

Dressing Assessment Tool

Name _____

Tick / circle <u>every</u> response as appropriate			
Is the resident able to:	No	Yes	Dressing concern Lower / Upper
Lift or tolerate arm being lifted forward / up to the side?	R L	R L	Upper
Transfer without a universal sling			Lower
Bend or tolerate leg being bent up / out to the side?	R L	R L	Lower
Sit unsupported on the bed or in a chair?			Both
Tolerate physical touch without reactive behavior?			Both

If No to any of these questions—See clothing options

Adapted Clothing Options

Problem	Upper body		
	Heavy / stiff arm/shoulder	Large, loose fitting top <input type="checkbox"/>	Modify arm or back seam - refer to samples <input type="checkbox"/>
	Lower body		
Requires Universal sling for transfer	Purchase /modify pants – refer to samples <input type="checkbox"/>	Modify skirt or dress - refer to samples <input type="checkbox"/>	Use of facility gown <input type="checkbox"/>
Heavy / stiff leg or ankle	Large loose fitting pants without cuffs or elastic <input type="checkbox"/>	Use of skirt or dress <input type="checkbox"/>	Use of facility gown <input type="checkbox"/>
	Upper and lower body		
Cannot sit unsupported	Purchase or modify shirts and pants/skirt – refer to samples <input type="checkbox"/>	Large, loose fitting top and pants <input type="checkbox"/>	Use of facility gown <input type="checkbox"/>
Resistive/ reacts to touch	Use of facility gown <input type="checkbox"/>	Large, loose clothing (Not to go over head) <input type="checkbox"/>	

Recommendations:

Signature	Date
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