



Body Mechanics

Patient Specific Function Scale

t: (519) 455-4030
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Name: _____ Date of Birth: _____ Date: _____

Read at Initial Assessment

I'm going to ask you to identify 3 to 5 important activities that you are unable to do or are having difficulties with as a result of your

_____ injury. Today, are there any activities that you are unable to do or have difficulties with because of your injury? (Clinician, show scale). Please include at least two work-related tasks.

Read at follow-up visits

When I assessed you on (state previous assessment date), you told me that you had difficulty with (read all activities from list, one at a time).

Today, do you still have difficulty with: (read and have patient score each item in the list)?

Patient-Specific Activity Scoring Scheme (Point to number):

0

1

2

3

4

5

6

7

8

9

10

Unable to perform activity.

Able to perform activity at the same level as before injury.

Patient-Specific Functional Scale (PSFS)		
Functional Activity:	Date:	Score:
1.		
2.		
3.		
4.		
5.		