Module 4.  Functional Assessment

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Staff Development Partners Edition
Instructor Guide

THIS MODULE INCLUDES:

1. Expected Staff Cognitive Competencies
2. Expected Staff Clinical Competencies
3. Content Outline including Learning Activities
   a. REMINDER TO INSTRUCTOR: Read activities in Instructor Guide and prepare materials for activities in advance
4. Scripted PowerPoint Presentation
5. 10-item Post Test
6. Resources
EXPECTED STAFF (Cognitive) COMPETENCIES

2. Describe some characteristics of functional decline in older persons.
3. Identify comorbid conditions that might impact negatively on the functional status of an older adult.
4. Assess function using validated tools.
5. Plan strategies to promote / maintain optimal function in older adults.

EXPECTED STAFF (Clinical) COMPETENCIES

<table>
<thead>
<tr>
<th>Behaviors</th>
<th>How validated</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Novice</td>
</tr>
<tr>
<td>1. <strong>Long-Term Care Setting:</strong> Formally assess older adult’s ability to function upon admission and reassess yearly and upon significant change in clinical status</td>
<td>• Direct observation of assessment interview, techniques (include family/caregiver/staff if pt unable), accurate use of assessment tool, and documentation</td>
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<tr>
<td>2. <strong>Acute Care Setting:</strong> Formally assess the patient’s ability to function and compare it to the baseline (when not acutely ill).</td>
<td>• Direct observation of assessment interview, techniques (include family/caregiver/staff if pt unable), accurate use of assessment tool, and documentation</td>
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<tr>
<td>3. <strong>Home Care Setting:</strong> Assess the patient’s ability to function in his / her own home and environment, at every home visit, including functional history and documentation of observations</td>
<td>• Direct observation of assessment interview, techniques (include family/caregiver if pt unable), accurate use of assessment tool, and documentation</td>
</tr>
<tr>
<td>4. <strong>Tools</strong> Correctly use validated tools in assessing functional status and determining the degree of functional decline.</td>
<td>• Direct observation</td>
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</table>

A variety of instruments and methods are available for conducting functional assessment on the older adult: Katz Activities of Daily Living index (ADL), the Barthel Instrumental Activities of Daily Living index (IADL), PULSES Profile, SPICES, and the Older American Resources and Services (OARS) assessment.

A. **Functional Assessment** is a comprehensive evaluation of the physical and cognitive abilities required to maintain independence. Assessment tools provide objective measures of physical health, activities of daily living (ADLs), instrumental activities of daily living (IADLs), and psychological and social functioning. In a more narrow sense, function can be defined as “the ability to function in the arena of everyday living”.

B. **Activities of Daily Living** (ADLs) are the basic daily activities of bathing, dressing, toileting, continence, transfer / mobility, grooming, and feeding. The Katz ADL Index has been the most reliable and easy to use. It gathers information by observation on bathing, dressing, toileting, eating, transferring, continence, and grooming.

C. **Instrumental Activities of Daily Living** (IADLs) are the basic daily activities needed to live independently in the community – shopping, food preparation, cooking, using the telephone, doing laundry, housekeeping, managing medications, managing finances, maintaining a home and property, performing duties of employment or volunteer work, and traveling (driving or using public or private transportation systems).

D. **Psychological Function** is assessed by measuring cognitive mental and affective functions independently (See Module 5).

E. **Social functioning** includes social interactions and resources, subjective well-being and coping, and person-environment fit.

Competency 2. Describe some characteristics of functional decline in older persons.

A. The incidence of chronic conditions increases with age (arthritis, hypertension, heart disease, hearing impairment, orthopedic impairment, and cataract).

B. Persons over 65 years of age use approximately one-third of available physician resources, and one-fourth of total medications prescribed, and they constitute more than two-fifths of acute hospital admissions.

C. In 2002, there were an estimated 35.6 million (12.3%) people age 65 or older, and it was
estimated that 2% of the population was age 85 and older. By 2030, there will be about 71.5 million older persons. The 85+ population will increase from 4.6 million in 2002 to 9.6 million in 2030 and 19 million by 2050.

D. Functional decline, as measured in Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs), is more prevalent with age (20% of older persons over 65 years require assistance with ADLs; 45% of older persons over 85 years require assistance with ADLs).

**Competency 3. Identify comorbid conditions that might impact negatively on the functional status of an older adult.**

A. Acute illness  
B. Alteration in nutrition and / or hydration  
C. Chronic illness  
D. Delirium  
E. Dementia  
F. Economics  
G. Environment  
H. Medications  
I. Psychiatric comorbidities, especially depression  
J. Psychological / social stressors.

**Competency 4. Assess function using validated tools.**

A. The Katz ADL Index has established reliability and is easy to use. It was first developed in 1963 by Dr. Sidney Katz, who wanted to find a way to measure function and how it changed over time in older people who had progressive chronic illnesses. It has been modified and simplified and different approaches to scoring were used from categorical scoring (yes/no), to point scaling (independent, some assistance, or dependent). There were no formal reliability and validity reports in the literature; however, it is used extensively to assess functional capabilities of older adults at home and in the clinical setting. The Katz inventory is useful in creating a common language about a patient’s function for all care givers involved, evaluating older adults according to levels of independence. A number of adapted versions are in use today.
## MODULE 4. FUNCTIONAL ASSESSMENT

### KATZ ACTIVITIES OF DAILY LIVING\(^1\)

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
<th>INDEPENDENCE (1 point) NO supervision, direction or personal assistance</th>
<th>DEPENDENCE (0 points) WITH supervision, direction, personal assistance or total care</th>
</tr>
</thead>
<tbody>
<tr>
<td>BATHING</td>
<td>(1 POINT) Bathes self completely or needs help in bathing only a single part of the body such as the back, genital area, or disabled extremity.</td>
<td>(0 POINT) Needs help in bathing more than one part of the body getting out of the tub or shower. Requires total bathing.</td>
</tr>
<tr>
<td>Point: _____</td>
<td></td>
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<tr>
<td>DRESSING</td>
<td>(1 POINT) Gets clothes from closets and drawers and puts on clothes and other garments complete with fasteners. May have help tying shoes.</td>
<td>(0 POINTS) Needs help with dressing self or needs to be completely dressed.</td>
</tr>
<tr>
<td>Point: _____</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOILETING</td>
<td>(1 POINT) Goes to toilet, gets on and off, arranges clothes, cleans genital area without help.</td>
<td>(0 POINTS) Needs help transferring to the toilet, cleaning self or uses bedpan or commode.</td>
</tr>
<tr>
<td>Point: _____</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRANSFERRING</td>
<td>(1 POINT) Moves in and out of bed or chair unassisted. Mechanical transferring aides are acceptable.</td>
<td>(0 POINTS) Needs help in moving from bed to chair or requires a complete transfer.</td>
</tr>
<tr>
<td>Point: _____</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CONTINENCE</td>
<td>(1 POINT) Exercises complete self control over urination and defecation.</td>
<td>(0 POINTS) Is partially or totally incontinent of bowel or bladder.</td>
</tr>
<tr>
<td>Point: _____</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FEEDING</td>
<td>(1 POINT) Gets food from plate into mouth without help. Preparation of food may be done by another person.</td>
<td>(0 POINTS) Needs partial or total help with feeding or requires parenteral feeding.</td>
</tr>
<tr>
<td>Point: _____</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL POINTS= _____</td>
<td>6 = High (patient independent)</td>
<td>0 = Low (patient very dependent)</td>
</tr>
</tbody>
</table>

B. Lawton Instrumental Activities of Daily Living (IADL) has been useful in rehabilitation settings to monitor improvements over time. IADLs are those activities whose accomplishment is necessary for continued independent residence in the community. The independent activities of daily living are more sensitive for subtle functional deficiencies than the ADLs. It differentiates among task performances including the amount of help and amount of time needed to accomplish each task.

**Lawton Instrumental Activities of Daily Living (IADL)**

**INSTRUCTIONS:** Ask the patient to describe her / his functioning in each category; then complement the description with specific questions as needed.

**Ability to Telephone**
1. Operates telephone on own initiative: looks up and dials number, etc.
2. Answers telephone and dials a few well-known numbers.
3. Answers telephone but does not dial.
4. Does not use telephone at all.

**Shopping**
1. Takes care of all shopping needs independently.
2. Shops independently for small purchases.
3. Needs to be accompanied on any shopping trip.
4. Completely unable to shop.

**Food Preparation**
1. Plans, prepares, and serves adequate meals independently.
2. Prepares adequate meals if supplied with ingredients.
3. Heats and serves prepared meals, or prepares meals but does not maintain adequate diet.
4. Needs to have meals prepared and served.

**Housekeeping**
1. Maintains house alone or with occasional assistance (e.g. heavy work done by domestic help).
2. Performs light daily tasks such as dishwashing and bed making.
3. Performs light daily tasks but cannot maintain acceptable level of cleanliness.
5. Does not participate in any housekeeping tasks.

**Laundry**
1. Does personal laundry completely
2. Launders small items; rinses socks, stockings, and so on.
3. All laundry must be done by others.

**Mode of Transportation**
1. Travels independently on public transportation, or drives own car.
2. Arranges own travel via taxi, but does not otherwise use public transportation.
3. Travels on public transportation when assisted or accompanied by another
4. Travel limited to taxi, automobile, or ambulette, with assistance.
5. Does not travel at all.
C. **PULSES Profile.** This instrument measures general functional performance in mobility and self-care, medical status, and psychosocial factors. The acronym is useful for remembering the components:

- **P** = Physical Condition
- **U** = Upper Limb Function
- **L** = Lower Limb Function
- **S** = Sensory Components
- **E** = Excretory Functions
- **S** = Support Factors

D. **SPICES** is an acronym for the common syndromes of the older adult requiring nursing intervention: **S** is for Sleep Disorders; **P** is for Problems with eating or feeding; **I** is for Incontinence; **C** is for Confusion; **E** is for Evidence of Falls; and **S** is for Skin Breakdown. Developed by Terry Fulmer, PhD, RN, FAAN, at New York University, Division of Nursing, SPICES is an appropriate instrument for obtaining the information necessary to prevent health alterations. Psychometric testing has not been done. The instrument has been used extensively to assess and prevent most frequent health problems of older adults at the following healthcare facilities: Yale University Medical Center, and the New York University Medical Center. Scoring: If the syndrome screens positive, refer to evidence-based practice protocol.

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E. The Older American Resources and Services (OARS) assessment for physical function is similar in scope of measurement to the Katz scale, including bathing, dressing, grooming, and continence. However, unlike the Katz instrument, OARS relies on self-report, therefore, this tool may be less valid than observations of performance.

F. Timed “Get-Up and Go” Test measures the ability to walk. This is a simple, validated, and practical assessment of balance function, yielding information on independence in ambulation with efficiency and ease of use. Subjects are asked to rise from a chair, stand still momentarily, then walk toward the wall and turn around, walk back to the chair, turn around and sit down. Undue slowness, hesitancy, abnormal movements, staggering, and stumbling are considered abnormal and indicate that the patient is at risk of falling. Other investigators have categorized this test by time requirement (<20 seconds; 20 – 39 seconds; >40 seconds). Physical performance tests have some advantages over self-report measures such as the ADLs and IADLs) including better reproducibility, greater sensitivity to change and ability to predict pre-clinical impairment.  

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**Fulmer SPICES: An Overall Assessment Tool of Older Adults**

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SPICES</strong></td>
<td><strong>EVIDENCE</strong></td>
</tr>
<tr>
<td>Sleep Disorders</td>
<td></td>
</tr>
<tr>
<td>Problems with eating or feeding</td>
<td></td>
</tr>
<tr>
<td>Incontinence</td>
<td></td>
</tr>
<tr>
<td>Confusion</td>
<td></td>
</tr>
<tr>
<td>Evidence of Falls</td>
<td></td>
</tr>
<tr>
<td>Skin Breakdown</td>
<td></td>
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</tbody>
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Competency 4. Plan strategies to promote / maintain optimal function in older adults.\(^5\)

1. Exercise and physical activity help to prevent heart disease, hypertension, depression, and a tendency toward diabetes.

2. Design environments with handrails, wide doorways, raised toilet seats, shower seats, enhanced lighting, low beds, and chairs of various types and height.


4. Judicious assessment and monitoring of medications and their dosages, especially psychoactive medications.

5. Maintain vaccination status.

6. Optimize nutritional patterns. Provide sufficient protein and caloric intake to ensure adequate intake and prevent further decline. Liberalize diet to include personal preferences.

7. Maintain and enhance mental functioning.

8. Minimize bed rest.

9. Explore alternatives to physical restraints use.

10. Obtain assessment by physical and occupational therapists as needed to help regain function.

11. Maintain and enhance social relationships and support.

12. Provide information to caregivers on causes of functional decline related to acute and chronic conditions.

13. Help them access counseling and resources remaking physical modifications to the environment or gaining access to equipment. (Rowe & Kahn, 1998)

RESOURCES


Other Resources

Videotape:
Video Workshop # 1 Case Study Marie 3 Parts
Center for Assistive Technology at the University of Buffalo.
UB/CAT Products
515 Kimball Tower
University of Buffalo
Buffalo, NY 14214-3079
Phone: 716-829-3141; Fax: 716-829-3217