



26 Office Park Drive, Jacksonville, NC 28546 | 910.577.3355 | Fax: 910.577.4556 | AxisPhysicalTherapy.com

PATIENT SPECIFIC FUNCTIONAL SCALE

Initial Assessment: Please identify **THREE** important activities that you are unable to do or are having difficulty with as a result of your problem and score them in the appropriate column using the scale below.

Follow-up Assessments: When I assessed you at the initial examination, you told me you were having difficulty with these activities. Today, rate your ability to perform them based on the scale below.

Patient-specific activity scoring scheme (Point to one number):

0 1 2 3 4 5 6 7 8 9 10

Unable
to perform
activity

Able
to perform
before onset of symptoms

Patient Name: _____

Activity	Initial Eval Score Date:	Follow-Up Score Date:	Follow-Up Score Date:	Discharge Score Date:
1.				
2.				
3.				
TOTAL SCORE: (for clinician use only)				

FOR CLINICIAN USE ONLY: TOTAL SCORE = sum of activities. **Impairment = 1- (sum / (#activities x 10)).**
Minimal detectable change for average score = 2 points, for single activity = 3 points