

Assessing Functional Status

Physical Functioning

In general, patients' functioning or "functional status" indicates how well they are getting along with their day-to-day lives despite ESRD. Patients' ability to continue functioning optimally in as many areas of their lives as possible is closely related to their quality of life. Further, improved physical functioning is linked, in varying degrees, with the long-term outcomes discussed earlier: survival, wellness, and independent and productive living (DeOreo, 1997; Painter, 1994). For renal patients, physical functioning is especially relevant. The physical status of most dialysis patients is seriously compromised. Many dialysis patients are unable to do any activity beyond the most basic activities of daily living (Ifudu et al, 1994). Therefore, improved physical functioning is an important goal. Measurement of physical functioning as an outcome is the only way to ensure ongoing progress toward that goal (EV-1, EV-2, EV-3, EV-12, EV-16). Clearly, monitoring and improving physical functioning is a pivotal concept and activity for renal rehabilitation.

EV-1: Assessment of patients' overall functional status, including their physical functioning, mental health, and well-being can be accomplished as part of regular care planning. At the most basic level, such assessment does not have to be formal or written—it must just involve a habit of taking a close look at how patients are getting along. Good questions to ask include: Does the patient seem better than usual? Same as usual? Quieter than usual? Weaker than before? Is the patient going downhill, holding his or her own, improving?

EV-2: Basic assessments of patients' ability to perform activities of daily living can be made informally. The ease with which patients are able to carry out spontaneous ADL's in the unit (e.g., outerwear removal, shoe tying, hair combing, make-up repair, etc.) should be noted and recorded in their charts and/or care plans. Patients can also be asked directly if they are able to do all of the usual day-to-day things they used to do. Any change (positive or negative) in their performance of such activities warrants further attention and intervention.

EV-3: Not surprisingly, patients are usually the first to notice declining functional status. However, although they might observe that their ability to do certain things is diminishing, they may not mention it to anyone. Simply asking patients, at regular intervals, if they are satisfied with their current level of functioning is a rehabilitation intervention at the basic level.

EV-12: Routine formal rehabilitation intake assessments provide a baseline measurement of incoming patients' rehabilitation status. Since the progress of patients' debilitation is often slow and nearly unobservable, having a baseline rehabilitation status measurement allows even small degrees of deterioration to be observed and reversed before they can progress further.

EV-16: Requiring periodic in-center progress evaluations by related services is a good way to keep the whole team involved in the rehabilitation process and to make sure that every resource which can be brought to bear on the rehabilitation undertaking is being used. Evaluations themselves should identify specific areas of need and suggest remedies for the problems identified.

Taken from *Building Quality of Life: A Practical Guide to Renal Rehabilitation*
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This entire booklet can be found on the Life Options website – www.lifeoptions.org under the "Free Materials" section.