

PERFORMANCE ASSESSMENT TO EVALUATE ABILITY TO REPOSITION SELF

Resident Name: _____ Date: _____ / _____ / _____

Purpose: To determine whether a resident is capable of independently repositioning him- or herself. This assessment should be conducted by a licensed nurse.

Instructions: Ask the resident to “please turn to one side in bed.” Be prepared to offer the resident the *minimum* level of human assistance possible, according to a standardized graduated assistance protocol:

- Level 0: Request only, no physical assistance required
- Level 1: No physical assistance but encouragement, verbal cues, prompting, or instructions on how to perform the activity (e.g., “Reach for the siderail, hold the siderail and pull yourself over on your side”)
- Level 2: Verbal cues required plus minimal manual guidance to start the movement (e.g., “Please move your hand towards the siderail”)
- Level 3: Partial physical assistance (e.g., take hand and move to siderail to start turn)
- Level 4: Unable to turn to the side without complete physical assistance

Repeat the assessment for turning to the other side.

Record Results for right and left turns below:

	Level 0: Request only, no physical assistance required	Level 1: No physical assistance but encouragement, verbal cues, prompting, or instructions on how to perform the activity	Level 2: Verbal cues plus minimal manual guidance to start the movement	Level 3: Partial physical assistance	Level 4: Unable to turn without complete physical assistance	Independent (Levels 0,1)	Dependent (Levels 2-4)	ABLE TO MOVE? (Levels 0,1 for BOTH sides)
Right Turn								/
Left Turn								/

Interpretation: For each side, rate resident as “independent” if performance falls within Level 0 or 1, and “dependent” for performance at higher levels. If the resident is rated as “Independent” for BOTH right and left sides, consider the resident as “able to move.” If the resident is rated as “dependent” for EITHER side, consider the resident as “unable to move.”

Other: This assessment takes about six minutes per resident to conduct. Inter-rater reliability is excellent and stability of results is good (1). The assessment should be repeated whenever there is change in the resident’s condition and at periodic intervals (e.g., quarterly).

Reference:

Bates-Jensen BM, Cadogan MP, Jorge J, et al. Standardized Quality Assessment System to Evaluate Pressure Ulcer Care. *J Am Geriatr Soc*. Put publication infor here