

Functional Assessment Record

Name of Patient Date of Test.....

Name of Test Administrator.....

Rest 15-60 seconds between tests

Chair Stand			
	Baseline	Post Test	Additional Comments
1.Seconds to Stand	.....1 st trial	.....1 st trial	
	.....2 nd trial	.....2 nd trial	
2.Did Participant use of	.....Yes	.....Yes	
Arms of Chair	.....No	.....No	
3.Stye	.....Chair edge	.....Chair edge	
	.....Full seat	.....Full seat	
Stair Climb			
1.Seconds to Climb	.....	.....
2.Steadiness	.....Yes	.....Yes	
	.....No	.....No	
3.Rest Stops	#.....	#.....	
4.Stye	.....R&L	.....R&L	
	.....1 foot	.....1 foot	
Balance			
1.Successful Stance	.....Yes	.....Yes	
	.....No	.....No	
2.Seconds Holding Stance	.....Type of Stance	.....Type of Stance	
Wheelchair Mobility			
1.Seconds to Wheel	.....1 st trial	.....1 st trial	
	.....2 nd trial	.....2 nd trial	
2.Rest Stops	#.....	#.....	

Physical Fitness Assessment Record

Name of PatientAge:.....yrs. Da

Name of Test Administrator.....

Weight_____kg	Height_____m	Resting HR_____bpm	Resting BP____mmHg
Submaximal Treadmill Exercise			
	Baseline(bpm)	Post Test(bpm)	Additional Comments
6MWT			
Hand Grip			
	R / L	R / L	
	.....	.....	1st trial
	.....	.....	2nd trial
Leg Strength			
	.....	.....	1st trial
	.....	.....	2nd trial
Sit and Reach			
Body Mass Index			
Waist Circumference			
Skinfold			
Triceps			
Chest			
Abdomen			
Suprailiac			
Thigh			
