

OPTIMAL INSTRUMENT

(Gait / Neuro / Balance)

Name: _____

Date: _____

Instructions: Please circle the level of difficulty you have for each activity today.

Initial ____ Interim ____ D/C ____

		Difficulty Levels					
Activity	Without Difficulty	Little Difficulty	Moderate Difficulty	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

23.) From the above list, choose the 3 activities you would most like to be able to do without any difficulty (for example, if you would most like to be able to *climb stairs*, *kneel*, and *hop* without any difficulty, you would choose: 1. 12 2. 8 3. 13)

1. ____ 2. ____ 3. ____

24.) From the above list of three activities, choose the primary activity you would most like to be able to do without any difficulty (for example, if you would most like to be able to *climb stairs* without any difficulty, you would choose: Primary goal. 12)

Primary Goal. ____