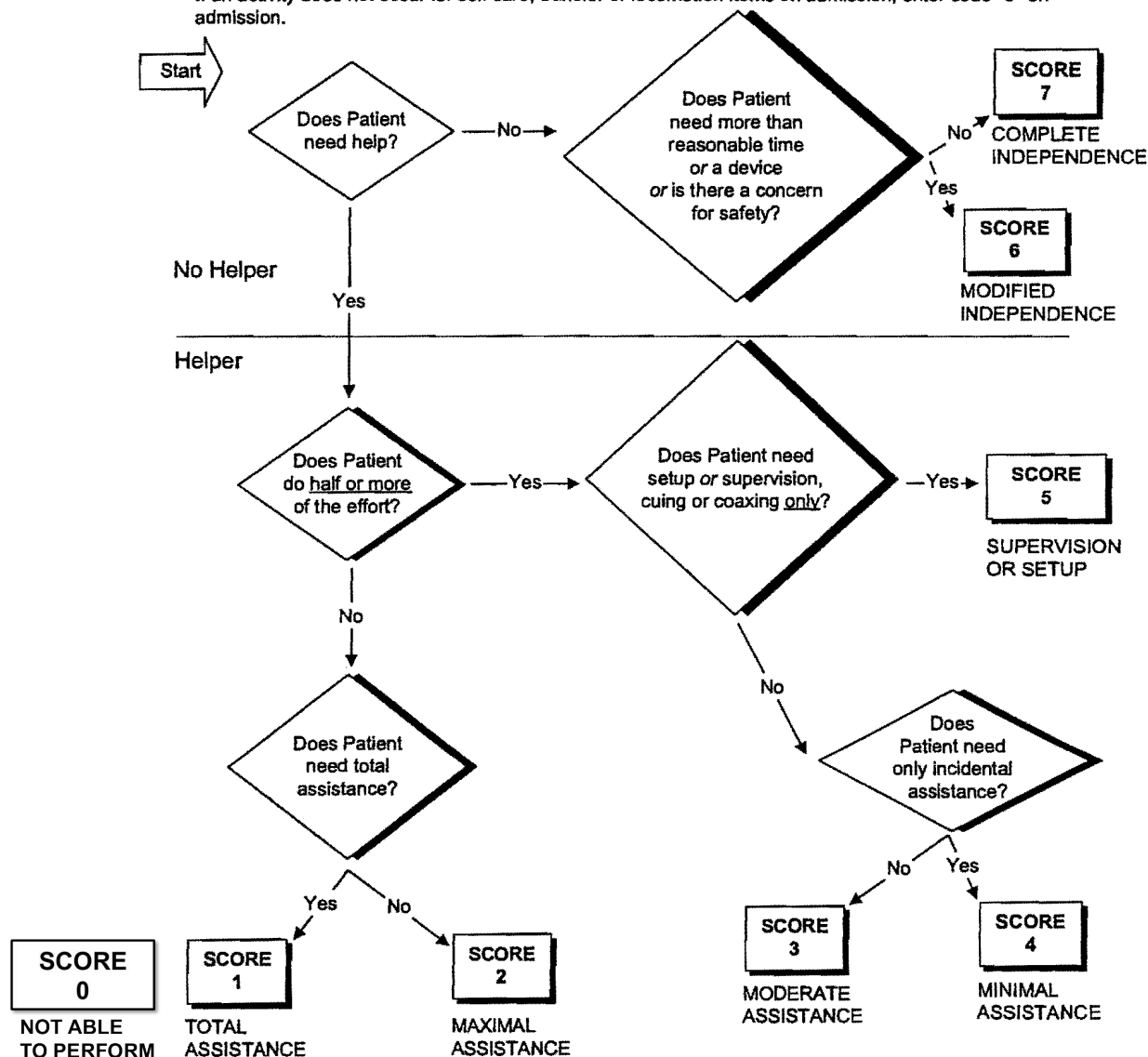


## INSTRUCTIONS FOR THE USE OF THE FIM™ DECISION TREES

### General Description of FIM Instrument Levels of Function and Their Scores

To use the FIM™ Decision Tree, begin in the upper left hand corner. Answer the questions and follow the branches to the correct score. You will notice that behaviors and scores above the line indicate that NO HELPER is needed, while behaviors and scores below the bottom line indicate that a HELPER is needed. If an activity does not occur for self care, transfer or locomotion items on admission, enter code "0" on admission.



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## DESCRIPTION OF THE LEVELS OF FUNCTION AND THEIR SCORES

**INDEPENDENT** - Another person is not required for the activity (NO HELPER).

- 7 Complete Independence—The patient safely performs all the tasks described as making up the activity within a reasonable amount of time, and does so without modification, assistive devices, or aids.
- 6 Modified Independence—One or more of the following may be true: the activity requires an assistive device or aid, the activity takes more than reasonable time, or the activity involves safety (risk) considerations.

**DEPENDENT** - Patient requires another person for either supervision or physical assistance in order to perform the activity, or it is not performed (REQUIRES HELPER).

**Modified Dependence:** The patient expends half (50%) or more of the effort. The levels of assistance required are defined below.

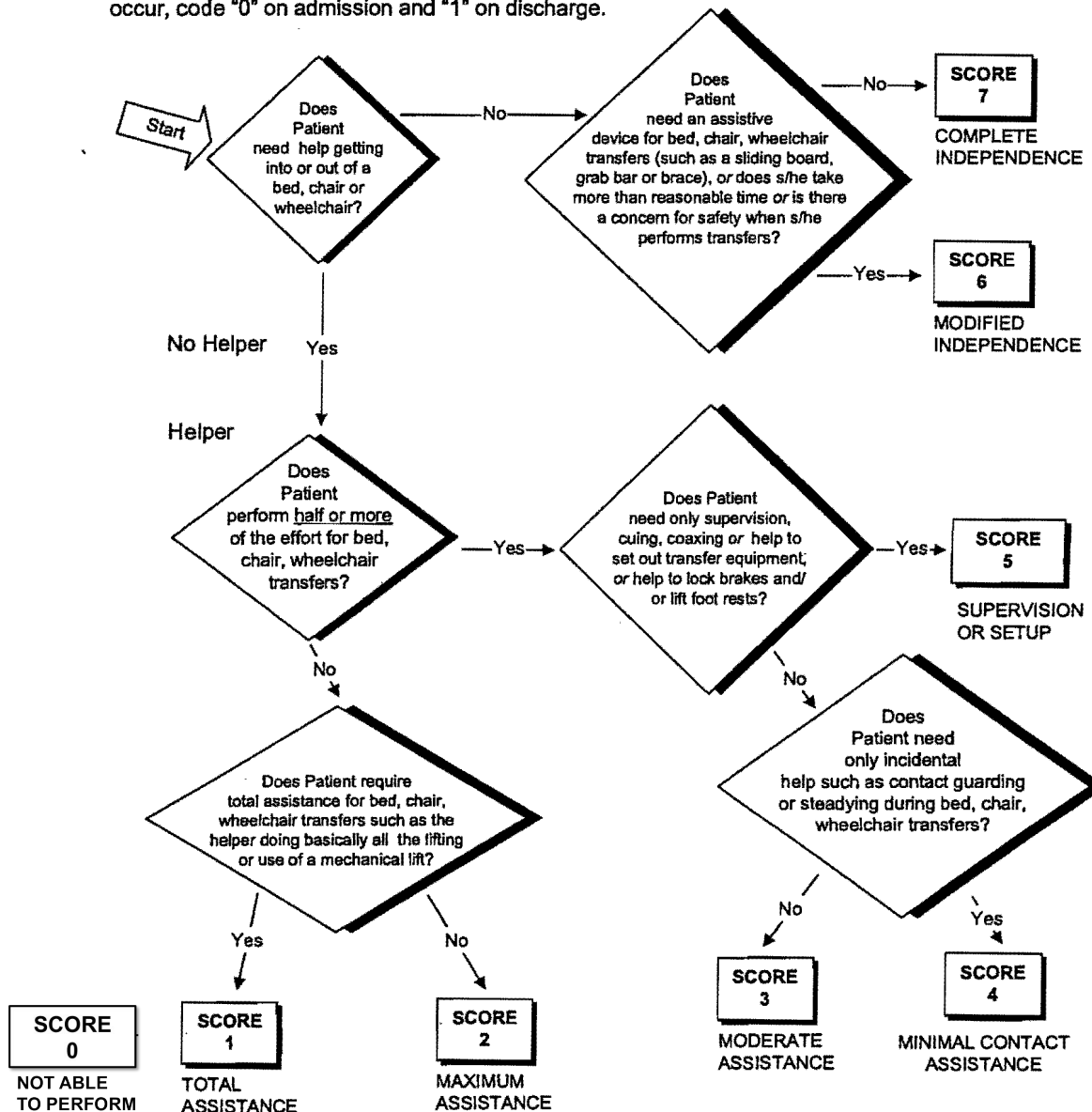
- 5 Supervision or Setup—The patient requires no more help than standby, cueing, or coaxing, without physical contact; alternately, the helper sets up needed items or applies orthoses or assistive/adaptive devices.
- 4 Minimal Contact Assistance—The patient requires no more help than touching, and expends 75% or more of the effort.
- 3 Moderate Assistance—The patient requires more help than touching, or expends between 50 and 74% of the effort.

**Complete Dependence:** The patient expends less than half (less than 50%) of the effort. Maximal or total assistance is required. The levels of assistance required are defined below.

- 2 Maximal Assistance—The patient expends between 25 to 49% of the effort.
- 1 Total Assistance—The patient expends less than 25% of the effort.
- 0 Activity Does Not Occur – The patient does not perform the activity, and a helper does not perform the activity for the patient during the entire assessment time frame.  
NOTE: Do *not* use this code only because you did not observe the patient perform the activity. In such cases, consult other clinicians, the patient's medical record, the patient, and the patient's family members to discover whether others observed the patient perform the activity.

## TRANSFERS: BED, CHAIR, WHEELCHAIR

Transfers: Bed, Chair, Wheelchair includes all aspects of transferring from bed to a chair, or wheelchair, or coming to a standing position, if walking is the typical mode of locomotion. At level 7 the subject approaches, sits down on and gets up to a standing position from a regular chair; transfers from bed to chair. Performs independently and safely. *If in a wheelchair*, approaches a bed or chair, locks brakes, lifts foot rests, removes arm rests if necessary, performs either a standing pivot or sliding transfer (without a board) and returns. Performs independently and safely. If activity does not occur, code "0" on admission and "1" on discharge.



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**TRANSFERS: BED, CHAIR, WHEELCHAIR:** *Transfers: Bed, Chair, Wheelchair* includes all aspects of transferring from a bed to a chair and back, or from a bed to a wheelchair and back, or coming to a standing position if walking is the typical mode of locomotion. The patient performs the activity safely.

#### NO HELPER

##### 7 Complete Independence:

*If walking*, patient safely approaches, sits down on a regular chair, and gets up to a standing position from a regular chair. Patient also safely transfers from bed to chair.

*If in a wheelchair*, patient approaches a bed or chair, locks brakes, lifts foot rests, removes arm rest if necessary, and performs either a standing pivot or sliding transfer (without a board) and returns. The patient performs this activity safely.

- 6 Modified Independence—The patient requires an adaptive or assistive device such as a sliding board, a lift, grab bars, or a special seat/chair/brace/crutches; or the activity takes more than a reasonable amount of time; or there are safety considerations. In this case, a prosthesis or orthosis is considered an assistive device if used for the transfer.

#### HELPER

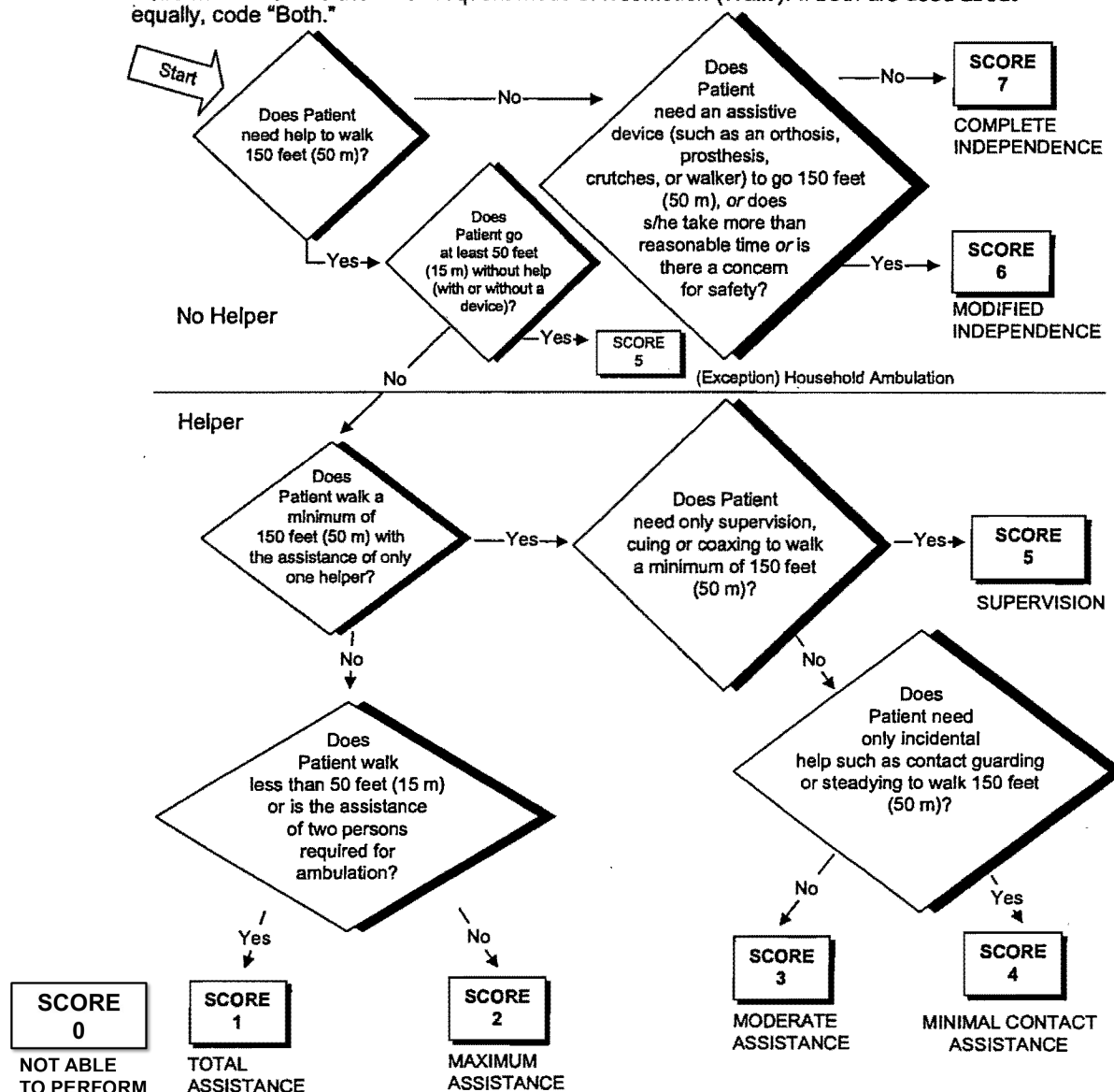
- 5 Supervision or Setup—The patient requires supervision (e.g., standing by, cueing, or coaxing) or setup (positioning sliding board, moving foot rests, etc.).
- 4 Minimal Contact Assistance—The patient requires no more help than touching and performs 75% or more of transferring tasks.
- 3 Moderate Assistance—The patient requires more help than touching or performs 50 to 74% of transferring tasks.
- 2 Maximal Assistance—The patient performs 25 to 49% of transferring tasks.
- 1 Total Assistance—The patient performs less than 25% of transferring tasks.
- 0 Activity Does Not Occur—Enter code 0 only for the admission assessment. The patient does not transfer to or from the bed or a chair, and is not transferred to or from the bed or a chair by a helper or lifting device. Use of this code should be rare.

**COMMENT:** During the bed-to-chair transfer, the subject begins and ends in the supine position.

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## LOCOMOTION: WALK

Walk includes walking, once in a standing position, on a level surface. At level 7 the patient walks a minimum of 150 feet (50 meters), in a reasonable time, without assistive devices. Performs independently and safely. There are two function modifiers. Score both function modifiers on admission and discharge. On the FIM™ instrument, the mode of locomotion (Walk) must be the same on admission and discharge. If the patient changes the mode of locomotion between admission and discharge (usually wheelchair to walking), record the admission mode and scores based on the *more frequent mode of locomotion at discharge* on the FIM™ instrument. Indicate the most frequent mode of locomotion (Walk). If both are used about equally, code "Both."



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## SECTION III

### THE FIM™ INSTRUMENT

#### UNDERLYING PRINCIPLES FOR USE OF THE FIM™ INSTRUMENT

By design, the FIM™ instrument includes only a minimum number of items. It is not intended to incorporate all the activities that could possibly be measured, or that might need to be measured, for clinical purposes. Rather, the FIM instrument is a basic indicator of severity of disability that can be administered comparatively quickly and therefore can be used to generate data on large groups of people. As the severity of disability changes during rehabilitation, the data generated by the FIM instrument can be used to track such changes and analyze the outcomes of rehabilitation.

The FIM instrument includes a seven-level scale that designates major gradations in behavior from dependence to independence. This scale rates patients on their performance of an activity taking into account their need for assistance from another person or a device. If help is needed, the scale quantifies that need. The need for assistance (burden of care) translates to the time/energy that another person must expend to serve the dependent needs of the disabled individual so that the individual can achieve and maintain a certain quality of life.

The FIM instrument is a measure of disability, not impairment. The FIM instrument is intended to measure what the person with the disability actually does, whatever the diagnosis or impairment, not what (s)he ought to be able to do, or might be able to do under different circumstances. As an experienced clinician, you may be well aware that a depressed person could do many things (s)he is not currently doing; nevertheless, the person should be assessed on the basis of what (s)he actually does. Note also that there is no provision to consider an item "not applicable." **All FIM instrument items (39A - 39R) must be completed.**

The FIM instrument was designed to be discipline-free. Any trained clinician, regardless of discipline, can use it to measure disability. Under a particular set of circumstances, however, some clinicians may find it difficult to assess certain activities. In such cases, a more appropriate clinician may participate in the assessment. For example, a given assessment can be completed by a speech pathologist who assesses the communication items, a nurse who is more knowledgeable with respect to bowel and bladder management, a physical therapist who has the expertise to evaluate transfers, and an occupational therapist who scores self-care and social cognition items.

**You must read the definitions of the items carefully before beginning to use the FIM instrument, committing to memory what each activity includes.** Rate the subject only with respect to the specific item. For example, when rating the subject with regard to bowel and bladder management, do not take into consideration whether (s)he can get to the toilet. That information is measured during assessments of Walk/Wheelchair and Transfers: Toilet.

To be categorized at any given level, the patient must complete either all of the tasks included in the definition or only one of several tasks. If all must be completed, the series of tasks will be connected in the text of the definition by the word "and." If only one must be completed, the series of tasks will be connected by the word "or." For example, Grooming includes oral care, hair grooming, washing the hands, washing the face, and either shaving or applying make-up. Communication includes clear comprehension of either auditory or visual communication.

Implicit in all of the definitions, and stated in many of them, is a concern that the individual perform these activities with reasonable safety. With respect to level 6, you must ask yourself whether the patient is at risk of injury while performing the task. As with all human endeavors, your judgment should take into account a balance between an individual's risk of participating in some activities and a corresponding, although different risk if (s)he does not.

Because the data set is still being refined, your opinions and suggestions are considered very important. We are also interested in any problems you encounter in collecting and recording data.

The FIM instrument may be added to information that has already been gathered by a facility. This information may include items such as independent living skills, ability to take medications, to use community transportation, to direct care provided by an aide, or to write or use the telephone, and other characteristics such as mobility outdoors, impairments such as blindness and deafness, and pre-morbid status.

**Do not modify the FIM instrument itself.**

**LOCOMOTION: WALK:** *Locomotion: Walk* includes walking on a level surface once in a standing position. The patient performs the activity safely. This is the first of two locomotion function modifiers.

#### NO HELPER

- 7 Complete Independence—The patient walks a minimum of 150 feet (50 meters) without assistive devices. The patient performs the activity safely.
- 6 Modified Independence—The patient walks a minimum of 150 feet (50 meters), but uses a brace (orthosis) or prosthesis on leg, special adaptive shoes, cane, crutches, or walkerette; or takes more than a reasonable amount of time to complete the activity; or there are safety considerations.
- 5 Exception (Household Locomotion)—The patient walks only short distances (a minimum of 50 feet or 15 meters) *independently* with or without a device. The activity takes more than a reasonable amount of time, or there are safety considerations.

#### HELPER

- 5 Supervision—The patient requires standby supervision, cueing, or coaxing to go a minimum of 150 feet (50 meters).
- 4 Minimal Contact Assistance—The patient performs 75% or more of walking effort to go a minimum of 150 feet (50 meters).
- 3 Moderate Assistance—The patient performs 50 to 74% of walking effort to go a minimum of 150 feet (50 meters).
- 2 Maximal Assistance—The patient performs 25 to 49% of walking effort to go a minimum of 50 feet (15 meters), and requires the assistance of one person only.
- 1 Total Assistance—The patient performs less than 25% of effort, or requires the assistance of two people, or walks to less than 50 feet (15 meters).
- 0 Activity Does Not Occur—Enter code 0 only for the admission assessment. The patient does not walk. For example, use 0 if the patient uses only a wheelchair for locomotion or the patient is on bed rest.

**COMMENT:** If the patient requires an assistive device for locomotion (prosthesis, walker, cane, AFO, adapted shoe, etc.), then the Locomotion: Walk score can never be higher than level 6.

There are two locomotion function modifiers. Score both function modifiers on admission and discharge. On the FIM™ instrument item 39L, the mode of locomotion (Walk or Wheelchair) must be the same on admission and discharge. If the patient changes the mode of locomotion between admission and discharge (usually wheelchair to walking), record the admission mode and scores based on the *more frequent mode of locomotion at discharge* on the FIM™ instrument.<sup>1</sup> Indicate the most frequent mode of locomotion (Walk or Wheelchair). If both are used about equally, code "Both."

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