

Resident \_\_\_\_\_

Unit / Room: \_\_\_\_\_

**FUNCTIONAL OUTCOME TEST FLOW SHEET**

**FOUR SQUARE STEP TEST**

	Visit 1	Visit 2	Visit 3	Visit 4	Visit 5	Visit 6	Visit 7	Visit 8	Visit 9	Visit 10
Date Test Performed:										
Trial 1:										
Trial 2										
Best Score										
Comments										
Therapist Assistant										
Therapist										

Fall Risk	
High Fall Risk =	Unable to complete test
Increased Fall Risk=	> 15 seconds
Low Fall Risk =	< 15 seconds