

Interpretation of MDS Section G: Balance and ROM for Therapy

Information and directions for Balance During Transitions and Walking (G0300) can be found on page G26 of the RAI Manual and was updated October 2014.

G0300: Balance During Transitions and Walking – Special Info and Tips for Therapists

This section of the MDS may or may not be completed by therapy staff depending on facility policy. However, therapy documentation would be included along with nursing documentation to complete this section.

This section needs to incorporate all 7 days of the lookback period and the most dependent status is recorded. Therefore, the MDS for this section cannot truly be complete until after the ARD passes.

The Manual states that if documentation of the resident's stability in each component of the item set (sit to stand; walking; turning while walking; moving on/off the toilet; bed/chair/wheelchair transfer) can't be found in the documentation at least once in the look-back period, the step by step assessment should be completed. Otherwise, the answers can be determined from the documentation.

Assistive devices can be used

- A. **Sit to stand:** Code as a 1 if they appear at increased risk for falling when standing up but do not require hands on assist from staff. Code as a 2 if staff assist is required to stand, transfer or sit.
 - a. Residents using a mechanical lift device – stand lift, etc. – are coded a 2.
 - b. Residents are automatically coded a 2 if they fall during the look-back (this is why the assessment can't be completed until after the ARD passes)
 - c. Residents are coded an 8 if they did not transition sit to stand (i.e.: Hoyer)
- B. **Walking:** Code 2 if staff assist was needed to stabilize while walking
- C. **Turning Around and Facing the Opposite Direction while Walking:** Code 1 if unstable or at increased fall risk. Code 2 if staff assist needed or if fall occurred while doing this during the look back. Code 8 if turning did not occur (some residents may only walk with a chair follow)
- D. **Moving on and off Toilet:** Code 1 if unsteady but does not need staff assist. Code 2 if staff assist needed, if the resident fell doing this during the lookback or if lift device is used to place the resident on the toilet (stand lift, Hoyer). Code 8 if the resident did not transition to the toilet.

Interpretation of MDS Section G: Balance and ROM for Therapy

Information and directions for Functional Limitation in Range of Motion (G0400) can be found on page G35 of the RAI Manual and was updated October 2014.

G0400: Functional Limitation in Range of Motion – Special Info and Tips for Therapists

This section of the MDS may or may not be completed by therapy staff depending on facility policy. However, therapy documentation would be included along with nursing documentation to complete this section.

The intent of this section is to determine whether functional limitation in ROM interferes with the residents' ADL's or places him/her at risk of injury. The Manual specifically states that when completing this section, staff should refer back to Section G: ADL's and view the limitation in ROM taking into account the activities that the resident is able to perform.

*Because of this section's close tie to ADL's it is best completed by the nursing staff completing Section G

*ROM is not looked at in isolation for this section. It is tied to functional activity and injury risk

*Functional Limitation in ROM does NOT equal contracture

1. Test the UE and LE ROM (passive and active)
2. If a limitation in ROM is noted, review Section G: ADL's and /or directly observe that resident to determine if the limitation interferes with function or places that at risk for injury
3. Code as appropriate based on 1 and 2

Examples in the Manual equate hemiparesis or lack of movement with a coding of 1 – Impairment on 1 side, even if the resident is independent with the non-involved side

This section refers to both passive and active ROM.

A resident may have a contracture or amputation and still be coded as 0 – No impairment

For therapy compliance, PROM, AROM and contracture status must be assessed by therapy periodically to determine decline or improvement and to ensure the plan of care is appropriate to meet resident's needs. The State Operations Manual dictates resident's admitted without ROM impairments should remain impairment free and a plan must be in place to assess and monitor this. Also for the Census and Conditions report that is due to surveyors upon entry to the facility for annual survey, residents with contractures "at present" and "on admission" need to be listed. This list does not correlate with Section G: ROM on the MDS, as 1 is functional limitation and 1 is contracture. Some software programs populate the Section G data to the Census and Conditions Report and will present the Health Department with inaccurate data. Therapy should keep a list of residents on admission with true contractures and continue to assess throughout the residents stay. More detailed information on this topic can be found in our course, "ROM, Contractures and Section G of the MDS: What Therapists Need to Know.

<http://www.monterotherapyservices.com/courses/rom-contractures-section-g-mds-therapists-need-know-id25-course-details>