



Functional Outcome Measures for the LTAC/ICU Setting

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Learning Objectives

1. *All attending rehab professionals will have greater than a 5 out of 10 understanding of what each functional outcome measures by the end of the inservice.*
2. *All attending PTs will answer yes to feeling comfortable performing each functional outcome at the end of this inservice.*



Why is this important?

AM-PAC 6 Clicks

- 1) Studies Validate Reliability, Accuracy of 6 Clicks Tool
- 2) AM-PAC "6-Clicks": Implementation and Potential Usefulness in a University Health System"
- 3) Interrater Reliability of AM-PAC 6-Clicks basic mobility and daily activity short forms

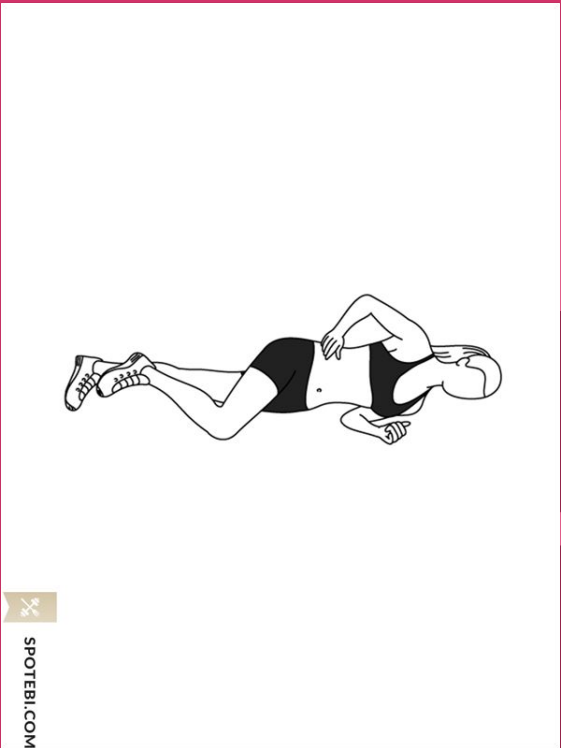
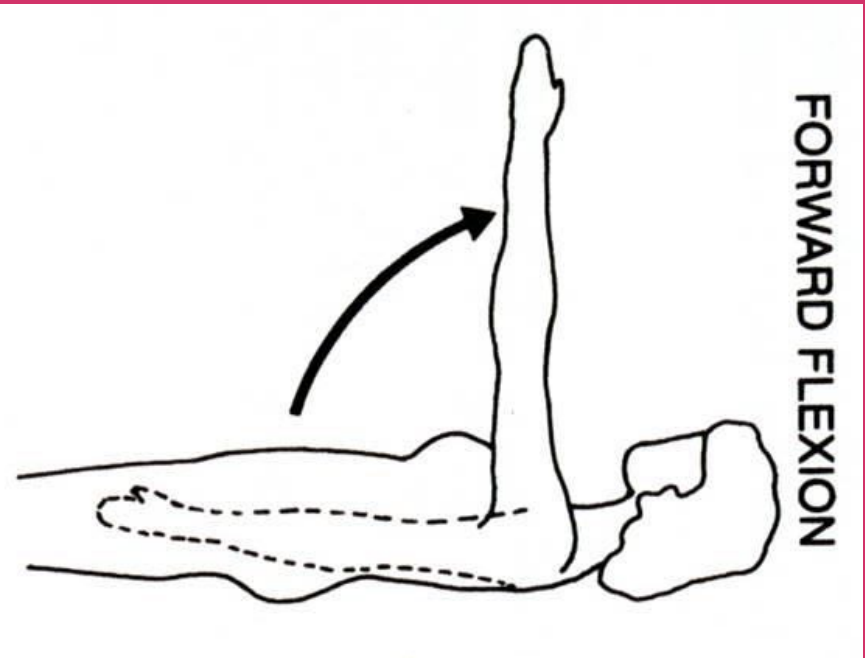
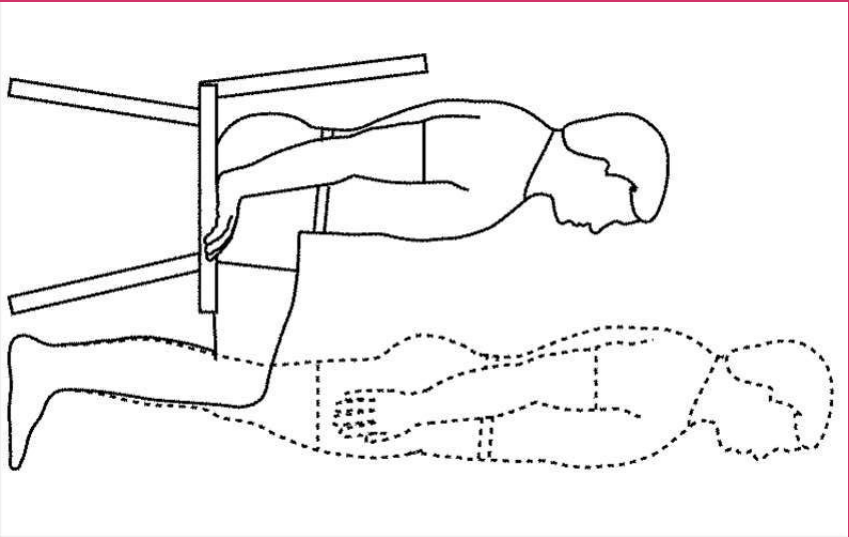
Please check the box that reflects your (the patient's) best answer to each question.

How much difficulty does the patient currently have...	Unable	A Lot	A Little	None
1. Turning over in bed (including adjusting bedclothes, sheets and blankets)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2. Sitting down on and standing up from a chair with arms (e.g., wheelchair, bedside commode, etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3. Moving from lying on back to sitting on the side of the bed?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
How much help from another person does the patient currently need...				
4. Moving to and from a bed to a chair (including a wheelchair)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5. Need to walk in hospital room?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6. Climbing 3-5 steps with a railing?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

PFIT- Physical Function in Intensive Care Test

- 4) Development of a new physical function outcome measure (PFIT) and a pilot exercise training protocol for use in intensive care.
- 5) A physical function test for use in the intensive care unit: Validity, responsiveness, and predictive utility of the physical function ICU test (scored).
- 6) Functional outcomes in ICU – what should we be using? - an observational study.

PFIT RECORDING SHEET			
1. Heart Rate (beats per minute)	Pre: _____	Post: _____	
2. SpO₂ (%)	Pre: _____	Post: _____	
3. Sit – stand assistance (circle) Chair/bed height (distance to floor, cm) Chair arms used?	0	1	2 unable
	Yes	No	
4. MOS			
4.1 RPE (pre)	_____		
4.2 Able? (circle)	Yes	No	
4.3 Steps (no.)	_____		
4.4 Time (sec)	_____		
4.5 RPE (post)	_____		
5. Strength	Left	Right	
5.1 Shoulder Flexion	_____	_____	
5.2 Knee Extension	_____	_____	



PFIT Score	0	1	2	3	Total
Assistance	Unable	Assist x2	Assist x1	No assist	
Cadence (steps/min)	Unable	>0 - 49	50 -<80	80+	
Shoulder (grade)	0,1 or 2	3	4	5	
Knee (grade)	0,1 or 2	3	4	5	

Ordinal score /12	0	1	2	3	4	5	6	7	8	9	10	11	12
Interval PFIT score /10	0	2.0	3.2	3.9	4.4	4.9	5.4	5.9	6.4	7.1	7.9	8.8	10

ICU Mobility Scale

ICU Mobility Scale

7) The ICU mobility scale has construct and predictive validity

and is responsive: A multicenter observational study.

8) Feasibility and inter-rater reliability of the ICU Mobility Scale.

	Classification	Definition
0	Nothing (lying in bed)	Passively rolled or passively exercised by staff, but not actively moving.
1	Sitting in bed, exercises in bed	Any activity in bed, including rolling, bridging, active exercises, cycle ergometry and active assisted exercises; not moving out of bed or over the edge of the bed.
2	Passively moved to chair (no standing)	Hoist, passive lift or slide transfer to the chair, with no standing or sitting on the edge of the bed.
3	Sitting over edge of bed	May be assisted by staff, but involves actively sitting over the side of the bed with some trunk control
4	Standing	Weight bearing through the feet in the standing position, with or without assistance. This may include use of a standing lifter device or tilt table.
5	Transferring bed to chair	Able to step or shuffle through standing to the chair. This involves actively transferring weight from one leg to another to move to the chair. If the patient has been stood with the assistance of a medical device, they must step to the chair (not included if the patient is wheeled in a standing lifter device).
6	Marching on spot (at bedside)	Able to walk on the spot by lifting alternate feet (must be able to step at least 4 times, twice on each foot), with or without assistance.
7	Walking with assistance of 2 or more people	Walking away from the bed/chair by at least 5 metres (5 yards) assisted by 2 or more people.
8	Walking with assistance of 1 person	Walking away from the bed/chair by at least 5 metres (5 yards) assisted by 1 person.
9	Walking independently with a gait aid	Walking away from the bed/chair by at least 5 metres (5 yards) with a gait aid, but no assistance from another person. In a wheelchair bound person, this activity level includes wheeling the chair independently 5 metres (5 yards) away from the bed/chair.
10	Walking independently without a gait aid	Walking away from the bed/chair by at least 5 metres (5 yards) without a gait aid or assistance from another person.

Questions?

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Thank you!

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Resources

1. Neuro. Studies Validate Reliability, Accuracy of 6 Clicks Tool. Consult QD. <https://consultqd.clevelandclinic.org/studies-validate-reliability-accuracy-of-6-clicks-tool/>. Published January 23, 2017. Accessed June 21, 2018.
2. Johnson J, Pierson J, Noren C, Lastayo P, Marcus R. AM-PAC “6-Clicks”: Implementation and Potential Usefulness in a University Health System. *Acute Care: The Critical Edge in Physical Therapy*. https://cdn.ymaws.com/www.acutept.org/resource/resmgr/CSM/CSM_2016/1027.pdf. Accessed June 19, 2018.
3. Jette DU, Stilphen M, Ranganathan VK, Passek S, Frost FS, Jette AM. Interrater reliability of AM-PAC “6-clicks” basic mobility and daily activity short forms. *Phys Ther*. 2015;95(5):758-766. <http://libproxy.lib.unc.edu/login?url=https://search-proquest-com.libproxy.lib.unc.edu/docview/1679849092?accountid=14244>.
4. Skinner E, Berney S, Warrillow S, Denehy L (2009):Development of a new physical function outcome measure (PFIT) and a pilot exercise training protocol for use in intensive care. *Critical Care and Resuscitation* 11 (2): 110-115.
5. Denehy L, de Morton N.A., Skinner EH, et al. A physical function test for use in the intensive care unit: Validity, responsiveness, and predictive utility of the physical function ICU test (scored). *Phys Ther*. 2013;93(12):1636-45. <http://libproxy.lib.unc.edu/login?url=https://search-proquest-com.libproxy.lib.unc.edu/docview/1474160392?accountid=14244>.
6. Parry SM, Denehy L, Beach LJ, Berney S, Williamson HC, Granger CL. Functional outcomes in ICU – what should we be using? - an observational study. *Critical Care*. 2015;19(1). doi:10.1186/s13054-015-0829-5.
7. Tipping CJ, Bailey MJ, Bellomo R, et al. The ICU mobility scale has construct and predictive validity and is responsive: A multicenter observational study. *Annals of the American Thoracic Society*. 2016;13(6):887-893. <http://libproxy.lib.unc.edu/login?url=https://search-proquest-com.libproxy.lib.unc.edu/docview/1797885909?accountid=14244>. doi: <http://dx.doi.org.libproxy.lib.unc.edu/10.1513/AnnalsATS.201510-7170C>
8. Hodgson C, Needham D, Haines K, et al. Feasibility and inter-rater reliability of the ICU Mobility Scale. *Heart & Lung: The Journal of Acute and Critical Care*. 2014;43(1):19-24. doi:10.1016/j.hrtng.2013.11.003.