**Name:** Click here to enter text. **Date:** Click to enter a date. **Visit Type:** [ ]  In Person [ ]  Virtual

# Interview Questions

|  |
| --- |
| **Reason for seeking the screen. Include client’s goals for participation.** |
| Click here to enter text. |
| **Review of current exercise and physical activity.** |
| **Total minutes per week of physical activity** (minutes/day x days/week). Click here to enter text. |
| **Current resources for physical activity and exercise.** |
| Click here to enter text. |
| **Review of other health habits.** |
| Click or tap here to enter text. |
| **Discussion of past medical history and medications from health history form.** |
| Click or tap here to enter text. |
| **Discussion of any issues dealing with health insurance, social support, transportation, and access to food or housing that would necessitate a referral.** |
| Click or tap here to enter text. |

# Resting Vitals

|  |  |  |
| --- | --- | --- |
| **Heart Rate:** | Click here to enter text. | bpm |
| **Blood Pressure:** | Click here to enter text. | mm Hg |
| **Pulse Oximetry:** | Click here to enter text. | % (optional) |

[ ]  **Based on responses on intake form and vital signs, the patient is safe to participate in the
physical performance tests.**

|  |  |
| --- | --- |
| **General Movement Screen** |  |
| **Movement** | **Not** **Impaired**  | **Impaired** | **Unable to** **Perform** | **Symptom** **Provocation** |
| Be seated in a chair. | [ ]  | [ ]  | [ ]  | [ ]  |
| Turn your head side-to-side, then up and down. | [ ]  | [ ]  | [ ]  | [ ]  |
| Stand up from the chair without using your arms, if possible. | [ ]  | [ ]  | [ ]  | [ ]  |
| Raise your arms overhead, then reach behind your back, then reach over your shoulder. | [ ]  | [ ]  | [ ]  | [ ]  |
| Lift a five-pound object from waist height and put it on a shelf 12 inches above shoulder height. | [ ]  | [ ]  | [ ]  | [ ]  |
| Squat down as if you were going to tie your shoestring. | [ ]  | [ ]  | [ ]  | [ ]  |
| Turn 360 degrees one way and then 360 degrees another. | [ ]  | [ ]  | [ ]  | [ ]  |
| Walk over to a bed or treatment table and lay down flat on your back. Roll to one side and then the other. Stand up from the bed or table. | [ ]  | [ ]  | [ ]  | [ ]  |
| Get on the floor, lay down flat on your back and then return to a standing position. not Use chair for support if needed. | [ ]  | [ ]  | [ ]  | [ ]  |
| Need support to complete [ ]  Yes [ ]  NoFloor transfer: Click here. secs | [ ]  | [ ]  | [ ]  | [ ]  |
| Sit back down in the chair. | [ ]  | [ ]  | [ ]  | [ ]  |
| Chair Sit and Reach | Distance from toes to fingertips: | \_\_ **cm** |
| Occiput to Wall Test | Distance: | \_\_ **cm** |
| **Short Physical Performance Battery** |
| Static Standing Balance Test | Side-by-side: \_\_ secsSemi-tandem: \_\_ secs | Tandem: \_\_ secsSingle-leg stance: \_\_ secs |
| Gait Speed – 4-meters (13.12 feet) | **Time:** \_\_ **secs** | Calculated speed: \_\_ m/s |
| Five-Time Sit-to-Stand | **Time:** \_\_ **secs** |  |
| **SPPB Score** |  | Click here.**/12** |
| Two-Minute Walk Test  | Length of loop: Click here.Partial distance: Click here. | **No. of Loops:** Click here.**Total distance:** Click here.HR: \_\_ BP: \_\_RPE: \_\_ |
| Two-Minute Step Test (If environment does not allow walk test) | Number of steps: Click here. | HR: \_\_ BP: \_\_RPE: \_\_ |
| Timed Up and Go Test | Attempt 1: \_\_ secs | Attempt 2: \_\_ secs |

# ****Summary of Findings and At-Risk Areas****

## Referrals

[ ]  Physical therapy

[ ]  Other health care providers

[ ]  Physical activity program

[ ]  Follow-up to annual checkup

## Recommendations

|  |
| --- |
| Click here to enter text. |

|  |  |  |
| --- | --- | --- |
|  |  | Click to enter a date. |
| Physical Therapist Signature |  | Date |
| Click here to enter text. |  |  |
| Physical Therapist Name |  |  |

**Template Last Updated:** 11/20/2020

**Contact:** practice@apta.org