



OPTIMAL INSTRUMENT (Outpatient Physical Therapy Improvement in Movement Assessment Log)

Name: _____ Date: _____

Diagnosis: _____

Date of Birth: _____ FIN: _____ INITIAL UPDATE DISCHARGE

Please complete this questionnaire prior to beginning treatment. It will assist us in focusing your treatment. Near the end of your treatment, we will ask you to complete it again to assess your progress over time. Thank you!

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

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. 13, 2. 8, 3. 14)

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. 13)

Primary goal. _____

-----**For Therapist Use Only**-----

DIFFICULTY SCORE (%) = _____ (Total score – Total # of items scored)/(Total possible score – Total # of items scored)