

GG0115: Functional Limitation in Range of Motion

GG0115. Functional Limitation in Range of Motion

Code for limitation that interfered with daily functions or placed resident at risk of injury in the last 7 days

Coding:	↓	Enter Codes in Boxes
0. No impairment	<input type="checkbox"/>	A. Upper extremity (shoulder, elbow, wrist, hand)
1. Impairment on one side		
2. Impairment on both sides	<input type="checkbox"/>	B. Lower extremity (hip, knee, ankle, foot)

Intent: The intent of GG0115 is to determine whether functional limitation in range of motion (ROM) interferes with the resident's activities of daily living or places them at risk of injury. When completing this item, staff members should refer to items in GG0130 and GG0170 and view the limitation in ROM, taking into account activities the resident is able to perform.

DEFINITION

FUNCTIONAL LIMITATION IN RANGE OF MOTION

Limited ability to move a joint that interferes with daily functioning (particularly with activities of daily living) or places the resident at risk of injury.

Item Rationale

Health-related Quality of Life

- Functional impairment could place the resident at risk of injury or interfere with performance of activities of daily living.

Planning for Care

- Individualized care plans should address possible reversible causes such as deconditioning and adverse side effects of medications or other treatments.

Steps for Assessment

- Review the medical record for references to functional range-of-motion limitation during the 7-day observation period.
- Talk with staff members who work with the resident as well as family/significant others about any impairment in functional ROM.
- Coding for functional ROM limitations is a three-step process:
 - Test the resident's upper and lower extremity ROM (See item 6 below for examples).
 - If the resident is noted to have limitation of upper- and/or lower-extremity ROM, review GG0130 and GG0170 and/or directly observe the resident to determine whether the limitation interferes with function or places the resident at risk for injury.
 - Code GG0115A and GG0115B as appropriate based on the above assessment.
- Assess the resident's ROM bilaterally at the shoulder, elbow, wrist, hand, hip, knee, ankle, foot, and other joints unless contraindicated (e.g., recent fracture, joint replacement or pain).
- Staff member observations of various activities, including ADLs, may be used to determine whether any ROM limitations have an impact on the resident's functional abilities.

GG0115: Functional Limitation in Range of Motion (cont.)

6. Although this item codes for the presence or absence of functional limitation related to ROM, thorough assessment ought to be comprehensive and follow standards of practice for evaluating ROM impairment. Below are some suggested assessment strategies:

- Ask the resident to follow your verbal instructions for each movement.
- Demonstrate each movement (e.g., ask the resident to do what you are doing).
- Actively assist the resident with the movements by supporting their extremity and guiding it through the joint ROM.

Lower Extremity—includes hip, knee, ankle, and foot

While resident is lying supine in a flat bed, instruct the resident to flex (pull toes up toward head) and extend (push toes down away from head) each foot. Then ask the resident to lift their leg one at a time, bending it at the knee to a right angle (90 degrees). Then ask the resident to slowly lower their leg and extend it flat on the mattress. If assessing lower-extremity ROM by observing the resident, the flexion and extension of the foot mimics the motion on the pedals of a bicycle. Extension might also be needed to don a shoe. If assessing bending at the knee, the motion would be similar to lifting of the leg when donning lower-body clothing.

Upper Extremity—includes shoulder, elbow, wrist, and fingers

For each hand, instruct the resident to make a fist and then open the hand. With resident seated in a chair, instruct them to reach with both hands and touch palms to back of head. Then ask resident to touch each shoulder with the opposite hand. Alternatively, observe the resident donning or removing a shirt over the head. If assessing upper-extremity ROM by observing the resident, making a fist mimics useful actions for grasping and letting go of utensils. When an individual reaches both hands to the back of the head, this mimics the action needed to comb hair.

Coding Tips

- Do not look at limited ROM in isolation. You must determine whether the limited ROM has an impact on functional ability or places the resident at risk for injury. For example, if the resident has an amputation, it does not automatically mean that they are limited in function. A resident with an amputation may not have a particular joint in which a certain range of motion can be tested, however, that does not mean that the resident necessarily has a limitation in completing activities of daily living, nor does it mean that the resident is automatically at risk of injury. There are many amputees who function extremely well and can complete all activities of daily living either with or without the use of prosthetics. If a resident with an amputation does indeed have difficulty completing ADLs and is at risk for injury, the facility should code this item as appropriate. This item is coded in terms of function and risk of injury, not by diagnosis or lack of a limb or digit.

GG0115: Functional Limitation in Range of Motion (cont.)

Coding Instructions for GG0115A, Upper Extremity (Shoulder, Elbow, Wrist, Hand); GG0115B, Lower Extremity (Hip, Knee, Ankle, Foot)

- **Code 0, no impairment:** if resident has full functional range of motion on the right and left side of upper/lower extremities.
- **Code 1, impairment on one side:** if resident has an upper- and/or lower-extremity impairment on one side that interferes with daily functioning or places the resident at risk of injury.
- **Code 2, impairment on both sides:** if resident has an upper- and/or lower-extremity impairment on both sides that interferes with daily functioning or places the resident at risk of injury.

Examples for GG0115A, Upper Extremity (Shoulder, Elbow, Wrist, Hand); GG0115B, Lower Extremity (Hip, Knee, Ankle, Foot)

1. The resident can perform all arm, hand, and leg motions on the right side, with smooth coordinated movements. They are able to perform grooming activities (e.g., brush their teeth, comb their hair) with their right upper extremity and are also able to pivot to their wheelchair with the assistance of one person. They are, however, unable to voluntarily move their left side (limited arm, hand, and leg motion), as they have a flaccid left hemiparesis from a prior stroke.

Coding: GG0115A would be coded 1, upper-extremity impairment on one side.
GG0115B would be coded 1, lower-extremity impairment on one side.

Rationale: Impairment due to left hemiparesis affects both upper and lower extremities on one side. Even though this resident has limited ROM that impairs function on the left side, as indicated above, the resident can perform ROM fully on the right side. Even though there is impairment on one side, the facility should always attempt to provide the resident with assistive devices or physical assistance that allows the resident to be as independent as possible.

2. The resident had shoulder surgery and can't brush their hair with their right arm or raise their right arm above their head. The resident can brush their hair with their left arm and has no impairment on the lower extremities.

Coding: GG0115A would be coded 1, upper-extremity impairment on one side.
GG0115B would be coded 0, no impairment.

Rationale: Impairment due to shoulder surgery affects only one side of their upper extremities.

GG0115: Functional Limitation in Range of Motion (cont.)

3. The resident has a diagnosis of Parkinson's and ambulates with a shuffling gait. The resident has had three falls in the past quarter and often forgets their walker, which they need to ambulate. They have tremors of both upper extremities that make it very difficult for them to feed themselves, brush their teeth, or write.

Coding: GG0115A would be coded 2, upper-extremity impairment on both sides.
GG0115B would be coded 2, lower-extremity impairment on both sides.

Rationale: Impairment due to Parkinson's disease affects the resident's upper and lower extremities on both sides.