



Subject #: _____

DOB: _____

Modified SMA-Functional Rating Scale

Standard Operating Procedure Manual

The Modified SMAFRS is intended to quantify function in the home or local environment. It is intended to be administered by an evaluator to the patient either over the phone or in person. Should the patient be unable to be understood by the evaluator due to articulation deficits it is acceptable for a parent or caregiver to relay the patient's response.

Should the subject's response be different than the evaluator's observation of the patient, the choices should be repeated with the prompt "let me read the choices again" and the patient should be allowed to select an answer, but this ultimately is the patient's answer.

In the case where there are ambiguities, the evaluator should explore the patient's misunderstanding and provide clarification as described below. If the criteria for one score is not felt by the subject to be fully met then the lower score should be chosen. They should understand that even if they can do more than the description of the lower item score, the lower should be chosen if the next score higher is not fully achieved.

You might describe this for a patient as "you can't do most of the task yourself" add a list of vocabulary words.

- **Longer time or effort or decreased efficiency** More than 25% time degradation but completes independently
- **Initiate** begins more than 10% of the task
- **Intermittent assistance** Assistance from another individual or service animal with less than 25% of total task
- **Needs assistance** Assistance from another individual or service animal with less than 50% of task
- **Device (assistive or adaptive)** Any equipment specially designed to increase the efficiency or participation; or is required to complete the task.

- i. *Responses should be reflective of the subject's typical functioning*
- ii. *Patient's or caregiver's response (on a 5 point scale) is recorded in relation to the question "How are you" or "How is the patient" doing at-*
- iii. *To assign a score the criteria must be felt to be fully attained; if a given criteria is not fully attained, the score just lower should be chosen.*

1. Eating

"How is your eating?"

- Longer time would be indicated by taking ~~longer~~ more than 25% to complete a meal with the same amount of food as those with typical development.



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- Adaptive devices might include built up or angled utensil or devices to support the weight of the arm or adaptation to the table height.
- Assistance would be indicated by help from a person either in cutting, feeding.
- Assistance for preparation/setup of the meal, and setting the table should not be considered.

- 4: Complete independence (regular utensils, and no change in food)
- 3: Independent, but requires longer time to eat (regular utensils, and no change in food)
- 2: Assistive device/adaptive utensils required or modified food consistency
- 1: Needs intermittent assistance
- 0: Fully dependent

2. Dressing (*this item now includes dressing upper and lower*)

“How are you with dressing?”

- Decreased efficiency would indicate more than 25% decrement in speed
- Help with fasteners might include adapted fasteners (Velcro or magnetic) or assistive devices to aid with shoes or buttons
- Needs assistance, includes help from another person to put ~~elose~~ clothes on score no more than 1 if this is noted.
- If adaptive equipment is needed you may score no more than a 2

- 4: Complete independence
- 3: Independent, with effort or decreased efficiency
- 2: Assistance needed to get clothes out of drawers/closet or help with fasteners
- 1: Needs assistance with part of dressing (either upper body or lower body cannot be done independently)
- 0: Fully dependent

3. Bathing

“How are you with bathing?”

- Adaptive equipment may include long handled devices to wash
- Intermittent assistance refers to another individual providing assist in addition to transfers

- 4: Complete independence
- 3: Independent, with effort or decreased efficiency
- 2: Supervision required for safety, assistance to transfer, or adaptive equipment needed (such as seating)
- 1: Needs intermittent assistance for bathing
- 0: Fully dependent

4. Toileting

“How are you with using the bathroom?”

- Intermittent assistance is less than 25% of the cleaning task



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- Transfer assistance might include being lifted to the toilet or help to stand and pivot to transfer
- Assistance to adjust clothes might be a hand on the sink to balance or help from a person to secure fasteners.
- Adaptive equipment for transfer might include assistive devices.

- 4: Complete independence (including adjusting clothing before and after task)
- 3: Independent, with assistance to adjust clothes before or after
- 2: Assistance needed for transfer or adaptive equipment required (seating, grab bars)
- 1: Needs intermittent assistance for cleaning
- 0: Fully dependent (includes: support needed for sitting balance)

5. Grooming & Oral Hygiene

“How are you doing with grooming and oral hygiene?”

- Decreased efficiency would be more than a 25% decrement in time
- Intermittent assistance allows help with less than 25% of activity
- Adaptive device required, assumes complete independence with the device. Devices might include those for grooming, applying make-up, shaving or donning accessories.

- 4: Complete independence
- 3: Independent, with effort or decreased efficiency
- 2: Adaptive devices required
- 1: Needs intermittent assistance with grooming or oral hygiene
- 0: Fully dependent

6. Turning in Bed/ Adjusting the Bed Clothes (sheets and blankets)

“How are you doing turning in bed and adjusting your bed clothes (sheets and blankets)?”

- Slow and clumsy would be more than 25% decrement in time
- Great difficulty would be more than a 50% decrement in time
- Can initiate represents completion of at least 10% of the task

- 4: Complete independence
- 3: Somewhat slow and clumsy
- 2: Can turn alone or adjust sheets, but with great difficulty
- 1: Can initiate, but not turn or adjust sheets/blankets alone
- 0: Fully dependent

7. Transfers

“How are you doing transferring from a seated position?”

- Decreased efficiency less than 25% decrement in time
- Intermittent assistance represents no more than 25% of the task

- 4: Complete independence
- 3: Independent, with effort or decreased efficiency



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- 2: Independent with transfer, but needs assistance with set-up or a device (removing arm rests, positioning transfer board, or seat elevator)
- 1: Needs intermittent assistance outside of home
- 0: Fully dependent

8. Walking

“How is your walking?”

- Slower than normal would be represented by your walking partner needing to stop in 25% of walks because of a realization you have fallen behind or the feeling that ~~you~~ more than 25% of the time, your walking partner needs to make a conscious effort to walk slower than is typical for them.
- For a 2 a device or brace is required to allow independence without assist from another person.

- 4: Normal gait
- 3: Walking is slower than normal
- 2: Walks with assistance (any device or orthoses)
- 1: Walks only with assistance from another person(s)
- 0: Non-ambulatory, but may have functional leg movements

9. Climbing Stairs

“How do you do on the steps?”

- Slow is more than a 25% decrement in speed as compared to typical

- 4: Normal
- 3: Slow
- 2: Needs 1 rail
- 1: Needs 2 rails or assist from another person
- 0: Cannot climb

10. Respiratory Insufficiency

“How is your respiratory function?”

- Bipap refers to any mask or nasal interface used to deliver positive pressure

- 4: None
- 3: Uses percussion vest or cough assist machine
- 2: Uses Bipap intermittently or continuously at night only
- 1: Uses Bipap intermittently or continuously during the day and at night
- 0: Invasive mechanical ventilation by intubation or tracheostomy