as I want with slight symptoms.
- I can read as much as I want with moderate symptoms.
- I cannot read as much as I want because of moderate symptoms.
- I can hardly read at all because of severe symptoms.
- I cannot read at all.

**■ D. Lumbar/Cervical/Upper Extremity**

**Driving**

- I can drive my car or travel without any extra symptoms.
- I can drive my car or travel as long as I want with slight symptoms.
- I can drive my car or travel as long as I want with moderate symptoms.
- I cannot drive my car or travel as long as I want because of moderate symptoms.
- I can hardly drive at all or travel because of severe symptoms.
- I cannot drive my car or travel at all.

**Lifting**

- I can lift heavy weights without extra symptoms.
- I can lift heavy weights but it gives extra symptoms.
- My symptoms prevent me from lifting heavy weights but I manage if they are conveniently positioned. (e.g. on a table)
- My symptoms prevent me from lifting heavy weights but I manage light to medium weights if they are conveniently positioned.
- I can lift only very light weights.
- I cannot lift or carry anything at all.

**■ Pain Index**

Please indicate the worst your pain has been in the last 24 hours on the scale.

\_\_\_\_\_

No Pain Worst Pain Imaginable

**■ Improvement Index**

Please indicate the amount of improvement you have made since the beginning of your physical therapy treatment on the scale.

\_\_\_\_\_

No Improvement Complete Recovery

**■ Work Status (check most appropriate)**

- 1.  No lost work time
- 3.  Return to work with modification
- 5.  Not employed outside the home
- 2.  Return to work without restriction
- 4.  Have not returned to work

Work days lost due to condition: \_\_\_\_\_ days

**■ E. TMJ**

**Talking**

- I can talk without any increased symptoms.
- I can talk as long as I want with slight symptoms in my jaws.
- I can talk as long as I want with moderate symptoms in my jaws.
- I cannot talk as long as I want because of moderate symptoms in my jaws.
- I can hardly talk at all because of severe symptoms in my jaws.
- I cannot talk at all.

**Eating**

- I can eat whatever I want without symptoms.
- I can eat whatever I want but it gives extra symptoms
- Symptoms prevent me from eating regular food, but I can manage if I avoid hard foods.
- Symptoms prevent me from chewing anything other than soft foods.
- I can chew soft foods occasionally, but primarily adhere to a liquid diet.
- I cannot chew at all and maintain a liquid diet.

**■ F. Lumbar/Lower Extremity**

**Standing**

- I can stand as long as I want without increased symptoms.
- I can stand as long as I want, but it gives me extra symptoms.
- Symptoms prevent me from standing for more than 1 hour.
- Symptoms prevent me from standing for more than 30 minutes.
- Symptoms prevent me from standing for more than 10 minutes.
- Symptoms prevent me from standing at all.

**Squatting**

- I can squat fully without the use of my arms for support.
- I can squat fully, but with symptoms or using my arms for support.
- I can squat 3/4 of my normal depth, but less than fully.
- I can squat 1/2 of my normal depth, but less than 3/4.
- I can squat 1/4 of my normal depth, but less than 1/2.
- I am unable to squat any distance due to symptoms.

**Sitting**

- I can sit in any chair as long as I like.
- I can only sit in my favorite chair as long as I like.
- My symptoms prevent me sitting more than 1 hour.
- My symptoms prevent me sitting more than 1/2 hour.
- My symptoms prevent me sitting more than 10 minutes.
- My symptoms prevent me from sitting at all.