OCTH 6260-Spring- Assessment Rating Form

I. General Information

Title of the test: Functional Reach Test

Author: Duncan P, Weiner D, Chandler J, and Studenski. Functional reach: a new clinical measure of balance.

Publisher: *Journal of Gerontology* 1990; 45: M192-197.

Time required to administer: 1-2 minutes

Cost of the Test: Free, need to buy yardstick level, and Velcro to place on yardstick on the wall.

II. Description of Test

Type/Purpose of Test: Measure how far someone can lean forward and reach forward without moving their feet and keeping their arms horizontal. This distance is measured and compared to norms listed below. These norms are used as predictors for functional reach. Scores less than 6 or 7 inches indicate limited functional balance.

Population: Adults to geriatrics with any neurological disease that could affect balance. This could include PD, MD, HD, ALS, and GB.

Focus of measurement:

___ Organic systems [X] Abilities ___ Participation/life habits ___ Environmental Factors

III. Practical Administration

Ease of Administration: Easy to perform, uses house hold items. Takes only a couple of minutes.

Clarity of Directions: Clear and simple.

Scoring Procedures: Using a yardstick mounted on the wall at shoulder height, ask the subject to position body close to, but not touching the wall with arm outstretched and hand fisted. Take note of the starting position by determining what number the MCP joints line up with on the rule. Have the subject reach as far forward as possible in a plane

parallel with the measuring devise. Instruct subject to “Reach as far forward as you can go without taking a step.” They are free to use various reaching strategies. Take note of the end position of the MCP joints against the ruler, and record the difference between the starting and end position numbers. If the feet move, that trial must be discarded and repeated. Guard the subject as the task is performed to prevent a fall. Subjects are given two practice trials, and then their performance on an additional three trials is recorded and averaged. Scores less than 6 or 7 indicate limited functional balance. Most healthy individuals with adequate function balance can reach 10 inches or more.

Examiner Qualification & Training: None required

IV. Technical Considerations

Standardization: ____ Norms [X] Criterion Referenced ____ Other _____

Reliability: Test-rated reliability was 0.89 (Weiner, et al, 1992)

Validity:

- **As reach decreases the chance of falling increases (Duncan, et al, 1992)**
- **Walking speed and function reach (r=0.71)**
- **Tandem walking and functional reach (r=0.67)**
- **SLS and functional reach (r=0.64)**
- **Mobility skills and functional reach (r=0.65)**

Manual: ____ Excellent ____ Adequate ____ Poor: was unable to find a Manual on this assessment. Because of the simplicity of this test you can find a lot of information online, I gathered my information from www.rehabmeasures.org

What is (are) the setting/s that you would anticipate using this assessment? Could use this in hospitals, inpatient, outpatient, or home settings. Because of the ease of administration could be realistically performed in any setting where you wanted to test and adults balance while standing and reaching.

Summary of strengths and weaknesses:

Weakness: Only measures one functional movement. Forward is not the only direction that we move.

Strength: Easy to perform. Has documented reliability, validity, and predictive validity. Functional reach has been shown to improve over the course of rehab