

Patient/Resident Functional Assessment Form for Lifting

Resident Name _____ Rm. # _____ Date _____

Recommended	Functional Ability	Equipment
	Ambulatory – Independent – Normal gait - Unsteady gait - Rehab (s/p CVA, hip prosthesis, etc.) - Difficulty standing only - Confused, able to follow directions	-None -Gait belt or walker -Golvo with MasterVest or Lift pants -*Sabina to raise, then step off or Golvo with a MasterVest -Sabina with SupportVest
	Partial weight bearing (> 20%) – Non ambulatory –Oriented -Confused -Sensitive -“Pear-shaped”	-*Sabina with SupportVest or Golvo pivot transfer -Sabina with SafetyVest -Sabina with ComfortVest -Sabina with Seatstrap Slingbar
	Sits on bedside <u>without</u> assistance, able to lean forward and back <u>unassisted</u> (adequate hip extension) – non-ambulatory and no weight-bearing	-**Total lift -Universal sling for transfer -Hygiene sling for toileting
	Sits on bedside <u>with</u> assistance (rail or person), <u>unable</u> to lean forward then back <u>without</u> assistance (poor hip extension)	-**Total lift with Universal sling for transfer -Hygiene sling with safety belt or Hygiene Vest for toileting
	Unable to sit <u>without</u> full back support, supports head	- **Total lift with Universal sling - Hygiene vest for support while on toilet
	Requires full back and head support – upright - reclined	- **Total lift with Original Highback sling - Highback sling with 4-point bar
	Must remain supine	- (see Instruction Guide-Lift Accessories for stretcher options)
	Amputee – single low AKA(mid femur or more remaining) - single or double low AKA - Single or double high AKA (less than half femur) - Bilateral disarticulation (no femurs remaining)	- Standard sling configuration -Universal sling with leg supports in amputee configuration or Amputee sling -Amputee sling, Comfort sling or Hygiene vest -Comfort sling, Hygiene vest or Mastervest

* Sabina is a partial weight-bearing Sit-to-Stand lift

**Total lift denotes any models employing a vertical lifting motion (Golvo, Uno, Viking, Likorall or Multirall)

Check off objective assessment of functional ability and circle equipment corresponding to applicable qualifiers. Information may be transcribed to appropriate care documents. Sizing recommendations appear on the Instruction Guide for each sling model.

Assessment by _____