

Activities of daily living assessment

IMM 5725

Subject

Instructions for completing of the Activities of Daily Living (ADL) form in the context of the Canadian immigration medical examination (IME).

Goal/Objective

These instructions are provided to ensure that panel physicians (PPs) follow a consistent and appropriate process for the following:

- identification of clients with a possible diminished ADL capacity;
- completion of the ADL form; and
- completion and grading of an IME with diminished ADL functions.

Instructions

The ADL assessment provides information about which daily living areas are impacted by disability due to mental or physical conditions/illnesses. PPs must evaluate clients on their daily living skills and rate them according to their performance of a skill or function. Scoring is based on their level of function, and how independently a task can be performed, and whether supervision or assistance is needed in performing the task. If an interpreter is used, PPs must select and ensure that the interpreter is unbiased and has no connection to the client. Family members or friends cannot act as interpreters for clients. The use of a professional interpreter is at the client's expense.

An assessment of the ADL is mandatory for all clients ≥ 75 years of age, as well as for clients with the following:

- abnormal findings upon physical examination of the musculo-skeletal system; and
- abnormal findings upon physical examination of the nervous system.

It is also recommended that, based on clinical findings, PPs complete an ADL assessment (in Annex 1) for clients with the following:

- abnormal findings upon physical examination of intellectual ability; and
- ongoing physical or intellectual disability affecting their current or future ability to function independently.

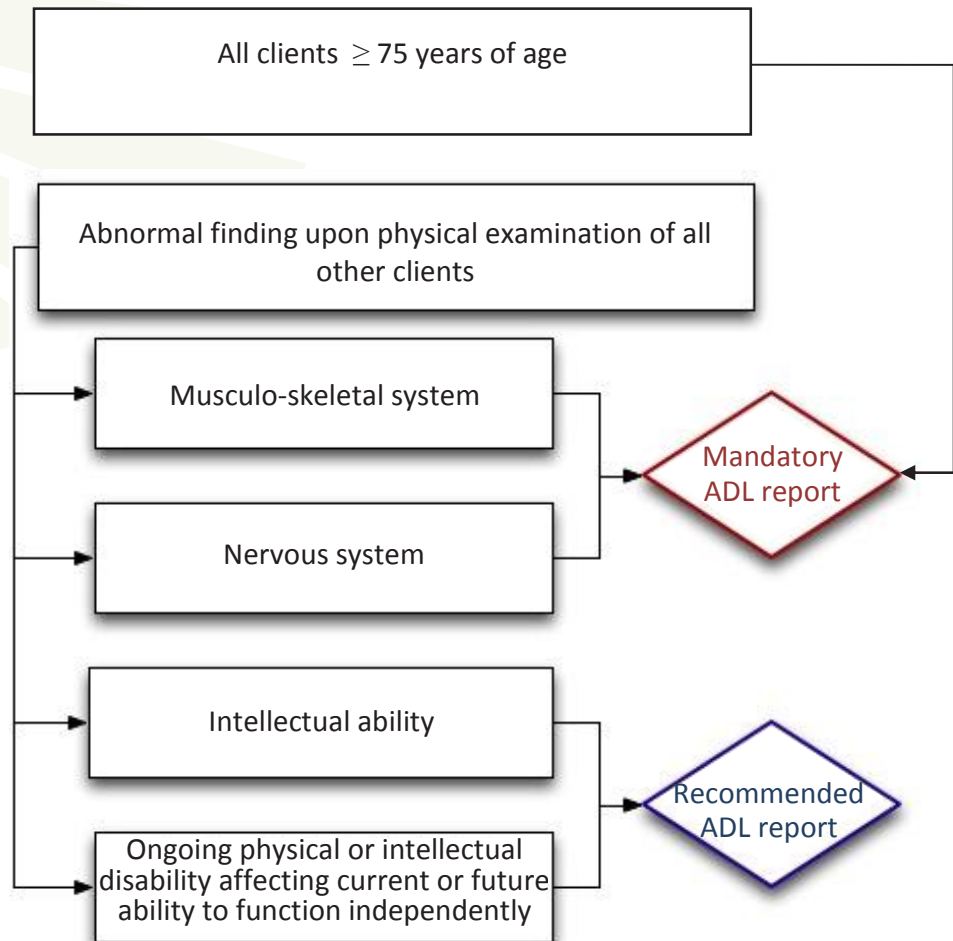
Grading

IMEs for clients with abnormal ADL assessment must be graded B.

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Algorithm



HB Approval and Authority

Director General, NHQ, Health Branch, CIC

Implementation Date

2012/11/01

Revision Date(s)

2013/11/01

Operations Directorate, Health Branch
Immigration Medical Examination Instructions

Annex 1



Citizenship and
Immigration Canada

Citoyenneté et
Immigration Canada

PROTECTED WHEN COMPLETED - B

PAGE 1 OF 1

ASSESSMENT OF ACTIVITIES OF DAILY LIVING

Client Name:	UCI number:	UMI number:	IME Number:
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SELF-CARE	Can the client perform the following without help:			
	Yes, with ease	Yes, with difficulty	No, some help required	No, totally dependent
Feed / Drink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dress Upper body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dress Lower body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Put on braces / Prosthesis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wash / Bathe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perineum (at toilet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPHINCTER'S CONTROL	Please confirm the client's level of sphincter's control:			
	Complete	Control with urgency	Occasional accidents	Frequent accidents
Bladder Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bowel Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MOBILITY / LOCOMOTION	Can the client perform the following without help:			
	Yes, with ease	Yes, with difficulty	No, some help required	No, totally dependent
Transfer bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transfer chair / Wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transfer Toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transfer Tub / Shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transfer Automobile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk 50 metres - Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stairs, Up / Down 1 floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk Outdoors - 50 meters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair - 50 meters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMUNICATION / SOCIAL COGNITION	Please record the client's level of:			
	Full	Moderate	Minimal	Null
Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONCLUSION	Intact	Limited	Helper	Null
Self-Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RESIDENCE	Own Home	Relative's Home	Personal care Home	Hospital
Current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (specify):

Time at above:	Years	Months
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Current Caregiver:	Relationship to client:
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Name of Examining Physician

Signature of Examining Physician

Date (YYYY-MM-DD)