

The UK FIM+FAM (Functional Assessment Measure)

**Developed by the
UK FIM+FAM Users Group
Version 2.2
Modified 23.10.10**

Updated scoring manual to align with the training manual from
Australasian Rehabilitation Outcomes Centre

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(Adapted from the US version of the FAM, originally developed by Dr Karyl Hall and colleagues, Santa Clara Valley Medical Center, San Jose California, 1994)

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* FAM items

Introduction

The Functional Independence Measure (FIM) is an 18-item global measure of disability. Each item is scored on 7 ordinal levels. The FIM can be used for measuring disability in a wide range of conditions.

The Functional Assessment Measure does not stand alone but adds 12 FAM items to the FIM, specifically addressing cognitive and psychosocial function, which are often the major limiting factors for outcome in brain injury. Hence the Functional Assessment Measure is abbreviated to (FIM+FAM)

FAM items are rated on the same 7-level scale as the FIM items although the scaling structure of the FIM does not always lend itself to the more abstract nature of the FAM items.

The original FAM items were developed by Santa Clara Valley Medical Center (SCVMC), San Jose, California. However there were a number of problems for extrapolation to the UK settings:

- 1.Many items were written in US terms not easily transferable to UK settings
- 2.Some items were found to be too vague and subjective to score in routine practical use

In 1996 the UK FIM+FAM users group set about adapting the FAM items to produce a UK version. The UK FIM+FAM keeps the 7-level structure, but was adjusted to improve the objectivity of scoring, especially for the more subjective items. This work has been undertaken in collaboration with SCVMC.

The FIM+FAM is designed for measuring disability in the brain-injured population. The FIM data can be extracted and used on its own, for example when making comparison with populations in which only the FIM is rated.

For this reason it is important to score the FIM items as for the stand-alone scale, and the FAM items as an add-on. Certain items contain overlapping information.

For example:

“Eating” is a FIM item and includes swallowing, while “swallowing” alone is a FAM item. Eating should still be rated on the basis that it includes swallowing, so that the integrity of the FIM score is maintained.

Similarly, “Expression” is a FIM item, and includes speech intelligibility (articulation, voice modulation etc.), while “Speech intelligibility” is also rated alone as a FAM item

Update of FIM manual

The original UK FIM+FAM (Version 1) used version 4 of the FIM manual.

In this updated edition (UK FIM+FAM version 2), the FIM items have been adjusted to align them with the FIM version 5, which is the version currently in use by the Australasian Rehabilitation Outcomes Centre (AROC).

The AROC training manual provides a more systematised approach to scoring, breaking down items into component tasks to determine the % of task completed by the patient.

Text Colour in this manual:
Black text = FIM items
Blue text = FAM items
Red text = Changes made in FIM+FAM version 2 to align with AROC
Green text = New changes

Basic scoring principles

1. Function is assessed by clinicians on the basis of direct observation.

This requires the raters to be familiar with the patient and the standards for rating are:

Admission: Within 10 working days of admission date (may be adjusted for short programmes / community)

Discharge: During the last week before discharge

2. Scoring is undertaken by a multi-disciplinary team.

There are several different models for team scoring. When the team is new to the scale, it is often most instructive to score from scratch as a team, one team member acting as facilitator to read out the questions in the decision tree until an agreed score is reached. As users become more familiar, time may be saved by dividing items among the team, and each team member rating their items prior to meeting for discussion.

If there is disagreement amongst the team when scoring any item - the lower score is taken.

3. The FIM+FAM is essentially a rating of independence (and conversely the amount of help an individual has) for basic daily activities.

The person is scored on what they actually do, on a day-to-day basis, not what they could do or might be able to do, in different circumstances.

The FIM rating is therefore dependent on the environment, which may or may not be disability-friendly

4. Do not:

- Leave any score blank or enter N/A - score 1 if unable to assess
- Score in half points - use the lower score

5. The person scores 1 if:

- They do not perform the activity at all
- If help from 2 people is needed
- If they would be put at risk of injury if tested
- If the information is simply not available

(Note – the US system allows a score '0' for some FIM items on admission only

This is because of their tight timescale for assessment (within 48 hours of admission)

The Australian and UK systems do not record any '0' scores - except the UK allows a '0' for wheelchair locomotion only if a wheelchair is never used at all and so not applicable.

This does not impact on the total scores as Wheelchair Mobility is an alternate item to walking.

Anyone wishing to understand how this manual compares with the US system may contact the Regional Rehabilitation Unit at Northwick Park Hospital - we can provide a manual which explains the differences.

6. Two instructions differ from the original FIM manual for the UK FIM+FAM:

- For locomotion: record for both wheelchair (if applicable) and walking at each time point. Record the preferred mode on the score sheet.
- For bladder and bowel management - record both the level of assistance and the frequency of incontinence

7. Use the decision trees and then check the level description with the notes at the bottom of the page to ensure the score is correct.

8. If function is variable for a given item, score the lower.

Description of the levels or function

INDEPENDENT Another person is not required for the activity (No helper)

7 Complete independence

The person performs all of the tasks described as making up the activity within a reasonable amount of time, and does so safely without the need for modification, assistive devices or aids.

(No help, no devices, safe and timely!)

6 Modified independence

One or more of the following may be true:

- a) uses an assistive device
- b) takes longer than the reasonable amount of time
- c) there is some concern for safety

(No help, but uses a **device**, or **issues for safety or timeliness**)

DEPENDENT Receives help from another person to perform the activity, or the activity is not performed (Requires helper)

Modified Dependence: The person performs more than half the task themselves

5 Supervision or set-up

Receives no more than stand-by cueing, coaxing or verbal prompting without physical contact,

OR help just to set-up equipment, apply orthosis, etc.

(No help, but **set-up or verbal prompting**)

4 Minimal assistance

No more help than touching

Receives incidental help only to complete the task - does ≥75% themselves

(**Help at the level of touching only**– Madonna item!)

3 Moderate assistance

More help than touching

Receives moderate help, but still performs 50-74% of the task themselves

(**Hands on help but patient does more than half** the task themselves)

Complete Dependence: The person performs less than half the task

2 Maximal assistance

Receives substantial assistance - the person provides 25-49% of the effort to complete the task

(**Patient does less than half** the task themselves, but does contribute)

1 Total assistance

Receives total assistance - the person contributes less than 25% of the effort or the activity is not performed

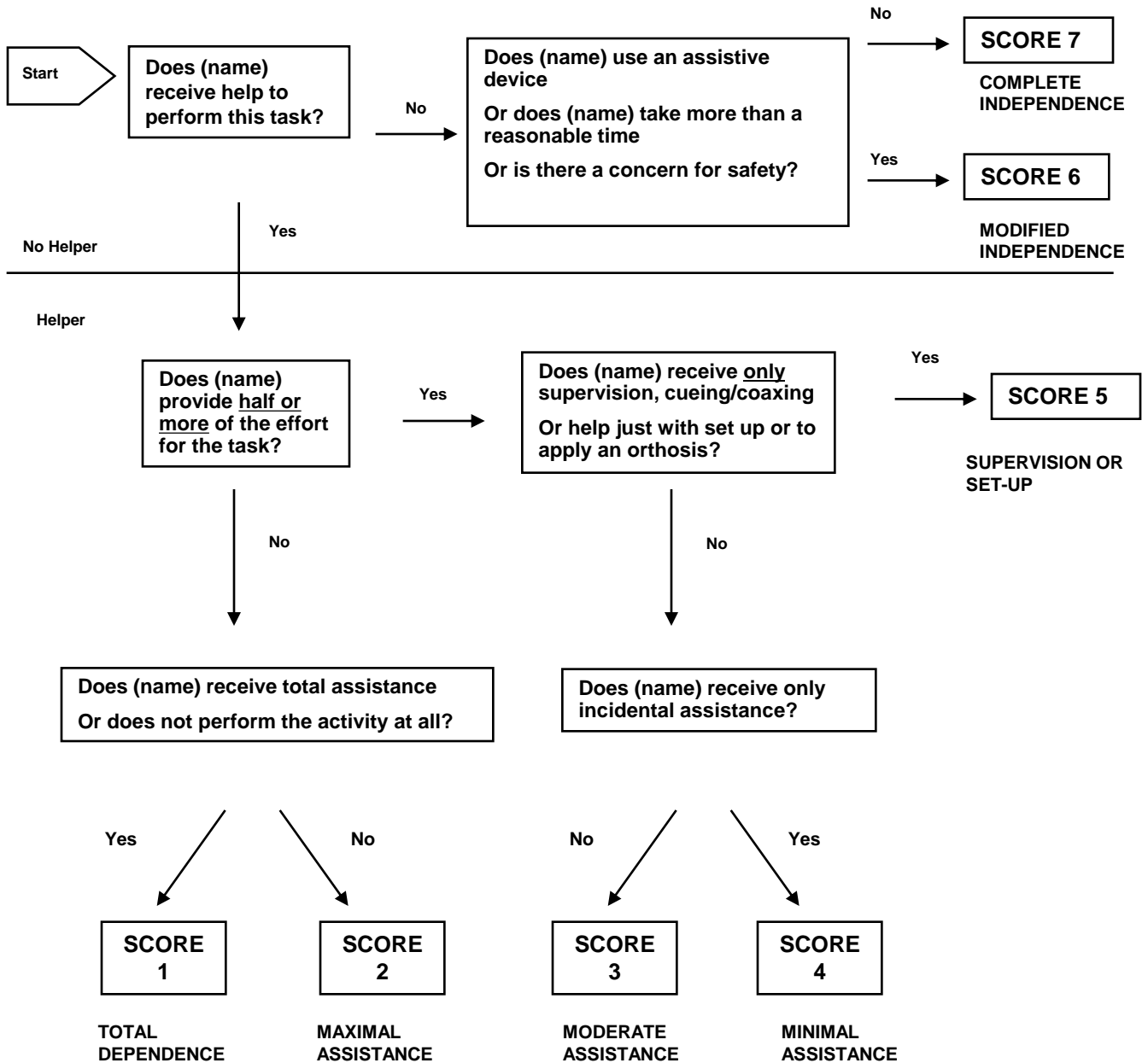
Patient unable or does very little (<25%) of the task

1. GENERAL DESCRIPTION OF ITEMS

Item includes:
 • Various components included in the task.

At level 7, the person:
 Description of complete independence.

Start at the top left hand corner
Follow the tree down



NOTES

- Level 7 : Complete independence: Performs independently and safely.
- Level 6 : Modified independence: Uses an assistive device, or there is consideration for time / safety.
- Level 5 : Supervision or set-up: Receives only cueing or coaxing but no physical contact - or help just with set-up.
- Level 4 : Minimal assistance: Receives incidental help but performs 75% or more of the task themselves.
- Level 3 : Receives moderate assistance: but still performs more than half the task themselves (50-74%).
- Level 2 : Maximal assistance: provides less than half of the effort to complete the task (25-49%).
- Level 1 : Receives total assistance - contributes less than 25% of the effort. Or does not perform the activity at all.

FIM + FAM score sheet

FIM/FAM	Admission	Goal	Discharge
Date			
Date of FAM Assessment			
FIM/FAM Items	Admission	Goal	Discharge
Motor items			
1. Eating			
2. Swallowing			
3. Grooming			
4. Bathing			
5. Dressing Upper Body			
6. Dressing Lower Body			
7. Toileting			
8(i) Bladder - Level of assistance			
8(ii) Bladder - Frequency of accidents			
9(i) Bowel - Level of assistance			
9(ii) Bowel - Frequency of accidents			
10. Bed, Chair, Wheelchair transfer			
11. Toilet transfer			
12. Tub, Shower transfer			
13. Car transfer			
14(i) Locomotion - Walking "w"			
14(ii) Locomotion - Wheelchair "c"			
Preferred mode of Locomotion (w or c)			
15. Stairs			
16 Community Mobility			
Preferred mode: c=car, t=taxi, p=public transport			
Total Scores:			
Self care (7-49)			
Bladder/Bowels (2-14)			
Locomotion (7-49)			
Total Motor Subscore (16-112)			

FIM + FAM score sheet: part 2

FIM/FAM Items	Admission	Goal	Discharge
Cognitive items			
17 Comprehension			
18 Expression			
19. Reading			
20. Writing			
21. Speech Intelligibility			
22. Social Interaction			
23. Emotional Status			
24. Adjustment to Limitations			
25. Leisure Activities			
26. Problem Solving			
27. Memory			
28. Orientation			
29. Concentration			
30. Safety Awareness			
Totals			
Communication (5-35)			
Cognitive/psychosocial (9-63)			
Total Cognitive Subscore (14-98)			
Additional module			
Extended activities of daily living			
31. Meal Preparation			
32. Laundry			
33. Housework			
34. Shopping			
35. Home Finances			
36. Work / Education			
Total EADL (6-42)			

Additional comments for EATING

1. Inclusion of swallowing

Eating is a FIM item.

It includes chewing and swallowing.

Swallowing is also rated separately as a FAM item.

In order to preserve the integrity of the FIM, score Eating to include swallowing, even though this is scored in its own right later.

2. Modified food consistency

If the patient requires certain food consistencies e.g. pureed diet.

If they choose these themselves, they would be rated as 6 on this point.

If someone else chooses for them, or makes sure they are not given the wrong types of food, this would rate as a 5.

NB: Even in the community they would not have to puree these themselves, as eating is rated from the point at which food is presented to them on a table or tray

3. Use of assistive devices

E.g. Bob can eat independently, using a curved fork with a thick handle, but prefers to struggle with a normal fork, and usually has help to finish up his plate

Score on what he does, not what he can do.

If he chooses to use a normal fork, he will score 4, despite his potential for improvement with adaptations that appear not to be acceptable to him.

NB. Dentures are not an assistive device in this context

4. Finger foods

Using hand(s) instead of cutlery is allowed if culturally appropriate for the type of food

5. According to the AROC Manual: Assistance may be required for the following tasks

1. Directing hand to plate
2. Scooping up food
3. Guiding the hand to the mouth
4. Placing food in mouth
5. Stabilising utensils / holding cup
6. Checking mouth for pocketed food

Level 4: occasional e.g. help for just one task, but not every mouthful

Level 3: help for every mouthful, but not all tasks (patient contributes >half the effort)

Level 2: patient contributes <half the effort – e.g. receives help for 2, 3 and 4

Level 1: patient is fed every mouthful or refuses to eat – or feeds self for first few mouthfuls and then has to be fed

6. Enteral feeding

Level		
6	Patient connects/puts up and administers own feeds independently	
5	Supervised/prompted to connect/put up feeds	
4	Receives minimal help – eg helper flushes tube occasionally	These levels are very rare in practice
3	Moderate assistance but still does > half (E.g. helper uncaps tube prior to feed and flushes occasionally)	
2	Maximal assistance – helper uncaps tube, flushes tube and recaps after feed	
1	Helper administers feeds	

7. Supplementary feeding

If the patient sets up own feeds, score as above

But if supplementary feed is set up by someone else (even if just a top up overnight), then **score 1**

i.e. supplementary feeding is like bladder and bowels:

Rate oral feeding and enteral feeding – then record the lowest score

NB: The FAM swallowing item then provides detail with respect to the proportion of nourishment received by mouth

Note: Intravenous or Subcutaneous fluids are considered a medical procedure and **not included in the FIM**

1. EATING

Eating includes:

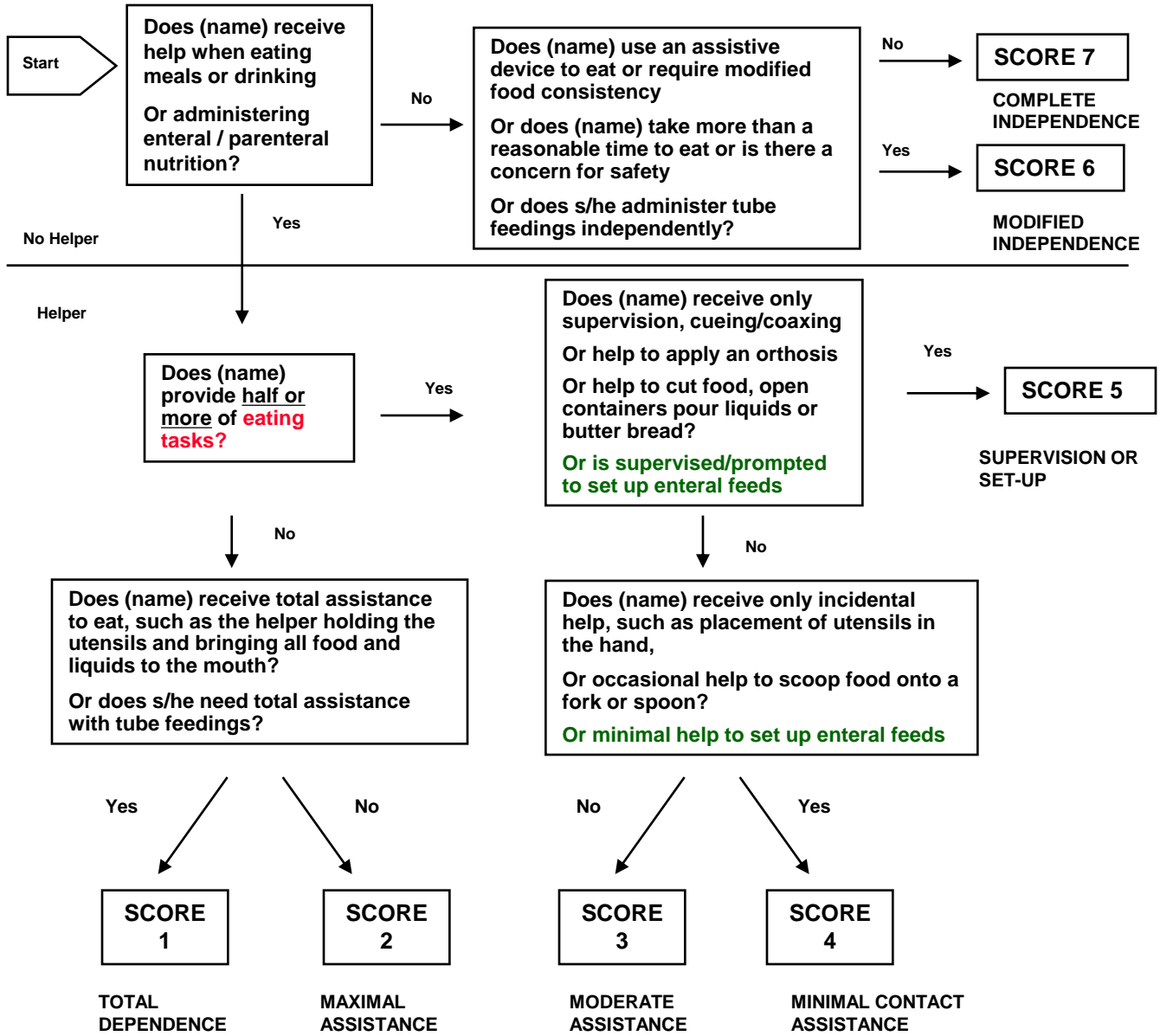
- The use of suitable utensils (**including cutlery, or hand if culturally appropriate**) to bring food to the mouth.
- Chewing and swallowing.
- **Drinking from a cup or glass.**

Once the meal is presented on a table or tray.

OR the administration of enteral / parenteral feeds, (which may be nutrition or fluid or both).

At level 7, the person:

- Eats from a **normal plate.**
- Drinks from a cup or glass.
- Manages all consistencies of food.
- **Opens containers, butters bread, pours liquids etc.**
- Uses suitable utensils to bring the food to the mouth.
- The food is chewed and swallowed.
- Performs independently and safely.



NOTES

Level 7 : Complete independence: Eats independently and safely using normal utensils. Manages all consistencies of food.

Level 6 : Modified independence: Uses an adaptive device / special cutlery or certain consistencies of food. Or s/he takes more than a reasonable amount of time or there are safety considerations (eg risk of burns or choking).

If uses other types of alimentation: e.g. parenteral or gastrostomy feeds, s/he administers them him/herself without help.

Level 5 : Supervision or set-up: Receives supervision (cueing / coaxing) or set-up e.g. another person applies orthosis, cuts up food, opens containers or butters bread. **Or receives supervision / prompting to set up enteral feeds**

Level 4 : Minimal assistance: Receives incidental help, but performs 75% or more of the eating tasks themselves.

Level 3 : Receives moderate assistance: but still performs more than half the task themselves.

Level 2 : Maximal assistance: provides less than half of the effort of eating.

Level 1 : Receives total assistance for feeding - contributes less than 25% of the effort.

OR relies on other means of alimentation such as gastrostomy feeding, and does not administer the feed him/herself.

Additional comments for SWALLOWING (FAM Item)

1. Inclusion of swallowing

Eating is a FIM item.

It includes chewing and swallowing

Swallowing is also rated separately as a FAM item.

In order to preserve the integrity of the FIM, score Eating to include swallowing, even though this is scored in its own right.

2. Modified food consistency

If the person requires certain food consistencies e.g. pureed diet.

If they choose these themselves, they would be rated as 6 on this point.

If someone else chooses for them, or make sure they do not get given the wrong types of food, this would rate as a 5.

NB: Even in the community they would not have to puree these themselves, as eating is rated from the point at which food is presented to them on a table or tray

3. Enteral feeding

Under the FIM eating item, any enteral feed or fluid (however small the volume) which is put up by someone else, automatically scores 1

The swallowing item then provides definition of the respective proportions of oral and enteral feeding.

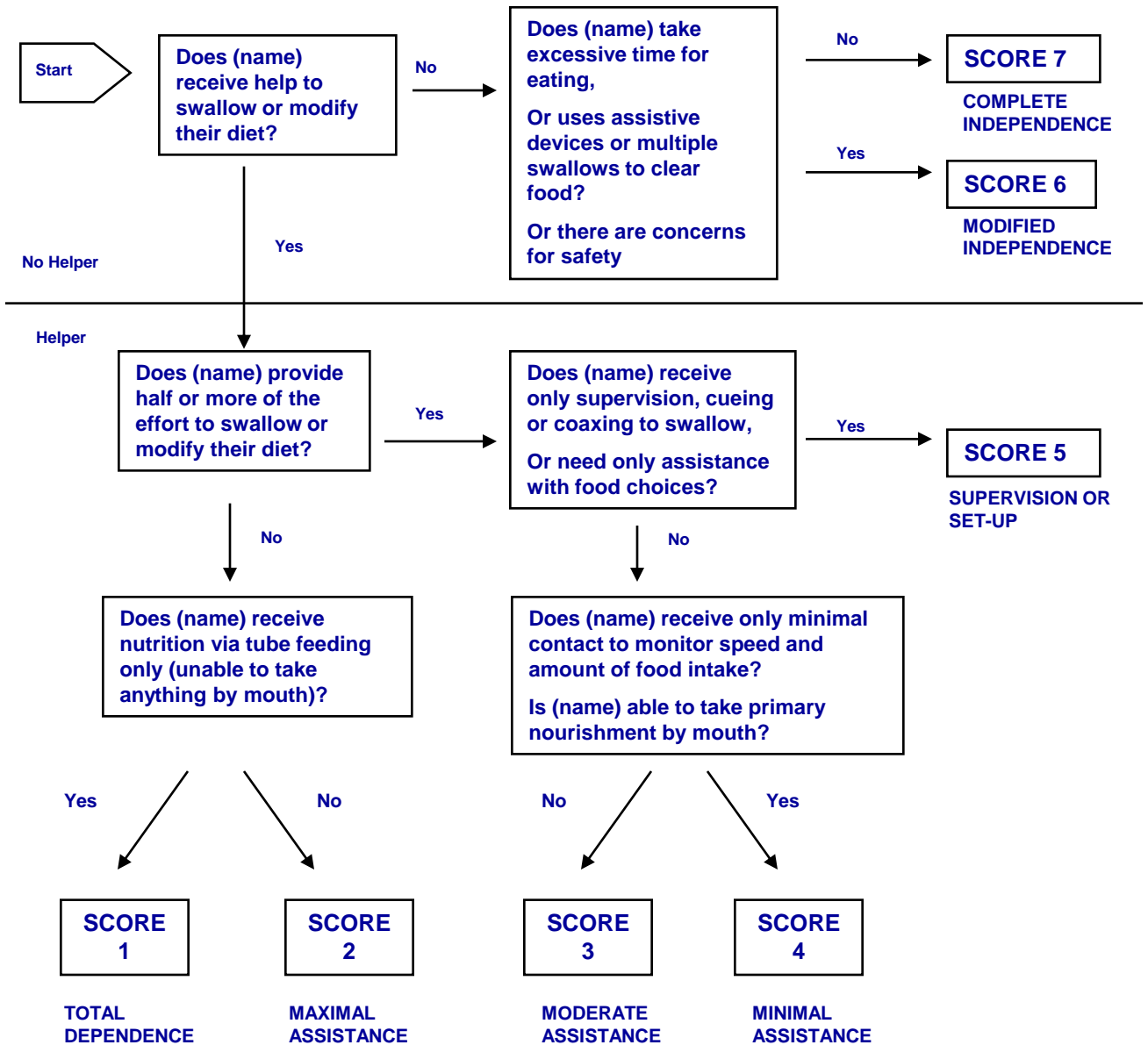
2. SWALLOWING – Dietary modification and Enteral feeding

Swallowing includes:

- The ability to eat a regular diet by mouth.
- Requirements for modified consistency.
- Enteral feeding – full or supplementary.

At level 7, the person:

- Eats a regular diet of choice. (including managing all consistencies)
- In a reasonable amount of time.
- Performs independently and safely.



NOTES

Level 7 : Manages a normal diet of their choice in a reasonable period of time.

Level 6 : Manages a normal diet by mouth, but may take excessive time for eating or use assistive devices or strategies to clear food, e.g. multiple swallows. If needs to avoid certain food consistencies, chooses these independently.

Level 5 : Takes all nourishment by mouth, may require a modified diet and has assistance with food choices to ensure that the correct food is provided, supervision may be received for cueing or coaxing e.g. reminding to slow down.

Level 4 : Takes primary nourishment by mouth, may require diet modifications and has only minimal contact to control speed and amount of food intake.
 If has any enteral feeding, these are small volume top-ups only

Level 3 : Takes some nourishment by mouth, may require diet modifications such as pureed food. Receives moderate assistance to monitor speed and amount of food intake (e.g. every mouthful).
 Or has a mixture of oral and enteral feeding, but takes more than half by mouth

Level 2 : Unable to receive adequate nourishment by oral feeding alone, tube feeding provides primary nutrition, oral feeding is limited and subject receives maximum assistance.

Level 1 : Unable to take anything by mouth, nutrition is provided by tube feeding.

Additional comments for GROOMING

1. Inclusion of hair-washing

Hair-washing is not assessed at all in the FIM+FAM.

Nor are flossing teeth, applying deodorant, shaving legs (or oral swabs)

2. Hair styling

Question: Elsie is able to brush her hair independently, but likes to have it up in a pony tail and has help for this. How do I rate her?

Answer: It depends on what Elsie actually does:

If, on a daily basis, she obtains help to put her hair up: *Score 4*

If help is not usually available, so most days she wears it down: *Score 7*

3. Grooming may be divided into 5 tasks

1. Oral care (cleaning teeth / dentures)
2. Hair grooming
3. Washing hands
4. Washing face – including rinsing and drying
5. Shaving or applying make-up (if applicable)

The AROC manual divides grooming into these 4-5 tasks:

Carer burden is assessed in relation to the tasks that are relevant

(If no help is given because the person chooses not to do it, there is no burden)

If all 5 tasks are applicable – each rates as 20%

If only 4 tasks are applicable – each rates as 25% etc

Therefore:

If **five** tasks are applicable and patient does 3 independently – 60% (Scores 3)

If **four** tasks are applicable and patient does 3 independently – 75% (Scores 4)

However, quite frequently the patient will receive a certain amount of help for all tasks, in which case they may need to be considered as a whole, and rated on the proportion of effort provided by the patient and the helper.

4. **Electric shavers or tooth brushes** are not considered specialised equipment as many people choose to use these anyway.

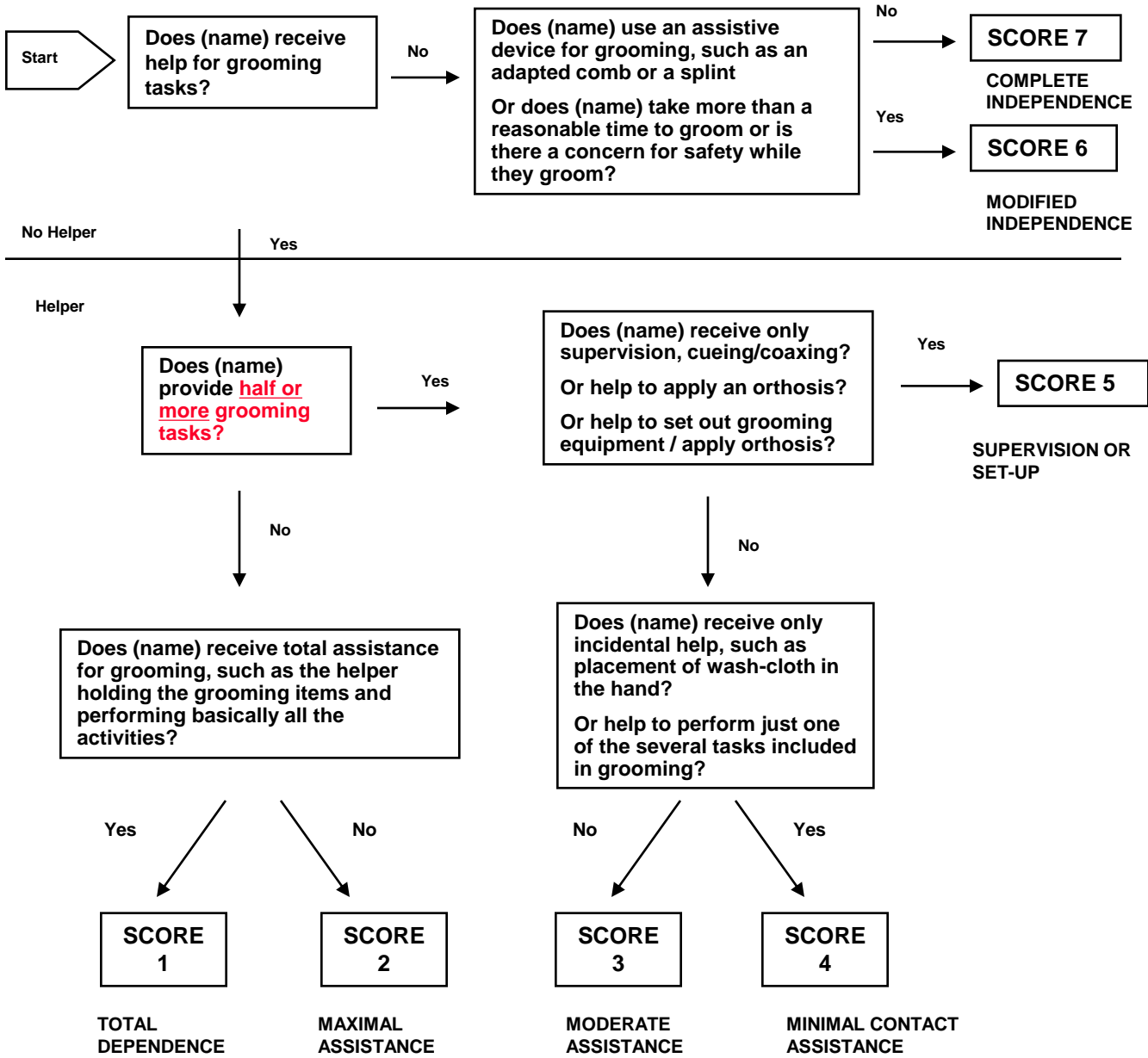
NB - Anomaly

For some reason, in the AROC manual “set-up” does not include bringing the grooming equipment to the patient – set up is only considered once the person has access to grooming items – this is probably in order to align with the Barthel index. However, in the UK and US version, level 6 and 7 include finding and laying out the grooming items. We believe this to provide a more practical assessment of the person’s ability in this item.

3. GROOMING

- Grooming includes:**
1. Oral care (cleaning teeth / dentures).
 2. Brushing and combing hair.
 3. Washing the hands, including rinsing and drying.
 4. Washing the face, including rinsing and drying.
 5. Shaving or applying make-up, if applicable.

- At level 7, the person:
- Finds own equipment / grooming articles.
 - Cleans his/her teeth or dentures.
 - Combs or brushes his/her hair.
 - Washes his/her face and hands.
 - May shave or apply make-up, including all preparations.
 - Performs independently and safely.



NOTES

Level 7 : Complete independence: Finds own equipment. Cleans teeth or dentures, brushes / combs hair, washes hands and face, shaves or applies make-up, including all preparations. Performs safely and independently.

Level 6 : Modified independence: Uses specialised equipment to perform grooming activities. Or s/he takes more than a reasonable amount of time or there are safety considerations.

Level 5 : Supervision or set-up: Receives supervision (stand-by, cueing / coaxing) or set-up e.g. another person applies orthosis, puts toothpaste on brush, opens containers etc.

Level 4 : Minimal assistance: Receives incidental help, but performs 75% or more of the grooming tasks themselves.

Level 3 : Moderate assistance: but still performs more than half the task themselves.

Level 2 : Maximal assistance: provides less than half the effort of grooming.

Level 1 : Total assistance for grooming, or help from two people - contributes less than 25% of the effort.

Additional comments for BATHING

1. Inclusion of hair-washing

Hair-washing is not assessed at all in the FIM+FAM

2. Missing limb

Question: John has a below-knee amputation of the right leg, and therefore does not have an entire body to wash, do I have to mark him down.

Answer: No, the FIM is designed to rate the amount of help he needs.

If he doesn't have it, he does not need help to wash it!

Only rate him on his ability to wash the rest of himself.

3. Running the bath water

Note that bathing includes running the bath water and making sure it is a safe temperature.

If this is done for them: *Score 5*

If they run it themselves, but do not bother to check the temperature, this presents a consideration for safety: *Score 6*

5. NB Bathing does not include bath / shower / tub transfers

A shower chair or bath seat is not a device for bathing per se – these are devices for bath/shower transfers

However, if they **use the device throughout bathing** (e.g. to stabilise themselves while they wash) this counts as a device for bathing as well.

6. FIM manual: The body is divided into 10 parts

Washing, rinsing and drying each body part counts for 10%

Count up the number of body parts the person is able to wash, rinse and dry themselves to work out the % of task they complete

	Included in bathing
1	Left arm
2	Right arm
3	Chest
4	Abdomen
5	Front perineal area
6	Back perineal area (buttocks)
7	Left upper leg
8	Right upper leg
9	Left lower leg, including foot
10	Right lower leg, including foot

Excluded
Excluded from FIM altogether
Neck
Back
Hair

Included in grooming:
Face
Hands
Teeth

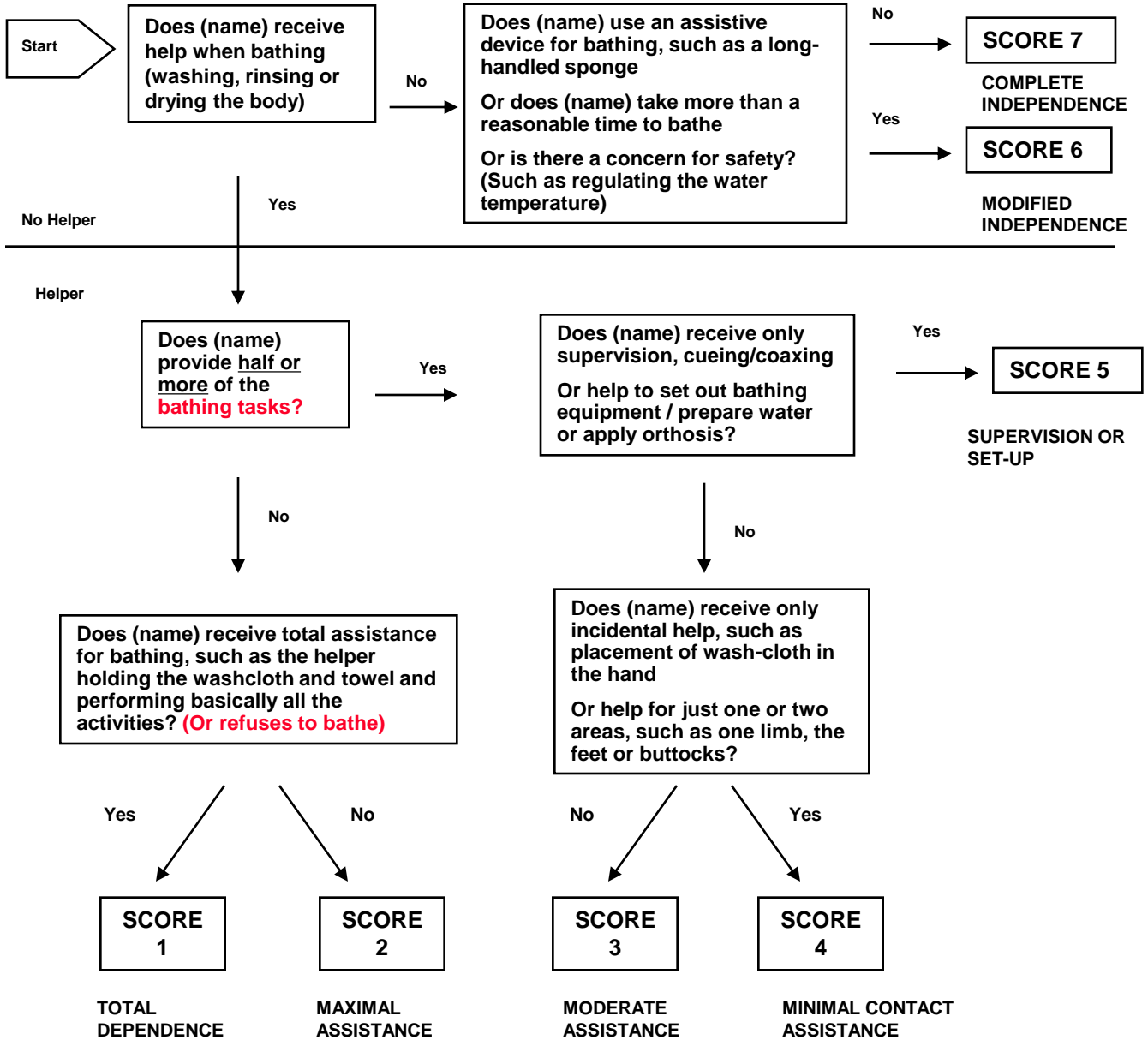
4. BATHING

Bathing includes:

- Bathing (washing, rinsing and drying) the body.
- From the neck down (excluding the back):
(The body is divided into 10 areas)
- May be either tub, shower or sponged/bed bath.

At level 7, the person:

- Bathes (washes, rinses and dries) the body.
(Excluding the back and hair).
- Performs independently and safely.



NOTES

- Level 7 : Complete independence: the person bathes (washes, rinses and dries) the body (excluding the back). Performs independently and safely.
- Level 6 : Modified independence: Uses adaptive equipment to bathe. Or s/he takes more than a reasonable amount of time or there are safety considerations.
- Level 5 : Supervision or set-up: Receives supervision (stand-by, cueing / coaxing) or set-up e.g. another person applies orthosis, sets out bathing equipment, prepares the water etc.
- Level 4 : Minimal assistance: Receives incidental help, but performs 75% or more of the bathing tasks themselves **(Helper washes just 1-2 areas).**
- Level 3 : Moderate assistance: but still performs more than half the task themselves **(Helper washes 3-5 areas).**
- Level 2 : Maximal assistance: provides less than half the effort of bathing **(Helper washes 6-7 areas).**
- Level 1 : Total assistance, or help from two people - contributes less than 25% of the effort. **(Helper washes 8-10 areas)**
(Arguably if the person refuses to bathe, they do not have assistance for the task, but the risk of poor hygiene does not allow staff to ignore this requirement, and so they spend time cajoling . Persuading in any event)

Additional comments for DRESSING UPPER BODY

1. Application of a splint or orthosis.

If a person wears an orthosis or prosthesis, and puts this on each day as part of their normal dressing practice, rate under dressing.

a) If they put it on completely independently, but do not require it in order to be able to complete the rest of their dressing tasks, they can score 7.

E.g. Joan likes to put on a cosmetic prosthesis to hide her missing left hand, but leaves this until last to avoid it catching in her clothes: *Score 7*

Note: Where a prosthesis or orthosis is used for function, it is quite likely to be used for the rest of the dressing process, unless applied last. Thus it is more usual to score 6.

b) If they put it on independently, but require it in order to be able to achieve the rest of the dressing task, they score 6.

E.g. Henry needs a wrist splint in order to manage his shirt cuffs and buttons, but he puts this on himself:

Score 6.

c) If they receive help to put on an orthosis / prosthesis, but can then dress independently - they score 5.

E.g. Jane has help to put on a wrist splint but then manages her own bra, blouse and cardigan: *Score 5.*

2. Use of an orthosis for other tasks

Once applied, it is quite likely that the orthosis is necessary for other tasks, e.g. eating, locomotion, transfers etc. Even though its application has already been scored under dressing, the use of the prosthesis in these other tasks is still recorded as a 6 (if applied independently) or as a 5 (if applied with help).

3. Type of clothes

Clothes should be suitable to wear in public. **Head gear is not included.**

(Staff should make every attempt to obtain clothing that is suitable for the patient to wear)

Question: George is independent if wearing T-shirt and joggers, but requires help for 3-piece suit: How do I rate him?

It depends what he does wear:

If George goes to work and has to wear a suit each day, but needs help to put it on - rate him on donning the suit.

If he would prefer to wear smart clothes, but in fact wears clothes he can put on himself - rate on donning the clothes he actually wears.

If he wears different types of clothes on different days, rate the ones that he wears most often

4. No underwear

If the patient chooses not to wear underwear and this is considered appropriate, the patient is rated only on the clothes that they do wear

5 The following approach is used only in the AROC manual.

It is not specifically part of the US manual, but can be a helpful way to approach rating for dressing tasks.

Important to be aware of this approach if taking the AROC online credentialing tests

Calculating % of tasks – dressing is divided into steps

Calculate total steps for the types of clothing that the patient wears, and the technique they use to put them on (see Table below). NB: This is mainly intended to help raters work out if they can do half or more.

If 12 steps: level 4 – patient does 9-11 steps; level 3 does 6-8; level 2 does 3-5; level 1 does 1-2 steps

Item of clothing	No of steps	Steps
Bra back fasten	3	Thread L arm, thread R arm, hook
Bra front fasten	4	Fasten, swivel, thread L arm, thread R arm,
Singlet	4	Thread L arm, R arm, over head, pull down
T shirt	4	Thread L arm, R arm, over head, pull down
Cardigan	4	Thread L arm, pull round, thread R arm, button
Dress	4 (5)	Arm, arm, (over head), pull up (or pull down), fasten
Head gear	0	Not included in the FIM

Position for dressing is not important – they may get dressed lying on the bed, but still score 7 unless there is a consideration for timeliness or safety

5. DRESSING UPPER BODY

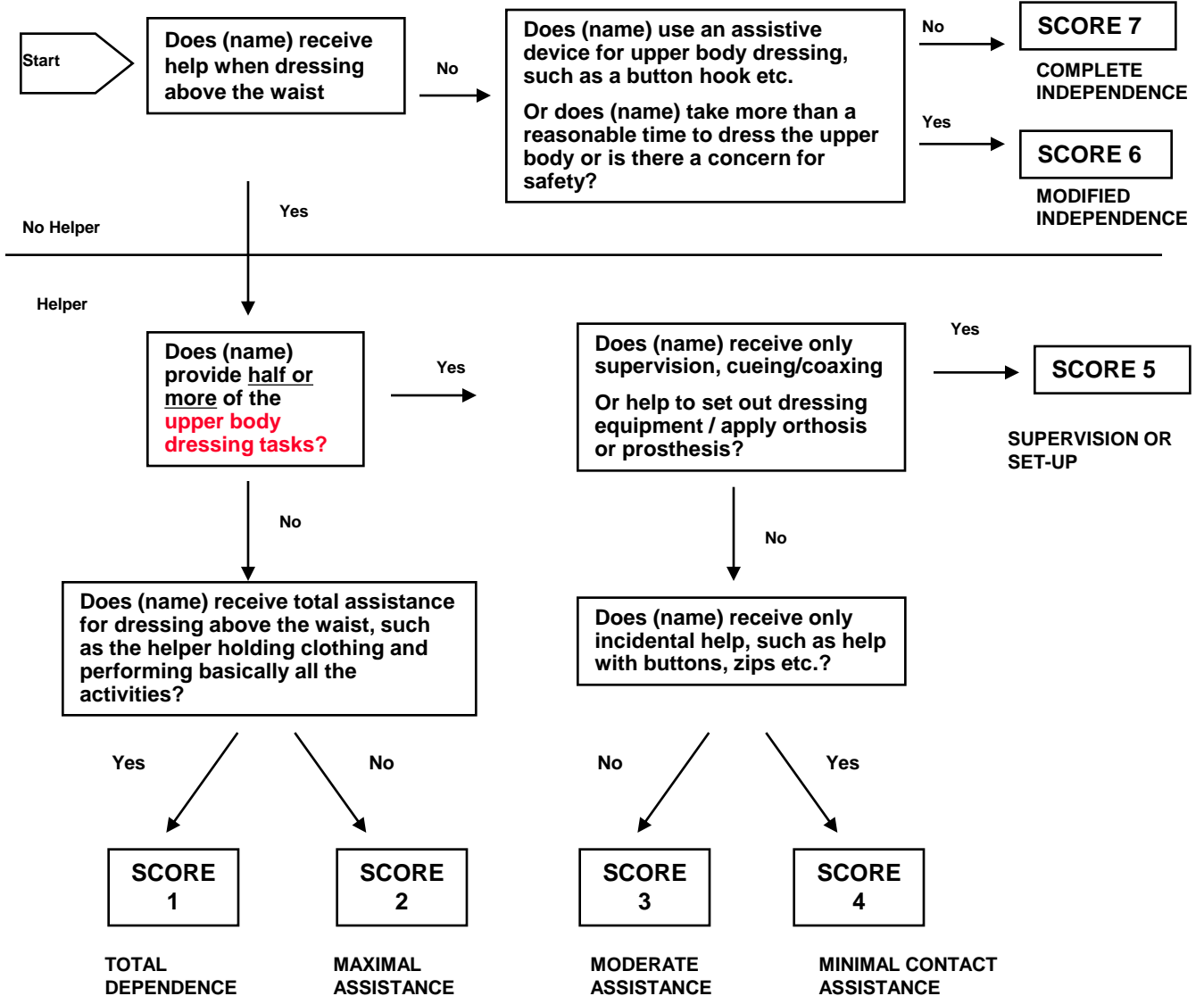
Dressing upper body includes:

- Dressing and undressing above the waist, **in clothing suitable to be worn in public.**
- Donning or removing a prosthesis/orthosis when applicable.

At level 7, the person:

- Dresses and undresses above the waist, (including obtaining clothing from the drawer/closet).
- Manages all items of clothing, (Including buttons, zips and other fastenings).
- Dons and removes orthosis where applicable.
- Performs independently and safely.

NOTE: This item may include assessment of one to several activities, depending on whether the person chooses to wear one piece of clothing (e.g. sweatshirt) or several (e.g. bra, blouse, jumper etc.)



NOTES

- Level 7 : Complete independence: The person dresses and undresses, including obtaining clothing from the drawer/closet, or its usual place. Manages bra, pullover garment as worn, fastens buttons, zips etc. Dons and removes orthosis / prosthesis where applicable. Performs independently and safely.
- Level 6 : Modified independence: Uses adaptive closures such as Velcro etc., or an assistive device e.g. button hook or an orthosis/prosthesis to dress. Or there are considerations for time or safety.
- Level 5 : Supervision or set-up: Receives supervision (stand-by, cueing / coaxing) or set-up e.g. another person applies orthosis, sets out dressing equipment, clothes etc.
- Level 4 : Minimal assistance: Receives incidental help e.g. just with buttons, zips etc. (or help with <25% of the steps).
- Level 3 : Moderate assistance: but still performs more than half the task themselves (or help with 25-50% of steps).
- Level 2 : Maximal assistance: provides less than half the effort of upper body dressing (or help with 50-75% of steps).
- Level 1 : Total assistance, or help from two people to dress the upper body - contributes less than 25% of the effort. (help with >75% of steps).

Additional comments for DRESSING LOWER BODY

1. Application of a splint or orthosis.

If a person wears an orthosis or prosthesis and puts this on each day as part of their normal dressing practice, rate under dressing.

TED stockings or other pressure garments are considered to be an orthosis, not an article of clothing

a) If they put it on completely independently, but do not require it in order to be able to complete the rest of their dressing tasks, they score 7.

E.g. Joan likes to put on a cosmetic prosthesis to hide her missing left leg, but leaves this until last to avoid it catching in her clothes: *Score 7*

Note: Where a prosthesis or orthosis is used for function, it is quite likely to be used for the rest of the dressing process, unless applied last. Thus it is more usual to score 6.

b) If they put it on independently, but require it in order to be able to achieve the rest of the dressing task, they score 6.

E.g. Henry needs his lower limb prosthesis in order to be able to stand to get his trousers on, but he puts this on himself: *Score 6.*

c) If they receive help to put on an orthosis / prosthesis, but can then dress independently - they score 5.

E.g. Jane has help to put on her AFO but then manages to dress alone: *Score 5.*

2. Use of an orthosis for other tasks

Once applied, it is quite likely that the orthosis is necessary for other tasks, e.g. eating, locomotion, transfers etc. Even though its application has already been scored under dressing, the use of the prosthesis in these other tasks is still recorded as a 6 (if applied independently) or as a 5 (if applied with help).

3. Type of clothes

Clothes should be suitable to wear in public.

(Staff should make every attempt to obtain clothing that is suitable for the patient to wear)

Question: George is independent if wearing joggers and slip-on trainers, but requires help with smart trousers and lace-up shoes: How do I rate him?

It depends what he does wear:

If George goes to work and has to be smart each day, but needs help to put on smart clothes - rate that.

If he would prefer to wear smart clothes, but in fact wears clothes he can put on himself - rate on those

If he wears different types of clothes on different days, rate the ones that he wears most often

4. No underwear

If the patient chooses not to wear underwear and this is considered appropriate, the patient is rated only on the clothes that they do wear

5. Wearing a convene

If a person puts a convene on each morning as part of dressing, this counts as a prosthesis and scores 7 (if they apply it fully independently) or 5 (if someone helps them with it).

If not put on routinely, but say, once a week, when they go out shopping - this is scored under bladder management.

6. AROC manual only : (As for upper body)

Calculating % of tasks – dressing is divided into steps

Calculate total steps for the types of clothing that the patient wears, and the technique they use to put them on (see Table below).

- **If 12 steps:** level 4 – patient does 9-11 steps; level 3 does 6-8; level 2 does 3-5; level 1 does 1-2 steps
- Buttons, zips, poppers are considered 1 step
- Belts: threading the belt = 1 step, fastening the belt = 1 step

Item of clothing	No of steps	Steps
Underpants	3	Thread L leg, thread R leg, pull up
Trousers	3	Thread L leg, thread R leg, pull up
Jeans	4	Thread L leg, thread R leg, pull up, fasten
Belt	2	Thread belt, fasten belt
Socks	2	L leg, R leg
Shoes with laces	4	L foot, L laces, R foot, R laces
Shoes no laces	2	L foot, R foot
Tights / stockings	5/4	L Foot, R foot, L leg, R leg ,(body)

6. DRESSING LOWER BODY

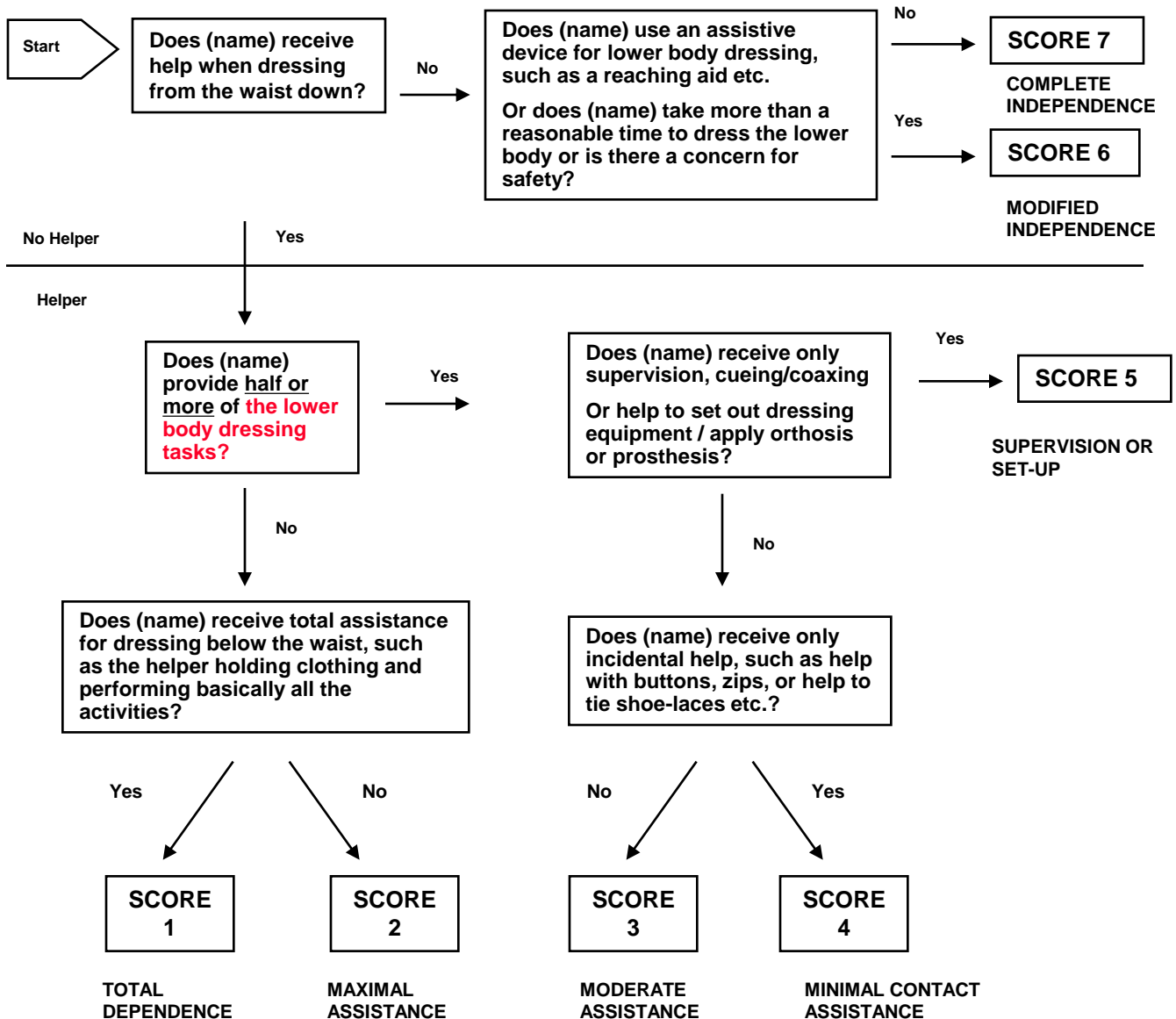
Dressing lower body includes:

- Dressing and undressing from the waist down, **in clothing suitable to be worn in public**
- Donning or removing a prosthesis when applicable.

NOTE: this item typically includes assessment of several pieces of clothing including underpants, trousers/skirt, belt, socks or stockings/tights, and shoes

At level 7, the person:

- Dresses and undresses, (including obtaining clothing from the drawer/closet)
- Manages all items of clothing, including fastenings.
- Dons and removes orthosis where applicable.
- Performs independently and safely.



NOTES

Level 7 : Complete independence: The person dresses and undresses the lower body, including obtaining clothing from the drawer/closet. Manages all items of clothing. Dons and removes orthosis / prosthesis where applicable. Performs independently and safely.

Level 6 : Modified independence: Uses adaptive closures such as Velcro etc., or an assistive device e.g. button hook or an orthosis to dress lower body. Or there are considerations for time or safety.

Level 5 : Supervision or set-up: Receives supervision (stand-by, cueing / coaxing) or set-up e.g. another person applies lower limb orthosis/prosthesis, sets out dressing equipment, clothes etc.

Level 4 : Minimal assistance: Receives incidental help e.g. just with buttons, zips, shoe laces etc. **(or help with <25% of steps).**

Level 3 : Moderate assistance: but still performs more than half the task themselves **(or help with 25-50% of steps).**

Level 2 : Maximal assistance: provides less than half the effort of lower body dressing **(or help with 50-75% of steps).**

Level 1 : Total assistance to dress the lower body, or help from two people - contributes less than 25% of the effort.

Additional comments for TOILETING

1. Four items relating to different aspects of toileting

a) Toileting: Addresses

- Bottom-wiping (“cleansing”) and perineal hygiene (including sanitary towels and tampons, if applicable)
- Adjusting clothing before and after
- For both bladder and bowels

b) Toilet Transfers

- Transfer on and off the toilet for bladder or bowel emptying

c) Bladder management: Addresses

- Level of assistance for control of bladder voiding
e.g. help with bottles, bed-pan, catheter or medication to control bladder
- Frequency of urinary incontinence

d) Bowel management: Addresses

- Level of assistance for control of bowels
e.g. help with bed-pan, suppositories, colostomy or medication to control bowels
- Frequency of faecal incontinence

2. The AROC manual divides ‘toileting’ into 3 steps

1. Adjusting clothing before toilet use
2. Maintaining perineal hygiene (wiping)
3. Adjusting clothing after toilet use

If patient does 1 of the 3 steps – 33% (level 2), 2 steps – 66% (level 3)

If the level of assistance differs between bladder and bowels – score the lower

If has colostomy or ileostomy – score should reflect adjustment of clothing before or after emptying ostomy bag.

3. Menstruation:

If the person receives assistance with sanitary towels or tampons (usually 3-5 days per month) the AROC manual allocates a score of 5, because of low frequency. If they have longer or heavier periods requiring more help, adjust score accordingly.

4. Differential function:

If the person differs in their level of independence for bladder and bowel toileting (e.g. they wipe themselves after urinating, but not after opening their bowels, record the lowest score.

7. TOILETING - and sanitary care

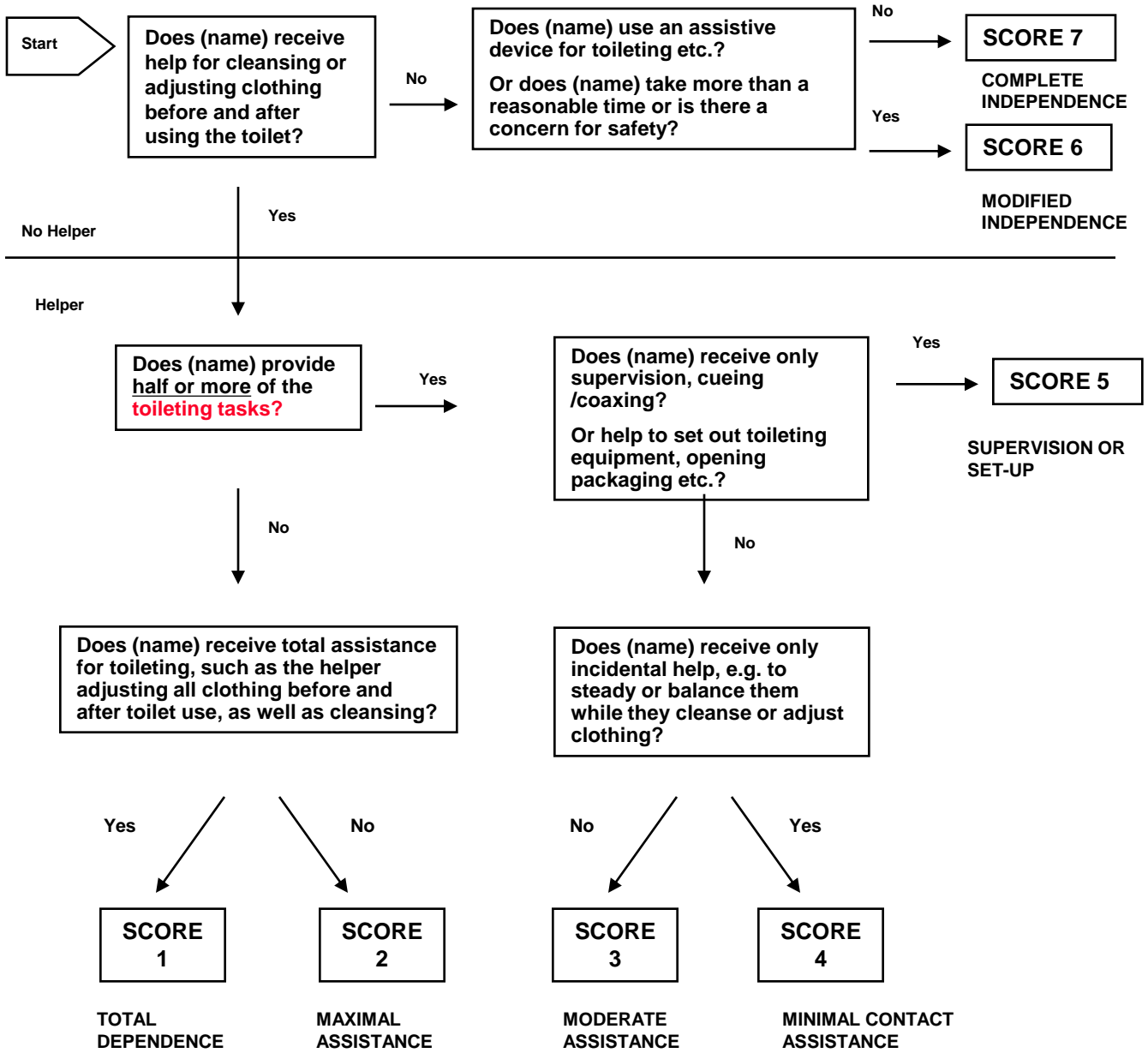
Toileting includes:

1. Adjusting clothing before toilet use.
2. Maintaining perineal hygiene (wiping, and sanitary items)
3. Adjusting clothing after toilet use

If level of assistance for care differs between bladder and bowel movements, record lower score.

At level 7, The person:

- Cleanses self after bladder and bowel movements.
- Adjusts clothing before and after using toilet / bedpan / bottle.
- Applies sanitary towels / tampons if applicable.
- Performs independently and safely.



NOTES

Level 7 : Complete independence: The person cleanses self after bladder and bowel movements, adjusts clothing before and after using toilet / bedpan / bottle. Applies and changes sanitary towels / tampons if applicable. Performs independently and safely.

Level 6 : Modified independence: Uses specialised equipment (including orthosis / prosthesis) for toileting. Or there are considerations for time or safety.

Level 5 : Supervision or set-up: Receives supervision (stand-by, cueing / coaxing) or set-up e.g. another person applies orthosis / prosthesis, sets out toileting equipment, opens packages etc..

Level 4 : Minimal assistance: Receives steadying or incidental help e.g. just with buttons, zips etc.

Level 3 : Moderate assistance: but still performs more than half of the toileting tasks themselves (or 2/3 tasks).

Level 2 : Maximal assistance: provides less than half the effort for toileting (or 1/3 tasks).

Level 1 : Total assistance for toileting, or help from two people - contributes less than 25% of the effort.

Additional comments for BLADDER MANAGEMENT

1. Three items relate to different aspects of passing urine

a) Toileting (Item 7): Addresses

- Bottom-wiping (“cleansing”) and perineal hygiene (including sanitary towels and tampons if applicable)
- Adjusting clothing before and after
- For both bladder and bowels

b) Toilet Transfers (Item 11)

- Transfer on and off the toilet for bladder or bowel emptying

c) This item:

Bladder management (Item 8): Addresses

- **Level of assistance for control of bladder voiding**
e.g. help with bottles, bed-pan, catheter or medication to control bladder
- **Frequency of urinary accidents – i.e. wetting clothes or linen including leakage / spills**

‘Accidents’ are different to ‘incontinence’ – the patient may be incontinent but not necessarily have accidents – (eg they have a catheter which never leaks)

(Note also the difference between UK FIM+FAM and original version of the FIM:

In the UK version: both level of assistance and frequency of accidents are recorded.

In the FIM: both are scored but only the lower recorded)

The reason for this is that the FIM+FAM software automatically generates a Barthel index, and both level of assistance and frequency of incontinence are required for that purpose. The software automatically selects the lowest item and enters it into the FIM score

When rating FIM for the purposes of credentialing, record only the lower score

The functional goal of bladder management is to open the urinary sphincter only when needed, and to keep it closed the rest of the time

2. Rating the use of bottles

If the person is able to collect, empty and wash bottles, themselves: *Score 6*

If requires bottle to be left within reach, emptied, and washed, but can reach for them, use and return them to a table un-spilt: *Score 5.*

If requires help to pass them the bottle and take it from them when full: *Score 4*

3. Rating the use of medication – differs from UK FIM+FAM version 1

If the person requires medication to control their bladder:

- *Score 6 (Regardless of whether they take this themselves or are given it by someone else)*

NB. Catheter change is considered a clinical intervention and is not included.

However, intermittent self catheterisation is included

8. BLADDER MANAGEMENT: PART 1 : LEVEL OF ASSISTANCE

Bladder management includes:

- Complete and intentional control of the urinary bladder
- if necessary, use of agents or equipment for bladder control.

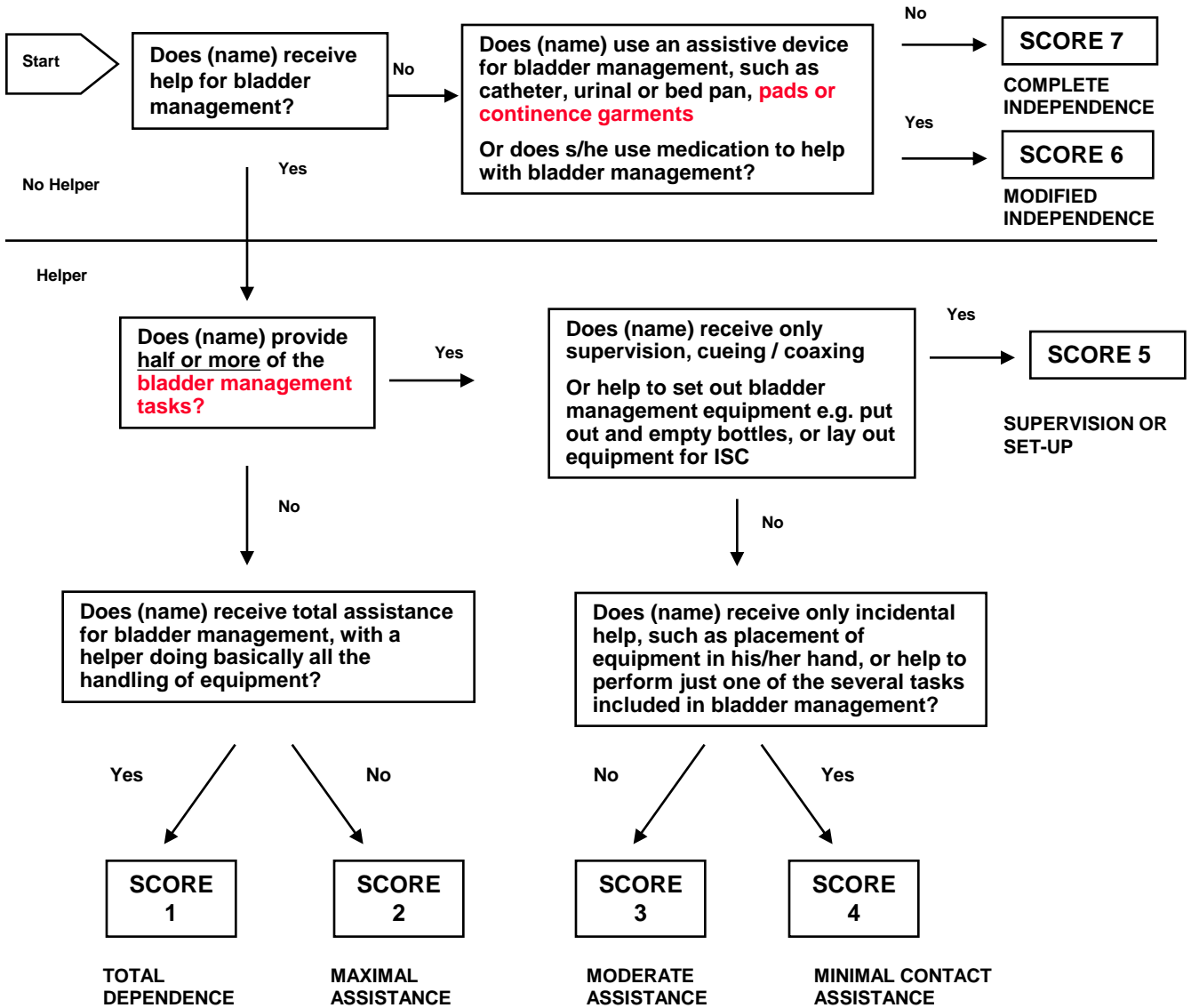
Note: this item deals with two variables:

- 1, Level of assistance for bladder management and
2. Frequency of urinary accidents.

Score parts 1 and 2 separately, and record both scores.

At level 7, the person:

- Controls bladder completely and intentionally.
- No equipment or agents are required.



NOTES

Level 7 : Complete independence: The person controls bladder completely and intentionally.

Level 6 : Modified independence: Uses equipment such as a catheter, bottles, pads, urinary diversion or uses medication, but uses these independently.

If catheter or diversion is used, handles all necessary equipment (sterilises, cleans, empties bags etc.) without help.

Level 5 : Supervision or set-up: receives supervision (stand-by, cueing / coaxing) or set-up e.g. another person sets out equipment e.g. **Brings bed-pan / urinal and empties it.**

Level 4 : Minimal assistance: receives minimal contact assistance to maintain device e.g. change catheter, **position bedpan or place penis in urinal at start of task**, but manages 75% or more of bladder management tasks.

Level 3 : Moderate assistance: to maintain device. **e.g. helper positions and holds bed pan or urinal throughout voiding**, but performs more than half of bladder management.

Level 2 : Maximal assistance: **makes some effort to reduce wetness, e.g. calls for bed pan**, but performs less than half of bladder management.

Level 1 : Total assistance or help from two people: Performs less than 25% of the bladder management tasks.

Additional comments for BLADDER MANAGEMENT

1. Three items relate to different aspects of passing urine

a) Toileting (Item 7): Addresses

- Bottom-wiping (“cleansing”) and perineal hygiene (including sanitary towels and tampons if applicable)
- Adjusting clothing before and after
- For both bladder and bowels

b) Toilet Transfers (Item 11)

- Transfer on and off the toilet for bladder or bowel emptying

c) This item:

Bladder management (Item 8): Addresses

- Level of assistance for control of bladder voiding

e.g. help with bottles, bed-pan, catheter or medication to control bladder

- Frequency of urinary accidents – ie wetting clothes or linen including leakage / spills

‘Accidents’ are different to ‘incontinence’ – the patient may be incontinent but not necessarily have accidents – (eg they have a catheter which never leaks)

(Note also the difference between UK FIM+FAM and original version of the FIM:

- In the UK version: both level of assistance and frequency of accidents are recorded.
- In the FIM: both are scored but only the lower recorded)

The reason for this is that the FIM+FAM software automatically generates a Barthel index, and both level of assistance and frequency of incontinence are required for that purpose.

The software automatically selects the lowest item and enters it into the FIM score

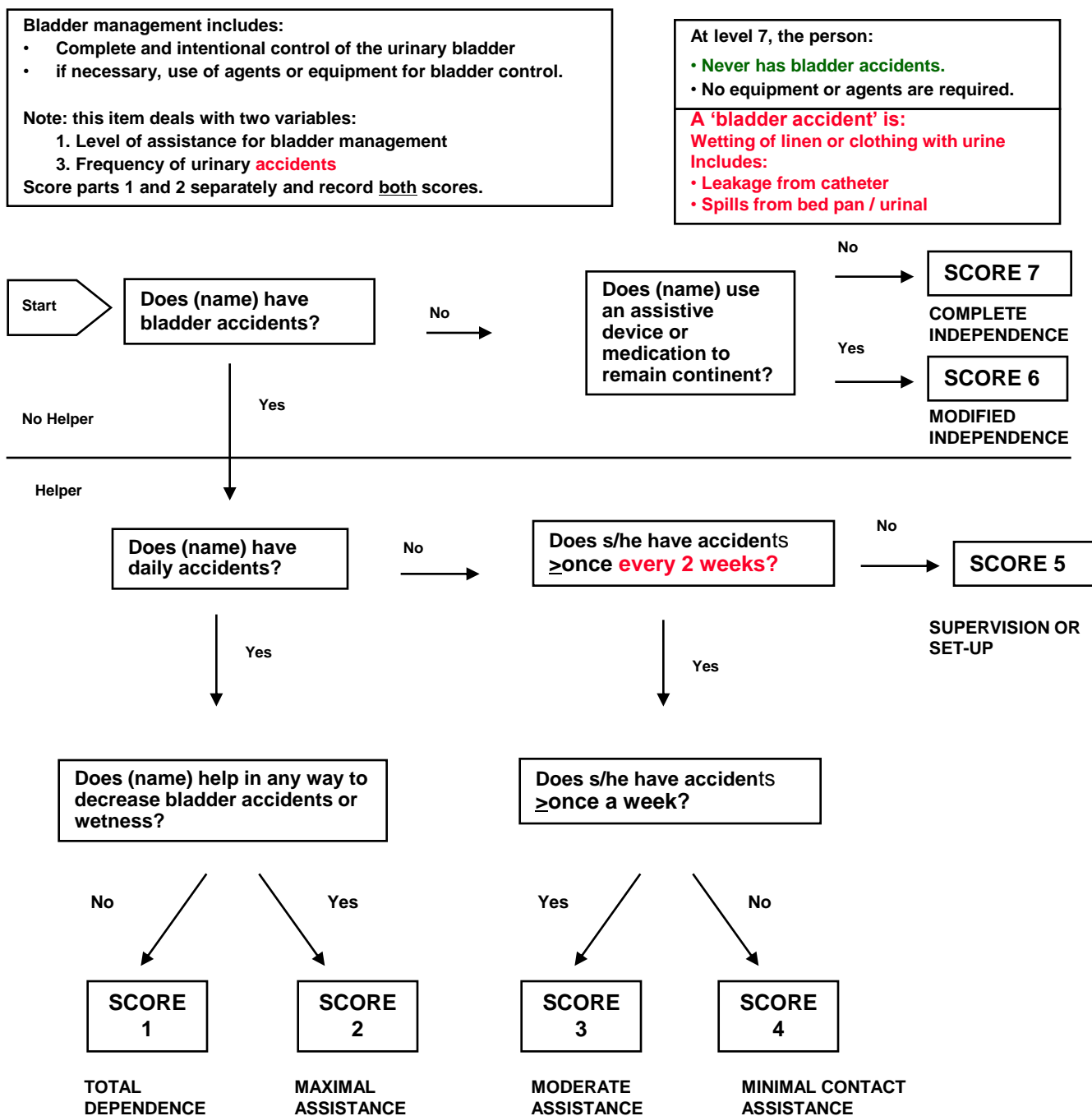
When rating FIM for the purposes of credentialing, record only the lower score

The functional goal of bladder management is to open the urinary sphincter only when needed, and to keep it closed the rest of the time

2. Rating the use of bottles/bedpans

If the person uses a urinal or bedpan but spills occur during use or removal – this is considered to be an “accident”.

8. BLADDER MANAGEMENT: PART 2 : FREQUENCY OF ACCIDENTS



NOTES

Level 7 : Complete independence: The person is never incontinent.

Level 6 : Modified independence: Requires assistive device / medication to remain continent (e.g. ISC or catheter that never leaks).

Level 5 : May have occasional accidents, but less often than **fortnightly (e.g. every 3-4 weeks).**

Level 4 : May have occasional accidents, but less often than once weekly **(e.g. every 10-14 days).**

Level 3 : May have occasional accidents, but less often than daily **(e.g. every 2-7 days).**

Level 2 : Despite assistance is wet almost every day, **(but makes some attempt to prevent them occurring more often – eg calls for help).**

Level 1 : Despite assistance is wet several times a day. **(Makes no attempt to reduce frequency of accidents or is unaware of need to void).**

Additional comments for BOWEL MANAGEMENT

1. Three items relating to different aspects of bowel emptying

a) Toileting (Item 6): Addresses

- Bottom-wiping (“cleansing”) and perineal hygiene (including sanitary towels and tampons if applicable)
- Adjusting clothing before and after
- For both bladder and bowels

b) Toilet Transfers (Item 11): Addresses

- Transfer on and off the toilet for bladder or bowel emptying

c) This item:

Bowel management (Item 9): Addresses

- **Level of assistance for control of bowels**
e.g. help with bed-pan, suppositories, colostomy or medication to control bowels
- **Frequency of faecal accidents i.e. soiling of clothes or linen.**

A patient with an effective bowel regimen may not have full control of their bowel, but may nevertheless not have ‘accidents’

(Note difference between UK and original version:

- In the UK version: both level of assistance and frequency of incontinence are recorded.
- In the original: both are scored but only the lower recorded)

The reason for this is that the FIM+FAM software automatically generates a Barthel index, and both functions are required for that purpose.

The software automatically selects the lowest item and enters it into the score

The functional goal of bowel management is to open the anal sphincter only when needed, and to keep it closed the rest of the time

2. Rating the use of medication – differs from UK FIM+FAM version 1

If the person takes oral medication to control their bowels:

- *Score 6*

(Regardless of whether they take this themselves or are given it by someone else)

If suppositories are used:

- **Score 1:** if this is inserted for them
- **Score 5:** if the suppository is just unwrapped and passed to them, but they insert it themselves

9. BOWEL MANAGEMENT: PART 1 : LEVEL OF ASSISTANCE

Bowel management includes:

- Complete and intentional control of the bowel movement and
- if necessary, use of agents or equipment for bowel control.

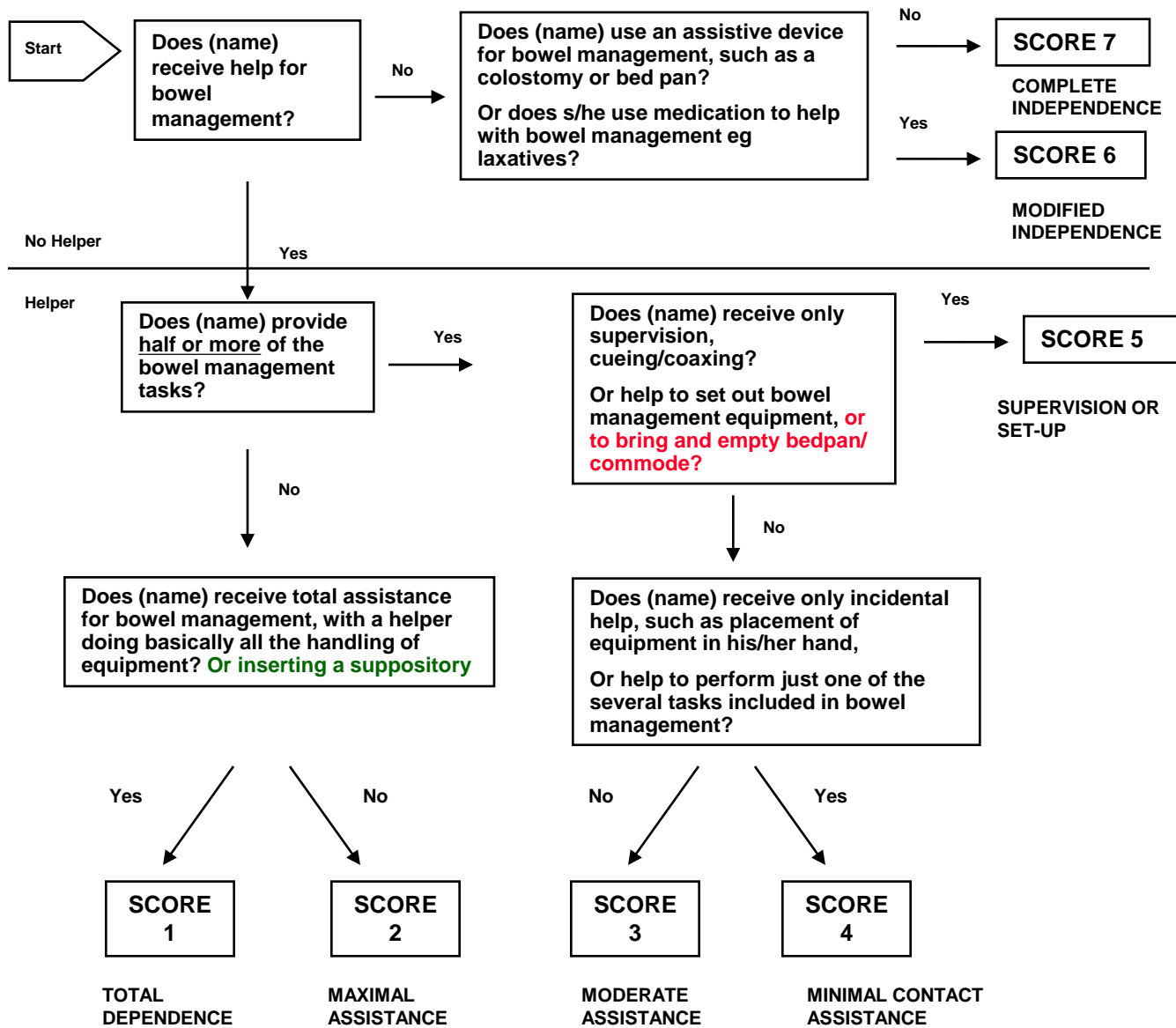
Note: this item deals with two variables:

1. Level of assistance for bowel management
2. Frequency of **faecal accidents / soiling**

Score parts 1 and 2 separately, and record both scores.

At level 7, the person:

- Controls bowels completely and intentionally.
- No equipment or agents are required.



NOTES

- Level 7 : Complete independence: The person controls bowels completely and intentionally.
- Level 6 : Modified independence: Uses equipment such as a bed-pan, or suppositories, enemas, digital stimulation, laxatives (other than natural laxatives e.g. prunes). If has colostomy, s/he maintains it independently.
- Level 5 : Supervision or set-up: Receives supervision (stand-by, cueing / coaxing) or set-up e.g. another person sets out equipment, **brings and empties bed-pan or commode.**
- Level 4 : Minimal assistance: Receives minimal contact assistance to maintain a satisfactory bowel pattern, **e.g. placing equipment in their hand, placing bed pan,** but manages 75% or more of bowel management tasks.
- Level 3 : Moderate assistance: to maintain a satisfactory bowel pattern. Performs more than half of bowel management.
- Level 2 : Maximal assistance: **provides some effort e.g. calling for bed pan,** but performs less than half of bowel management.
- Level 1 : Total assistance or help from two people: Performs less than 25% of the bowel management.

Additional comments for BOWEL MANAGEMENT

1. Three items relating to different aspects of bowel emptying

a) Toileting (Item 6): Addresses

- Bottom-wiping (“cleansing”) and perineal hygiene (including sanitary towels and tampons if applicable)
- Adjusting clothing before and after
- For both bladder and bowels

b) Toilet Transfers (Item 11): Addresses

- Transfer on and off the toilet for bowel emptying

c) This item:

Bowel management (Item 9): Addresses

- **Level of assistance for control of bowels**
e.g. help with bed-pan, suppositories, colostomy or medication to control bowels
- **Frequency of faecal accidents** ie soiling of clothes or linen.

A patient with an effective bowel regimen may not have full control of their bowel, but may nevertheless not have ‘accidents’

(Note difference between UK and original version:

In the UK version: both level of assistance and frequency of accidents are recorded.

In the original: both are scored but only the lower recorded)

The reason for this is that the FIM+FAM software automatically generated a Barthel index, and both

functions are required for that purpose. The software automatically selects the lowest item and enters it into the score

The functional goal of bowel management is to open the anal sphincter only when needed, and to keep it closed the rest of the time

9. BOWEL MANAGEMENT: PART 2 : FREQUENCY OF BOWEL ACCIDENTS

Bowel management includes:

- Complete and intentional control of the bowel movement and
- if necessary, use of agents or equipment for bowel control.

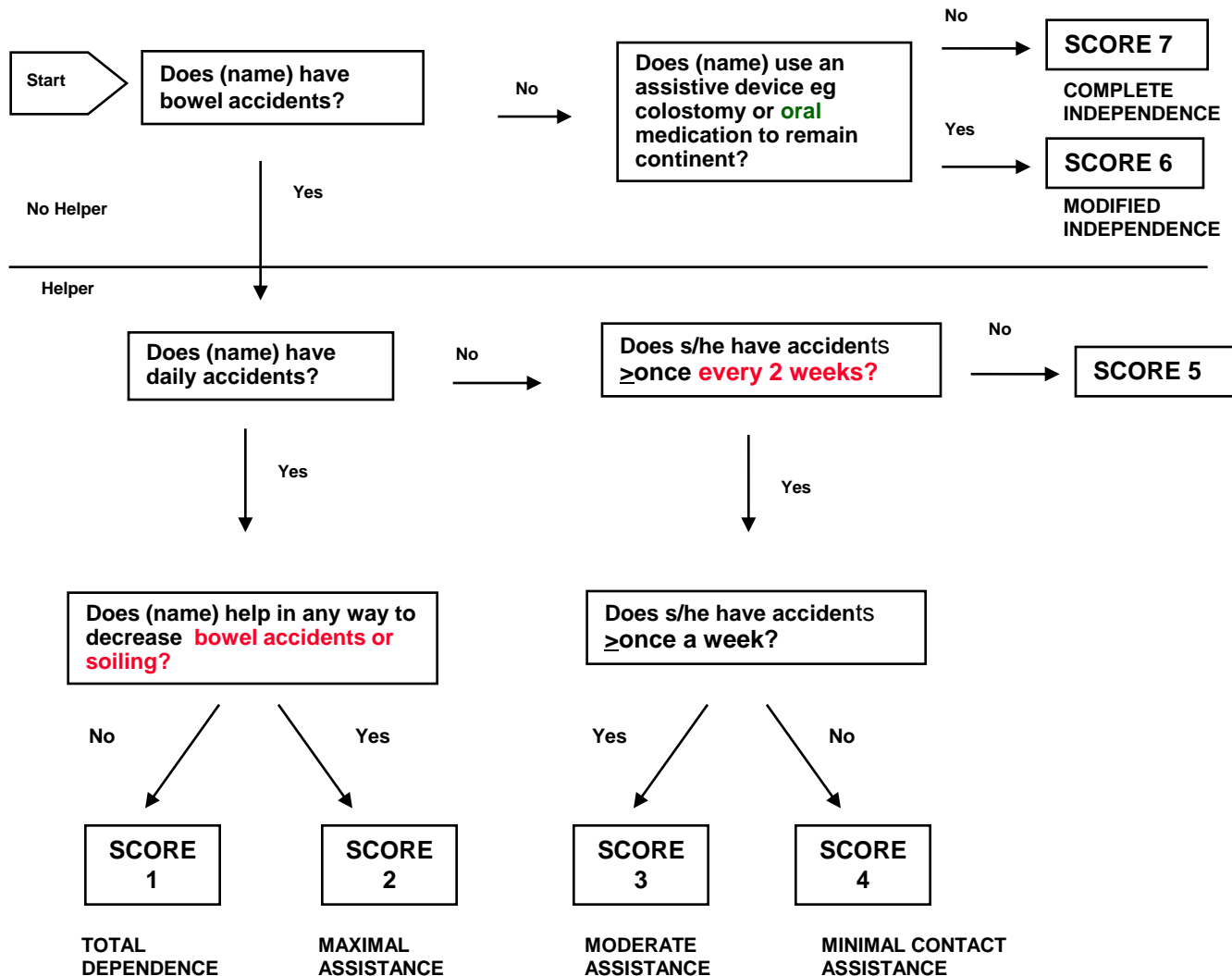
Note: this item deals with two variables:
 1. Level of assistance for bowel management
 2. Frequency of **faecal accidents / soiling**
 Score parts 1 and 2 separately and record both scores.

At level 7, the person:

- **Never has bowel accidents.**
- No equipment or agents are required.

A 'bowel accident' is:
Soiling of linen or clothing with faeces
Includes:

- Leakage from colostomy
- Spills from bed pan



NOTES

- Level 7 : Complete independence: The person is never incontinent.
- Level 6 : Modified independence: Uses device (e.g. Colostomy) or medication to remain continent.
- Level 5 : May have occasional accidents, but less often than **fortnightly** (e.g. every 3-4 weeks).
- Level 4 : May have occasional accidents, but less often than once weekly (e.g. every 10-14 days).
- Level 3 : May have occasional accidents, but less often than daily. (e.g. every 2-3 days).
- Level 2 : Despite assistance is soiled almost every day (but makes some attempt to prevent accidents occurring more often – e.g. calls for help).
- Level 1 : Despite assistance is soiled several times a day: (Makes no attempt to reduce frequency of accidents or is unaware of need to void).

Additional comments for TRANSFERS: BED / CHAIR / WHEELCHAIR

1. If walking:

If walking, the person approaches, sits down on and transfers into bed or chair, and gets up to a standing position from a regular chair or bed.

2. If in a wheelchair

If in a wheelchair, the person approaches a bed or chair, lock brakes, lifts foot-rests, removes arm rests if necessary, and performs either a standing, pivot or sliding transfer (without a board), and returns.

In this respect, a wheelchair is not an assistive device (but a sliding board is)

3. If a prosthesis / orthosis is required, e.g. for transfer out of bed

Again it depends what the person does.

- If they apply it themselves - *score 6*
- If someone else applies it - *score 5*
- If in fact they don't bother, and have help with transfer instead - *score 1-4* depending on how much help is required.

e.g.

Fred needs his AFO to transfer safely into a wheelchair but at night it is easier to wake his wife who provides the necessary contact guarding: *Score 4*

Janet puts her AFO on by herself every morning before transferring herself out of bed to let her carers in: *Score 6*

Tom's wife puts his AFO on for him each morning, and then leaves him to get out of bed and dressed while she makes the breakfast: *Score 5*

4. Note

Score 2 - helper does more work than the patient:

In view of current lifting and handling policies (minimal lift and no lift policies requiring that no more than half the patient's weight is lifted), in this scenario it is more likely that two helpers will be deployed and so the patient scores 1

Therefore a score of 2 is rarely allocated in practice.

Minimal lifting (e.g. just lifting legs around) - **scores 3**

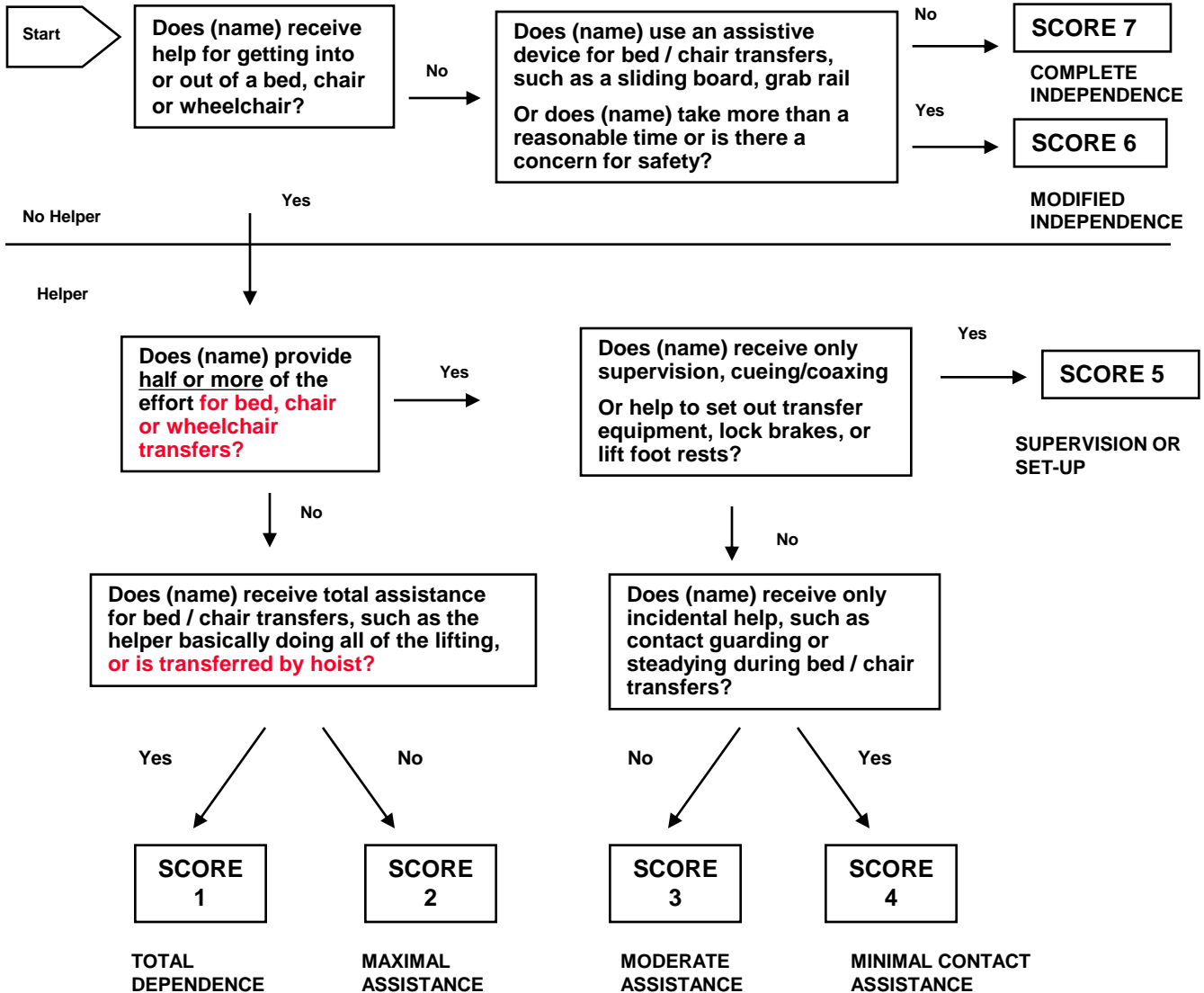
10. TRANSFERS: BED, CHAIR, WHEELCHAIR

Bed / chair / wheelchair transfers includes:

- all aspects of transferring to and from the bed / chair / wheelchair.
- or coming to a standing position, if normal mode of locomotion is walking.

At level 7, the person:

- Approaches, sits down on and gets up from a regular chair.
 - Transfers from bed to chair and back again.
- If in a wheelchair,
- Approaches bed or chair.
 - Locks brakes, lifts arm rests if necessary.
 - Performs either a standing pivot or a sliding transfer and returns.
 - Performs independently and safely.



NOTES

Level 7 : Complete independence: Performs independently and safely.

If walking: The person approaches, sits down on and gets up from a regular chair, transfers from bed to chair and back again.

If in a wheelchair, approaches bed or chair, locks brakes, lifts arm rests if necessary and performs either a standing pivot or a sliding transfer (without sliding board) and returns.

Level 6 : Modified independence: Uses adaptive device such as sliding board / grab rails. Or there are considerations for time or safety.

Level 5 : Supervision or set-up: Receives supervision (stand-by, cueing / coaxing) or set-up e.g. another person applies orthosis/prosthesis, lifts foot rests, applies brakes etc.

Level 4 : Minimal assistance: Incidental help only e.g. contact guarding during transfers. **No more help than touching.**

Level 3 : Moderate assistance: **Helper takes some weight (e.g. lifting legs around), but patient still does more work than the helper** and provides more than half of the effort for transfer themselves.

Level 2 : Maximal assistance: provides less than half of the effort for transfer themselves.

(Note – Rare, due to lifting policies: If a lot of lifting is involved – more likely to require 2 helpers, and so score 1).

Level 1 : Total assistance or help from two people - contributes less than 25% of the effort, or 2 helpers, or hoisted.

Additional comments for TRANSFERS: TOILET

1. If walking:

Includes sitting down on and standing up from a standard toilet.

This item does not include getting to the toilet room (covered by locomotion), but includes approaching the toilet once inside the room

In the UK and US version the use of a commode is considered an assistive device and would therefore score a 6. However this differs in the AROC version

2. If the patient only uses a commode or bedpan

Score 1 AROC – as they do not transfer to a standard toilet

A standard domestic toilet is about 40 cm high.

If a raised toilet seat is required, this would score 6. If this is not required, but all the ward toilets happen to be raised, score 7 (as it is not required, and there is no choice).

3. Four items relating to different aspects of toileting - see these also

Toileting: - Bottom-wiping and adjusting clothing before and after

Toilet Transfers - Transfer on and off the toilet

Bladder management: Level of assistance for control of bladder / frequency of urinary accidents

Bowel management: Level of assistance for control of bowels / frequency of faecal accidents

4. Use of an orthosis for transfers

Even though the application of an orthosis / prosthesis has already been scored under dressing, its use is still recorded if it is required for transfers as a 6 (if applied independently) or as a 5 (if applied with help).

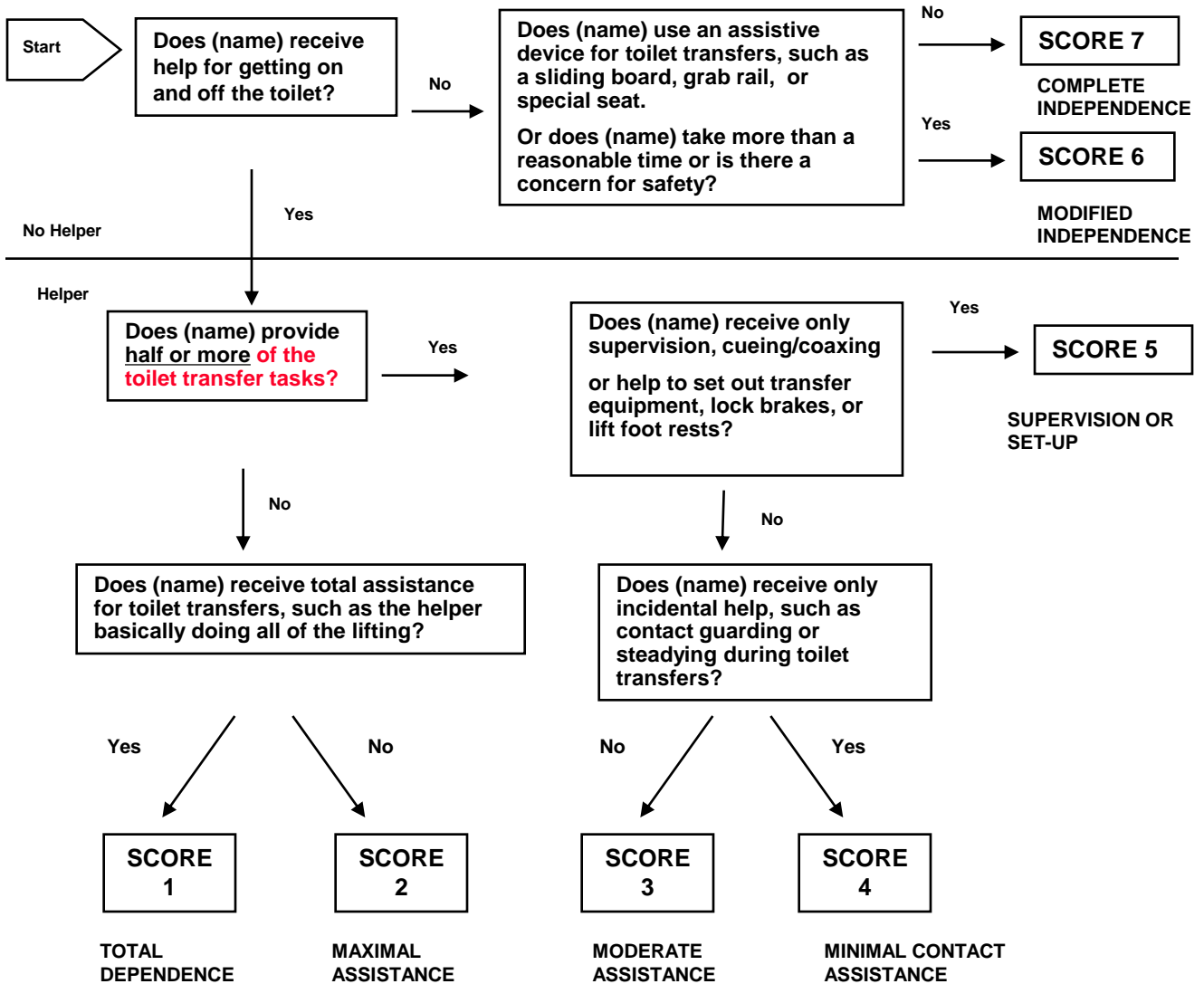
11. TRANSFERS: TOILET

Toilet transfer includes:

- All aspects of transferring to and from the toilet, **but not getting to the toilet room.**

At level 7, the person:

- **Within the toilet room**, approaches, sits down on and gets up from a standard toilet.
- If in a wheelchair
 - Approaches toilet.
 - Locks brakes, lifts arm rests if necessary .
 - Performs either a standing pivot or a sliding transfer and returns
 - Performs independently and safely.



NOTES

Level 7 : Complete independence: Performs independently and safely.

If walking: The person approaches, sits down on and gets up from a regular toilet.

If in a wheelchair, approaches toilet, locks brakes, lifts arm rests if necessary and performs either a standing pivot or a sliding transfer (without sliding board) and returns.

Level 6 : Modified independence: Uses adaptive device such as sliding board / grab rails. Or there are considerations for time or safety.

Level 5 : Supervision or set-up: Receives supervision (stand-by, cueing / coaxing) or set-up e.g. another person applies orthosis / prosthesis, lifts foot rests, applies brakes etc.

Level 4 : Minimal assistance: Incidental help only e.g. contact guarding during transfers. No more help than touching.

Level 3 : Moderate assistance: **helper takes some weight**, but patient still provides more than half of the effort for toilet transfers themselves.

Level 2 : Maximal assistance: provides less than half of the effort for toilet transfers.

Level 1 : Total assistance or help from two people : contributes less than 25% of the effort (or does not transfer onto the toilet e.g. uses bed-pan or pads only).

Additional comments for TRANSFERS TUB OR SHOWER

1. If the patient bathes in bed

Score 1 AROC – as they do not transfer to the bath / shower

2. Use of a shower chair/ commode

If the patient self-propels into the shower area – **score 6**

If helper pushes the shower chair into the shower area, **score 1**, as not participating in transfer in and out of bath / shower

3. Score as for current environment .

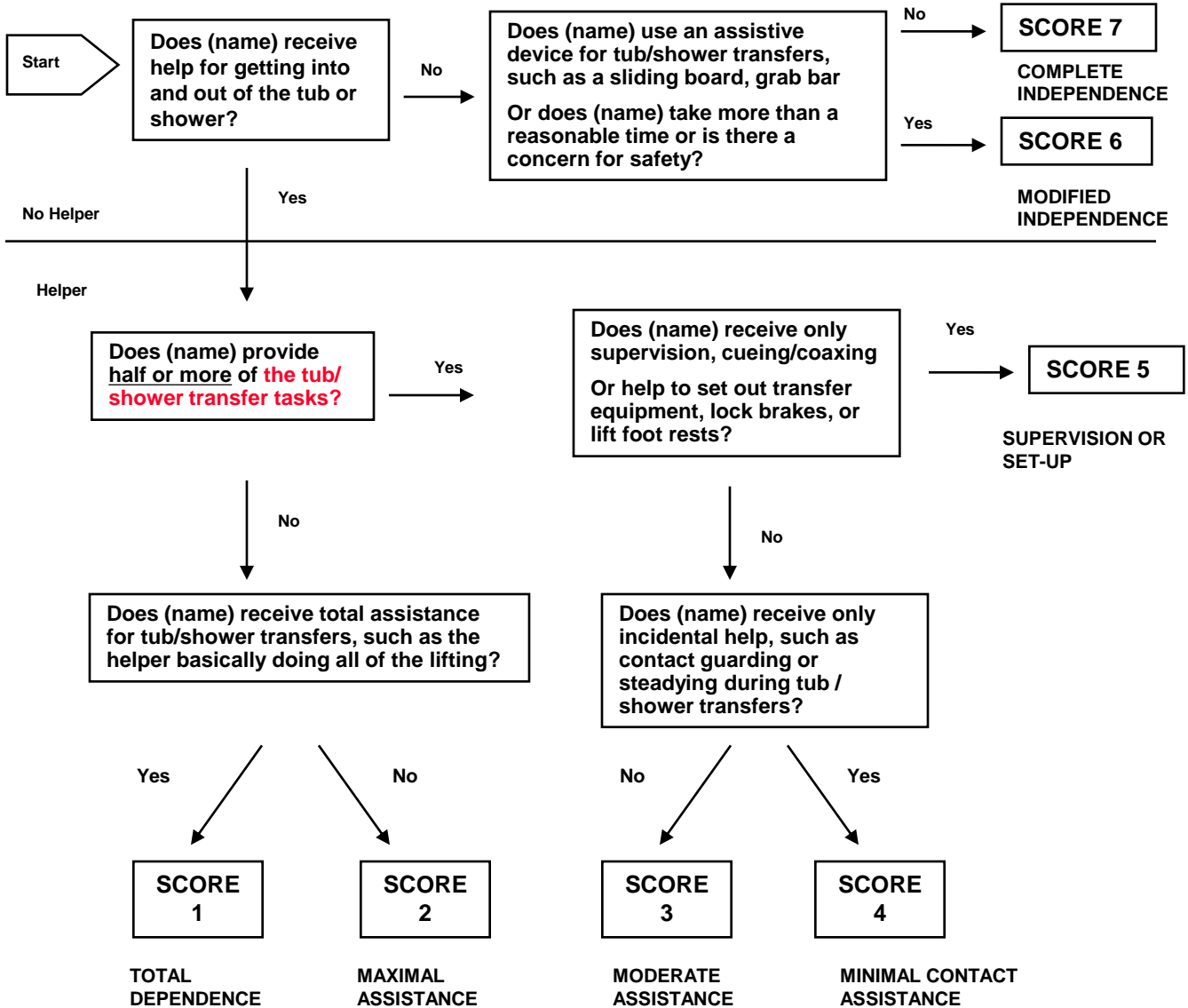
Even though the patient may have a different level of assistance at home from that received in hospital ward – score on the basis of their current conditions.

However, if does not require adaptive equipment, but uses this only because that is all that is available on the ward, can still score 7.

12. TRANSFERS: TUB OR SHOWER

Tub / shower transfers includes:
 • All aspects of getting into and out of a tub or shower stall.
But not getting to the bath/shower room.

At level 7, the person:
 • **Within the bath / shower room**, approaches, gets into and out of a tub or shower stall.
 • Performs independently and safely.
 If in a wheelchair:
 • Approaches tub or shower.
 • Locks brakes, lifts arm rests if necessary.
 • Performs either a standing pivot or a sliding transfer and returns.
 • Performs independently and safely.



NOTES

Level 7 : Complete independence: Performs independently and safely.

If walking: The person approaches, gets into and out of a regular tub/shower.

If in a wheelchair, approaches tub/shower, locks brakes, lifts arm rests if necessary and performs either a standing pivot or a sliding transfer (without sliding board) and returns.

Level 6 : Modified independence: Uses adaptive device such as sliding board / grab rails. Or there are considerations for time or safety.

Level 5 : Supervision or set-up: Receives supervision (stand-by, cueing / coaxing) or set-up e.g. another person applies orthosis/prosthesis, lifts foot rests, applies brakes etc.

Level 4 : Minimal assistance: Incidental help only e.g. contact guarding during transfers. No more help than touching.

Level 3 : Moderate assistance: **helper takes some weight (e.g. lifting legs around)**, but patient still provides more than half of the effort for tub/shower transfers themselves.

Level 2 : Maximal assistance: provides less than half of the effort for tub/shower transfers.

Level 1 : Total assistance or help from two people: contributes less than 25% of the effort (or does not transfer into the tub/shower).

Additional comments for CAR TRANSFERS (FAM item)

1. Loading / unloading a wheelchair

If the person is able to transfer independently into a car, but has help just to load and unload a wheelchair: *Score 4*

2. Use of an orthosis for transfers

Even though the application of an orthosis / prosthesis has already been scored under dressing, its use is still recorded if it is required for transfers as a 6 (if applied independently) or as a 5 (if applied with help).

3. Conundrum

Just getting the wheelchair into and out of the boot represented handling of equipment but not the person themselves. This would be set-up (5) in the FIM.

However, because the wheelchair is heavy and help is required both for getting in and out of the car, it is rated 4 here, possibly justified by the level of difficulty of handling equipment?

13. CAR TRANSFERS (FAM item)

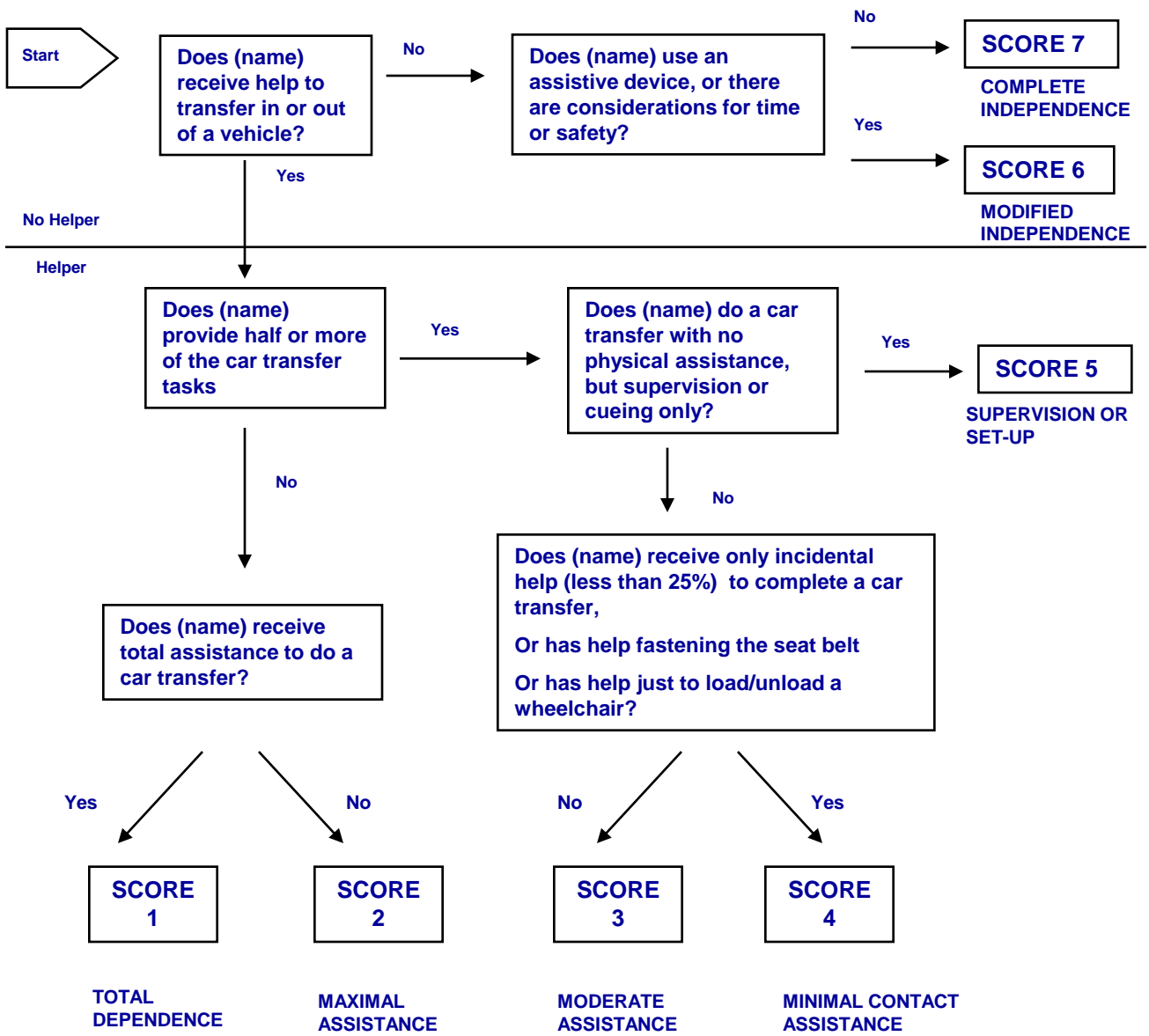
Car transfers includes:

- Approaching the car from the pavement.
- Managing the car door and lock.
- Getting on / off the car seat.
- Managing the seat belt.

NOTE: If a wheelchair is used for mobility and they require help to load and unload wheelchair - level 4

At level 7, the person:

- Approaches car from the pavement.
- Unlocks and opens door.
- Transfers on to car seat.
- Fastens seat-belt.
- If uses wheelchair:
- Loads / unloads it independently.



NOTES

Level 7 : Performs car transfers completely independently.

Level 6 : **Modified independence:** Transfers independently with the assistance of a device or takes more than a reasonable amount of time, or there is a consideration for safety.

Level 5 : **Supervision or set-up:** Supervision or verbal cueing, but no physical assistance to complete the car transfer.

Level 4 : **Minimal assistance:** Receives some physical help (contact guarding – touch only) or help just to load/unload a wheelchair, but able to perform 75% of task themselves.

Level 3 : **Moderate assistance:** but still provides more than half the effort for car transfer themselves.

Level 2 : **Maximal assistance:** provides less than half the effort for car transfers.

Level 1 : **Total assistance or help from two people:** contributes less than 25% of the effort to transfer in / out of car, or is unable to be got into a car.

Additional comments for LOCOMOTION WALKING/WHEELCHAIR

1. Should I rate walking or wheelchair?

Instructions for the FIM suggests that the *commonest* method only should be rated. If this differs between admission and discharge, then both should be rated based on the commonest mode at discharge.

When rating the UK FIM+FAM: **both walking and wheelchair locomotion** are rated and recorded at all time points

The **preferred** mode of locomotion should be indicated at each time-point.

This differs from the AROC system, where the *preferred mode at discharge is used for all time points*

2. Level 5 Exception

Locomotion carries an exceptional level 5:

This reflects ability to go a reduced distance (15m) either independently or with modified independence (device, or time / safety considerations), even though they might require help for longer distances.

This is designed to reflect a functional level where the person would be independent for locomotion around the house, but not outside.

However, it applies to any environment on a flat surface – not just at home.

3. Use of an orthosis for locomotion

Even though the application of an orthosis / prosthesis has already been scored under dressing, its use is still recorded if it is required for locomotion

Score 6 (if applied independently) or

Score 5 (if applied with help).

14i. LOCOMOTION: WALKING

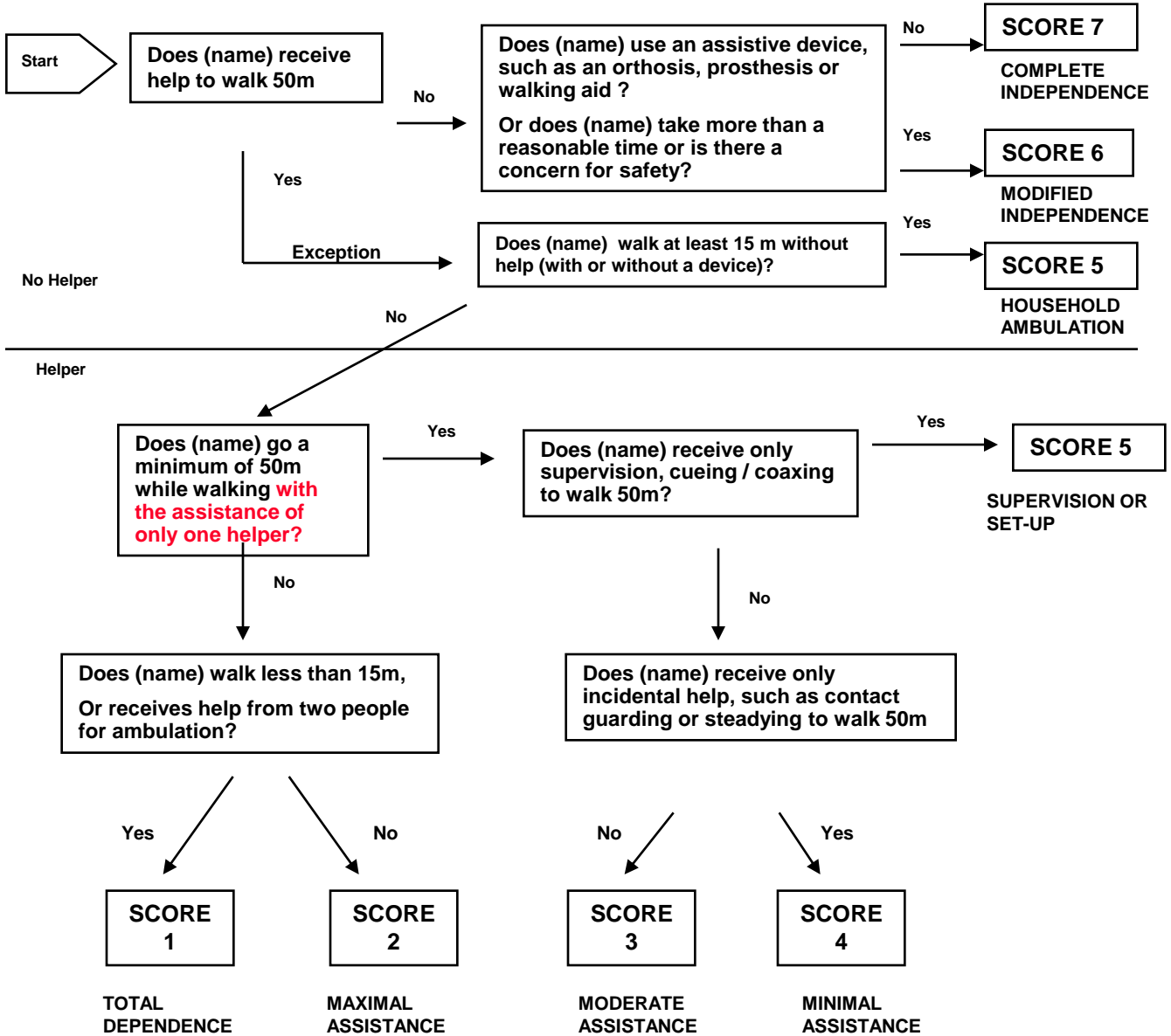
Includes:

- Walking once in a standing position, on a level surface.
- *NB: see 14ii for wheelchair mobility*

Indicate preferred mode of locomotion on rating sheet at each time point: **Walk / Wheelchair** Record rating score for each

At level 7, the person:

- Walks a minimum of 50 metres.
- in a reasonable time.
- Without assistive devices.
- Performs independently and safely.



NOTES

- Level 7 : Complete independence: The person walks a minimum of 50m without assistive devices, independently and safely.
- Level 6 : Modified independence: Walks a minimum of 50m, but uses an adaptive device such as brace, prosthesis or walking aid. Or there are considerations for time or safety.
- Level 5 : Household ambulation: Walks only 15 m with or without modified independence i.e. a device, or there are time or safety considerations.
Supervision or set-up: Receives supervision (stand-by, cueing / coaxing) or set-up e.g. another person applies orthosis/prosthesis to walk a minimum of 50m.
- Level 4 : Incidental help (e.g. contact guarding) only: provides 75% or more of the locomotion effort to walk a minimum of 50m (no weight-bearing by helper, or leaning onto helper).
- Level 3 : Moderate assistance: but provides more than half the locomotion effort to walk a minimum of 50m (Helper takes some weight, but patient still does more than helper).
- Level 2 : Maximal assistance: provides less than half of the locomotion effort to walk a minimum of 15m
- Level 1 : Total assistance to walk a minimum of 15m or receives help from two people - Contributes less than 25% of the effort, or does not walk a minimum of 15m.

Additional comments for LOCOMOTION WALKING/WHEELCHAIR

1. Should I rate walking or wheelchair?

Instructions for the FIM suggest that the *commonest* method only should be rated. If this differs between admission and discharge, then both should be rated based on the commonest mode at discharge.

When rating the UK FIM+FAM: **both walking and wheelchair locomotion** are rated and recorded at all time points

The *preferred* mode of locomotion should be indicated at each time-point.

This differs from the AROC system where the *preferred* mode at discharge is used for all time points

2. Level 5 Exception

Locomotion carries an exceptional level 5:

This reflects ability to go a reduced distance (15m) either independently or with modified independence (device, or time / safety considerations), even though they might require help for longer distances.

This is designed to reflect a functional level where the person would be independent for locomotion around the house, but not outside. **However, it applies to any environment on a flat surface – not just at home.**

3. Use of an orthosis for locomotion

Even though the application of an orthosis / prosthesis has already been scored under dressing, its use is still recorded if it is required for locomotion

Score 6 (if applied independently) or

Score 5 (if applied with help).

4. Never uses a wheelchair – Score 0!!

If using a wheelchair is not assessed because the patient ***never*** uses one (e.g. they always walk – even outdoors over long distances – doesn't even have a wheelchair) then a **zero score** should be used.

(This situation does not apply in the AROC manual as only the preferred mode is rated, which would be walking in this instance)

14ii. LOCOMOTION: WHEELCHAIR

Includes:

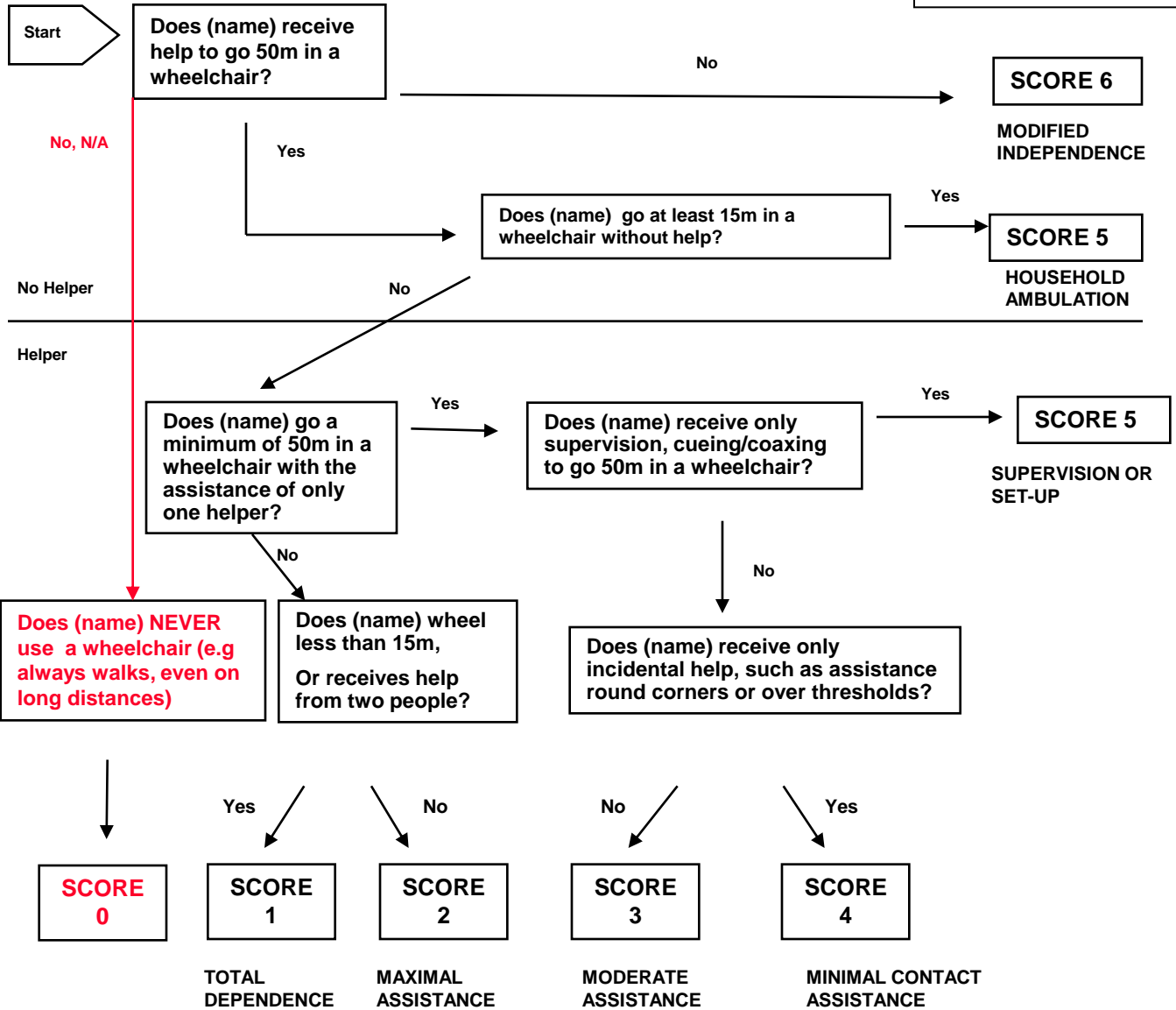
- Locomotion in a wheelchair, once in a seated position on a level surface.

NB: see 14i for walking

Indicate preferred mode of locomotion on rating sheet at each time point: **Walk / Wheelchair** Record rating score for each

No level 7:
6 = Maximum score for Wheelchair locomotion.

Note: If the patient NEVER uses a wheelchair (even for long distances) Score 0 in the UK FIM+FAM



NOTES

Level 7 : Not to be used for wheelchair locomotion.

Level 6 : Modified independence: operates a manual or electric wheelchair for minimum of 50m, turns round, manoeuvres the chair to a table, bed or toilet, negotiates at least 3% grade, and over rugs and sills.

Level 5 : Household ambulation: operates manual / electric wheelchair independently over short distances (15m) only.
Supervision or set-up: Receives supervision (stand-by, cueing / coaxing) or set-up e.g. another person is required to apply orthosis / prosthesis, lift foot rests, apply brakes etc. to go a minimum of 50m in a wheelchair.

Level 4 : Incidental help (e.g. contact guarding) only: provides 75% or more of the locomotion effort to go a minimum of 50m.

Level 3 : Provides more than half the locomotion effort to go a minimum of 50m, but requires moderate assistance from one person only.

Level 2 : Maximal assistance: provides less than half of the locomotion effort to go a minimum of 15m, requires assistance from one person only.

Level 1 : Total assistance - contributes less than 25% of the effort, or wheels less than 15m.

Level 0: A wheelchair is not used at any time by the patient, i.e. they always walk even for long distances (UK manual only)

Additional comments for LOCOMOTION: STAIRS

1. Level 5 Exception

Locomotion carries an exceptional level 5:

This reflects ability to go up a few stairs (4-6) either independently or with modified independence (device, or time / safety considerations), even though they might require help for a normal flight of 12-14 stairs.

This is designed to reflect a functional level where the person would be independent for locomotion around the house, but not outside.

2. Use of an orthosis for stairs

Even though the application of an orthosis / prosthesis has already been scored under dressing, its use is still recorded if it is required for stairs as a 6 (if applied independently) or as a 5 (if applied with help).

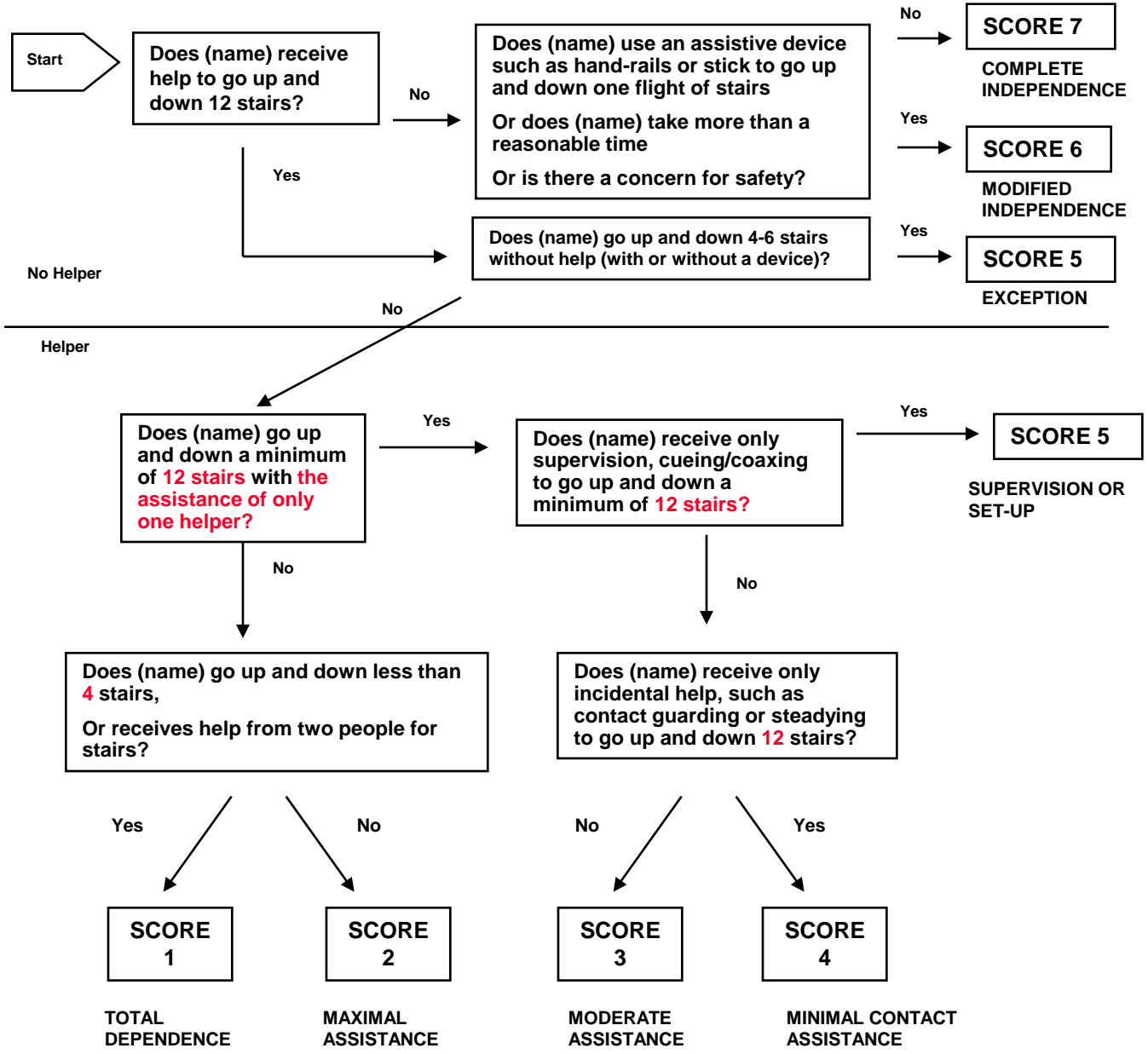
3. Stair-lift

A stair-lift still counts as a device, even though the patient contributes very little effort to going up and down stairs. Provided the patient uses the stair-lift entirely independently without supervision or prompting from another person they can still score 6 if they use a stair-lift.

15. LOCOMOTION: STAIRS

Includes:
 • Going up and down one flight of stairs (**12 stairs**).

At level 7, the person:
 • Goes up and down one flight of stairs without any hand-rail or support.
 • Performs independently and safely.



NOTES

Level 7 : Complete independence: The person goes up and down at least one flight of stairs without depending on any type of hand-rail or support. Performs safely.

Level 6 : Modified independence: The person goes up and down one flight of stairs (12 steps) independently, but requires use of hand-rail or portable support. Or there are considerations for time or safety.

Level 5 : Exception: Goes up and down 4-6 stairs independently, or with a device, or there are time / safety considerations.

Supervision or set-up: Receives supervision (stand-by, cueing / coaxing) to go up and down one flight of stairs.

Level 4 : Minimal assistance: Receives incidental help (e.g. contact guarding) but provides 75% or more of the effort to go up and down one flight of stairs.

Level 3 : Moderate assistance **from one person only**, but still provides more than half of the effort to go up and down one flight of stairs.

Level 2 : Maximal assistance: provides less than half of the effort to go up and down **4 steps and receives help from one person only**.

Level 1 : Total assistance or help from two people: Contributes less than 25% of the effort, or does not go up and down stairs or is carried.

Additional comments for COMMUNITY MOBILITY

1. Mode of transport

Indicate on score sheet the mode of transport used by the person to get about in the community, and on which s/he is being rated.

2. Transferring in and out of cars and stowing wheelchair

Note that these are scored separately under 'Car transfers'. However, if the patient travels by car and receives help for car transfers, they will automatically score a maximum of 4 for community mobility, as they have help at both ends of the journey.

3. Environmentally sensitive

Note that community mobility is highly dependent on local availability of transport. For example, if the person is unable to drive, their ability to get about will depend on

- a) Good public transport in their area
- b) Financial support to use taxi's, if public transport is not an option

4. Adaptive device

This includes modifications made to the car and/or adapted transport e.g low level access bus/dial-a-ride etc

16. COMMUNITY MOBILITY (FAM Item)

Community mobility includes:

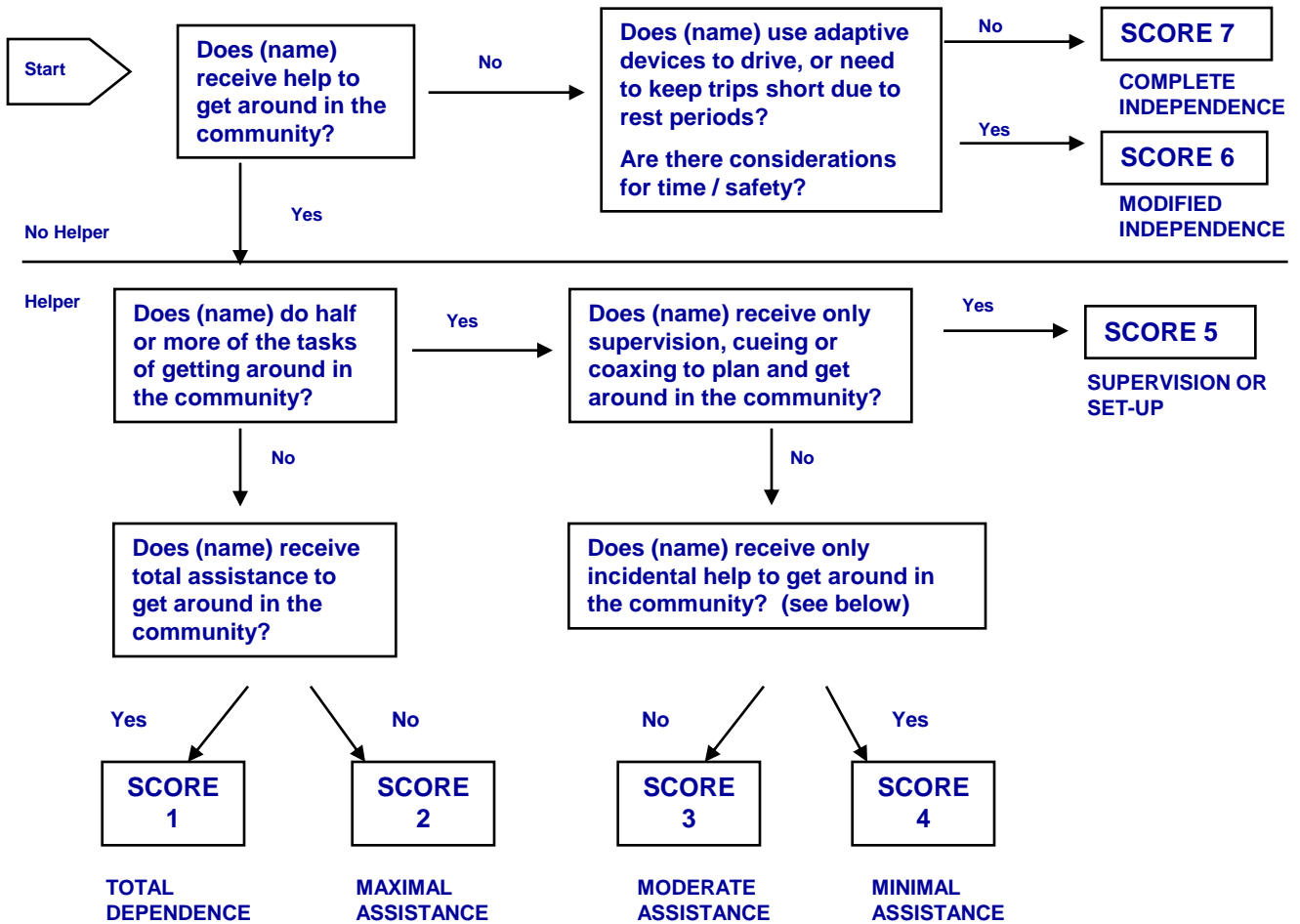
- Organising and managing personal travel within the community:
 - planning a route, time management, paying fares.
 - using some form of public transport (taxi, bus, underground or train) or driving a car.
- Getting around in the locality on foot or in a wheelchair including managing kerbs, crowds, escalators/lifts, road crossings, etc.

At level 7, the person:

- Uses some form of public transport or drives a car.
- Gets around in the locality to where they want to go.
- Performs fully independently and safely.

COMPLETE ON RATING FORM THE MODE OF TRANSPORT USED

NB : Car transfers (including loading and unloading of wheelchair) are assessed separately.



NOTES

- Level 7 : Complete independence:** Uses some form of public transport independently (taxi, bus or train) or drives a car. Transfers self in wheelchair (if relevant) independently. Gets around in locality on foot or in wheelchair.
- Level 6 : Modified independence:** Uses adaptive devices to drive or to keep trips short due to rest periods.
- Level 5 : Supervision or set-up:** Receives only supervision or help at or before the start of the journey, e.g. help to plan the journey or to buy a ticket in advance.
- Level 4 : Minimal assistance:** Receives help from someone at both ends of the journey, e.g. to be put on a bus and met at the other end. (NB if travels by car and requires help for car transfers, will automatically score a maximum of 4 for community mobility).
- Level 3 : Moderate assistance:** Is accompanied throughout the journey as they get around in the community, (e.g. to point out potential problems or steady around obstacles, such as kerbs, or escalators), but still does more than half the task themselves.
- Level 2 : Maximal assistance:** Contributes to some of the tasks involved in getting around in the community, but receives help for more than half the task.
- Level 1 : Total assistance or help from two people to get around in the community - contributes <25% of the effort, or is unable to get around in the community.**

COGNITIVE ITEMS

1. FIM Cognitive items

- These are assessed somewhat differently to motor items
- Assistance is in the form of prompting or direction – scoring depends on the % time that patient is able to complete task without prompting
- Level 5 is supervision with minimal help (<10% of the time) or set-up in the form of a structured or restricted environment.
- They are best scored while observing the patient's activities of daily living:
- **Consider all activities across the 24 hours in all environments**
 - e.g. during therapy, daily care routine, social activities etc.
- To determine the burden of care, consider what the patient can do without the helper's input. They may ultimately be able to comprehend 100% of information, but score the % they can comprehend before prompting occurs.

2. Receive / get help:

It is recognised that unlike Motor tasks (which are usually undertaken at set time periods) Cognitive tasks are done throughout the day and it may not be reasonable to expect that help will be available all of the time.

- The root question is therefore framed in terms of need for help as opposed to necessarily receiving help.
- Safety awareness is framed throughout as the need for help, as it is important to identify this requirement, even if support is not forthcoming as often as it should be.

Additional comments for COMPREHENSION

1. Mode of Comprehension: Auditory or Visual

Score for the commonest mode - not the lowest.

NB. For the large majority, auditory comprehension will be the main mode

- the major exception being in the case of profound deafness.

2. COMPLEX or abstract directions and conversation

Consider questions about activities such as:

- Discharge planning, goal setting / treatment planning
- Current events – on TV / radio, or in the newspapers
- Abstract information -such as Humour, Finances, Relationships etc
- Participating in and understanding information during group conversation.

If they understand complex information without prompting, they will score 6 or 7

3. BASIC: Directions and conversation about basic needs

Consider questions about basic daily needs, include:

- Nutrition – Are you hungry?
- Fluids – Are you thirsty? Drink this water
- Elimination – Do you need to use the toilet?
- Sleep – Are you tired?
- Discomfort – Are you in pain?

If they understand only basic information, they will score 1-5

4. English not their first language

The score is not reduced if an interpreter is used

(NB this differs from FAM items which view an interpreter as a form of help and lack of English as a functional barrier to communication)

Prompts may include repetition, gestures, stressing particular words, simplified language

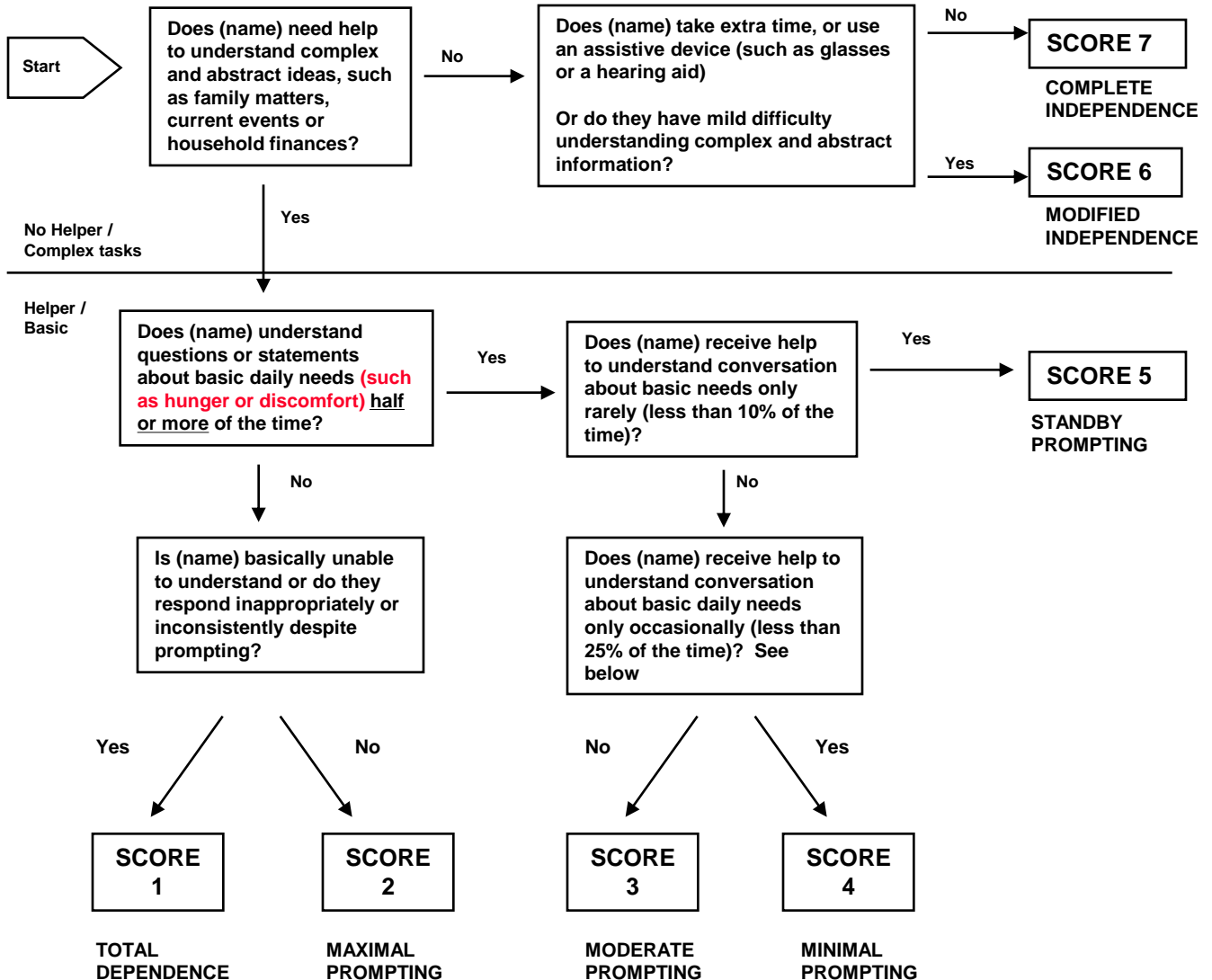
17. COMPREHENSION

Comprehension includes:

- Understanding of either auditory or visual communication (e.g. writing, sign language, gestures).

At level 7, the person:

- Understands directions and conversation that are abstract and complex.
- Understands either spoken or written language (Not necessarily English).



NOTES

Comprehension includes understanding of either auditory or visual communication (e.g. writing, sign language, gestures).

Level 7 : Understands directions and conversation that is complex or abstract. Understands either spoken or written language - not necessarily English.

Level 6 : In most situations understands complex or abstract directions or conversation readily with no prompting. May use glasses or hearing aid, **or other assistive device, or extra time to understand the information.**

Level 5 : Understands directions and conversation about basic daily needs (such as hunger or discomfort) more than 90% of the time. Receives prompting (slowed speech, repetition, visual or gestural cues) less than 10% of the time.

Level 4 : Understands directions and conversation about basic daily needs 75-90% of the time.

Level 3 : Receives moderate help, but understands directions and conversation about basic daily needs more than half of the time.

Level 2 : Understands only simple, commonly used expressions / gestures (e.g. Hello. How are you?). Receives prompting more than half of the time.

Level 1 : Understands directions and conversation about basic daily needs less than 25% of the time. Does not understand simple commonly used expressions. Does not respond consistently or appropriately despite prompting.

Additional comments for EXPRESSION

1. Mode of Expression: Vocal / Non-vocal

2. Expression and Speech intelligibility

Expression is a FIM item.

It includes speech intelligibility - i.e. articulation and voice production

Speech intelligibility is also rated separately as a FAM item.

In order to preserve the integrity of the FIM, score Expression to include speech intelligibility, even though this is scored in its own right later.

3. Examples of complex or abstract ideas

- Can they explain their financial situation to the social worker?
- Can they describe their home layout to the O/T
- Can they relate their medical history to the doctor?
- Can they discuss issues such as current events, religion, relationships with others?

4. Examples of basic expression

- Can they let staff know when they are in pain?
- Can they ask for help for a transfer?
- Can they communicate basic needs such as hunger, discomfort, thirst?

5. Consider all activities across the 24 hours in all environments

They may ultimately be able to express themselves 100% with prompting, but score the % they can express before prompting occurs

Typical prompts would be:

- To repeat himself
- To slow down
- Many questions to clarify information – 1-2 would be normal

6. English not their first language

The score is not reduced if an interpreter is used

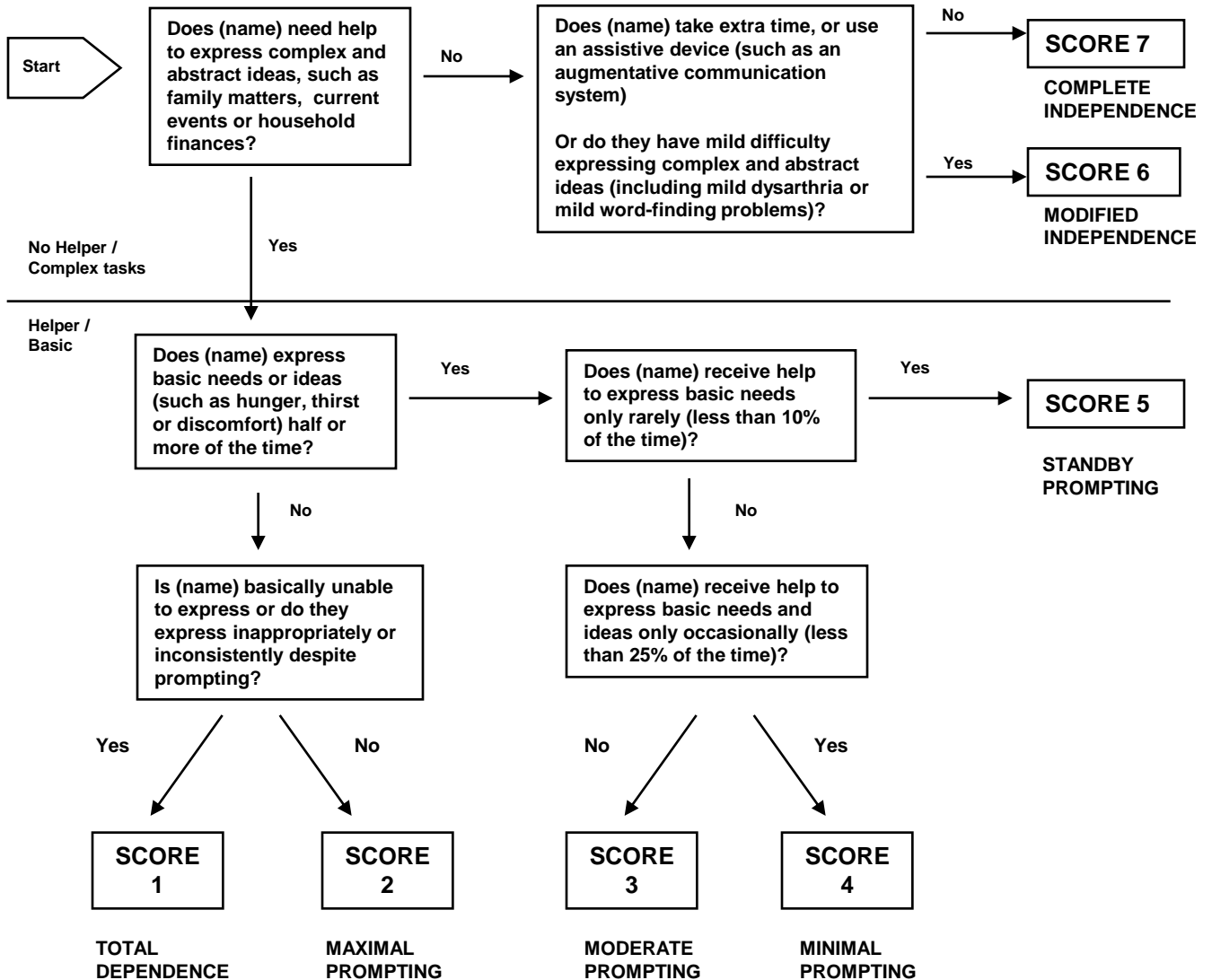
(NB this differs from the FAM item reading which views an interpreter as a form of help, as lack of English is a functional barrier to communication)

Expression includes:

- Spoken and written language, gesture.
- Effective use of symbols or communication charts / aids etc.

At level 7, the person:

- Expresses complex and abstract ideas clearly in easily intelligible language. (Not necessarily English).



NOTES

- Level 7 : Expresses complex ideas clearly.
- Level 6 : In most situations, expresses complex ideas relatively clearly or with only mild difficulty. Does not need any prompting, but may require a device, such as a communication aid or extra time to convey their meaning.
- Level 5 : Expresses basic daily needs and ideas more than 90% of the time. Receives prompting (e.g. to use strategies or communication chart/aid) less than 10% of the time to be understood.
- Level 4 : Expresses basic daily needs most of the time, but some interpretation or guesswork required by the listener, especially out of context.
- Level 3 : Expresses basic daily needs more than half of the time. Indicates the general topic but requires listener to guess or question to determine the full message, even when in context.
- Level 2 : Expresses basic daily needs less than half of the time - listener provides more than half the effort. Uses only single words or gestures e.g. able to reliably indicate yes / no. May also use pointing within the environment.
- Level 1 : Expresses basic daily needs less than 25% of the time. Does not express basic daily needs appropriately or consistently despite prompting. Unable to give reliable yes / no or consistently indicate preference.

Additional comments for READING

1. English not their first language

From the functional viewpoint, reading ability must be judged in the predominant language (s) of the environment (i.e. usually English in the UK).

Although this may seem politically incorrect, this policy is necessary because:

- The functional application of reading is to be able to read signs, written information etc. which will mostly be in English
- It is recognised that the FIM+FAM is dependent on the environment and that the environment may sometimes be limiting.
- Even if a patient can read in their own language it is unlikely that their reading ability can be tested accurately in that language. Even if the unit happens to have a member of staff who can speak that particular language, it is unlikely that all possible languages can be represented.

2. Suggested test reading materials:

- The unit's welcome booklet
- Patient Information leaflets regarding brain injury /stroke
- Menu cards
- Patient / staff timetables

NB. Reading glasses are considered to be an orthotic/assistive device

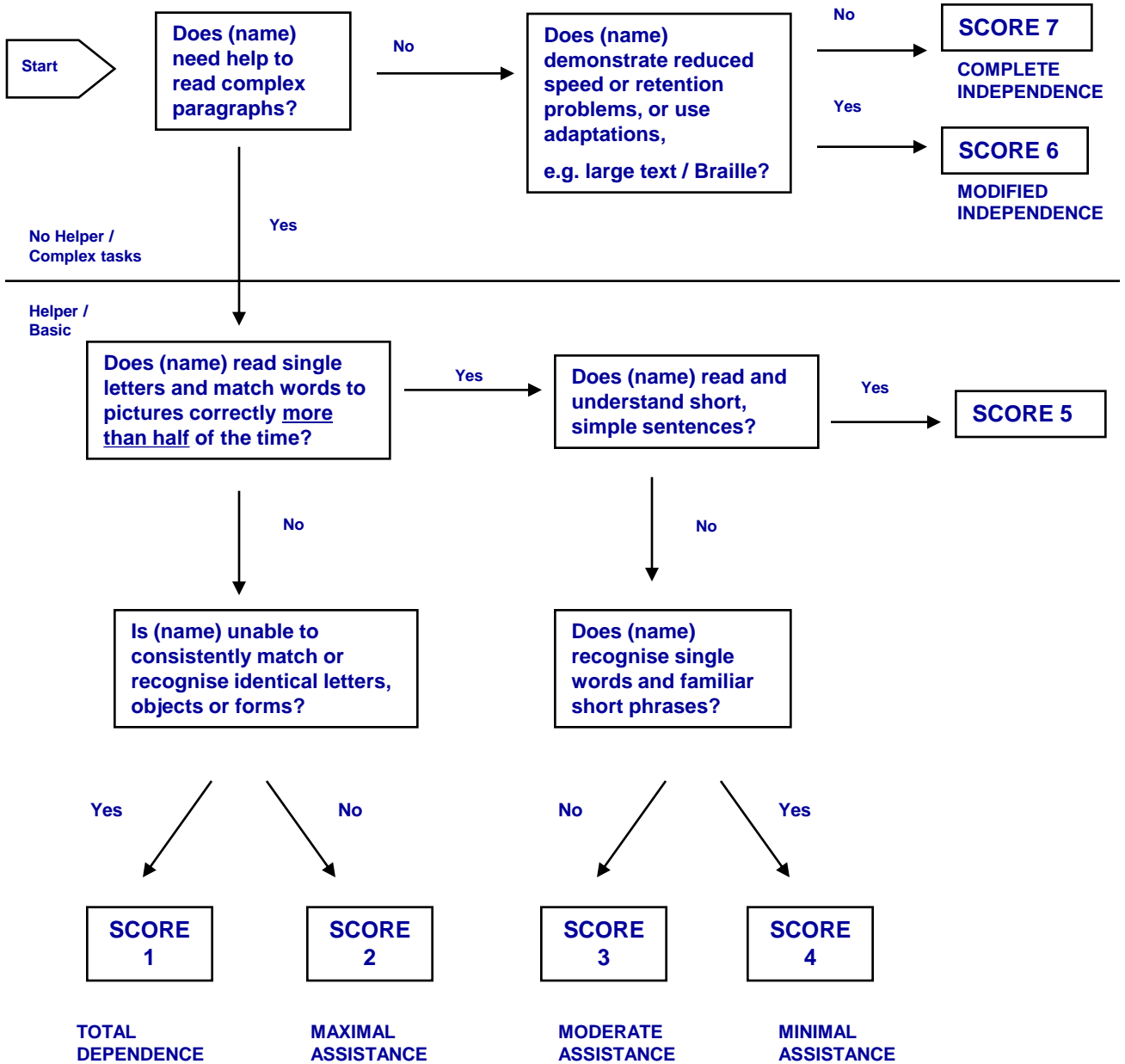
19. READING – FAM item

Reading includes:

- Understanding non-vocal written material.

At level 7, the person:

- Reads and completely understands complex material.
e.g. newspapers, books etc.



NOTES

Level 7 : Reads and understands complex lengthy paragraphs, such as in newspapers or books.

Level 6 : Reads and understands complex sentences or short paragraphs, but may demonstrate reduced speed or retention problems.

Level 5 : Reads and understands short simple sentences but shows increased difficulty with length or complexity.

Level 4 : Recognises single words and familiar short phrases consistently.

Level 3 : Reads letters and recognises objects / pictures – (eg matches words to pictures correctly >50% of the time without cues.)

Level 2 : Recognises identical objects or letters.

Level 1 : Unable to match or recognise identical letters consistently.

Additional comments for WRITING

1. Hand-writing / Word-processing

As computers are now widely available as normal household items, writing may be assessed in the medium that the person uses most often, not the lowest score

Conundrum:

Using a word-processor, Lisa writes complex essays accurately for her college coursework, but her handwriting is limited to her signature and 1-2 words

- Do not score to the lower – rate on what she does most often
- **Note this may be environmentally sensitive** – if she does not have access to a word processor, she is much more limited

2. Language **appropriate to the medium**

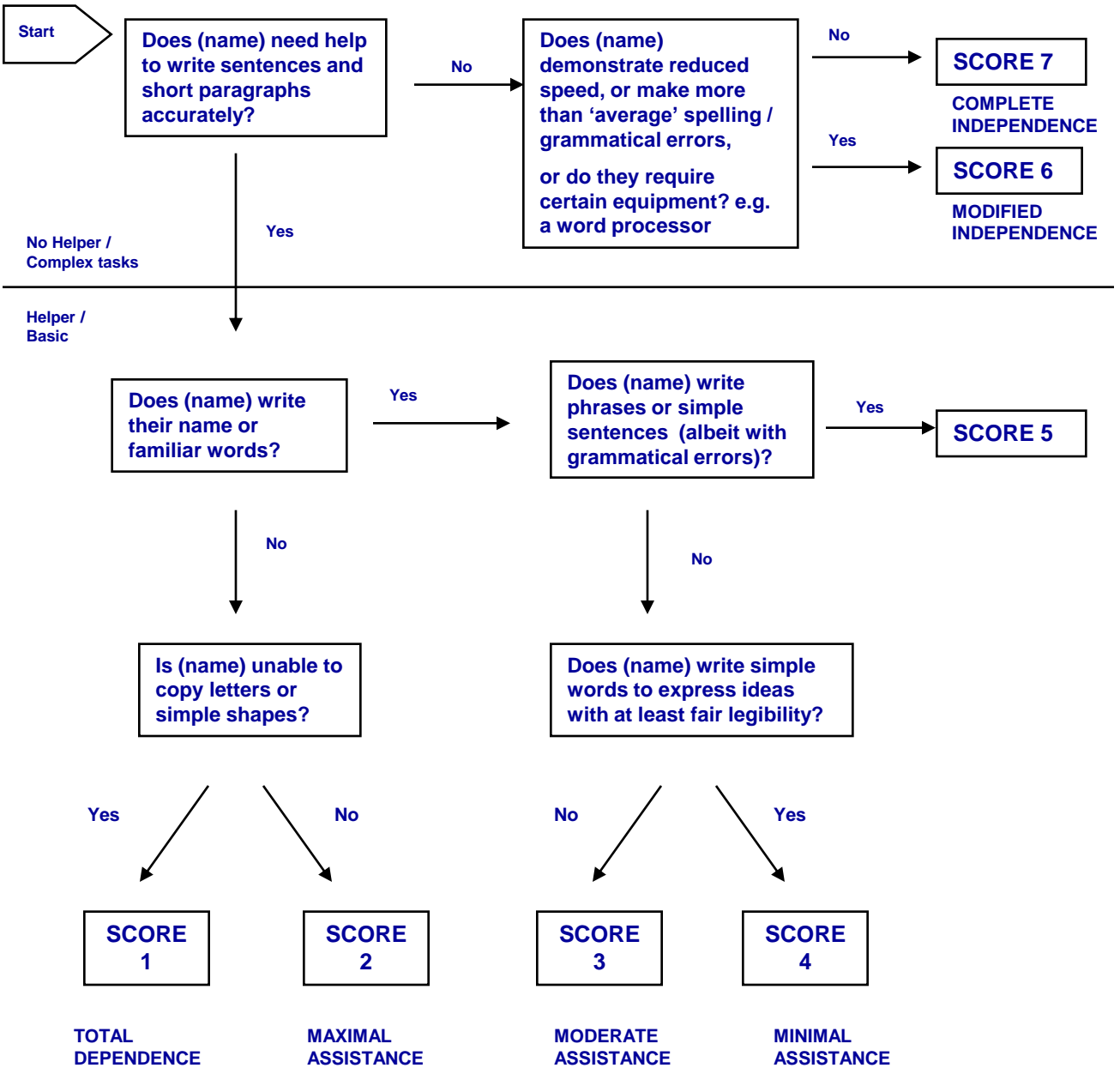
If the person is assessed on texting, normal texting language and syntax is appropriate
But for level 7, they need to be able to communicate effectively in written language appropriate to the medium / circumstances

Writing includes:

- Spelling correctly,
- Appropriate grammar for the medium.
- Completeness of written communication.

At level 7, the person:

- Writes with acceptable accuracy in spelling, grammar, syntax, punctuation.
- Uses language that is appropriate to the medium / circumstances.



NOTES

- Level 7 : Writes full paragraphs with acceptable speed and accuracy in spelling, grammar and completeness.
- Level 6 : Writes sentences and short paragraphs accurately, may take extra time or make occasional spelling / grammatical errors, or requires certain equipment, e.g. a word processor.
- Level 5 : Writes phrases or simple sentences, evidence of spelling, grammar or syntax errors.
- Level 4 : Writes simple words and occasional phrases to express ideas, but with spelling errors and / or reduced legibility.
- Level 3 : Writes their own name (cueing may be required) and some familiar words, legibility is poor.
- Level 2 : Writes some letters spontaneously, able to trace or copy letters or numbers.
- Level 1 : Unable to copy letters or simple shapes.

Additional comments for SPEECH INTELLIGIBILITY

1. Expression and Speech intelligibility

Speech intelligibility refers to articulation and voice production.

It is rated as part of Expression to maintain the integrity of the FIM, but is also rated separately as a FAM item.

Speech intelligibility, as scored in the FAM, only refers to articulation, rate volume and quality of vocal communication. It does not include language or meaning.

2. Content

If the person speaks total rubbish with perfect clarity, they can still score 7.

It is recognised, however, that this is of dubious functional significance. The usefulness of this item is still under review.

21. SPEECH INTELLIGIBILITY - FAM item

Speech intelligibility includes:

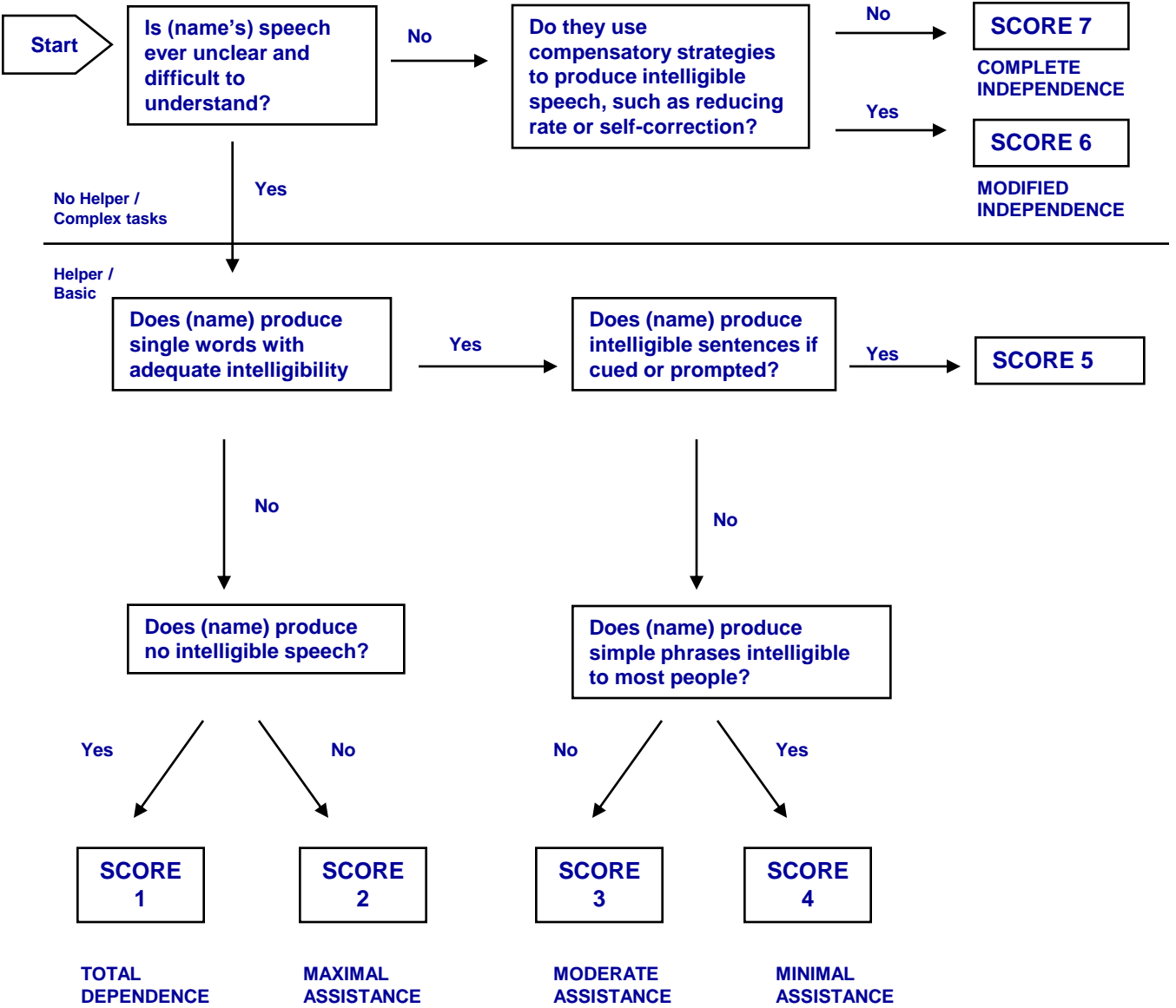
- Articulation, rate, volume and quality of vocal communication.

At level 7, the person:

- Converses with a well-modulated, well-articulated voice.

NB: In this context, understandability reflects speech quality

- not language / meaning, which are assessed separately under "Expression"



NOTES

Level 7 : The person talks intelligibly in all situations, including talking to strangers and over the telephone.

Level 6 : May take more time or uses compensatory strategies such as slowing down or reducing background noise. Self-corrects when not understood.

Level 5 : May need occasional prompting to slow down or otherwise modify output to improve intelligibility. Produces sentences intelligible to most people in most situations.

Level 4 : Produces simple phrases that are intelligible to most people.

Level 3 : The person uses words or phrases which are intelligible only by familiar people or within the given situation.

Level 2 : Produces single sounds and / or syllables, recognisable only by familiar listeners or within context.

Level 1 : Person does not produce any recognisable speech or speech sounds.

Additional comments for SOCIAL INTERACTION

1. Social interaction – often one of the most difficult items to score

Social interaction is rated on the patient's ability to behave in a manner that is considered socially appropriate for the environment.

It includes getting along with others, being co-operative with staff, visitors and other patients, as well as the ability to participate in social and therapeutic activities - dealing with the needs of others, as well as their own.

Examples of inappropriate (unwanted) behaviour:

- Temper tantrums
- Loud, foul or abusive language
- Excessive laughing or crying
- Sexually inappropriate
- Physical attack
- Very withdrawn or non-interactive behaviour

Restraint may include any methods of modifying behaviour including:

- Physical restraints
- Medication
- One-on-one supervision
- Use of a locked ward or bed room
- Local policy will inform clinicians about acceptable restraints for the clinical setting

2. Mood / emotional status

There is some potential overlap between Social interaction (FIM item) and Emotional Status (FAM item)

In the FIM, *Social Interaction* primarily addresses the level of assistance required to manage unwanted /inappropriate behaviours that impact on their interaction with other people, but may include behavioural aspects of mood disorders eg very withdrawn behaviour severe depression.

In the FAM, Emotional Status separates out disorders of mood (eg depression / anxiety/frustration etc) identifies the frequency of intervention (eg encouragement, advice, reinforcement etc) that may be required to manage mood disturbance at a level that may not impact on social interaction with others, but may still interfere with day to day function.

3. Rating the use of medication – differs from UK FIM+FAM version 1

If the person requires medication to control their social interaction / unwanted behaviours:

Score 6

(Regardless of whether they take this themselves or are given it by someone else)

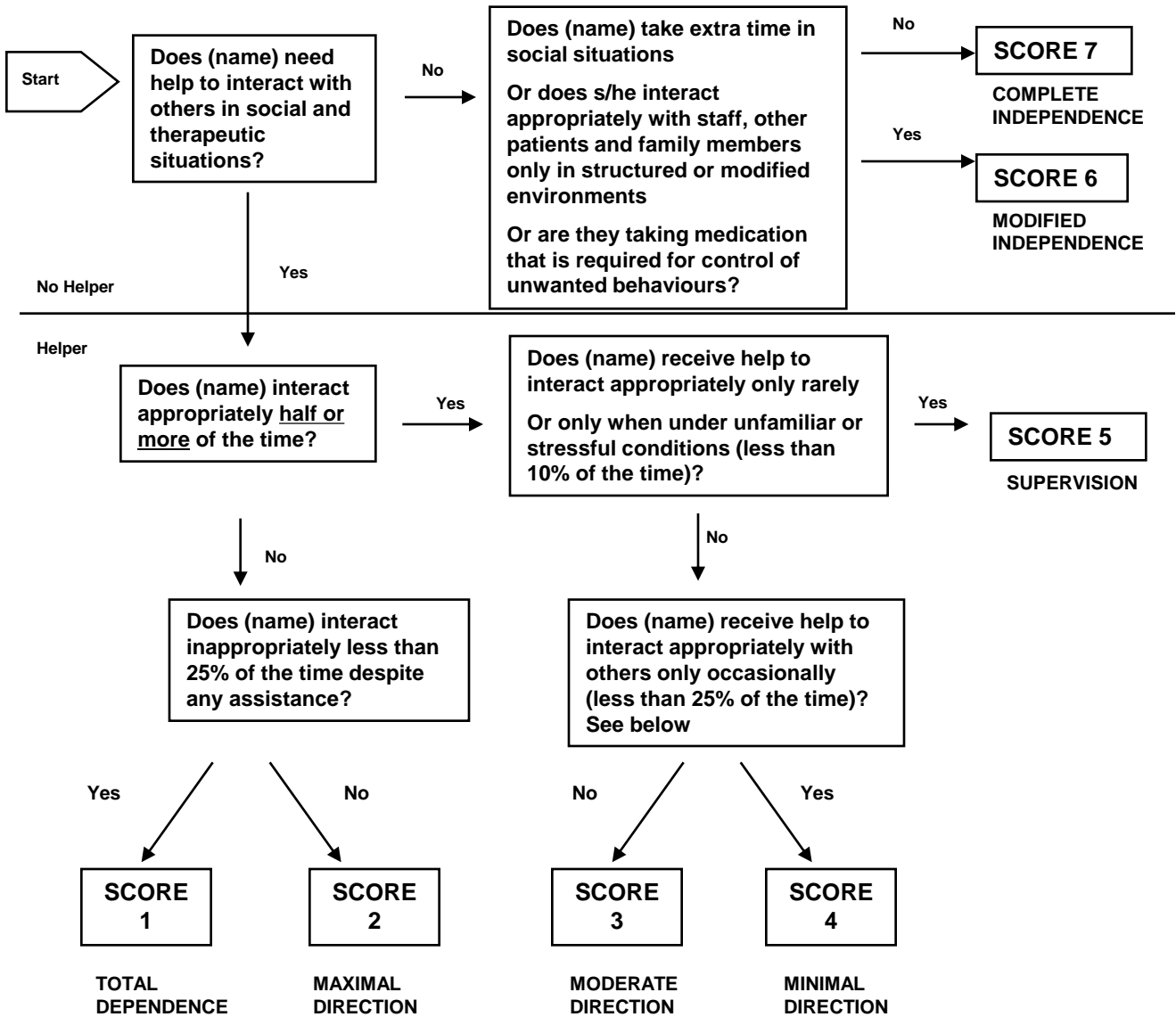
22. SOCIAL INTERACTION

Social interaction includes:

- Skills related to getting along and participating with others in therapeutic and social situations.
- It represents how one deals with one's own needs together with the needs of others.

At level 7, the person:

- **Is always socially appropriate and cooperative.**
- Interacts appropriately with staff, other patients, family members,
- Controls temper, accepts criticism.
- Is aware that words and actions have an impact on others.
- Does not require medication for control of unwanted behaviours.



NOTES

Examples of socially inappropriate behaviours include temper tantrums, loud, foul, or abusive language, excessive laughing or crying, physical attack, OR very withdrawn or non-interactive behaviour.

Level 7 : Interacts appropriately with staff, other patients and family members, e.g. controls temper, accepts criticism, and is aware of the impact of words and actions on others. Does not require medication for control.

Level 6 : Interacts appropriately with staff, other patients and family members in most situations and only occasionally loses control. Does not need supervision, but may take more than a reasonable amount of time to adjust to social situations or may take medication that is required for control of unwanted behaviours.

Level 5 : Only receives supervision (e.g. monitoring, verbal cueing or coaxing) under stressful or unfamiliar conditions to interact appropriately, but no more than 10% of the time. May have encouragement to initiate participation.

Level 4 : Receives occasional help to interact appropriately and control behaviour, such as temper tantrums or abusive language.

Level 3 : Receives help to interact appropriately or control behaviour but still manages for themselves more than half the time.

Level 2 : Receives frequent intervention to control behaviour, requires help more often than not. **May be a danger to others and require restraint some of the time.**

Level 1 : Receives constant intervention to control behaviour and interact appropriately with others. **May be a danger to others and require restraint all of the time.**

Additional comments for EMOTIONAL STATUS

1. Emotional status

Includes not only the frequency and severity of mood disturbance but also the person's ability to take responsibility for controlling their emotional behaviour and the extent to which this impacts on their day-to-day function.

2. Rating the use of medication – differs from UK FIM+FAM version 1

If the person requires medication to control their emotional status: *Score 6*
(Regardless of whether they take this themselves or are given it by someone else)

3. Lower levels

Lower levels are rated on frequency of intervention required

4. Mood / emotional status

There is some potential overlap between Social interaction (FIM item) and Emotional Status (FAM item)

In the FIM, *Social Interaction* primarily addresses the level of assistance required to manage unwanted /inappropriate behaviours that impact on their interaction other people, (but may include behavioural aspects of mood disorders eg very withdrawn behaviour severe depression).

In the FAM, *Emotional Status* separates out disorders of mood (eg depression / anxiety/frustration etc) identifies the frequency of intervention (eg encouragement, advice, reinforcement etc) that may be required to manage mood disturbance and emotional behaviour at a level that may not impact on social interaction with others, but may still interfere with day-to-day function.

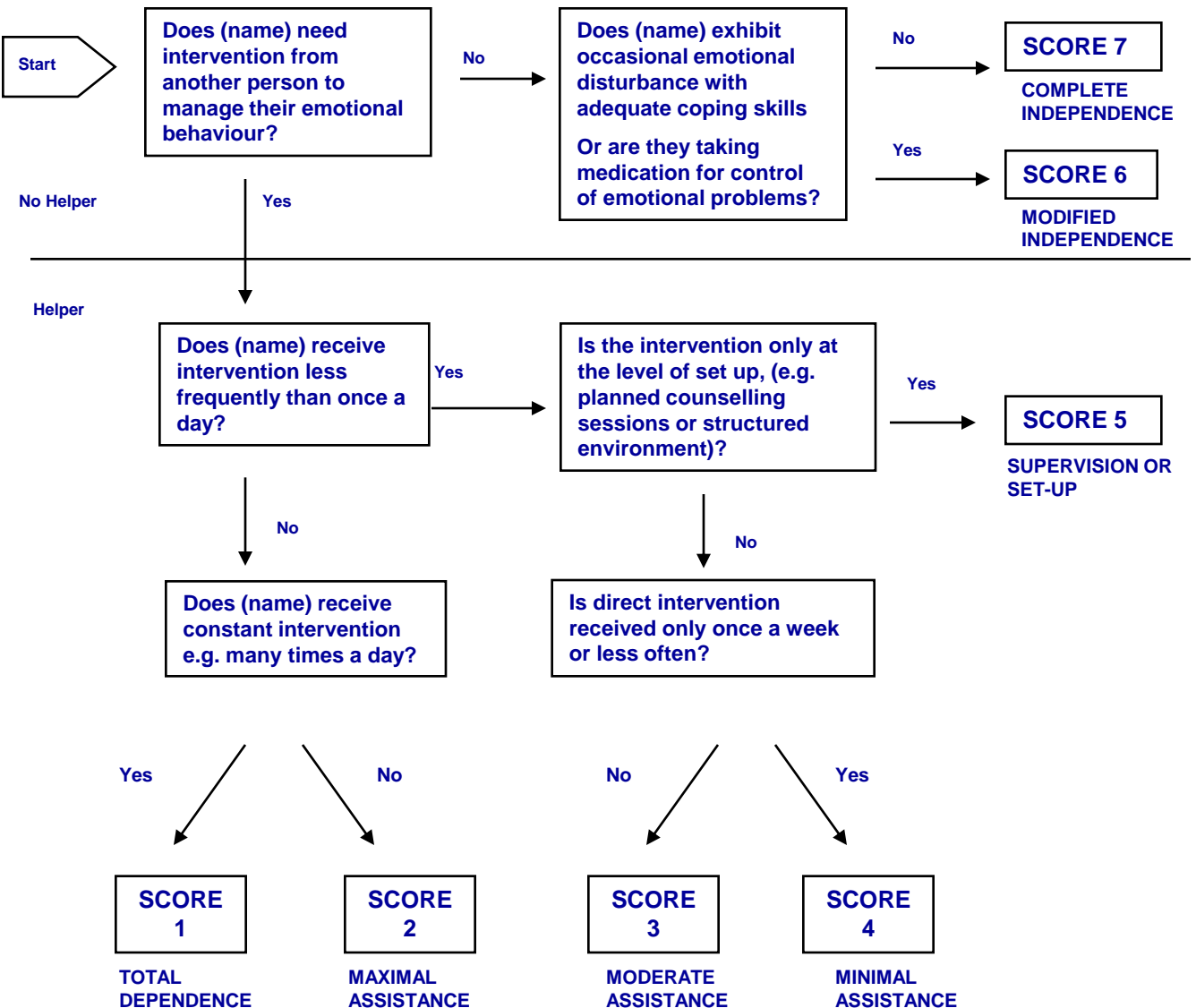
23. EMOTIONAL STATUS – FAM item

Emotional Status includes:

- Frequency and severity of depression, anxiety, euphoria, frustration, agitation.
- Ability to take responsibility for controlling emotions and manage emotional behaviour in relation to day-to-day function.

At Level 7, the person:

- Exhibits an appropriate emotional response without help from others.
- Their emotions do not interfere with day-to-day function.



NOTES

Level 7 : The person exhibits an appropriate emotional response without help from others and their emotions do not interfere with day to day function.

Level 6 : The person exhibits occasional emotional disturbances but is able to cope with these independently or is taking medication for them, e.g. antidepressants.

Level 5 : The person may need their environment structured to remove triggers or stimuli causing difficulties with emotional status, or receives occasional or planned support (eg scheduled counselling sessions) but no more than every 1-2 weeks

Levels 4-1 : Direct intervention may include immediate (often unplanned) implementation of encouragement, advice, reinforcement or preventative action to manage emotional disturbance.

Level is determined by frequency of intervention:

- 4: Once a week or less often
- 3: Several times a week, but not daily
- 2: Daily
- 1: Many times each day

Additional comments for ADJUSTMENT TO LIMITATIONS

1. Adjustment to limitations is considered to have two components:

– Above the 'help' line:

A mental set with regard to having insight into their disability, coming to terms with it and having realistic expectations for the future.

– Below the 'help' line:

Practical adjustments and the use of coping strategies and alternative techniques to overcome their disabilities.

2. Overlap with safety awareness

Lack of awareness / acceptance of limitations often has implications for safety, especially at the lower levels of functioning.

There may be some overlap with safety awareness, but

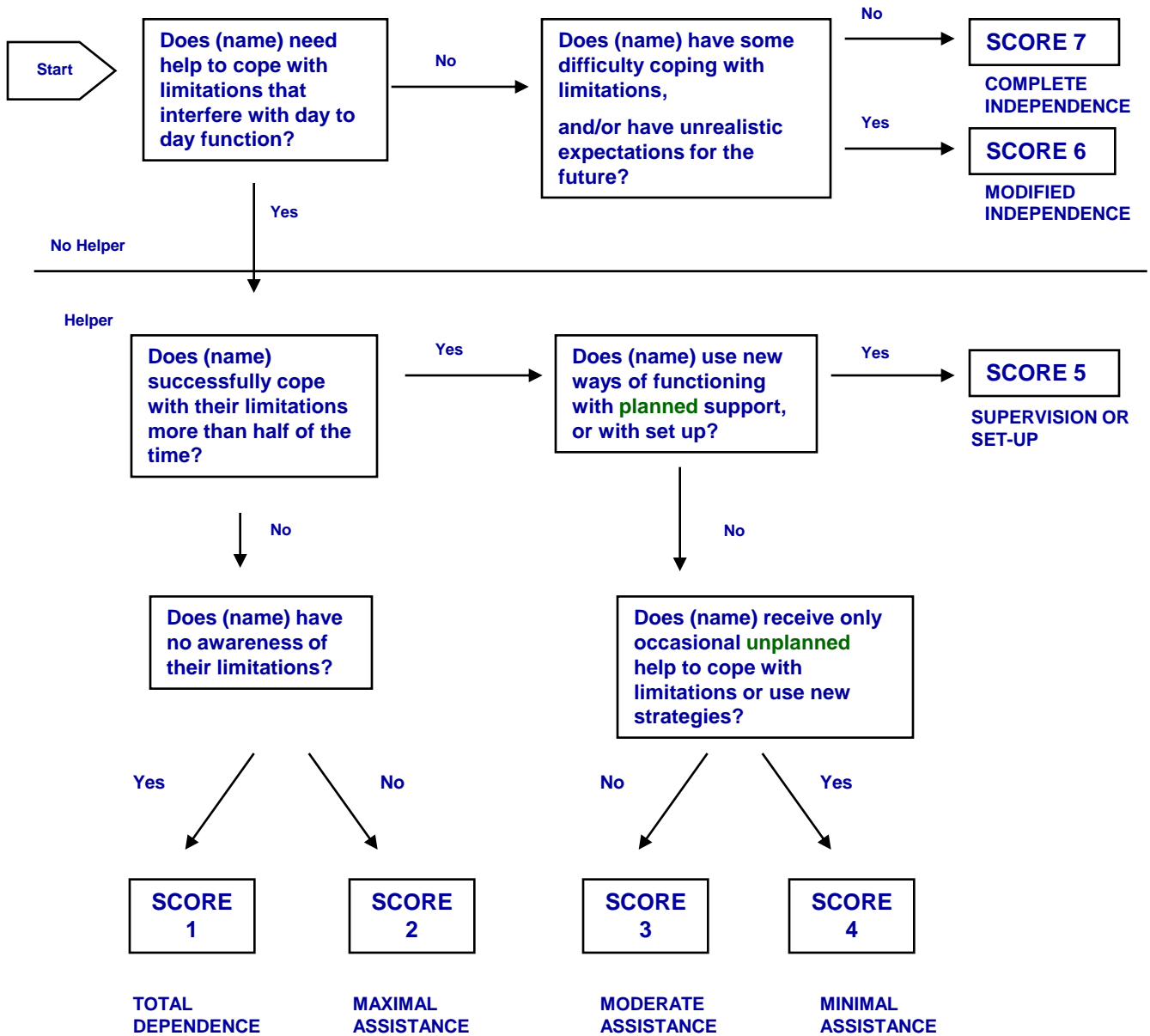
- Adjustment to limitations is more generally about willingness to learn new ways of functioning and adopt strategies to compensate for their disabilities.
- Safety awareness relates to the period of time for which than can be safely left alone

24. ADJUSTMENT TO LIMITATIONS – FAM item

Adjustment to limitations includes:

- Denial / insight, awareness and acceptance of limitations.
- Willingness to learn new ways of functioning
- Using coping strategies to compensate for disabilities
- Realistic expectations for the future.

At level 7, the person:
Demonstrates awareness and acceptance of their limitations.
 Understands the implication of these.
 Uses appropriate strategies to compensate for them.
 Has realistic expectations for the future.



NOTES

Level 7 : Demonstrates awareness and acceptance of their limitations. Understands the implication of these. Uses appropriate strategies to compensate for them. Has realistic expectations for the future.

Level 6 : Has some difficulty coping with limitations but not such that it interferes with day to day function. Able to apply new ways of functioning independently. May have some unrealistic expectations of long term recovery.

Level 5 : Has difficulty coping with limitations. Willing to learn but still requires set up or planned support to use new ways of functioning.

Level 4 : Receives occasional (unplanned) help to cope with limitations, and to use new strategies.

Level 3 : Has some awareness of limitations. Needs moderate help or direction to cope with them, but still manages more than half the time.

Level 2 : Has minimal awareness of limitations / needs help more than half the time.

Level 1 : Basically no awareness of limitations.

Additional comments for USE OF LEISURE TIME

1. Leisure time and employability

Use of leisure time replaces the item “Employability” in the original FAM. This is on the basis that employability is a handicap item, not part of disability, and is almost always impossible to score objectively (on what the patient does) while they are undergoing in-patient rehabilitation - as most patients are in the settings in which FAM is used.

Work / education is included in the FAM – DOM module which addressed extended activities of daily living

2. Use of leisure time while in hospital

While in hospital, use of leisure time concerns how the person uses their unstructured time (i.e. time when they are not in therapy or engaged in activities of daily living or mealtimes). Physical, mental or behavioural difficulties may impact on the score.

Engagement in leisure activities has 3 components or steps :

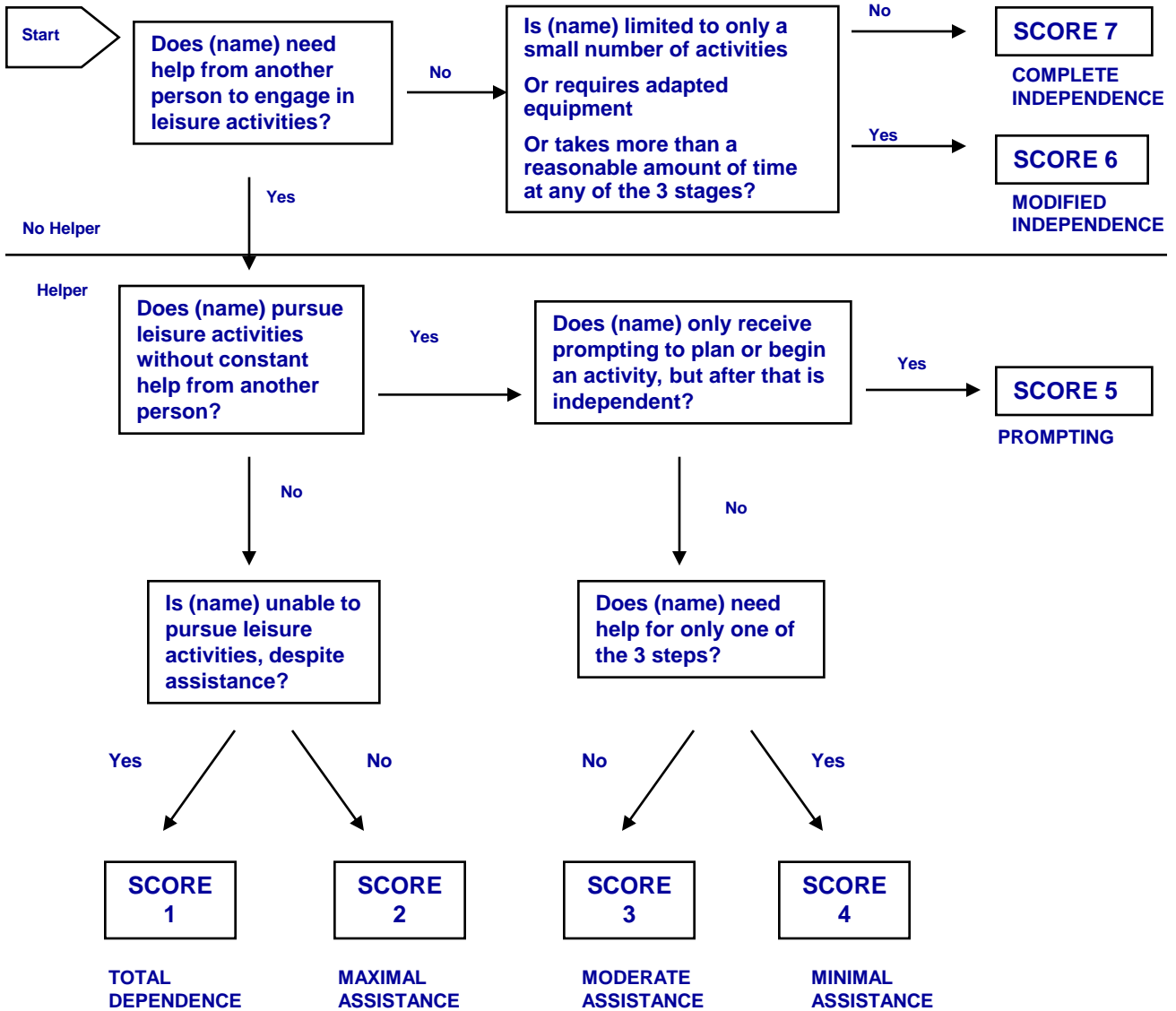
1. Choosing the activity (e.g. they may choose to swim)
2. Arranging to take part (e.g. getting to the swimming pool)
3. Performing the activity (e.g. swimming)

Leisure activities can include watching TV and other passive activities if the assessor considers them to be actively engaged, e.g. concentrating on the programme.

At level 7, the person:

- Engages in and pursues a wide range of leisure activities without assistance or any special equipment.
- Performs all 3 steps - independently and safely.

While in hospital, use of leisure time concerns how the person uses their unstructured time (i.e. time when they are not in therapy or engaged in activities of daily living or mealtimes). Physical, mental or behavioural difficulties may impact on the score.



NOTES

- Level 7 : The person engages in and pursues a wide range of leisure activities without assistance or any special equipment.
- Level 6 : Uses leisure time without help but choice is limited, or special equipment is required. They take more than a reasonable amount of time.
- Level 5 : Is prompted just at the start, i.e. is lacking in initiative or motivation, but is then independent.
- Level 4 : Receives help for just one of the 3 steps.
- Level 3 : Receives help for two of the steps.
- Level 2 : Receives help for all 3 steps, but is then able to engage in and enjoy an activity
- Level 1 : Unable to engage in leisure activities, despite assistance.

Additional comments for PROBLEM SOLVING

1. Assistance may be required for:

- Recognising that a problem exists
- Making appropriate decisions
- Initiating steps and readjusting to changing circumstances
- Carrying out a sequence of steps
- Evaluating the results

2. Task batteries

Scoring above and below the 'help' line is assessed in relation to the person's ability to solve routine and more complex problems.

It can be assessed by setting the patient a task from the following batteries, to observe their performance and problem-solving ability. The list is not exhaustive but illustrates the type of problems that may be set. Tasks should be selected as appropriate to the individual's circumstances and physical abilities.

Routine simple problems

These are everyday tasks, requiring familiar strategies for problems that have arisen and been tackled before.

These may include:

- Asking for utensils when given a meal tray with no cutlery
- Being asked to write something down and given an unsharpened pencil
- Being asked to put their T-shirt on and given it inside-out.
- Negotiating obstacles in a wheelchair
- Getting something out of their reach
- Preparing for a transfer

Complex problems

May be new or unfamiliar tasks, which have several stages or require qualified judgement or forward planning.

These may include:

- Self-medicating
- Participating in discharge planning
- Planning a 3 course meal, a multi-stage journey, or a group activity
- Dealing with a broken piece of equipment
- Being given the wrong change

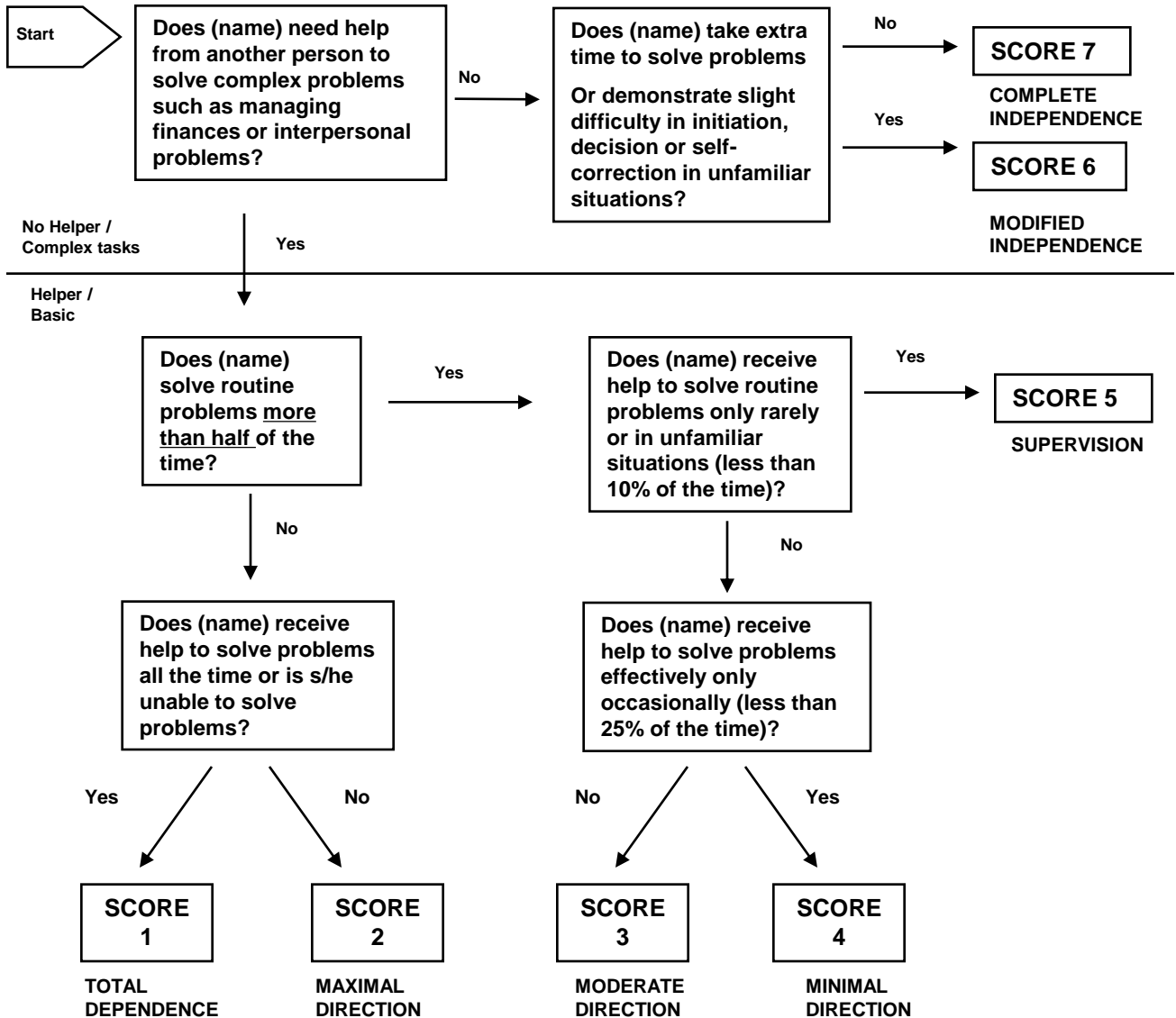
26. PROBLEM SOLVING

Problem solving includes:

- Skills related to solving problems of everyday living **and dealing with unplanned events or hazards**
- Making reasonable, safe and timely decisions regarding financial social and personal affairs.
- Initiating sequencing and self-correcting tasks and activities to solve problems.

At level 7, the person:

- Consistently recognises if there is a problem.
- Makes appropriate decisions.
- Self-corrects if errors are made.
- Initiates and carries out a sequence of steps to solve problems until the task is complete.



NB: Complex problems may have several stages e.g. self-medication, planning a 3 stage journey.
 Routine problems involve successfully completing daily tasks, dealing with unplanned hazards etc.

NOTES

- Level 7 : Consistently recognises if there is a problem, makes appropriate decisions, self-corrects if errors are made, initiates, and carries out a sequence of steps to solve problems until the task is complete.
- Level 6 : In most situations recognises where there is a problem, demonstrates only mild difficulty in initiating and sequencing tasks to solve complex problems. Or takes more than a reasonable time to make decisions or solve complex problems.
- Level 5 : Receives cues from others to solve routine problems only in stressful or unfamiliar situations (but <10% of the time).
- Level 4 : Receives minimal direction for routine problems.
- Level 3 : Receives moderate direction but still manages to solve problems themselves more than half the time.
- Level 2 : Receives direction more than half the time to initiate, plan or complete simple daily activities.
- Level 1 : Receives direction all of the time - does not effectively solve problems. (May need monitoring / restraint for safety).

Additional comments for MEMORY

Memory includes skills related to recognising and remembering while performing daily activities. It includes the ability to store and retrieve information. A deficit in memory impairs learning as well as the performance of tasks.

1. According to the AROC manual:

Memory tasks:

Recognising people frequently encountered - not necessarily remembering their names

Remembering daily routines

Executing 3 out of 3 unrelated tasks without being reminded.

Eg stand up, put on your shoes, wave good bye

Level 4: Recognises people frequently encountered, recalls their daily routine and able to follow 2 out of 3 unrelated tasks, or 3 out of 3 related tasks

At least 75% of the time without prompting.

Level 3: Recognises people frequently encountered, recalls their daily routine and able to follow 2 out of 2 related tasks

At least 50% of the time without prompting.

Level 2: Recognises people frequently encountered, recalls their daily routine and able to follow 1 out of 2 related tasks

Less than 50% of the time without prompting.

Level 1: Recognises people frequently encountered, recalls their daily routine and able to follow 1 out of 2 related tasks

Less than 25% of the time without prompting.

2. Using a diary or timetable

It is normal to use a diary, timetable or personal organiser to remember complex or variable routines/appointments

Reliance on a diary / timetable only scores 6 if used to remember or prompt basic daily routines and activities (eg time to get washed and dressed etc)

Use of such a device to remember medical / therapy sessions or other variable appointments etc can still score 7

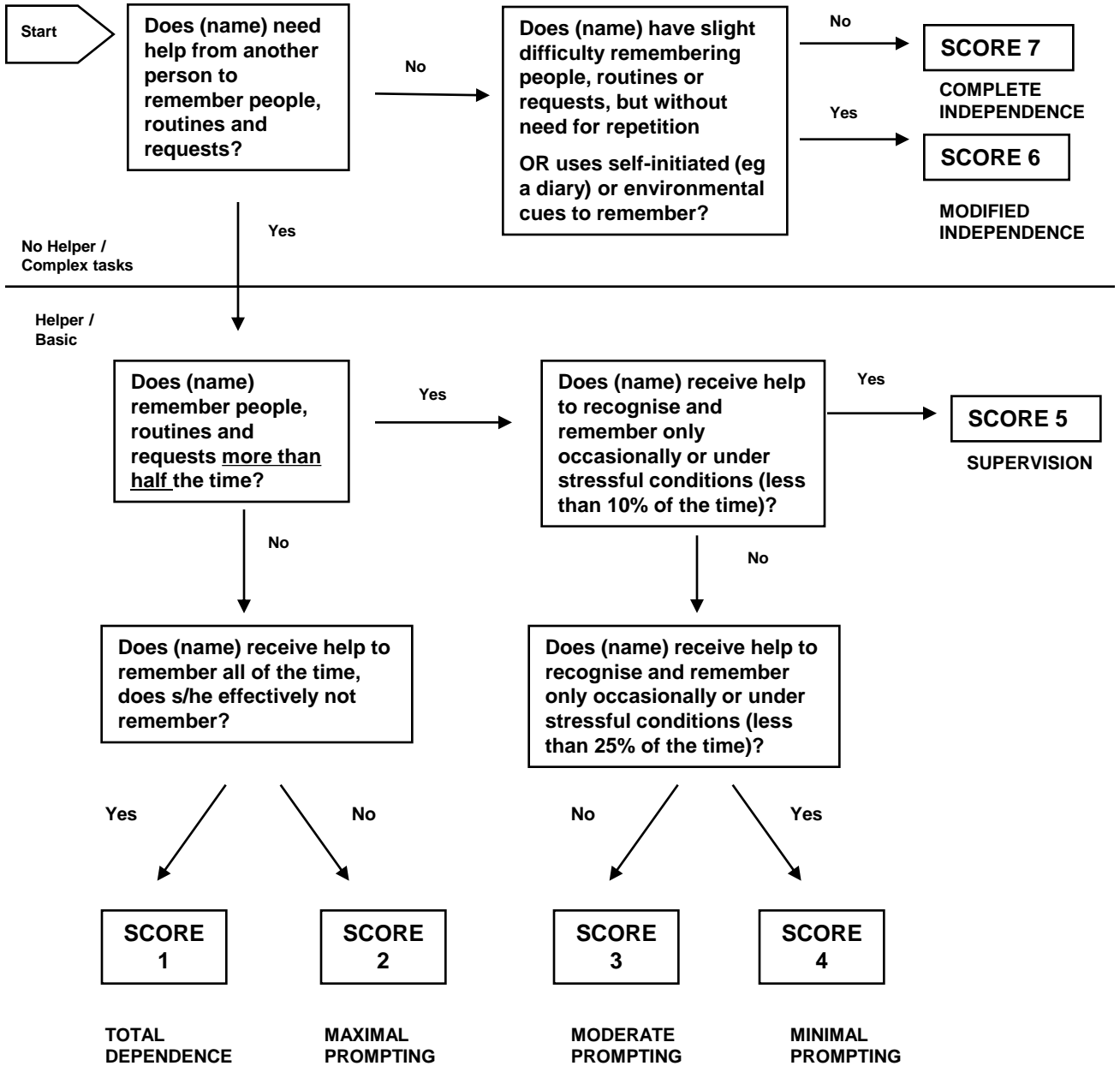
27. MEMORY

Evidence of functional memory includes:

- Recognising people frequently encountered.
- Remembering daily routines.
- Executing requests without being reminded.

At level 7, the person:

- Recognises people frequently encountered.
- Remembers daily routines.
- Executes requests of others without being reminded.



NOTES

- Level 7 : Recognises people frequently encountered, remembers daily routines, and executes requests of others without being reminded.
- Level 6 : Has mild difficulty remembering people frequently encountered or remembering daily routine. Uses self-initiated cues e.g. diary.
- Level 5 : Receives reminders from others only occasionally or under stressful conditions (<10% of the time).
- Level 4 : Minimal prompting: Receives incidental external cues from others (<25% of the time).
- Level 3 : Receives moderate prompting from others but still remembers and recognises more than half of the time.
- Level 2 : Receives prompting by others more than half of the time.
- Level 1 : Recognises and remembers <25% of the time, or effectively not at all.

Additional comments for ORIENTATION

1. Orientation - definitions

- Person - Includes being aware of identity of people around them
 - Distinguishes friends and family from strangers / members of staff
- Place - Includes being aware of where they are
 - Approximate geographic location - Country / Town / Address if at home
 - Hospital or home
- Time: Includes being aware of
 - Time of day (morning / evening etc)
 - Day of the week
 - Month / Year
 - Season
- Situation: Includes being aware of immediate environment and context
 - Able to find their way around the immediate (familiar) environment
 - Aware of context – e.g. rehabilitation programme

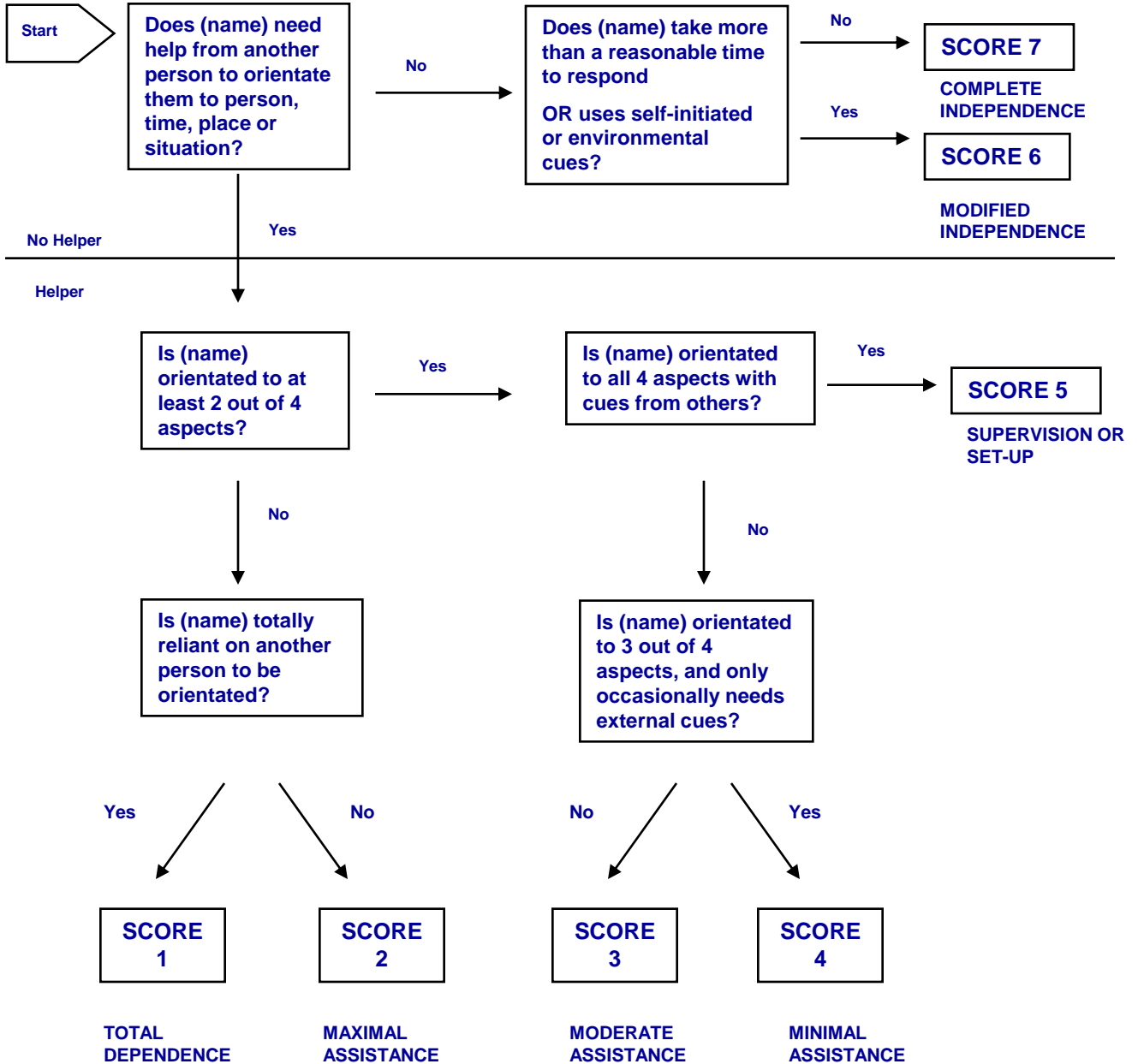
28. ORIENTATION – FAM item

Orientation includes consistent orientation to:

1. Person
2. Place
3. Time
4. Situation

At level 7, the person:

- Is completely orientated in all 4 aspects, without cues.



NOTES

Level 7 : Completely orientated to person, place, time and situation 100% of the time without cues.

Level 6 : May take more than a reasonable amount of time to respond, may use self-initiated cues or aids, but does not receive the assistance of another person.

Level 5 : Receives cues from others but is orientated to person, place, time and situation.

Level 4 : Orientated to 3 out of 4 aspects and receives only incidental external cues from others (<25% of the time).

Level 3 : Orientated to 2 out of 4 aspects . Receives external cues from others but less than half of the time.

Level 2 : Orientated to only 1 out of the 4 aspects and receives frequent cues (more than half of the time).

Level 1 : Disorientated to person, place, time or situation, or is orientated for less than 25% of the time.

Additional comments for CONCENTRATION

1. “Concentration” replaces “Attention” in the original FAM

Concentration includes the length of time a person is able to concentrate on a purposeful activity.

If person is variable across tasks or environments, score the lower.

2. A **purposeful activity** is defined as a non-automatic activity requiring concentration.

This item should be considered in relation to activities that are within their capability and that they are engaged in

For example,

Eating a meal might be automatic if it posed no problem for the person, but non-automatic if it required concentration to cope with adaptive cutlery or overcome ataxia.

29. CONCENTRATION

Concentration includes:

- The **length of time** the person is able to concentrate on purposeful activity.

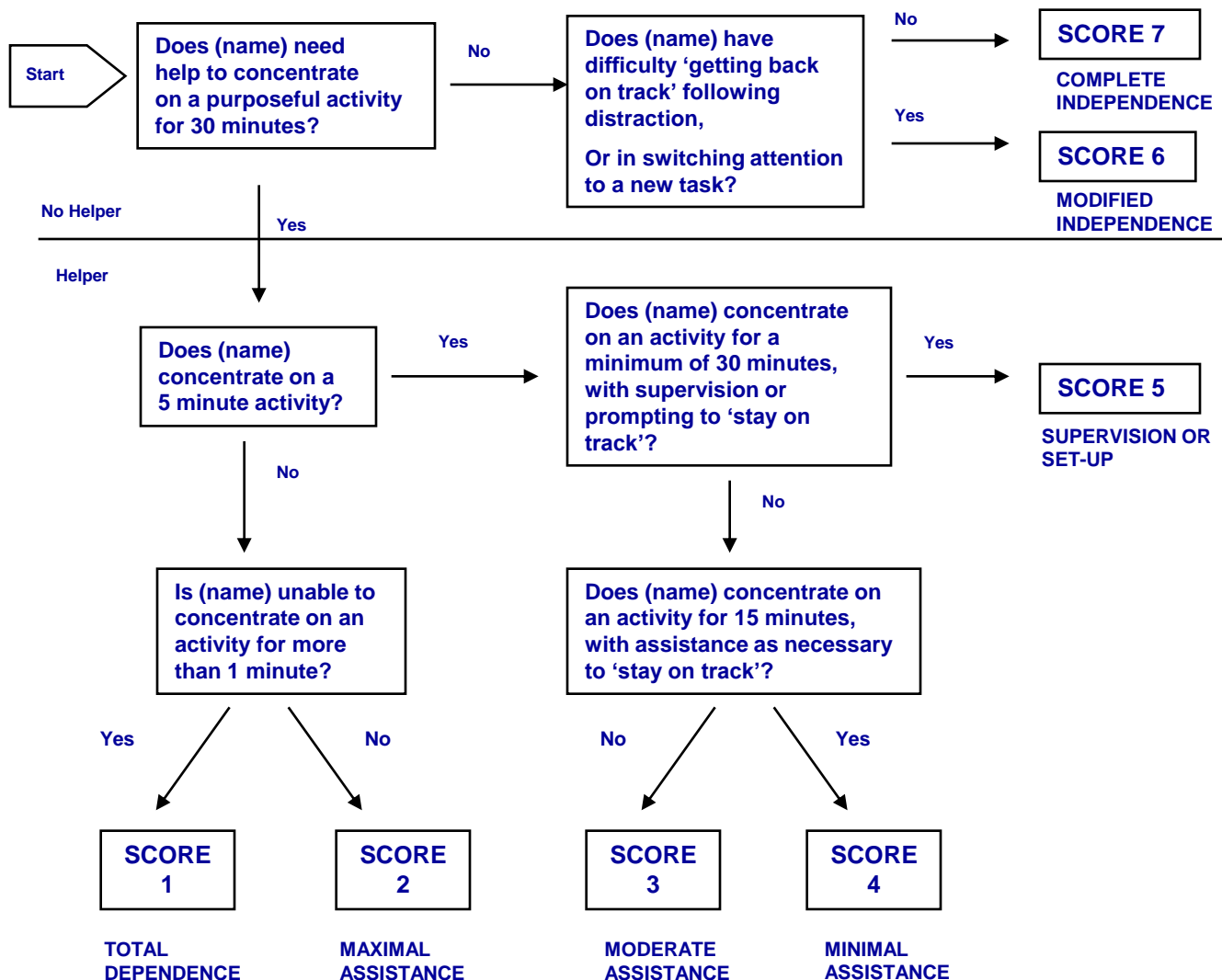
If they perform variably across tasks or environments, score the lower.

At level 7, a person is:

- Able to concentrate on a task for 30 minutes without assistance to maintain concentration.
- Self-directs back to the task after distraction.

A **purposeful activity** is defined as a non-automatic activity requiring concentration.

For example, eating a meal might be automatic if it posed no problem for the person, but non-automatic if it required concentration to cope with adaptive cutlery or overcome ataxia.



NOTES

Level 7 : Attends appropriately to a given task or activity. Able to return to a task independently after interruption or distraction.

Level 6 : Concentrates on a purposeful activity for half an hour or more, but may have difficulty returning to a task after interruptions or structures their own environment to avoid distractions.

Level 5 : Concentrates on an activity for 30 mins or more, but to do so needs set-up, or prompting from another person, e.g. screening work area, assistance to return to a task, prompting to disengage from a task.

Level 4 : Concentrates on a task for at least 15 mins with assistance from another person.

Level 3 : Concentrates for between 5-15 mins, as above.

Level 2 : Concentrates on an activity or task for more than a minute, but less than 5, and may be easily distractible or it may be difficult to gain their attention.

Level 1 : No useful span of attention or concentration on an activity. They may be either highly distractible or too unaroused to attend.

Additional comments for SAFETY AWARENESS

1. “Safety Awareness” replaces “Safety Judgement” in the original FAM.

It includes:

- Awareness of one’s deficits and their implications
- Ability to plan ahead
- Anticipate potential danger and identify risks involved
- Freedom from impulsivity
- Ability to remember safety-related information
- Ability to respond appropriately if danger arises e.g. summon help in an emergency

Thus it comprises both physical and cognitive ability.

Cut-off points for the lower levels reflect the time for which the person can safely be left alone.

30. SAFETY AWARENESS – FAM item

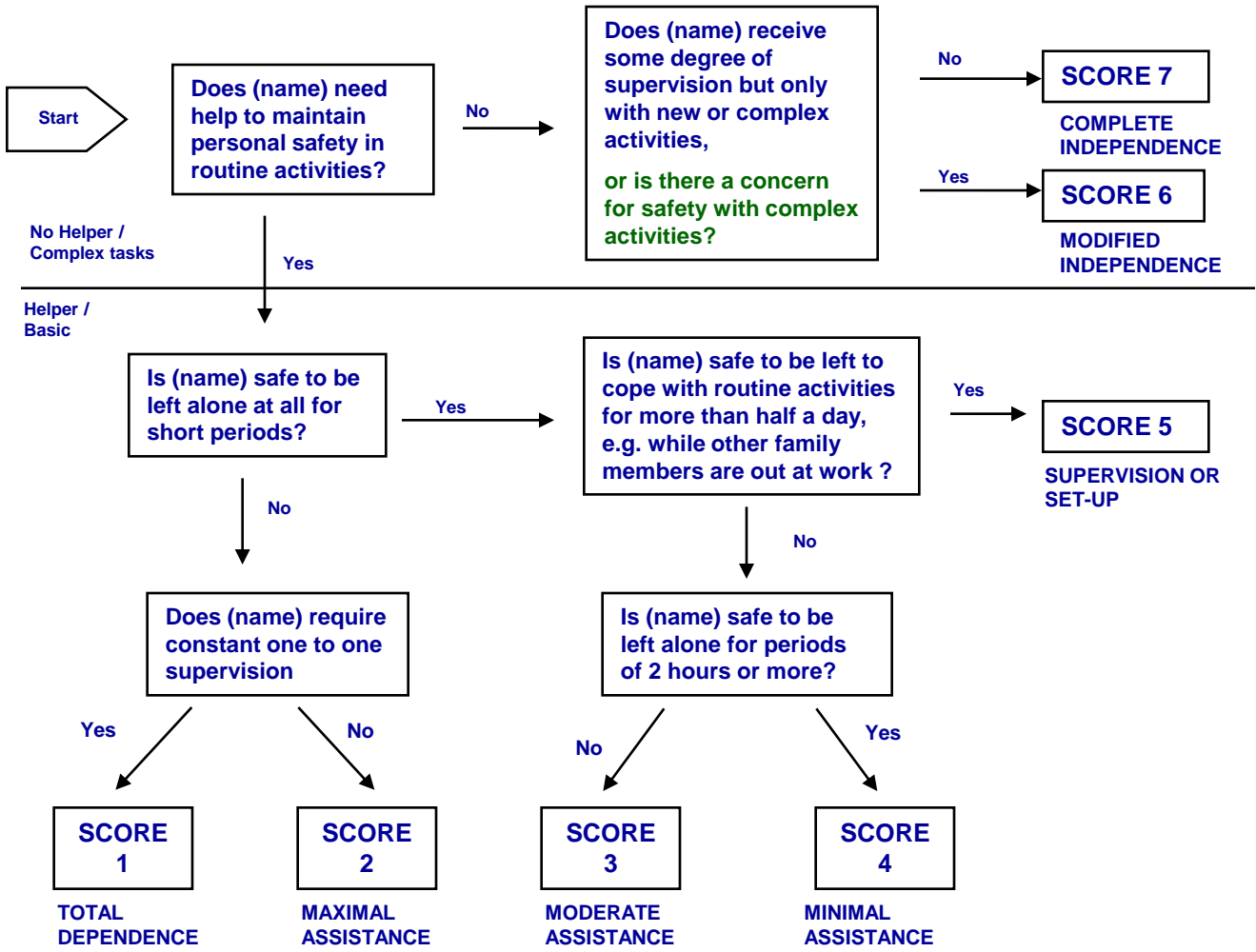
Safety awareness includes the ability to:

- anticipate potential danger and identify risks involved.
- plan ahead to avoid risk.
- avoid impulsivity.
- remember safety-related information.
- respond appropriately if danger arises.

Thus it comprises both physical and cognitive ability.

At level 7, the person:

- **Maintains their own safety. at all times.**



NOTES

- Level 7 : Fully able to maintain own safety.
- Level 6 : May have some degree of supervision to maintain safety while undertaking new or complex activities, but does not require or receive supervision during normal routine daily tasks.
- Level 5 : Safe to be left alone if set-up to cope with routine activities for more than half a day, for example while family members are out at work, or in the structured environment of a hospital ward, but is not safe to be left alone throughout 24 hours.
- Level 4 : Safe to be left alone for more than 2 hours or up to half a day, but requires a safety check, for example, at meal times.
- Level 3 : Safe to be left alone for short periods of up to 2 hours, sufficient to allow their carer to go out briefly to the shops etc. able to summon help in an emergency. **In a ward requires 2-hourly checks**
- Level 2 : Requires somebody constantly present in the vicinity and would not be safe to be left alone, even for a short period, for instance while the carer pops out to the shops. Unable to summon help in an emergency. **In a ward requires hourly checks**
- Level 1 : Requires constant one-to-one supervision from a specifically designated person, such as a Special Care Nurse in the hospital setting or a 24 hour professional carer in the community.

Obtaining FIM, FIM+FAM Scores

1. It is **STRONGLY RECOMMENDED** that data is entered into the FIM+FAM software as this will record itemised data and calculate motor, cognitive and subscale scores for both the FIM and FIM+FAM in addition to deriving Barthel Scores.

2. Manually calculating Scores

Manually adding up FIM, FIM+FAM scores is ***not*** recommended, however, if this practice is required the following rules **MUST** be applied:

Item	Description	Comments
8i	Bladder Assistance	Use the <i>lowest score</i> only in calculations
8ii	Bladder Accidents	
9i	Bowel Assistance	Use the <i>lowest score</i> only in calculations
9ii	Bowel Accidents	
14i	Locomotion – Walking (w)	Use the <i>preferred mode</i> score only in calculations
14ii	Locomotion – Wheelchair (c)	

3. Calculating FIM Scores

FIM MOTOR SCORES (Range 13-91)		FIM COGNITIVE SCORES (Range 5-35)	
Item	Description (Add following items scores)	Item	Description (Add following item scores)
1	Eating	17	Comprehension
3	Grooming	18	Expression
4	Bathing	22	Social Interaction
5	Dressing Upper Body	26	Problem Solving
6	Dressing Lower Body	27	Memory
7	Toileting		
8	Bladder (use lowest score)		
9	Bowel (use lowest score)		
10	Bed, chair, w/chair transfer		
11	Toilet transfer		
12	Tub, shower transfer		
14	Locomotion (use preferred mode score)		
15	Stairs		

4. Calculating FIM+FAM Scores

FIM+FAM MOTOR SCORES (Range 16-112)		FIM+FAM COGNITIVE SCORES (Range 14-98)	
Item	Description (Add following items scores)	Items	Description (Add following item scores)
Self Care – items 1-7 (Range 7-49)	Eating, Swallowing, Grooming, Bathing, Dressing Upper Body, Dressing Lower Body, Toileting	Communication – items 17-21 (Range 5-35)	Comprehension, Expression, Reading, Writing, Speech Intelligibility
Bladder/bowel – items 8 & 9 (Range 2-14)	Bladder (use lowest score), Bowel (use lowest score)	Psychosocial – items 22-25 (Range 4-28)	Social Interaction, Emotional status, Adjustment to Limitations, Leisure Activities
Locomotion – items 10-16 (Range 7-49)	Bed, chair, w/chair transfer, Toilet transfer, Tub, shower transfer, Car transfer, Locomotion (use preferred mode score), Stairs, Community mobility	Thinking Function – items 26-30 (Range 5-35)	Problem Solving, Memory, Orientation, Concentration, Safety Awareness

Neurological Impairment Categories

1. Severity of impairment

The UK FIM+FAM was developed in the mid-1990s.

The development group recognised that if a scale is to be used for comparison of different populations, programmes or practices, it is necessary to collate some a minimum dataset alongside FIM+FAM scores, to include the various factors which may be expected to affect outcome, including:

- Age,
- Diagnosis,
- Time since onset,
- Types and combination of impairment

The original impairment set included 10 domains shown below

Deficit	Score	Types - examples
Motor deficit	1	Tetraparesis, hemiparesis, paraparesis etc
Sensory	1	Somatic, proprioceptive
Co-ordination / balance	1	Ataxia
Communication deficit	1	Dysphasia, Dysarthria
Cognitive deficit	1	Memory, attention, insight, impulsivity
Perceptual deficit	1	Neglect – of body; of space
Visual loss	1	Uncorrectable acuity, diplopia, visual field defect etc
Hearing loss	1	Conductive, sensorineural
Mood disturbance	1	Depression, anxiety, lability
Behavioural problems	1	Verbal aggression, physical aggression etc
Total score	/10	

The Impairment set has subsequently been refined to the Neurological Impairment Scale which includes:

- A rating of the severity of the impairment in terms of its functional impact.
- Mapping onto the WHO International Classification of Functioning Disability and Health (ICF) categories

Neurological Impairment Categories

Name:.....

No:.....

Date of completion:

...../...../.....

Severity scores - extent to which deficit impacts on function/engagement in rehab		
Score	Impairment	Functional impact
0	None	Normal function
1	Mild	Affecting high level function only
2	Moderate	Significant limitation, but some useful function
3	Severe	Little or no useful function, effectively limiting rehabilitation

	(Circle one)	Impairment Type	Other type:
O Motor	0 1 2 3		
Left upper limb s730	Subscore	0 1 2 3	<input type="checkbox"/> R Hemiparesis b7302 <input type="checkbox"/> L Hemiparesis b7302 <input type="checkbox"/> Tetraparesis b7304 <input type="checkbox"/> Paraparesis b7303 <input type="checkbox"/> Monoparesis b7301 <input type="checkbox"/> Ataxia b760
Right upper limb s730	Subscore	0 1 2 3	
Left lower limb s750	Subscore	0 1 2 3	
Right lower limb s750	Subscore	0 1 2 3	
Trunk s760	Subscore	0 1 2	
Motor total score	/14		

O Tone / joint range	0 1 2 3	(Untestable)	<input type="checkbox"/> Spasticity b735 <input type="checkbox"/> Contractures b710	Other:
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O Sensation	0 1 2 3	(Untestable)	<input type="checkbox"/> Somatic (eg touch) b265 <input type="checkbox"/> Proprioception b260 <input type="checkbox"/> Dysaesthesia b279	Other:
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O Perceptual function	0 1 2 3	(Untestable)	<input type="checkbox"/> Neglect of body - b180 <input type="checkbox"/> Neglect of external space - b156	Other:
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O Speech and language	0 1 2 3	(Untestable)	<input type="checkbox"/> Expressive b1671 <input type="checkbox"/> Receptive b1670 <input type="checkbox"/> Dysarthria b320 <input type="checkbox"/> Cognitive speech b1670	Other:
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O Cognitive function	0 1 2 3	(Untestable)	<input type="checkbox"/> Consciousness b110 <input type="checkbox"/> Orientation b114 <input type="checkbox"/> Memory b144 <input type="checkbox"/> Attention b140 <input type="checkbox"/> Initiation b147 <input type="checkbox"/> Executive function b164 eg insight, planning, flexible thought	Other:
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O Behaviour	0 1 2 3	(Untestable)	<input type="checkbox"/> Verbal aggression d7202 <input type="checkbox"/> Physical aggression d7202 <input type="checkbox"/> Disinhibition d7202	Other:
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O Mood	0 1 2 3	(Untestable)	<input type="checkbox"/> Depression / Low mood b152 <input type="checkbox"/> Anxiety b152 <input type="checkbox"/> Emotional lability b1521	Other:
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O Seeing and Vision	0 1 2 3	(Untestable)	<input type="checkbox"/> Visual field loss/inattention b2101 <input type="checkbox"/> Uncorrectable acuity b2100 <input type="checkbox"/> Double vision b2152	Other:
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O Hearing	0 1 2 3	(Untestable)	<input type="checkbox"/> Sensorineural s110/s1106 <input type="checkbox"/> Conductive s250	Other:
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O Pain	0 1 2 3	(Untestable)	<input type="checkbox"/> Neuropathic pain b280 <input type="checkbox"/> Musculoskeletal pain b280 <input type="checkbox"/> Pain due to spasticity b280/b735	Other:
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O Fatigue	0 1 2 3	(Untestable)	<input type="checkbox"/> Reduced cardiovascular fitness b455 <input type="checkbox"/> Muscle fatiguability b740 <input type="checkbox"/> Cognitive fatigue (ICF ??)	Other:
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O Other	0 1 2 3	(Untestable)	<input type="checkbox"/> Seizures (ICF ??) <input type="checkbox"/> Pressure sores b820	Other:
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TOTAL SCORE	
Range 0-50	

EXTENDED ACTIVITIES OF DAILY LIVING (EADL)

1. The UK FIM+FAM Version 2.2 includes an additional module with 6 items relating to Extended activities of daily living

These are:

1. Meal preparation
2. Laundry
3. Housework
4. Shopping
5. Home Finances
6. Work / education

2. EADL may need to be judged in the hypothetical situation

(e.g. as the patient leaves hospital to return home).

Thus it is known what they are able to do, but the level of help they actually receive is as yet unknown.

- The manual therefore uses the terminology:
 - “[Name] is able to do...” or
 - “[Name] requires help for...”.
- When used in community rehabilitation settings this may be exchanged for:
 - “[Name] does...” or
 - “[Name] receives help for’

Additional comments for MEAL PREPARATION

1. Meal preparation relates to the level of help the individual requires to prepare a simple or main meal.

Many men and women may not be fully competent cooks, but even the most poorly house-trained person can usually prepare a drink or a simple meal for themselves when needed if everyone else is out!

Main Meal

Several components to prepare either hot or cold meal. (Some salads require a lot of preparation and are eaten as a main meal in summer).

Simple Meal

Example: Cheese/beans on toast
 Omelette/scrambled eggs
 Jacket Potato
 Sandwich

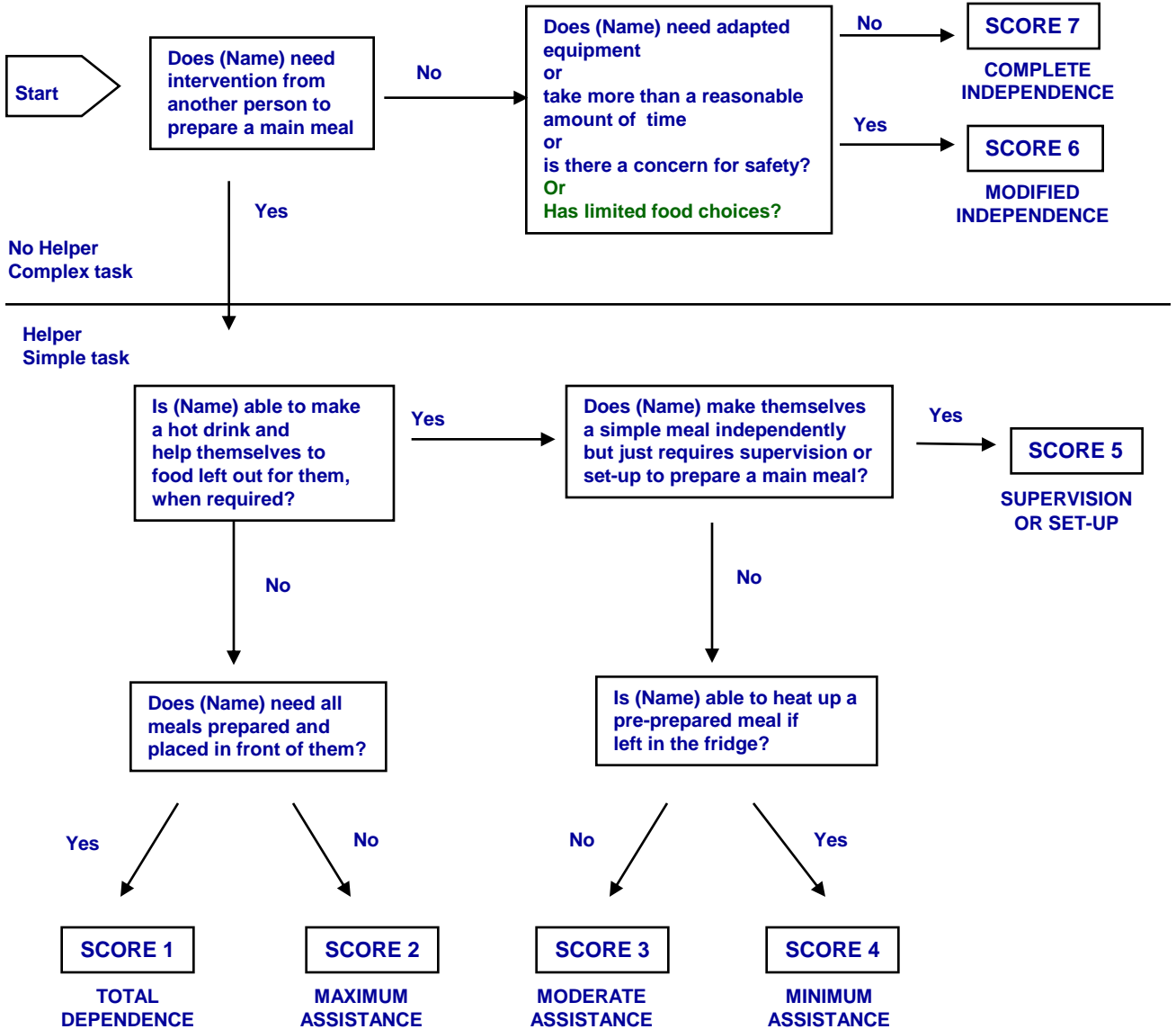
MEAL PREPARATION

Meal preparation includes:

- Planning the meal.
- Organising utensils and ingredients.
- Preparing food.
- Planning order of tasks so that different components of the meal are ready at the same time
- Safety in the kitchen.

At level 7, the person:

- Assembles the ingredients.
- Prepares an appropriately balanced main meal.
- Using normal utensils.
- Plans the order of tasks so that the components are ready at the appropriate time.
- Performs safely and independently in a timely manner.
- **Able to use all standard kitchen appliances.**



Notes

Level 7: Able to prepare a main meal independently.

Level 6: Able to prepare a main meal, but uses adapted equipment, or takes extra time, or there is some concern for safety or has limited food choices.

Level 5: Able to make a simple meal independently but needs help or supervision to prepare a main meal or, needs help with planning order or laying out food or utensils, but then manages alone.

Level 4: Able to microwave and help themselves to a pre-prepared meal if left in the fridge.

Level 3: Able to help themselves to a cold meal if left out for them in the kitchen and makes a hot drink.

Level 2: Able to help themselves to food left on a table near them and pour themselves a drink from a flask or jug.

Level 1: Needs all food preparing and put in front of them.

Additional comments for LAUNDRY

Laundry includes

- Washing the clothes
- Hanging out or drying the clothes
- Ironing and folding
- Putting them away
- Choosing whether or not to use external laundry or dry-cleaning services

Many people choose not to do their own washing (e.g. employ a cleaner / laundry service to do it for them) but they are able to choose this and should also be able to use another strategy if the normal route fails – e.g. do it themselves or arrange an alternative service without help – therefore they would score a 7.

Therefore if the person is independent in a particular routine, but limited to that routine and would require assistance to make alternative arrangements if it fails, they score 6.

Conundrums:

1. Elaine does all her own washing and ironing. She enjoys using the new steam iron her mother gave her which switches itself off if not used for 5 minutes.

Score 7 if there are no concerns for safety but it is just a new style of iron with extra features.

Score 6 if there are concerns for safety therefore an iron that switches off after 5 minutes has been bought specifically. (In other words, if it wasn't available, Elaine would not be able to iron.)

2. Hilary never irons her clothes.

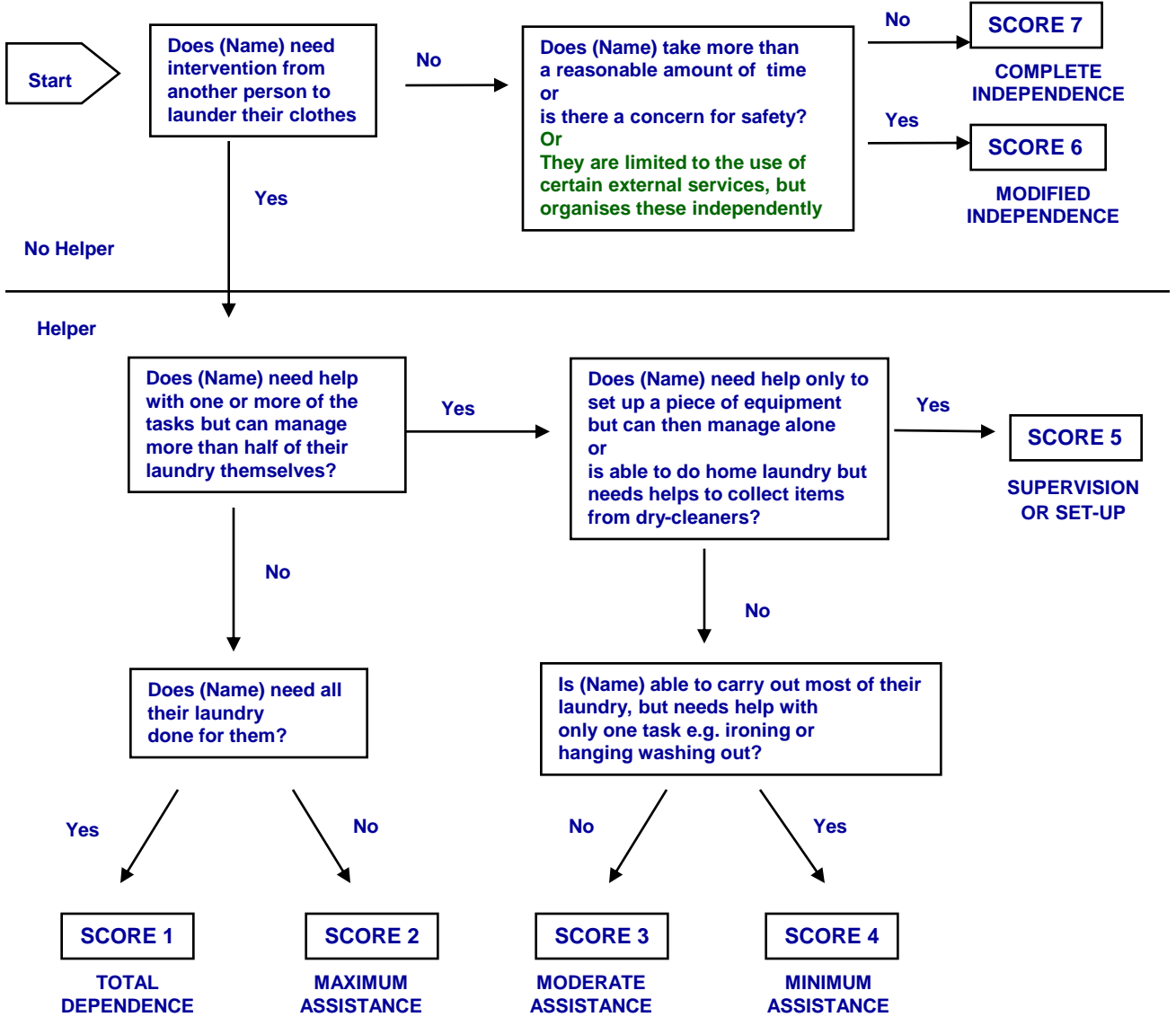
Score 7 If she always buys clothes that do not require ironing, such as drip dry.

However, if she has some clothes that she either doesn't wear because she can't iron them or has help for those items, score according to her ability to iron.

LAUNDRY

Laundry includes:
 • Washing the clothes.
 • Hanging out or drying the clothes.
 • Ironing and folding.
 • Putting them away.
 • Choosing whether or not to use external laundry or dry-cleaning services.

At level 7: the person:
 • Carries out all these tasks.
 • Independently, safely, and in a timely manner
 • Or chooses whether or not to use external laundry or dry-cleaning services.
 • But is able to manage their own laundry by another route without help, if their normal process fails.



Notes
 Level 7: Able to do all laundry independently, having the choice to dry clean certain clothes as necessary.
 Level 6: Able to do their laundry but takes extra time, or there is some concern for safety.
 Or are limited to the use of certain external laundry services, but organises these independently
 Level 5: Needs help to set-up, e.g. putting up the ironing board or washing line, but can then manage alone Or can do home laundry but needs help to take / collect clothes from dry-cleaners.
 Level 4: Able to do most of their laundry, but needs help with only one of the tasks e.g. help to iron or hang washing out.
 Level 3: Needs help with more than one of the tasks, but still able to do more than half of their laundry themselves.
 Level 2: Able to assist with part of the laundry, such as folding clothes, but needs help for most of it.
 Level 1: Needs all laundry doing for them.

Additional comments for HOUSEWORK

Housework includes

- Heavy chores:
 - E.g. vacuuming, cleaning the bath and floor and changing the bed linen.
- Light chores:
 - E.g. dusting and polishing, cleaning work surfaces, washing up and making the bed.

Many people choose not to do their own housework (eg employ a cleaner to do it for them) but they are able to choose and organise this and should also be able to use another strategy if the normal route fails – e.g. do it themselves or arrange an alternative service without help

Therefore if the person is independent in a particular routine, but limited to that routine and would require assistance to make alternative arrangements if it fails, they score 6.

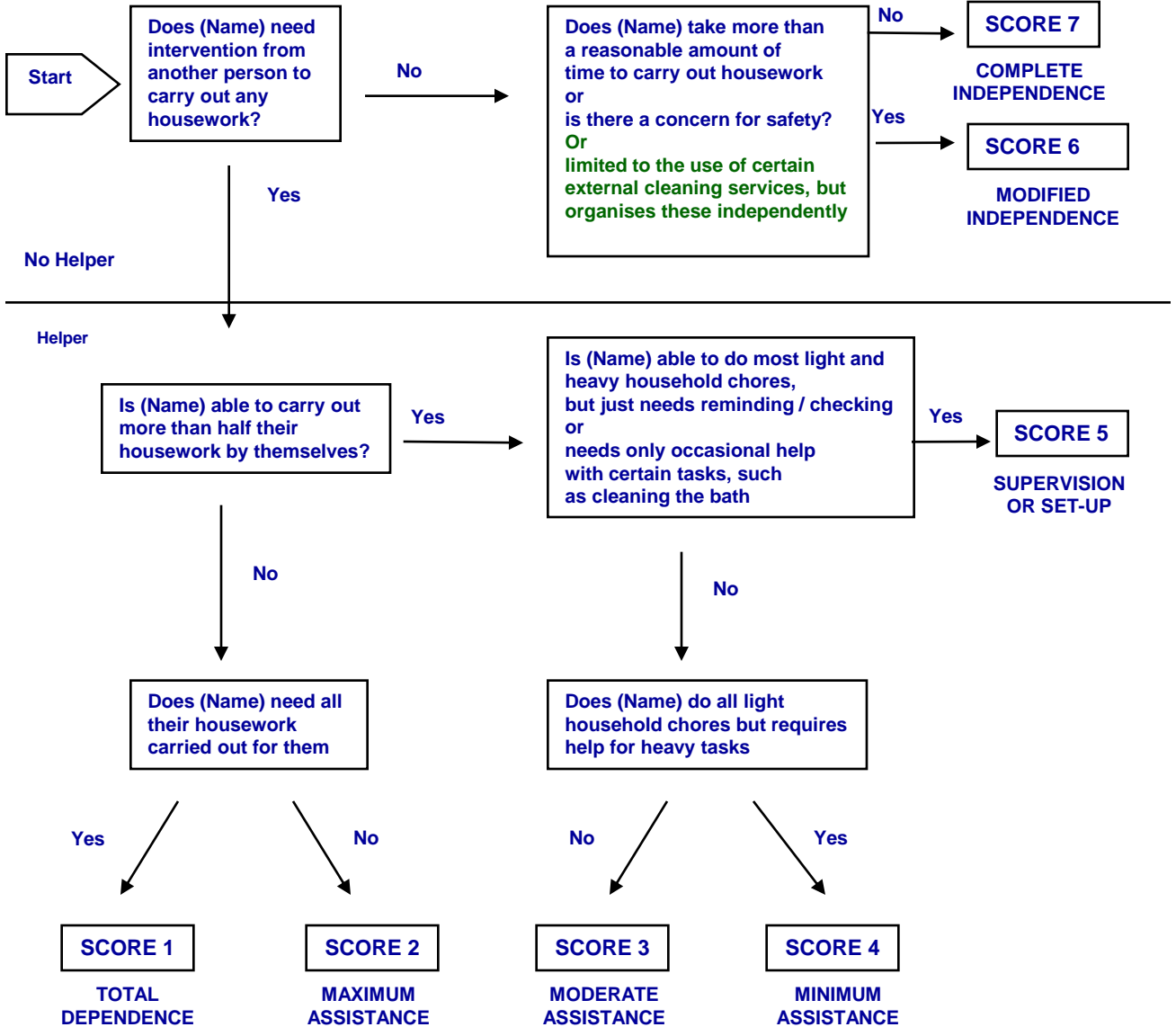
HOUSEWORK

House work includes:

- **Heavy chores:**
 - E.g. vacuuming, cleaning the bath and floor and changing the bed linen.
- **Light chores:**
 - E.g. dusting and polishing, cleaning work surfaces, washing up and making the bed.

At Level 7, the person:

- Does all their own house work,
 - including both light and heavy chores.
- Independently, safely, and in a timely manner.
- Or chooses whether or not to use external cleaning services
 - But is able to manage their own housework by another route without help, if their normal process fails.



Notes:

Level 7: Can do all household chores - both heavy and light.

Level 6: Does all housework, but takes more than the reasonable amount of time.
 Or are limited to the use of certain external cleaning services, but organises these independently

Level 5: Able to do most of the household chores, but just needs reminding / quality check
 Or requires occasional help with certain heavy tasks e.g. cleaning the bath.

Level 4: Unable to do heavy housework. Does all light chores.

Level 3: Able to do more than half the light housework, but needs help with two or more light tasks.

Level 2: Able to contribute a small amount, e.g. washing up or light dusting, but needs help for the majority of the housework.

Level 1: Unable to do household chores.

Additional comments for SHOPPING

Shopping – includes:

- Planning - Identifying the items needed
- Remembering and locating them in the shop
- Making appropriate choices – buying only what is needed
- Handling money
- Transporting items home

Using internet shopping and a home delivery service is part of normal life,

Level 7 - If the individual chooses to do it but is not limited to this mechanism and could equally manage another way if required, therefore score 7.

However, if they can only shop by this route and require it to transport shopping home, this counts as modified independence, providing they arrange it, order and pay for it by themselves – therefore score 6.

Just require help for transport

If they are able to plan, select and pay for shopping by themselves, but just require someone to drive them to the shops, wait while they shop, and drive them home again, that would be **Level 4**

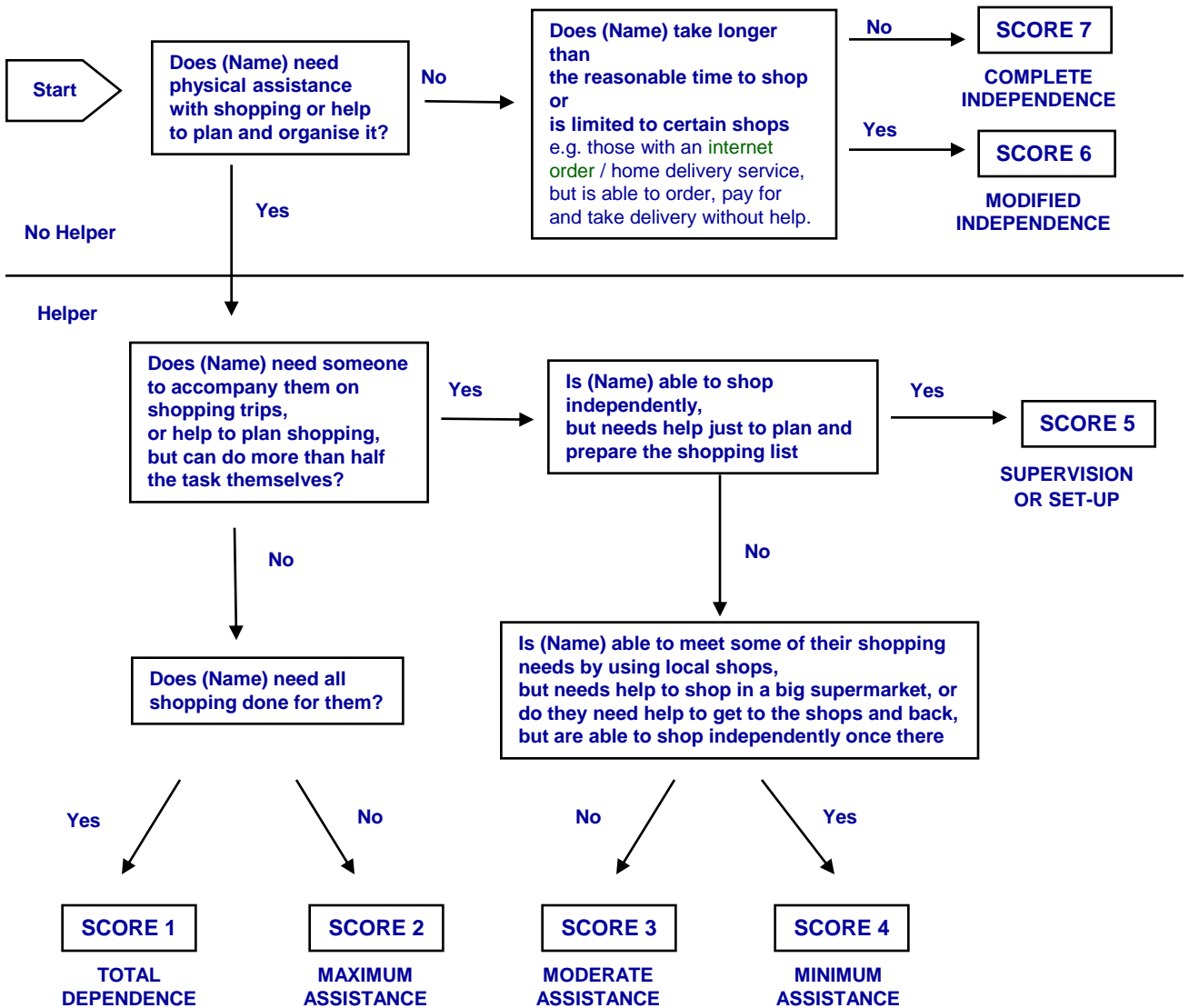
SHOPPING

Shopping includes:

- Identifying the items needed.
- Remembering and locating them in the shop.
- Making appropriate choices.
- Handling money.
- Transporting items home.

At Level 7, the person:

- Does all their own shopping,
- Independently, safely, and in a timely manner.
- Or chooses whether or not to use internet shopping services
- But is able to manage their own shopping by another route without help, if their normal process fails.



Notes

Level 7: Able to cope with all shopping needs entirely independently, including use of an internet shopping service, but is able to manage their own shopping via another route without help if their normal process fails

Level 6: Able to shop independently, but takes extra time or is limited to shops with certain facilities e.g. a home delivery service.

Level 5: Needs help planning and preparing a list, but is then able to shop independently. (Or needs help just with very occasional items)

Level 4: Able to meet some of their immediate needs independently in the local shops, but needs help for their big supermarket shop, or needs help just to get to the shops, wait and transport the shopping home.

Level 3: Needs accompanying and some help on shopping expeditions, but able to do more than half the task themselves.

Level 2: Able to go with a carer / relative to the shops, and pick out certain items but carer does most of the shopping tasks.

Level 1: Needs all shopping done for them.

Additional comments for HOME FINANCES

Home Finances includes:

- Managing a bank account
- Paying bills
- Budgeting for personal and domestic needs
- Coping with unexpected financial demands, such as a tax bill or parking fine
- Accessing all financial services, such as bank, post office, ATM machine.

Employing a financial advisor:

It is normal to employ a financial advisor to manage aspects such as tax, investment of capital etc.

Score 7 providing they can choose a financial advisor, decide appropriately which tasks to delegate to them, and can arrange an alternative without help if their normal process fails

If the individual is dependent on a receiver or other external control to manage their finances, then they score according to the level of independence they have in managing their financial affairs.

Power of Attorney:

Scores 6 If they have appointed a Power of Attorney (PoA) to manage day to day affairs for them (e.g. just while they are in hospital), but they remain in overall control, then this counts as a device.

Lasting Power of Attorney:

If they have appointed a lasting Power of Attorney, and that has been registered, so that the (PoA) has essentially taken control of their finances for them, then again they score according to the level of independence that they still have in managing their financial affairs.

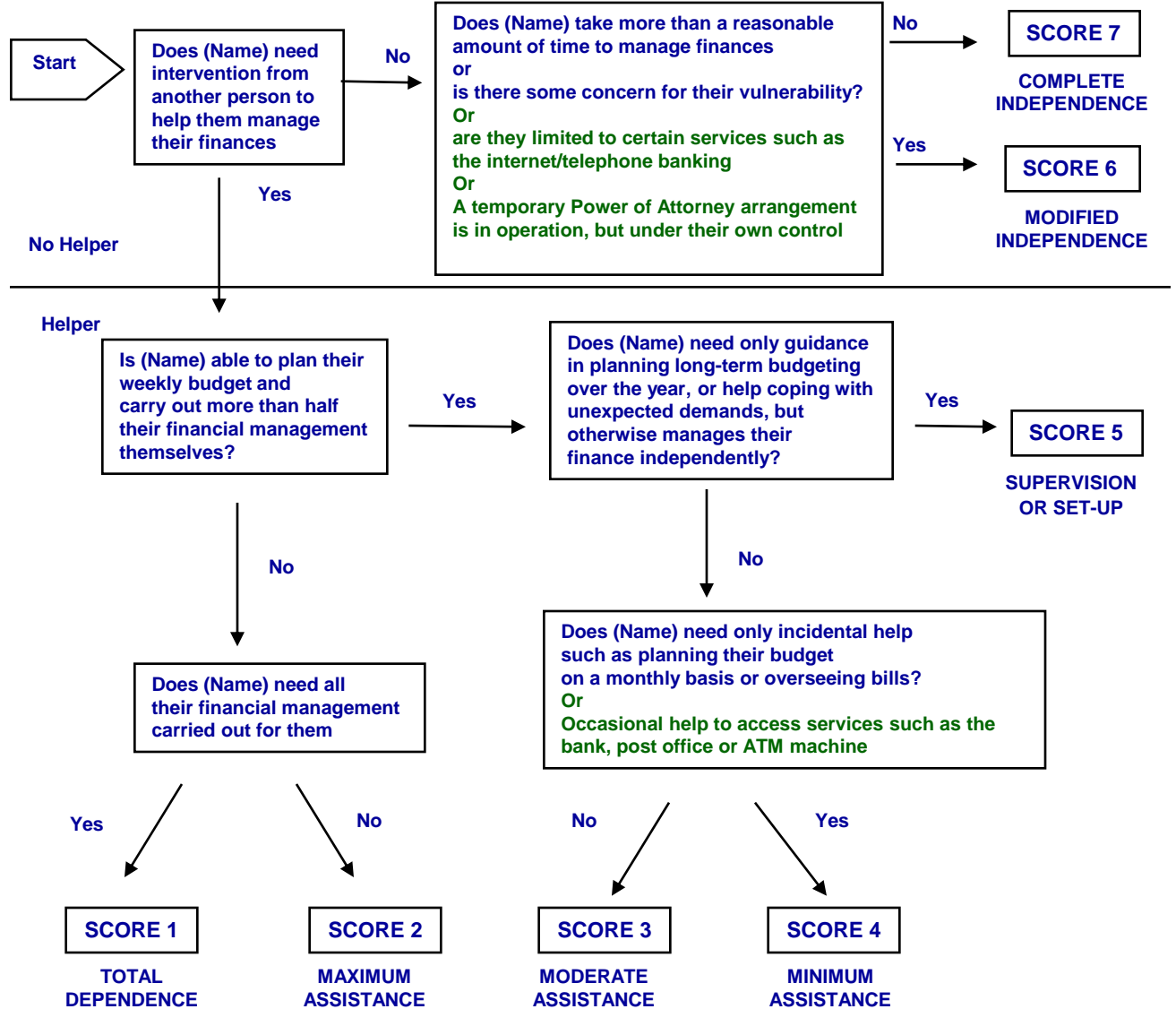
HOME FINANCES

Financial management includes:

- Managing a bank account.
- Paying bills.
- Budgeting for personal and domestic needs.
- Coping with unexpected financial demands, such as a tax bill or parking fine.
- **Accesses all financial services, such as bank, post office, ATM.**

At Level 7, the person:

- **Manages all their own finances:**
 - including paying bills, managing their bank account, budgeting and coping with unexpected demands and is able to access all financial services when required
- **They manage independently, with no concern for vulnerability**
- **They choose whether or not to use external financial services e.g. for tax / accounting / investment advice**
- **But are able to arrange alternative advice without help, if their normal process fails**



Notes

- Level 7: Able to manage finances independently.
- Level 6: Able to manage their finances, but takes more than the reasonable amount of time or there is some concern for their vulnerability.
- Level 5: Needs guidance in planning for long-term budgeting over the year, or help coping with unexpected demands, but otherwise manages their finances independently.
- Level 4: Needs incidental help, e.g. planning their budget on a monthly basis, or overseeing bills / direct debits to make sure they are paid. **Or occasional help to access services such as the bank, post office or ATM machine**
- Level 3: Needs help with paying larger bills, but able to plan their weekly budget themselves.
- Level 2: Needs help for routine weekly budgeting. Able to make choices, but needs help for most of their financial management.
- Level 1: Unable to manage their own finances. If they handle money, they require pocket money on a day-to-day basis.

Additional comments for WORK/EDUCATION

Work/education

Includes ability to work in their normal working role which might be:

- Employment / self-employed work
- Home maker
- Education – at school, college or university

If they were not employed at the time of their injury, it refers to the type of job they would have done if they were working.

If unable to work at all because of a long-term condition would be rated as 1 in any case.

Like the other EADL items, Work / education is scored in the hypothetical, as they may not be in work at the time of assessment, but this may nevertheless be one of the goals for the rehabilitation programme.

WASS (Work Ability and Support Scale)

The WASS is an extended version of the work/education items which teases out the physical, cognitive, behavioural and contextual aspects of ability to work / work supports.

This is currently in the latter stages of development and undergoing testing

Work questionnaire

A brief work questionnaire / job matching tool assists in gathering information about their normal working role

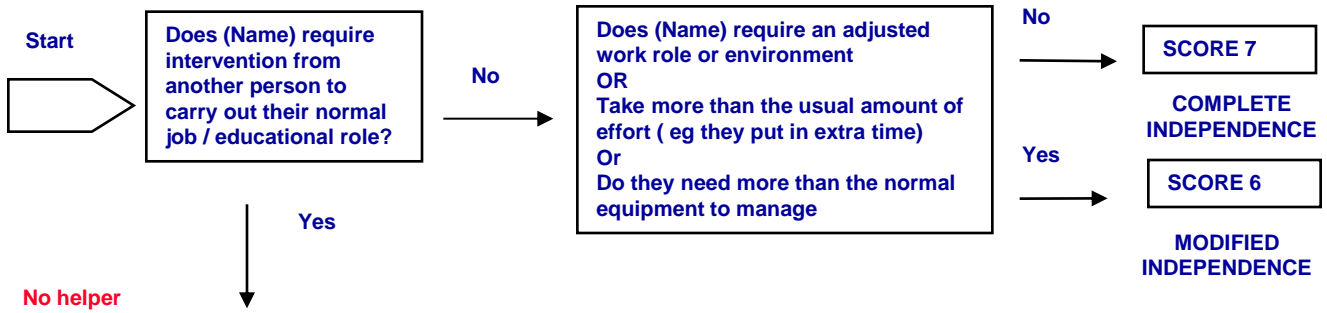
WORK/EDUCATION – in their normal job/educational role

Ability to work / study within their normal job/educational role including:

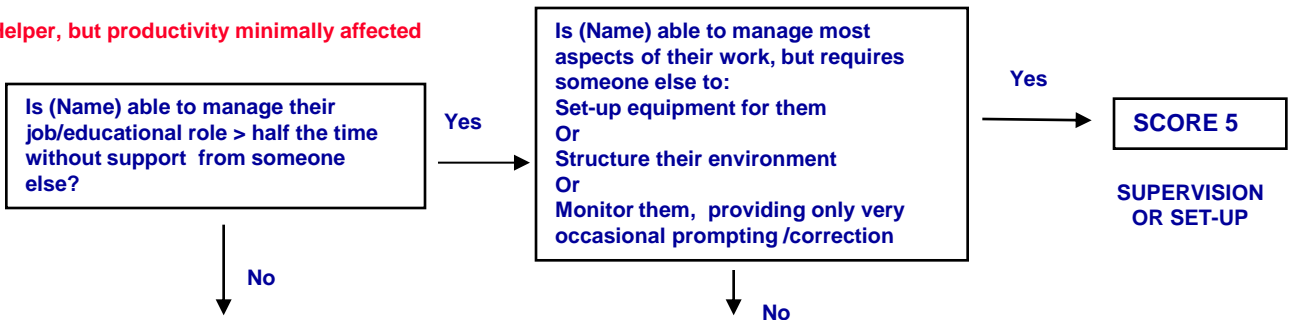
- Travelling to / from work and moving around in the workplace.
- Managing the physical requirements (dexterity, stamina etc)
- Communication and cognitive tasks within the job.
- Self-presentation, organisation and punctuality.
- Safety awareness for self and others within the workplace.
- Appropriate interaction with colleagues / clients (if relevant)

At level 7, the person:

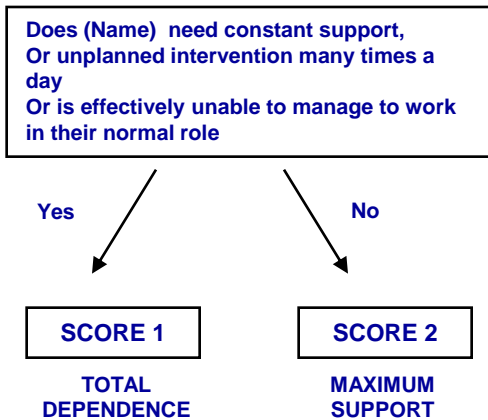
- Works effectively in their normal job /educational role.
- Manages all physical and cognitive aspects of their work.
- Presents for work punctually and suitably dressed.
- Completes tasks in an organised and timely manner – including multi-tasking and dealing with the unexpected
- Communication and interacts appropriately with colleagues / clients as the role demands.



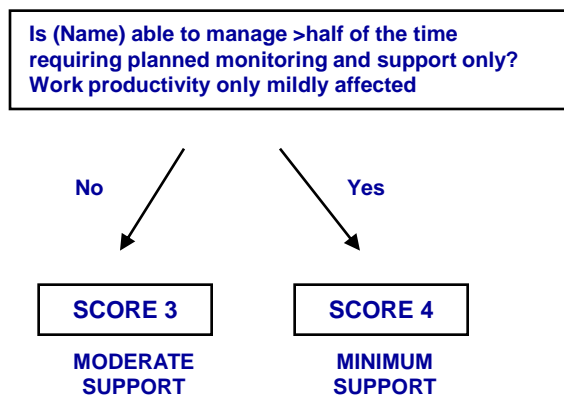
Helper, but productivity minimally affected



Work productivity significantly affected



Work productivity mild - moderately affected



Notes:

- Level 7: No problem – can manage all aspects of their job /educational role independently.
- Level 6: Manages aspects, but takes more than the reasonable amount of effort, or requires special equipment. Able to self-prompt and correct, and structure their own work environment. Work productivity is not affected.
- Level 5: Able to do most of their normal work role, but requires help from someone else to set-up equipment, or requires a structured environment, with supervision but only very occasional prompting / correction. Work productivity minimally affected.
- Level 4: Able to manage >75% of the time. Has regular planned monitoring/support/intervention only. Work productivity mildly affected (unable to do some parts of their job)
- Level 3: Able to manage >half of the time in their job/educational role. Requires unplanned intervention on top of regular monitoring/support, but infrequently (not every day). Work productivity moderately affected (unable to do a significant part of their job)
- Level 2: Able to manage <half of the time. Requires frequent unplanned intervention on top of regular monitoring (most days). Work productivity severely affected (Unable to do a substantial part of their job)
- Level 1: Effectively unable or requires constant supervision with intervention (several times a day)