Annual Physical Therapy Visit for Aging Adults Instruction Manual

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# Purpose of this Manual

The Annual Physical Therapy (PT) Visit for Aging Adults Instruction Manual was designed to guide physical therapists through conducting an annual physical therapy visit for aging adults. It provides justification for an annual physical therapy visit and instructions on the tests included, with links to normative data and cut-off scores when available. Therapists should use their professional judgment when performing the annual PT visit and make modifications as needed. While the manual provides some recommendations for next steps based on the results, these are only recommendations.

# Background

The American Physical Therapy Association recommends that all individuals visit a physical therapist at least annually to optimize movement and promote health, wellness, and fitness; and to slow progression of impairments of body functions and structures, activity limitations, and participation restrictions. There is strong evidence that lifestyle changes, including increased physical activity, can lead to health benefits in those with chronic disease, can prevent or manage a number of noncommunicable diseases, and can lead to a better quality of life. Using the annual PT visit, physical therapists can determine the health status and health risks of aging adults in their community. The visit yields movement system-focused health and functional performance information that can be shared with the client, their family, and their health care team to facilitate referrals to additional services and community-based programs.

A task force was formed in 2020 to create a process for furnishing an annual physical therapist visit for aging adults. APTA already had developed a template for adults, but APTA Geriatrics determined a tool specifically designed for the aging adult also was needed. The task force used the following principles in developing this process:

* The annual PT visit will address movement and function and identifies aging adults at risk for adverse events.
* The Annual PT Visit will be a screen. If concerns or deficits are found that require further assessment, a referral should be made for a physical therapist evaluation or to another provider.
* The chosen outcome measures will have strong psychometric properties, predictive abilities, and normative data available. They will be appropriate for clients with a range of abilities. Results will lead to actionable recommendations.
* The face-to-face component of the annual PT visit will take approximately 30 minutes. This was considered a reasonable time that would encourage clinical adoption.
* Therapists will be able to add optional tests and measures if they want to address additional areas of movement or include additional aspects of health and wellness.
* Editable forms and instructions will be created so therapists can implement the visit easier.
* Given the ongoing public health emergency, most of the will be able to be conducted virtually.

# How To Perform the Annual Physical Therapy Visit for Aging Adults

The annual physical therapy visit for aging adults screens for deficits in function and movement, and identifies indicators of an impending adverse event such as a fall or the onset of frailty. The annual physical therapy visit is designed to be completed in about 30 minutes depending on the client. At the end of the session, you should be able to use the results to make actionable recommendations. You can conduct the visit face to face or virtually, but there may be some limitations in performing it virtual. This manual contains recommendations on for completing the visit virtually.

To make the best use of time, send the intake form to the client before the session so they can complete and bring it to the session. At a minimum, collect and document the data obtained using the tests and measures for all elements.

The materials for the annual physical visit for aging adults make implementation simple:

1. Intake Form. Use this form captures the client’s demographic data, health history, social determinants of health, goals, health habits, and current activity levels.
2. Documentation Form. Use this form to document responses to questions, performance on the test and measures, and recommendations.
3. Report Card. Give this form to the client at the end of the session.
4. Referral Form. Use this form if needed to refer the client for additional services in the community.

# Tests and Measures

Below is a short description of the recommended tests and measures to use as part of the annual physical therapy visit. They were selected to screen function and movement. Not all areas of health and wellness are included, to help ensure that you can complete the visit in 30 minutes. This manual contains a list of other tools to consider if you can conduct sessions longer than 30 minutes and believe more tests are warranted.

Each test includes a short description with links to a longer description and the test’s normative values. You already should be familiar with these tests and measures, but it’s a good idea to practice the flow of the visit before your first session. Links to [APTA’s Tests and Measures webpage](https://www.apta.org/patient-care/evidence-based-practice-resources/test-measures) and the [Shirley Ryan Rehabilitation Measures Database](https://www.sralab.org/rehabilitation-measures) are available to provide normative data and cut-off values.

## General Movement Screen

The purpose of the General Movement Screen is to assess how the individual moves and identify impairments that might require further evaluation. This is not a standardized test; it is a list of common movements that aging adults need to be able to perform to complete daily activities independently.

### ****Equipment and Space Needs****

* Standard chair, no wheels, preferably with arm rests.
* Open space to a floor transfer.
* A bed, treatment table, or couch.

### ****Instructions****

The client starts sitting in a chair. Give the following instructions to work through the movement screen. Explain to the client:

“I am going to ask you to go through a series of movements. I want to see if you can do the movement, how you do the movement, and if completing it causes you any difficulty. I want you to tell me if any of the activities cause you pain or if this is something you typically find difficult to do. If there is anything you are not comfortable doing, please say so. We can skip that part of the tests if we need to.”

Give the client the following instructions, in order:

1. Turn your head side to side, then move it up and down.
2. Stand up from the chair; if you can do it without using your arms for help, do so.
3. Raise your arms straight up over your head and lower them. Then reach each arm behind your back. Then reach each arm over your shoulder.
4. Pick up a 5-pound object and lift it from the floor onto a shelf that is at eye level.
5. Squat down as if you were going to tie your shoestring, then stand back up
6. Turn yourself in a complete circle (360 degrees) trying to stay in the same place on the floor. Then turn yourself in a circle in the other direction.
7. Walk over to the treatment table (bed or couch if at home) and lay down flat on your back. Role to your side and then the other side. Then sit back up, and stand up.
8. Walk back over to your chair. Get on the floor next to it, and lay down flat on your back. Then get off your back and stand up. Try not to use the chair for support, but it is there if you need it. (Time the floor transfer and note if the client used the chair for support.)
9. Sit back down in the chair.

### ****Test Interpretation****

There are no normative values with this screen. This is meant to give a general sense of mobility. Results of this screen may lead to a recommendation of further assessment. It may also provide insight into the client’s ability to complete other aspects of the annual physical therapy visit.

## Chair Sit and Reach

This test measures lower body flexibility. Do not perform this test on clients who have severe osteoporosis.

### ****Equipment and Space Needs****

* Standard straight back or folding chair (44cm high).
* Ruler.

**Instructions**

The client sits on the edge a chair (placed against a wall for safety).

1. One foot must remain flat on the floor. The other leg is extended forward with the knee straight, heel on the floor, and ankle bent at 90°.
2. Place one hand on top of the other with tips of the middle fingers even.
3. Instruct the subject to inhale, and then as they exhale, reach forward toward the toes by bending at the hip. Keep the back straight and head up. Avoid bouncing or quick movements, and never stretch to the point of pain. Keep the knee straight, and hold the reach for 2 seconds.

**Scoring**

The distance is measured between the tip of the fingertips and the toes. If the fingertips touch the toes then the score is zero. If they do not touch, measure the distance between the fingers and the toes (a negative score), if they overlap, measure by how much (a positive score). The score is recorded to the nearest 1/2 inch or 1 cm as the distance reached, either a negative or positive score. Record which leg was used for measurement.

Perform two trials.

[Find details on scoring interpretation and normative values for the Chair Sit and Reach Test](https://www.topendsports.com/testing/tests/sit-and-reach-chair.htm).

## Occiput to Wall Distance Test

The Occiput to Wall Test assesses posture and the cervical spine.

**Equipment and Space Needs**

* Flat wall space.
* Flexible ruler or tape measure.

**Instructions**

The client starts by standing straight against a wall with their heels, buttocks, and back touching the wall.

Tell the client to look straight ahead. Measure the horizontal distance, if any, between the wall and the back of the client’s head in centimeters. A flexible tape measure or a ruler can be used.

A normal measure would be the back of the head touching the wall. A distance up to 4 centimeters from the wall warrants recommending postural education and intervention. A distance greater than 4 centimeters warrants recommending a clinical assessment of osteoporosis along with an intervention.

## Short Physical Performance Battery and Single Leg Stance

The short Physical Performance Battery assesses lower extremity function through a measure of static balance, gait speed, and sit-to-stand performance. It includes the Static Standing Balance Test, Gait Speed test, Five Times Sit-to-Stand Test.

[Find instructions, psychometric properties, cut scores, and population-specific information on the SPPB](https://www.sralab.org/rehabilitation-measures/short-physical-perfromance-battery).

As advantage of the SPPB is the composite score can be used and/or individual components can be examined individually. This can be helpful to communicate performance on one area and provide a comparison to normative data. For example, you might want to focus on just gait speed in your goals because the client score low in this area while had a ceiling effect in the others. Find instructions, psychometric properties, cut scores and population specific information on [Gait Speed](https://www.sralab.org/rehabilitation-measures/gait-speed) and [Five Times Sit to Stand](https://www.sralab.org/rehabilitation-measures/five-times-sit-stand-test) Test.

Single leg stance is not part of the SPPB, but if the client completes 10 seconds of tandem stance, you can continue on and assess single-leg stance. Single-Leg Stance Test can provide insight into higher-level balance and lower extremity strength. Single-leg stance can be held for up to 45 seconds to see if the client can reach the upper limits of the normative values.

[Find normative data](https://www.apta.org/patient-care/evidence-based-practice-resources/test-measures/single-leg-stance).

## Two-Minute Walk Test

The Two-Minute Walk Test measures walking distance and assesses endurance over two minutes. This test should be used only with patients and clients who are able to ambulate without physical assistance.

F[ind instructions, psychometric properties, cut off scores and population-specific information on the Two-Minute Walk Test.](https://www.apta.org/patient-care/evidence-based-practice-resources/test-measures/2-minute-walk-test-2mwt)

## Two-Minute Step Test

The Two-Minute Walk Test measures aerobic endurance. The test is associated with the patient’s ability to perform lifestyle tasks such as climbing stairs and walking.

[Find Two-Minute Step Test instructions and interpretation.](https://geriatrictoolkit.missouri.edu/cv/2min-step-rikli-jones.doc)

## Timed Up and Go Test

The Timed Up and Go Test assesses general mobility.

[Find Timed Up and Go Test instructions and interpretation.](https://www.apta.org/contentassets/04d9aaf8c4354f138ce3b53d5c465f0b/timed-up-and-go-test-.pdf)

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# Resources for Community Programs and At-Home Interventions

You can refer to the following resources to encourage physical activity and support wellness for aging adults. You also should develop a resource list specific to your community.

## [Go4Life Exercise](https://www.youtube.com/playlist?app=desktop&list=PLmk21KJuZUM4HTrJ7hrJ8yxhToKkJT8a8)

Go4Life exercise videos on YouTube from the National Institute on Aging run from 10 to 60 minutes. Each workout includes a warm-up, exercises for endurance, muscle strengthening, flexibility, and balance, and a cool-down. Safety reminders and periodic intensity checks help the exerciser determine if they are working at the right intensity for their level of physical fitness. The 10- and 15-minute videos are appropriate for people with low endurance, and the 20- and 60-minute videos are ideal for people with moderate levels of physical fitness. Additional Go4Life videos focus on one type of exercise such as upper body strength exercises, balance exercises, and back stretches.

## [Tai Chi for Rehabilitation](https://www.youtube.com/playlist?app=desktop&list=PLMypbNPFKGgSxHqI65G6UrDl1blf493ih)

Tai Chi for Rehabilitation videos on YouTube are endorsed by the National Council on Aging and the U.S. Centers for Disease Control and Prevention. In response to COVID-19 this series of six videos designed to improve balance and immunity and relieve stress is now free. The series includes a two-minute introductory video and five 30- to 50-minute Tai Chi workouts that are appropriate for people of all levels of physical fitness. The workouts are performed in standing at a slow tempo with the muscles relaxed and the joints bent. The participant is encouraged to focus on diaphragmatic breathing and moving in a relaxed manner. This gentle form of exercise may help reduce anxiety in older adults.

## [Silver Sneakers](https://tools.silversneakers.com/)

Silver Sneakers on-demand classes and free YouTube videos include endurance, muscle strengthening, flexibility, and balance exercise. Encourage older adults who have Silver Sneakers On-Demand with their Medicare plan to access over 200 classes on exercise and nutrition. The [Silver Sneakers free workout videos on YouTube](https://www.youtube.com/user/TheSilverSneakers?app=desktop) include many that are appropriate for older adults with moderate to high levels of fitness. The 10-Minute Sit and Get Fit Workout is a good resource for people with limited ability to do exercise while standing. The 7-Minute Yoga Workout includes slow fluid movements performed standing with a wide base of support.

## [Sit and Be Fit](https://www.sitandbefit.org/)

Sit and Be Fit on public television channels is endorsed by the National Council on Aging. The 30-minute program is for older adults who need low- to moderate-intensity physical activity in sitting or standing. On the Sit and Be Fit website click on Where We Air and enter the local zip code to find the public television station and channel. A Streaming Club is also available for accessing episodes on a computer or tablet.

## [Enhance Fitness](https://projectenhance.org/enhancefitness/)

[Enhance Fitness](https://projectenhance.org/enhancefitness/) is a low-cost, evidence-based group exercise and falls prevention program that helps older adults at all levels of fitness. An Outreach to Physical Therapists toolkit and accompanying webinar were developed to build partnerships with physical therapist practices and provide referrals to the program.

## APTA Geriatrics

* [APTA Geriatrics and National Council on Aging have partnered](https://geriatricspt.org/consumers/partnerships%20-%20National%20Council%20on%20Aging.cfm) to increase clinical-community connections to support sustainable wellness across the continuum of care and align the integration of evidence-based health promotion programs and clinical care. Resources include three open-access articles from GeriNotes that address evidence-based community programs.
* [APTA Geriatrics has compiled a list of available resources](https://geriatricspt.org/practice/covid-19.cfm) and social media links to support therapists and aging adults during this the COVID-19 health emergency.

# Administering the Annual Physical Therapy Visit Virtually

While the annual physical therapy visit for aging adults can be done virtually, it does require planning and may take a little longer than a face-to-face visit. Not all tests and measures may be appropriate in a virtual format. Here are a few tips that can help make the visit go more smoothly and effectively.

Choose a telehealth platform that will work for your patients and clinic, and be trained to use it properly.

* Choose software that is effective and simple to use.
* Ensure a high-quality internet connection.
* Even if the computer has an adequate camera and microphone, consider an external camera and microphone, which might improve the sound quality and the client’s ability to see your demonstrations of tests.
* Learn all the technical requirements for the platform, such as required internet speed.
* Learn basic troubleshooting tips, such as how to select the appropriate microphone in the platform settings.
* Do not use any other video tools (such as Skype) during the session.
* Make sure that neither you nor your patient leaves multiple browsers and websites open; too many can slow down your connection. If you need to access other websites during your session, keep a list of the links handy in a Word document and be ready to copy and paste them one link at a time, as needed.

Ensure compliance with all relevant laws, regulations, and codes for privacy, informed consent, and confidentiality associated with provision of services through telehealth technology.

* If applicable, obtain consent to being photographed, recorded, or videotaped, and to having the data stored.

Consider the room settings for you and your client.

* Choose a place with a background that looks professional on the client’s screen.
* Have the client in a setting that is safe for performing the tests and recommended exercises.
* Limit background noise, including other people, fans, barking dogs, phones, and music.

Prescreen to determine if a virtual visit is appropriate for the client. Sample screening questions include:

* Do you own a smartphone, tablet or computer with a quality camera and microphone?
* Are you willing to download a free video conferencing app called from your App Store or Google Play Store?
* Do you have an email address to exchange electronic communication about the annual physical therapy visit?
* Could someone in your household use your smartphone to video you performing the tests? If not, can you position your screen so that the camera can show you doing activities such as walking a short distance and getting up out of a chair?
* Do you have Wi-Fi connectivity in your house? If not, are you willing to use data on your phone or tablet? Be aware that this may use large amounts of data.
* Do you have a vision impairment that makes using a phone or tablet difficult?
* Do you have a hearing impairment that makes conversing on a phone difficult?
* Do you know your resting heart rate? (Acceptable heart rate range for participation is 60-90 bpm. If the participant does not know their heart rate, consider setting up a video conference to instruct them in how to measure it themselves.)
* Do you have access to a blood pressure machine? Do you know your resting blood pressure? (Acceptable blood pressure: top number is 160, and bottom number is 51-90 mmHg.)
* Have you fallen in the past year? If so, did you have a related injury?

Prepare instructions and tips for the client to help them prepare for the session, including:

* + Choosing a location where they are comfortable and have room to move, can position their device so that they can be seen throughout the video call, and are able to share health information freely.
* Wearing comfortable clothes that allow for movement that can be seen over video.
  + Having the following available: standard chair without arm rests and no wheels, positioned against a wall in the field of the camera with a clear pathway to stand and walk 10 feet; a tape measure or ruler; a handheld weight of 5 or 8 pounds; and a household member who can take videos of the visit.
  + Connecting five minutes before their appointment. Tell them their screen initially may say that their appointment will begin once approved by the meeting host, and your clinical team will start the appointment at the scheduled time.

Spend a few minutes at the beginning to test equipment and provide some brief education about how you will conduct the session.

* Ask the client if they can see and hear you clearly.
* Position the webcam at eye level to increase the amount of eye contact provided to the client during the telehealth visit.

During the visit, tell the client when you are looking down to take notes or getting ready to share a document on your screen. On a video screen these actions may not be as obvious as when you are in person.

Ask the client for feedback on the visit, so you can determine their level of comfort with telehealth. This will help you ensure that your clients are receiving the same level of care as in the traditional face-to-face visit.

The [APTA](https://www.apta.org/your-practice/practice-models-and-settings/telehealth-practice) and the [Federation of State Boards of Physical Therapy](https://www.apta.org/your-practice/practice-models-and-settings/telehealth-practice) offer resources on providing physical therapist services via telehealth.

# Additional Screens for the Annual Physical Therapy Visit for Aging Adults

The primary purposes of the annual physical therapy visit for aging adults is to screen for deficits in function and movement, and to identify indicators of an impending adverse event such as a fall or the onset of frailty. The visit was designed to be completed in 30 minutes, it can be conducted face to face or virtually, and the results lead to actionable recommendations. Within these constraints, not all areas of health and wellness that relate to function and movement could be included.

If you have more time with your clients, you may be interested in performing additional health and wellness screens beyond movement. These additional screens can reveal other areas of improvement or conditions that lead to physical therapy interventions and referrals to other health care providers.

Below are additional screens that could be included in the annual physical therapy visit. Use your scope of practice and your client’s goals in determining which additional screens to use. If you perform a screen in an additional area, you need to be able to provide the appropriate intervention based on the results and know when a referral to another provider is appropriate.

## Hand Grip Strength

Grip strength measured with a hand dynamometer provides a composite measure of strength and is shown to be a predictor of frailty and death in aging adults. [Find out more about hand grip strength](https://www.sralab.org/rehabilitation-measures/hand-held-dynamometergrip-strength).

## Nutrition

Screening questions:

1. How many servings of fruits and vegetables do you eat per day?
2. How many servings of processed foods do you eat per day?
3. How many cups or ounces of water do you drink per day?

Screening tools:

* [Starting the Conversation Tool](https://www.apta.org/patient-care/evidence-based-practice-resources/test-measures/starting-the-conversation-stc).
* [Rate Your Plate](https://einsteinmed.org/nutrition/rateplat.htm).
* [Healthy Eating Vital Sign](https://www.hindawi.com/journals/isrn/2012/734682/tab5/).
* [Weight, Activity, Variety and Excess Tool.](https://www.apta.org/patient-care/evidence-based-practice-resources/test-measures/weight-activity-variety-and-excess-wave)
* [Rapid Eating and Activity Assessment for Patients.](https://www.apta.org/patient-care/evidence-based-practice-resources/test-measures/rapid-eating-and-activity-assessment-for-patients-reap)
* [Malnutrition Screening Tool](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwjcqOvx7fTxAhWWZ80KHSXgCksQFjABegQIAxAD&url=https%3A%2F%2Fstatic.abbottnutrition.com%2Fcms-prod%2Fabbottnutrition-2016.com%2Fimg%2FMalnutrition%2520Screening%2520Tool_FINAL_tcm1226-57900.pdf&usg=AOvVaw1mBjH_fycoWd7tdvEC_Sdy).
* [Mini Nutrition Assessment Short Form](https://www.mna-elderly.com/mna_forms.html).
* [Nutrition Screening Initiative](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwjkzNml7vTxAhWKQs0KHcbBBkMQFjAKegQIBRAD&url=https%3A%2F%2Fwww.hhs.texas.gov%2Fsites%2Fdefault%2Ffiles%2Fdocuments%2Fdoing-business-with-hhs%2Fproviders%2Fhealth%2Fnra.pdf&usg=AOvVaw3CEE_chGC1ZxiFpgliJv0V).

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## Smoking or Other Nicotine Use

Screening questions:

1. Do you currently smoke or use nicotine products such as smokeless tobacco or e-cigarettes?
2. Have you ever smoked or used nicotine products? If so, when and for how long?
3. Do any smokers live in your household?

(Consider using the [5 As and 5 Rs for motivational interviewing](https://www.ahrq.gov/prevention/guidelines/tobacco/5rs.html).)

## Sleep

Screening questions:

1. How much sleep do you usually get?
2. Do you feel well-rested when you wake up?
3. Is your condition impacting your sleep? If so, how? If not, does anything else impact how you sleep?
4. How would you rate your sleep quality?
5. Does being sleepy during the day interfere with your daily function?
6. Do you have difficulty falling asleep or returning to sleep if you wake up during the night, or do you wake up earlier in the morning that you want to? (Possible indicator of insomnia if lasting longer than three months.)
7. Do you snore loudly or frequently? Has anyone observed you stop breathing while you sleep? (Possible indicator of obstructive sleep apnea.)
8. Do you have a strong urge to continually move your legs while you are trying to sleep? When you try to relax in the evening or sleep at night, do you ever have unpleasant, restless feelings in your legs that can be relieved by walking or movement? (Possible indicator of restless leg syndrome.)

Screening tools:

* [Insomnia Severity Index](https://www.ons.org/sites/default/files/InsomniaSeverityIndex_ISI.pdf)
* [STOP-Bang Questionnaire](http://www.stopbang.ca/osa/screening.php)

## Emotional Status

Assessment for anxiety, depression, and fatigue may have benefits based on your assessment of the client and their goals. Anxiety and depression are related to chronic diseases and can limit recovery in some situations.

Screening tools:

* The [PROMIS Global-10](https://www.apta.org/patient-care/evidence-based-practice-resources/test-measures/patient-reported-outcomes-measurement-information-system-global-10-promis-global-10) measures overall health, pain, fatigue, social health, mental health, and physical health. Additional [PROMIS](https://www.assessmentcenter.net/PromisForms.aspx) scales assess specific areas of emotional status.
* The [PHQ-2](https://www.hiv.uw.edu/page/mental-health-screening/phq-2) can be used as a first step to screen for depression, with a follow up of the [PHQ-9](https://www.hiv.uw.edu/page/mental-health-screening/phq-9) to further assess depression levels.

## Hearing

Estimate the client’s hearing acuity.

Screening question:

* “Do you feel you have a hearing loss?”

Screening tool:

[Calibrated finger rub auditory screening test (CALFRAST)](https://www.apta.org/patient-care/evidence-based-practice-resources/test-measures/calibrated-finger-rub-auditory-screening-test-calfrast--)

## Integumentary Status

Observe the client’s skin for [moles, rashes, and hypertrophic changes](https://www.aad.org/spot-skin-cancer/understanding-skin-cancer/how-do-i-check-my-skin/how-to-spot-skin-cancer-infographic).

## Pain

Collect data on pain using a standardized tool.

Screening tools:

* [Numeric Pain Rating Scale](https://www.ptnow.org/tests-detail/numeric-pain-rating-scale-nprs)/Visual Analog Pain Scale.
* [PROMIS Scale for Pain Interference.](https://www.apta.org/patient-care/evidence-based-practice-resources/test-measures/patient-reported-outcomes-measurement-information-system-pain-interference-promis-pain-interference-promis-pi)

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