

OASIS ITEM
<p>(M1820) Current Ability to Dress Lower Body safely (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes:</p> <p><input type="checkbox"/> 0 - Able to obtain, put on, and remove clothing and shoes without assistance.</p> <p><input type="checkbox"/> 1 - Able to dress lower body without assistance if clothing and shoes are laid out or handed to the patient.</p> <p><input type="checkbox"/> 2 - Someone must help the patient put on undergarments, slacks, socks or nylons, and shoes.</p> <p><input type="checkbox"/> 3 - Patient depends entirely upon another person to dress lower body.</p>
ITEM INTENT
<p>Identifies the patient's ability to dress lower body, including the ability to obtain, put on and remove lower body clothing. Assess ability to put on whatever clothing is routinely worn.</p> <p>The intent of the item is to identify the patient's ABILITY, not necessarily actual performance. "Willingness" and "compliance" are not the focus of these items. These items address the patient's ability to safely dress the lower body, given the current physical and mental/emotional/cognitive status, activities permitted, and environment. The patient must be viewed from a holistic perspective in assessing ability to perform ADLs. Ability can be temporarily or permanently limited by:</p> <ul style="list-style-type: none"> - physical impairments (e.g., limited range of motion, impaired balance) - emotional/cognitive/behavioral impairments (e.g., memory deficits, impaired judgment, fear) - sensory impairments, (e.g., impaired vision or pain) - environmental barriers (e.g., stairs, narrow doorways, location of bathroom or laundry)
TIME POINTS ITEM(S) COMPLETED
<p>Start of care</p> <p>Resumption of care</p> <p>Follow-up</p> <p>Discharge from agency - not to an inpatient facility</p>
RESPONSE—SPECIFIC INSTRUCTIONS
<ul style="list-style-type: none"> • Prosthetic, orthotic, or other support devices applied to the lower body (e.g., lower extremity prosthesis, ankle-foot orthosis [AFO], or TED hose) should be considered as lower body dressing items. • The patient's ability may change as the patient's condition improves or declines, as medical restrictions are imposed or lifted, or as the environment is modified. The clinician must consider what the patient is <i>able to do</i> on the day of the assessment. If ability varies over time, choose the response describing the patient's ability more than 50% of the time period under consideration. • The ability to dress lower body scale presents the most independent level first, then proceeds to the most dependent. Read each response carefully to determine which one best describes what the patient is able to do. • In cases where a patient's ability is different for various dressing lower body tasks, pick the response that best describes the patient's level of ability to perform the majority of dressing lower body tasks. • If the patient requires standby assistance (a "spotter") to dress <u>safely</u> or verbal cueing/reminders, select Response 2. • If a patient modifies the clothing they wear due to a physical impairment, the modified clothing selection will be considered routine if there is no reasonable expectation that the patient could return to their previous style of dressing. There is no specified timeframe at which the modified clothing style will become the routine clothing.

RESPONSE—SPECIFIC INSTRUCTIONS (cont'd for OASIS Item M1820)

- The clinician will need to determine which clothes should be considered routine. It will be considered routine because the clothing is what the patient usually wears and will continue to wear, or because the patient is making a change in clothing options to styles that are expected to become the patient's new routine clothing.
- Assessment strategies: A combined observation/interview approach with the patient or caregiver is required to determine the most accurate response for this item. The patient can report the lower body dressing procedure. Observe spinal flexion, joint range of motion, shoulder and upper arm strength, and manual dexterity during the assessment. Ask the patient to demonstrate the body motions involved in dressing. Assess ability to put on whatever clothing is routinely worn.

DATA SOURCES / RESOURCES

- Observation/demonstration is the preferred method
- Patient/caregiver interview
- Physical assessment
- Environmental assessment