

# Functional Goal Planner and Tracker

## A Brief Summary of the Method

- **Step 1:** Identify and list your Functional Goals
  - Use the *Lost Activities Worksheet* to help identify Functional Goals
- **Step 2:** Pick the Functional Goal that seems to be the easiest and most pleasant
- **Step 3:** Break that Functional Goal down into small steps until you have come up with an Initial Step you can take toward that Functional Goal which you are pretty confident you can accomplish at least three days each week without causing an episode of prolonged physical debilitation.
- **Step 4:** Make an Action Plan to engage in that behavior (the Initial Step) at least three times during the coming week
- **Step 5:** Follow through with your Action Plan
- **Step 6:** Evaluate your progress
  - If successful, after a few days or a week advance your Action Plan to the next step toward achieving the Functional Goal.
  - If unsuccessful, scale the Action Plan for the Initial Step back and revise your Action Plan so that you start again with a less intensive first step
- **Step 7:** Continue with this sequence until you have achieved your 1<sup>st</sup> Functional Goal.
- **Step 8:** Move on to the next easiest and/or next most pleasant Functional Goal and repeat this whole process starting at Step 2

### Definitions

**Action Plan:** A short-term plan for achieving a short-term goal which helps you make progress toward eventually achieving a more long-term Functional Goal.

**Functional Goal:** Something of a physical nature which requires use of your muscles which you want to begin doing, start doing again, or be able to do longer or with increased intensity without experiencing a period of physical debilitation afterwards and that you are willing to work toward achieving. Functional Goals involve the use of your muscles to perform a physical activity of some sort.

**Prolonged Physical Debilitation:** A period of increased physical discomfort and/or weakness that interferes with your ability to engage in your normal behaviors.

## Step 1: Identify and list your Functional Goals

### Examples of Common Functional Goals:

- Walking 1/2 mile
- Walking 1 mile
- Hiking 2 miles in the mountains
- Walking without a cane or walker
- Preparing the dinner meal without having to sit or lie down
- 1/2 hour of grocery shopping without having to rest
- Standing for 1 hour
- Sitting for 1 hour
- Riding a bicycle
- Returning to work

Helpful Hint: Use the Lost Activities worksheet at the end of this handout to help you identify your Functional Goals

**My Functional Goals:** List up to 4 Functional Goals (you can, and we hope will, always add more later).

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**Step 2:** Identify the Functional Goal which seems to be the easiest and most pleasant

Which of the Functional Goals listed above will be the easiest and most pleasant to work towards?

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**Step 3:** Break that Functional Goal down into small steps and come up with an Initial Step you can take toward that Functional Goal that you are pretty confident you can accomplish at least three days each week without causing any lasting physical debilitation.

Helpful Hint: If you have difficulty completing this step take a look at the examples provided at the end of this handout and/or enlist the assistance of your physical therapist, someone else on your pain treatment team, or anyone you know who want to help you get your life back on track and who is good a problem-solving.

- a. Initial Step: \_\_\_\_\_
  
- b. \_\_\_\_\_
  
- c. \_\_\_\_\_
  
- d. \_\_\_\_\_
  
- e. \_\_\_\_\_
  
- f. \_\_\_\_\_
  
- g. \_\_\_\_\_
  
- h. \_\_\_\_\_
  
- i. \_\_\_\_\_

**Step 4:** Make an Action Plan to engage in that behavior (the Initial Step) at least three times during the coming week.

**My Action Plan for the Initial Step I will take toward my 1<sup>st</sup> Functional Goal is:**

What I will do: \_\_\_\_\_

How much of it will I do: \_\_\_\_\_

How frequently will I do it: \_\_\_\_\_

When will I do it: \_\_\_\_\_

**Examples:**

What I will do: Walk outside

How much of it will I do: 5 minutes

How frequently will I do it: Every other day

When will I do it: In the mornings

What I will do: 1/2 squats

How much of it will I do: 5 repetitions

How frequently will I do it: Twice a day 5 days this week

When will I do it: Morning and afternoon every day except Wednesday and Sunday

<p><b>Helpful Hint:</b> Rate your confidence that you will succeed with this Action Plan on a scale of 0 – 10. If your confidence level is less than 7, scale the Action Plan back and keep scaling it back until you have a confidence level of 7 or better that you will be able to succeed with your Action Plan.</p>
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### Step 5: Follow through with your Action Plan

Use the form below to track your progress with the Initial Step toward your Functional Goal

Date	Did You Do It?		Comments
	Yes	No	

#### Example:

Functional Goal: Walk 1 mile

What I will do: Walk outside

How much of it will I do: 5 minutes

How frequently will I do it: Every other day

When will I do it: In the mornings

Date	Did You Do It?		Comments
	Yes	No	
1/1/2013	✓		Scared, but did it anyway. Worked out okay. Tired after but not debilitated
1/2/2013		✓	Scheduled day off
1/3/2013	✓		No problem. Ran into a neighbor and had a nice chat
1/4/2013		✓	Scheduled day off
1/5/2013	✓		No problem. Raining but I went anyway
1/6/2013		✓	Scheduled day off. Kind of wanted to go anyway
1/7/2013	✓		Good day. I advanced the program and walked for 10 minutes

**Step 6a: Evaluate your progress (Successful Initial Action Plan)**

If your initial Action Plan was a success it is time to advance your Action Plan to the Next Step toward achieving the Functional Goal.

*If your initial Action Plan was unsuccessful because you experienced a prolonged period of physical debilitation after engaging in the planned activity skip this page and go to Step 6b on the next page.*

**My Action Plan for the Next Step I will take toward my 1<sup>st</sup> Functional Goal is:**

What I will do: \_\_\_\_\_

How much of it will I do: \_\_\_\_\_

How frequently will I do it: \_\_\_\_\_

When will I do it: \_\_\_\_\_

Use the form below to track your progress with your Next Step toward your Functional Goal

Date	Did You Do It?		Comments
	Yes	No	

If your Initial Action Plan was successful skip the next page (Step 6b) and go on to Step 7.

## Step 6b: Evaluate your progress (Unsuccessful Initial Action Plan)

*If your Initial Action Plan was successful skip this page and go to Step 7*

If your initial Action Plan was unsuccessful because you experienced prolonged physical debilitation following your initial efforts to follow through with the Action Plan, scale the first step back and revise your Action Plan so that you start again with a less intensive first step.

For example, if your Initial Action Plan had been to walk outside for 5 minutes but after doing this once or twice you experienced so much increased pain that you had to limit your physical activities more than normal, in this step you would scale back the task of walking outside for 5 minutes by deciding that you are going to start again but this time by only walking for a shorter period of time, say (e.g., 1 minute).

As another example, if your Initial Action plan had been to do 1/2 squats, 3 repetitions, twice daily every other day but after doing so a once or twice you experienced so much increased pain that you had to limit your physical activities more than normal, in this step you would scale that first step back, perhaps to 1/2 squats, 2 repetitions, once daily every other day.

So now let's revise *your* Initial Action plan by scaling it back a bit

### What was your previous Initial Action Plan?

What I will do: \_\_\_\_\_

How much of it will I do: \_\_\_\_\_

How frequently will I do it: \_\_\_\_\_

When will I do it: \_\_\_\_\_

### Now scale it back. Revise the Action Plan by making it easier.

What I will do: \_\_\_\_\_

How much of it will I do: \_\_\_\_\_

How frequently will I do it: \_\_\_\_\_

When will I do it: \_\_\_\_\_

**Helpful Hint:** Rate your confidence that you will succeed with this revised Action Plan on a scale of 0 – 10. If your confidence level is less than 7, scale the Action Plan back even more and keep scaling it back until you have a confidence level of 7 or better that you will be able to succeed with your revised Action Plan.

Repeat Step 6b as many times as necessary until you succeed with your Initial Action Plan. Then go to Step 6a. Use the additional record keeping forms at the end of this handout to track your progress. Make copies of the record keeping forms or ask your treatment team for copies.

**Step 7:** Continue with this sequence until you have achieved your Functional Goal.

Use the additional Action Plan forms at the end of this handout to help you stay on track with your Action Plans and your Functional Goal

**Step 8:** Move on to the next easiest and most pleasant Functional Goal and repeat this whole process starting at Step 2

Use the additional Action Plan forms at the end of this handout to help you stay on track with your Action Plans and your Functional Goals

## Valued Lost Activities Worksheet

Specific Lost or Reduced Movements and Activities	How important or valued is this movement/activity to you on a scale of 0 to 10?	Currently, how much can you do this movement/activity on a scale of 0 – 10?	Before the pain began how much could you do this movement/activity on a scale of 0 to 10?	How safe do you think this movement/activity is for you on a scale of 0 -10?	How safe does your physical medicine provider think this movement/activity is for you on a scale of 0 -10?
<b>Specific Movements</b>					
Example: <i>Reaching overhead</i>	10	2	10	3	10
Example: <i>Standing for 1 hour</i>	8	0	10	1	10
<b>Job Movements/Activities</b>					
Example: <i>Lifting 10 pounds 50 times a day</i>	7	0	10	1	10
<b>Sports and Recreation</b>					
Example: <i>Walking 1 mile</i>	10	0	10	1	10
<b>Social Activities</b>					
Example: <i>Sitting through a music concert</i>	8	5	10	5	10
<b>Personal/ Family Relationships</b>					
Example: <i>Picking up Grandchild</i>	10	2	10	1	10
<b>Other</b>					

**Note:** After you have listed your lost activities above complete the last column (far right column) with the assistance of your physical medicine provider.

## Step 3 Examples

### Breaking Functional Goals into Small Steps

**Functional Goal:** Walk 1/2 mile

**Small Steps:**

- a. Ask Doctor if it is physically safe to gradually work toward this goal
- b. Obtain good walking shoes (if necessary)
- c. Walk from house to the sidewalk along the street in front of the house and back to the house 3 days in one week. Add one day of walking per week or every few days until doing the walk every day
- d. Walk from house to the sidewalk along the street in front of the house and back to the house 6 days of the week and on the 7<sup>th</sup> day turn right at the sidewalk and walk to the end of the block and back to the house. Add one day of walking to the end of the block every week or every few days until walking to the end of the block and back every day
- e. Continue with the same routine (walking to the end of the block and back everyday) but now for the longer walk turn the corner at the end of the block, walk to the next corner and then back to the house. Add one day of the longer walk to Action Plan every week or every few days until doing the longer walk every day.
- f. Continue with this routine until able to walk 1/2 mile.

**Functional Goal:** Lift 10 pound object from the floor

**Small Steps:**

- a. Ask Doctor if it is physically safe to gradually work toward this goal
- b. Have Doctor or physical therapist demonstrate how to do a Squat with proper body mechanics.
- c. Do 1/4 Squat , 3 repetitions, 3 times daily increasing by one repetition every day until doing 10 repetitions 3 times daily
- d. Do 1/2 Squat , 3 repetitions, 3 times daily increasing by one repetition every day until doing 5 repetitions 3 times daily
- e. Do 3/4 Squat , 3 repetitions, 3 times daily increasing by one repetition every day until doing 5 repetitions 3 times daily
- f. Do full Squat, Squat , 3 repetitions, 3 times daily increasing by one repetition every day until doing 5 repetitions 3 times daily
- g. Do full Squat, Squat , 5 repetitions, 3 times daily picking up and setting down a light piece of paper or other very light object
- h. Do full Squat, Squat , 5 repetitions, 3 times daily picking up and setting down a 1 pound object increasing the weight of the object 1/2 pound every week or every few days





