

WALKING PROGRAM

Visit Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Record recommended min, # of times/day, and # of times/week														

Visit #

ADDITIONAL COMMENTS/NOTES

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	

FUNCTIONAL ASSESSMENTS

Record Point	Baseline	3 Months	6 Months	9 Months	12 Months																
TUG Record to tenth of a second																					
30 Second Chair Stand Record as number of raises																					
Four-Stage Balance Test Did client hold each position for 10se? Mark Yes (Y), No (N), or (X) in each box	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	

Modified Otago Tracking Form Instructions:

1. **Identification:** The first row is to identify and follow one client through their Otago Program. Please insert client name here.
2. The second row denotes the **Visit Number**. This form has space to record a client's information for up to 12 visits. If you conduct more than 12 visits with a client, please obtain another sheet, insert client's name, and continuing recording client's information. If able, please staple additional forms to the original forms.

3. **Date of visit:** The date is important to record start of care, frequency of visits, and duration of the Otago program.
4. The **Therapist** is used to identify the therapist at each visit. The therapist name is important, especially if different therapists are providing care for the same client.
5. To record **Meeting Type**, please note whether the meeting with client took place face-to-face (e.g. in a home) or over the phone. Place “F” in the box for a face-to-face meeting or “P” in the box for a phone meeting.
6. **Number of falls since last visit:** If the client is keeping a falls calendar, copy the information to the chart to record the number of falls since the last visit or phone call. If the client does not keep a calendar, record falls by conducting a client/staff interview. It is recommended that the number of falls and circumstances of falls be recorded in the physical therapist required medical record documentation. Total number of falls over a specific time frame may be also used for other reports, for example, number of falls over 6 months or over one year.
7. **Exercises:** This chart is a good way to quickly scan for progression of exercises. It will be used by therapists to make appropriate modifications based on specific client ability.
 - a. **Warm-up Exercises:** The flexibility exercises are used as a warm-up each time before the strength and balance exercises are performed. The number of repetitions for each does not change. Record yes (Y) or no (N) to indicate whether or not the client should be doing warm-up exercises at each visit or call. If some of the flexibility exercises are deleted from the program, indicate this in the comments section and reason why.
 - b. **Strength Exercises:** Record which strength exercises the client is doing at each visit or phone call. Record the amount of weight and number of repetitions for each exercise. If the weights are decreased, record the reason for the decrease in the comments section.
 - c. **Balance Exercises:** Record which balance exercises the client is doing at each visit or phone call and amount of upper extremity support the client is using (e.g. 1 hand “1H”). For a walking balance exercise, record the number of steps. For a standing balance exercise, record the number of seconds holding the position. For all of the balance exercises, record the number of repetitions.
8. **Walking:** Record the average number of minutes in one walk, how many times a day, and how many days per week.
9. **Comments:** Record if there are cancellations or no shows and the reasons why. Since this may impact the recommended frequency of Otago visits and could affect outcomes. Record any other general comments about the visit, including if there was a decline in ability to do a certain level of exercise and reason why.
10. **Functional Assessments:** Refer to the Otago Manual to perform the assessments. You should perform each assessment at baseline, 3 months, 6 months, 9 months, and 1 year. For the **TUG**, record the number of seconds to the tenth of a second it takes the client to complete the assessment; for the **30 Second Chair Stand Test**, record the number of repetitions the client performs in a 30sec time frame; and for the **Four-Stage Balance Test**, place a yes (Y) or no (N) to indicate whether the client completes the balance test for each of the four positions. If the client does not perform one of the four positions, place an “X” in the box.