

## PITTSBURGH REHABILITATION PARTICIPATION SCALE

Patient name: \_\_\_\_\_

Admission date: \_\_\_\_\_

Instructions to therapist: for each therapy session, please circle one of each of the following to assess the patient's participation (effort and motivation as perceived by you) in the therapy session. Please rate as follows: None: patient refused entire session, or did not participate in any exercises in session. (see Note below)

**Poor:** patient refused or did not participate in at least half of session.

**Fair:** patient participated in most or all of exercises\*, but did not show maximal effort or finish most exercises\*, or required much encouragement to finish exercises\*.

**Good:** patient participated in all exercises\* with good effort and finished most but not all exercises\* and passively followed directions (rather than actively taking interest in exercises\* and future therapy).

**Very good:** patient participated in all exercises\* with maximal effort and finished all exercises, but passively followed directions (rather than actively taking interest in exercises\* and future therapy).

**Excellent:** patient participated in all exercises\* with maximal effort, finished all exercises\*, and actively took interest in exercises\* and/or future therapy sessions.

Note: if patient was unable to attend therapy because of medical test, bed rest order, illness, or scheduling conflict, do not mark any score.

Note: in cases of doubt, choose the lower rating, eg, "good" rather than "very good."

**PARTICIPATION:**

Session Number	Date	Therapist Initials		None	Poor	Fair	Good	Very good	Excellent
1				1	2	3	4	5	6
2				1	2	3	4	5	6
3				1	2	3	4	5	6
4				1	2	3	4	5	6
5				1	2	3	4	5	6
6				1	2	3	4	5	6
7				1	2	3	4	5	6
8				1	2	3	4	5	6
9				1	2	3	4	5	6
10				1	2	3	4	5	6

NOTE. Available as an electronic file from the corresponding author by request.

\*This version is specifically for PT. For the OT form, "exercises" should be replaced by "activities."