

CENTRAL PHYSICAL THERAPY FUNCTIONAL ABILITIES

NAME: _____ DATE: _____

Check one answer for each section that best describes your condition

CARRYING

I can carry heavy weights (50#)

- Unable
- Severe Difficulty
- Moderate Difficulty
- Minimal Difficulty
- Normal

DRIVING

I can drive as long as I like

- Unable
- Severe Difficulty
- Moderate Difficulty
- Minimal Difficulty
- Normal

LIFTING

I can lift heavy weights (50#)

- Unable
- Severe Difficulty
- Moderate Difficulty
- Minimal Difficulty
- Normal

REACHING

I can reach a high shelf

- Unable
- Severe Difficulty
- Moderate Difficulty
- Minimal Difficulty
- Normal

SIT TO STAND

I can stand up from sitting down

- Unable
- Severe Difficulty
- Moderate Difficulty
- Minimal Difficulty
- Normal

SITTING

I can sit as long as I like

- Unable
- Severe Difficulty
- Moderate Difficulty
- Minimal Difficulty
- Normal

SLEEPING

I have no trouble sleeping

- Unable
- Severe Difficulty
- Moderate Difficulty
- Minimal Difficulty
- Normal

SQUATTING

I can do a full squat

- Unable
- Severe Difficulty
- Moderate Difficulty
- Minimal Difficulty
- Normal

STAIRS

I can walk stairs without a rail

- Unable
- Severe Difficulty
- Moderate Difficulty
- Minimal Difficulty
- Normal

STANDING

I can stand as long as I want

- Unable
- Severe Difficulty
- Moderate Difficulty
- Minimal Difficulty
- Normal

WALKING

I can walk any distance

- Unable
- Severe Difficulty
- Moderate Difficulty
- Minimal Difficulty
- Normal

WORK

I can do as much work as I want to

- Unable
- Severe Difficulty
- Moderate Difficulty
- Minimal Difficulty
- Normal