

Functional Classification Supporting Use of a PMD

	Functional Class III	Functional Class IV
	Pts who are <ul style="list-style-type: none"> ➤ symptomatic, ➤ recovered from disease, ➤ are not sedentary healthy and/or physically active, ➤ can achieve MET levels -1.9 - 4. 	Pts who are <ul style="list-style-type: none"> ➤ symptomatic ➤ have not recovered from disease, ➤ are not sedentary healthy and/or physically active, ➤ can only achieve a MET level of 1.6.
Pulmonary Impairment	Severe COPD	Very severe COPD
	FEV₁/FVC < 70% FVC ≤ 50% predicted, or FEV₁ ≤ 40% predicted Dco ≤ 40% predicted	FEV₁/FVC < 70% FVC ≤ 40% predicted or FEV₁ ≤ 30% predicted or FEV₁ ≤ 50% predicted (+) presence of chronic respiratory failure (PaO₂ < 60 mm Hg while breathing room air at sea level)
Neurological Impairment Station and Gait Impairment Criteria	Patient can rise to a standing position and can maintain it with difficulty but cannot walk without assistance	Patient cannot stand without help of others, mechanical support, and a prosthesis

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<p>Classification of Nervous System Impairment Due to Loss of Muscle Power & Motor Function Resulting from Peripheral Nerve Disorders</p> <p>Impairments Related to Syncope or Transient Loss of Awareness</p>	<p>Strength Grade 3 – Active movement against gravity only, without resistance</p> <p>Mild to Moderate loss of blood pressure, 15mmHg/10mmHg – 25 mmHg/15 mmHg without compensatory increase in pulse rate, lasting 1-2 minutes with loss of awareness or consciousness</p>	<p>Strength Grade 2 – Active movement with gravity eliminated</p> <p>Moderate loss of blood pressure, 30mmHg/20mmHg, 1-2 minutes loss of awareness or consciousness (+) additional symptoms or signs of focal or generalized nature present</p>
<p>Musculoskeletal Impairment</p> <p>Spine Impairment</p>	<p>Radiculopathy and loss of motion segment integrity</p>	<p>Cauda equine-like syndrome without bowel or bladder impairment</p>

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<p>Cardiac Impairment</p>	<p style="text-align: center;">NYHC – Class III</p> <p>Marked limitation in activity due to symptoms, even during less-than-ordinary activity, e.g. walking short distances (20-100 m). Comfortable only at rest</p> <p>History of MI, angina with exertion or significant changes to ADLs in order to reduce frequency of anginal symptoms.</p> <p>Patient has recovered from CABG or PTCA, needs continued treatment, experiencing symptoms with less than ordinary activity.</p> <p>HF - Evidence of heart dysfunction with SXs with moderate exertion</p> <p>Has recovered from operative intervention for hypertrophic cardiomyopathy or from successful heart transplantation with symptoms as noted above</p>	<p style="text-align: center;">NYHC – Class IV</p> <p>Severe limitations. Experiences symptoms even while at rest. Mostly bedbound patients.</p> <p style="text-align: center;">History of MI, resting angina</p> <p style="text-align: center;">Marked changes in ADLs, requiring medication to help relieve resting angina &/or HF</p> <p style="text-align: center;">HF - Symptoms of heart failure despite maximal therapy & with minimal exertion</p> <p>Patient has recovered from CABG or PTCA, needs continued treatment, experiencing symptoms with minimal activity &/or at rest</p> <p>Has recovered from operative intervention for hypertrophic cardiomyopathy or from successful heart transplantation with symptoms as noted above</p>
<p>PVD</p>	<p>Pt experiences intermittent claudication pain walking <25 yards or Intermittent claudication pain at rest or</p> <p>Sequelea of vascular insufficiency resulting in physiologic damage;</p> <ul style="list-style-type: none"> ➤ Amputation at or above the ankle, or 	<p>Pt experiences severe & constant intermittent claudication pain at rest, or</p> <p>Sequelea of vascular insufficiency resulting in physiologic damage;</p> <ul style="list-style-type: none"> ➤ Amputation at or above the ankle, or ➤ Amputation of all digits involving both

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	<ul style="list-style-type: none"> ➤ Amputation of 2 (+) digits involving both lower extremities, or ➤ Widespread or deep ulceration involving at least one lower extremity. 	<p style="text-align: center;">lower extremities, or</p> <ul style="list-style-type: none"> ➤ Widespread or deep ulceration involving at least one or both lower 	
<p style="text-align: center;">Falls Risk Assessment Tools</p> <ul style="list-style-type: none"> ➤ Tinetti Performance Oriented Mobility Assessment (POMA)* ➤ Berg Balance Score ➤ Activities-specific Balance Confidence (ABC) Scale 	<p style="text-align: center;">19-20 – Medium Fall Risk</p> <p style="text-align: center;">21 – 40 Walking with Assistance</p> <p style="text-align: center;"><67% = older adult – risk of falling</p>	<p style="text-align: center;"><19 – High Fall Risk</p> <p style="text-align: center;"><20 – Wheelchair bound</p> <p style="text-align: center;"><50% = low level of physical functioning</p>	
6 MWT	<65% - 43% Predicted	or	<300m