

Rankin Focused Assessment– Ambulation (RFA–A): Brief Training Slide Set

V3.0 5–2–21

© Contents of RFA slide set – UCLA Stroke Center

Background: Modified Rankin Scale

- ▶ Measures global disability
- ▶ Assigns patient to 1 of 7 possible levels of disability
- ▶ Most common primary outcome measure in acute stroke clinical trials and clinical practice

Level	Description
0	No symptoms
1	No significant disability --able to perform all usual activities
2	Slight disability --able to look after own affairs
3	Moderate disability --requires some help, but able to walk unassisted
4	Moderately severe disability --assistance needed for walking and bodily needs
5	Severe disability --bedridden, requires constant nursing care
6	Dead

Rankin Focused Assessment (RFA)

- ▶ Method to determine the most appropriate modified Rankin Scale score for a patient
- ▶ Improves agreement among raters in assigning mRS scores, compared with unstructured approaches
 - Kappa scores: RFA 0.95, earlier methods 0.46
- ▶ Initially developed for use in National Institute of Health clinical trials
- ▶ Takes 1–2 minutes to perform

1) Saver et al, Improving the reliability of stroke disability grading in clinical trials and clinical practice: the Rankin Focused Assessment (RFA). *Stroke* 2010;41:992–5;

2) Patel et al, The Rankin Focused Assessment–Ambulation: A method to score the modified Rankin Scale with emphasis on walking ability. *J Stroke Cerebrovasc Dis* 2016;25:2172–6

RFA Compared with Other Methods to Assign mRS Scores

Desirable Features	Original RS	Local Video Certification	SmRSQ	Central Video	RFA
Rater Judgment	✓✓✓	✓✓✓	✗	✓	✓✓✓
Rich Data Sources	✓✓✓	✓✓✓	✗	✗	✓✓✓
Clear Rules	✗	✗	✓✓✓	✗	✓✓✓
Assesses Capability	✓	✗	✗	✗	✓✓✓
Reasons Documented	✗	✗	✗	✗	✓✓✓
Blinding	✓	✓	✗	✓✓✓	✓✓
Inter-Rater Agreement	✗	✓	✓✓	✓✓✓	✓✓✓

RFA–A Materials

▶ RFA–A Detailed Instruction Sheet

- 4 pages (plus references)
 - Have handy while performing assessments

▶ RFA–A Rating Form

- 4 pages
 - Read before performing the test vignettes
 - Use a new blank form when performing each assessment

Rating Form

Rankin Focused Assessment - Ambulation (RFA-A)

Name of rater performing assessment: _____

Information for completing this form was obtained from (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Patient | <input type="checkbox"/> Sister |
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Brother |
| <input type="checkbox"/> Son | <input type="checkbox"/> Other relative, specify relationship: _____ |
| <input type="checkbox"/> Daughter | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Father | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Home health aide |
| <input type="checkbox"/> Physical therapist | <input type="checkbox"/> Occupational therapist |
| <input type="checkbox"/> Speech therapist | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Medical record | |
| <input type="checkbox"/> Other individual, specify role: _____ | |

Please mark (X) in the appropriate box. Please record responses to all questions (unless otherwise indicated in the text). Please see instruction sheets for further information.

5 BEDRIDDEN	
5.1 Is the person bedridden? The patient is unable to walk even with another person's assistance. May frequently be incontinent. <u>May require</u> constant care	<input type="checkbox"/> Yes <input type="checkbox"/> No (5)

If yes, explain:

4 ASSISTANCE TO WALK	
4.1 Is another person's assistance essential for walking? Requiring another person's assistance means needing another person to be always present when walking, including indoors around house or ward, to provide physical help, verbal instruction, or supervision. (Patients who use physical aids to walk, e.g. stick/cane, walking frame/walker, but do not require another person's help, are NOT rated as requiring assistance to walk).	<input type="checkbox"/> Yes <input type="checkbox"/> No (4)

If yes, explain:

3 ASSISTANCE TO LOOK AFTER OWN AFFAIRS	
Assistance includes physical assistance, or verbal instruction, or supervision by another person. Central issue--Could the patient live alone for 1 week if he/she absolutely had to?	
3.1 Is assistance <u>ABSOLUTELY essential</u> for preparing a simple meal? (For example, able to prepare breakfast or a snack)	<input type="checkbox"/> Yes <input type="checkbox"/> No (3)
3.2 Is assistance <u>ABSOLUTELY essential</u> for basic household chores? (For example, finding and putting away clothes, clearing up after a meal. Exclude chores that do not need to be done every day, such as using a vacuum cleaner.)	<input type="checkbox"/> Yes <input type="checkbox"/> No (3)
3.3 Is assistance <u>ABSOLUTELY essential</u> for looking after household expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No (3)
3.4 Is assistance <u>ABSOLUTELY essential</u> for local travel? (Patients may drive or use public transport to get around. Ability to use a taxi is sufficient, provided the person can phone for it themselves and instruct the driver.)	<input type="checkbox"/> Yes <input type="checkbox"/> No (3)
3.5 Is assistance <u>ABSOLUTELY essential</u> for local shopping? (Local shopping: at least able to buy a single <u>item</u> .)	<input type="checkbox"/> Yes <input type="checkbox"/> No (3)

If yes to any of the above, explain:

2. USUAL DUTIES AND ACTIVITIES. The next sets of questions are about how the patient usually spends his/her day.

2.1 Work

2.1	Has the new stroke substantially reduced (compared to prestroke status) the person's ability to work (or, for a student, study)? e.g. change from full-time to part-time, change in level of responsibility, or unable to work at all.	<input type="checkbox"/> Yes <input type="checkbox"/> No (2)
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If yes, explain:

2.2 Family responsibilities

2.2	Has the new stroke substantially reduced (compared to prestroke status) the person's ability to look after family at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No (2)
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If yes, explain:

2.3 Social & leisure activities

(Social and leisure activities include hobbies and interests. Includes activities outside the home or at home. Activities outside the home: going to the coffee shop, bar, restaurant, club, church, cinema, visiting friends, going for walks. Activities at home: involving "active" participation including knitting, sewing, painting, games, reading books, home improvements).

2.3	Has the new stroke reduced (compared to prestroke status) the person's regular free-time activities by more than one half as often?	<input type="checkbox"/> Yes <input type="checkbox"/> No (2)
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If yes, explain:

2.4 Other physical/medical condition

2.4	Are the patient's work, family, and/or social/leisure activities substantially reduced by a physical/medical condition other than the stroke that led to trial enrollment?	<input type="checkbox"/> Yes <input type="checkbox"/> No (2)
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Provide explanation if 1) answer is yes, but prestroke assessment section 2 answers were all no, or 2) answer is no, but any prestroke assessment 2 section answer was yes:

1. SYMPTOMS AS A RESULT OF THE STROKE

(Can be any symptoms or problems reported by the patient).

1.1 SPONTANEOUSLY REPORTED SYMPTOMS

1.1 Does the patient have any symptoms resulting from the new stroke?	<input type="checkbox"/> Yes <input type="checkbox"/> No (1)
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If yes, record symptoms here:

1.2. SYMPTOM CHECKLIST

1.2.1 Does the person have difficulty reading or writing <u>as a result of the new stroke</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No (1)
1.2.2 Does the person have difficulty speaking or finding the right word <u>as a result of the new stroke</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No (1)
1.2.3 Does the person have problems with balance or coordination <u>as a result of the new stroke</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No (1)
1.2.4 Does the person have visual problems <u>as a result of stroke</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No (1)
1.2.5 Does the person have numbness (face, arms, legs, hands, feet) <u>as a result of the new stroke</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No (1)
1.2.6 Does the person have weakness or loss of movement (face, arms, legs, hands, feet) <u>as a result of the new stroke</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No (1)
1.2.7 Does the person have difficulty with swallowing <u>as a result of the new stroke</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No (1)
1.2.8 Does the person have any other symptoms related to the new stroke?	<input type="checkbox"/> Yes <input type="checkbox"/> No (1)

Details supporting any "Yes" checked boxes in Section 1:

Rankin Grade =

Is this Rankin Grade score lower (better) than the ~~prestroke~~ Rankin Grade? Yes No

If yes, explain why:

RFA–A General Instructions

- ▶ Complete all 5 sections for each patient, going from more to less severe disability
 - Check for consistency of responses
 - Go back to clarify earlier responses if later answers seem inconsistent
- ▶ Use all reliable sources of information available, including
 - Patient (interview)
 - Close family member/caregiver (interview)
 - Nursing staff, physical, occupational therapists (chart notes or interview)
 - Your exam/observation of the patient
- ▶ If sources of information are conflicting, use your judgment to determine the final rating
 - Example: In a patient with denial of hemiplegia (anosognosia) who reports he/she is fully functional and has no symptoms but in fact is severely disabled, rate the actual disability, not his/her inaccurate self-report
- ▶ Rate patient's functional capacity, not just recent actions
 - Example: If a family member does routine shopping to make things easier for a patient, but the patient could perform routine shopping if he/she had to, rate the patient as able to do shopping.

Common Challenge

mRS 4 vs 3: Ambulation

4	ASSISTANCE TO WALK	
	<p data-bbox="295 432 1110 539">Is another person's assistance essential for walking?</p> <p data-bbox="295 582 1136 818">Requiring another person's assistance means needing another person to be always present when walking, including indoors around house or ward, to provide physical help, verbal instruction, or supervision</p> <p data-bbox="295 875 1097 1068">* Patients who use physical aids to walk, e.g. stick/cane, walking frame/walker, but do not require another person's help are NOT rated as requiring assistance to walk</p>	<p data-bbox="1203 432 1435 525"><input type="checkbox"/> Yes <input type="checkbox"/> No (4)</p>

- Physical aids (e.g. cane) do not count as assistance
 - Only assistance of another person counts
- Wheelchair use does not count as walking

Common Challenge

Use All Sources of Disability

- ▶ FDA prefers mRS ratings based on all of a patient's diseases, not just stroke
 - More comprehensive outcome measure
 - Avoids subjective guess work by rater
 - Avoids assumptions of how treatment and disease works
- ▶ Similar approach for all stroke functional outcomes
 - Death
 - Example: Falling piano on way to 90 day visit
 - Barthel Index
 - Example: Can't brush teeth from arthritis
 - NIH Stroke Scale
 - Example: Aphasia from car accident 2 months after stroke
 - mRS via RFA

Case Vignette Example 1

Patient EL

EL is a 55 year old man who had an intracerebral hemorrhage three months ago. At presentation, he had slurred speech and right sided weakness which caused him to stumble when walking. He was discharged to acute rehabilitation after the stroke.

At the time of his three month visit, his neurological exam showed mild right hand residual weakness and numbness, mild right hemispace visual loss, and slurred speech.

At this time, EL explained that he is only working half time because of his residual hand weakness. He is able to walk unassisted, cook a meal, clean his house, go shopping in the neighborhood, and balance his checkbook.

Patient EL: RFA–A Section 5

5 BEDRIDDEN	
5.1 Is the person bedridden? The patient is unable to walk even with another person's assistance. May frequently be incontinent. Will usually require nearly constant care - someone needs to be available at nearly all times. Care may be provided by either a trained or untrained caregiver.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (5)

At this time, EL explained that he is only working half time because of his residual hand weakness. He is able to walk unassisted, cook a meal, clean his house, go shopping in the neighborhood, and balance his checkbook.

Patient EL: RFA–A Section 4

4 ASSISTANCE TO WALK	
4.1 Is another person's assistance essential for walking? Requiring another person's assistance means needing another person to be always present when walking, including indoors around house or ward, to provide physical help, verbal instruction, or supervision. (Patients who use physical aids to walk, e.g. stick/cane, walking frame/walker, but do not require another person's help, are NOT rated as requiring assistance to walk).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4)

At this time, EL explained that he is only working half time because of his residual hand weakness. He is able to walk unassisted, cook a meal, clean his house, go shopping in the neighborhood, and balance his checkbook.

Patient EL: RFA–A Section 3

3	ASSISTANCE TO LOOK AFTER OWN AFFAIRS	
	Assistance includes physical assistance, or verbal instruction, or supervision by another person. Central issue--Could the patient live alone for 1 week if he/she absolutely had to?	
3.1	Is assistance ABSOLUTELY essential for preparing a simple meal? (For example, able to prepare breakfast or a snack)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3)
3.2	Is assistance ABSOLUTELY essential for basic household chores? (For example, finding and putting away clothes, clearing up after a meal. Exclude chores that do not need to be done every day, such as using a vacuum cleaner.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3)
3.3	Is assistance ABSOLUTELY essential for looking after household expenses?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3)
3.4	Is assistance ABSOLUTELY essential for local travel? (Patients may drive or use public transport to get around. Ability to use a taxi is sufficient, provided the person can phone for it themselves and instruct the driver.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3)
3.5	Is assistance ABSOLUTELY essential for local shopping? (Local shopping: at least able to buy a single item)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3)

At this time, EL explained that he is only working half time because of his residual hand weakness. He is **able to walk unassisted, cook a meal, clean his house, go shopping in the neighborhood, and balance his checkbook.**

Patient EL: RFA–A Section 2

2. USUAL DUTIES AND ACTIVITIES. The next sets of questions are about how the patient usually spends his/her day.

2.1 Work

2.1	Has the new stroke substantially reduced (compared to prestroke status) the person's ability to work (or, for a student, study)? e.g. change from full-time to part-time, change in level of responsibility, or unable to work at all.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (2)
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2.2 Family responsibilities

2.2	Has the new stroke substantially reduced (compared to prestroke status) the person's ability to look after family at home?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2)
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2.3 Social & leisure activities

(Social and leisure activities include hobbies and interests. Includes activities outside the home or at home. Activities outside the home: going to the coffee shop, bar, restaurant, club, church, cinema, visiting friends, going for walks. Activities at home: involving "active" participation including knitting, sewing, painting, games, reading books, home improvements).

2.3	Has the new stroke reduced (compared to prestroke status) the person's regular free-time activities by more than one half as often?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2)
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2.4 Other physical/medical condition

2.4	Are the patient's work, family, and/or social/leisure activities substantially reduced by a physical/medical condition other than the stroke that led to trial enrollment?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2)
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At this time, EL explained that he is only working half time because of his residual hand weakness. He is able to walk unassisted, cook a meal, clean his house, go shopping in the neighborhood, and balance his checkbook.

Patient EL: RFA–A Section 1

1. SYMPTOMS AS A RESULT OF THE STROKE (Can be any symptoms or problems reported by the patient).

1.1 SPONTANEOUSLY REPORTED SYMPTOMS

1.1 Does the patient have any symptoms resulting from the new stroke?	<input checked="" type="checkbox"/> Yes (1)	<input type="checkbox"/> No
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1.2. SYMPTOM CHECKLIST

1.2.1 Does the person have difficulty reading or writing as a result of the new stroke?	<input checked="" type="checkbox"/> Yes (1)	<input type="checkbox"/> No
1.2.2 Does the person have difficulty speaking or finding the right word as a result of the new stroke?	<input checked="" type="checkbox"/> Yes (1)	<input type="checkbox"/> No
1.2.3 Does the person have problems with balance or coordination as a result of the new stroke?	<input type="checkbox"/> Yes (1)	<input checked="" type="checkbox"/> No
1.2.4 Does the person have visual problems as a result of stroke?	<input checked="" type="checkbox"/> Yes (1)	<input type="checkbox"/> No
1.2.5 Does the person have numbness (face, arms, legs, hands, feet) as a result of the new stroke?	<input checked="" type="checkbox"/> Yes (1)	<input type="checkbox"/> No
1.2.6 Does the person have weakness or loss of movement (face, arms, legs, hands, feet) as a result of the new stroke?	<input checked="" type="checkbox"/> Yes (1)	<input type="checkbox"/> No
1.2.7 Does the person have difficulty with swallowing as a result of the new stroke?	<input type="checkbox"/> Yes (1)	<input checked="" type="checkbox"/> No
1.2.8 Does the person have any other symptoms related to the new stroke?	<input type="checkbox"/> Yes (1)	<input checked="" type="checkbox"/> No

At the time of his three month visit, his neurological exam showed **mild right hand residual weakness and numbness, mild right hemispace visual loss, and slurred speech.**

According to the RFA-A
Day 90 mRS = 2

EL is capable of living independently, such as preparing meals, performing basic household chores, and shopping locally. However, his stroke has affected his ability to work.

Case Vignette Example 2

Patient DP

DP is a 79 year old who suffered an acute right middle cerebral artery ischemic stroke 3 months ago. Initially, he presented with right gaze deviation, left hemiplegia, left hemisensory loss and left hemineglect. He was discharged 5 days after his stroke to an acute rehabilitation facility.

At the three month visit, his neurological exam showed severe left arm and leg weakness and numbness, slurred speech, and inability to stand without falling over.

DP has a 24 hour caregiver and cannot prepare food or perform household tasks without being observed and assisted. He is able to walk with a walker only if his wife or caregiver stand beside him and physically support him. On his own with the walker, he falls. He now is unable to work full time and goes to the office only occasionally.

Patient DP: RFA-A Section 5

5 BEDRIDDEN	
5.1 Is the person bedridden? The patient is unable to walk even with another person's assistance. May frequently be incontinent. Will usually require nearly constant care - someone needs to be available at nearly all times. Care may be provided by either a trained or untrained caregiver.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (5)

DP has a 24 hour caregiver and cannot prepare food or perform household tasks without being observed and assisted. He is able to walk with a walker only if his wife or caregiver stand beside him and physically support him. On his own with the walker, he falls. He now is unable to work full time and goes to the office only occasionally.

Patient DP: RFA-A Section 4

4	ASSISTANCE TO WALK	
4.1	<p>Is another person's assistance essential for walking? Requiring another person's assistance means needing another person to be always present when walking, including indoors around house or ward, to provide physical help, verbal instruction, or supervision. (Patients who use physical aids to walk, e.g. stick/cane, walking frame/walker, but do not require another person's help, are NOT rated as requiring assistance to walk).</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (4)</p>

DP has a 24 hour caregiver and cannot prepare food or perform household tasks without being observed and assisted. He is able to walk with a walker only if his wife or caregiver stand beside him and physically support him. On his own with the walker, he falls. He now is unable to work full time and goes to the office only occasionally.

Patient DP: RFA–A Section 3

3	ASSISTANCE TO LOOK AFTER OWN AFFAIRS	
	Assistance includes physical assistance, or verbal instruction, or supervision by another person. Central issue--Could the patient live alone for 1 week if he/she absolutely had to?	
3.1	Is assistance ABSOLUTELY essential for preparing a simple meal? (For example, able to prepare breakfast or a snack)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (3)
3.2	Is assistance ABSOLUTELY essential for basic household chores? (For example, finding and putting away clothes, clearing up after a meal. Exclude chores that do not need to be done every day, such as using a vacuum cleaner.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (3)
3.3	Is assistance ABSOLUTELY essential for looking after household expenses?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3)
3.4	Is assistance ABSOLUTELY essential for local travel? (Patients may drive or use public transport to get around. Ability to use a taxi is sufficient, provided the person can phone for it themselves and instruct the driver.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3)
3.5	Is assistance ABSOLUTELY essential for local shopping? (Local shopping: at least able to buy a single item)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (3)

DP has a 24 hour caregiver and cannot prepare food or perform household tasks without being observed and assisted.

He is able to walk only if he uses a walker and if his wife or caregiver stand beside him and physically supporting him. On his own with the walker, he falls. He now is unable to work full time and goes to the office only occasionally.

Patient DP: RFA–A Section 2

2. USUAL DUTIES AND ACTIVITIES. The next sets of questions are about how the patient usually spends his/her day.

2.1 Work

2.1	Has the new stroke substantially reduced (compared to prestroke status) the person's ability to work (or, for a student, study)? e.g. change from full-time to part-time, change in level of responsibility, or unable to work at all.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (2)
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2.2 Family responsibilities

2.2	Has the new stroke substantially reduced (compared to prestroke status) the person's ability to look after family at home?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (2)
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2.3 Social & leisure activities

(Social and leisure activities include hobbies and interests. Includes activities outside the home or at home. Activities outside the home: going to the coffee shop, bar, restaurant, club, church, cinema, visiting friends, going for walks. Activities at home: involving "active" participation including knitting, sewing, painting, games, reading books, home improvements).

2.3	Has the new stroke reduced (compared to prestroke status) the person's regular free-time activities by more than one half as often?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2)
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2.4 Other physical/medical condition

2.4	Are the patient's work, family, and/or social/leisure activities substantially reduced by a physical/medical condition other than the stroke that led to trial enrollment?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2)
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DP has a 24 hour caregiver and cannot prepare food or perform household tasks without being observed and assisted. He is able to walk only if he uses a walker and if his wife or caregiver stand beside him and physically supporting him. On his own with the walker, he falls. He now is unable to work full time and goes to the office only occasionally.

Patient DP: RFA-A Section 1

1. SYMPTOMS AS A RESULT OF THE STROKE (Can be any symptoms or problems reported by the patient)

1.1 SPONTANEOUSLY REPORTED SYMPTOMS

1.1 Does the patient have any symptoms resulting from the new stroke?	<input type="checkbox"/> Yes (1)	<input checked="" type="checkbox"/> No
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1.2. SYMPTOM CHECKLIST

1.2.1 Does the person have difficulty reading or writing as a result of the new stroke?	<input type="checkbox"/> Yes (1)	<input checked="" type="checkbox"/> No
1.2.2 Does the person have difficulty speaking or finding the right word as a result of the new stroke?	<input checked="" type="checkbox"/> Yes (1)	<input type="checkbox"/> No
1.2.3 Does the person have problems with balance or coordination as a result of the new stroke?	<input checked="" type="checkbox"/> Yes (1)	<input type="checkbox"/> No
1.2.4 Does the person have visual problems as a result of stroke?	<input type="checkbox"/> Yes (1)	<input checked="" type="checkbox"/> No
1.2.5 Does the person have numbness (face, arms, legs, hands, feet) as a result of the new stroke?	<input checked="" type="checkbox"/> Yes (1)	<input type="checkbox"/> No
1.2.6 Does the person have weakness or loss of movement (face, arms, legs, hands, feet) as a result of the new stroke?	<input checked="" type="checkbox"/> Yes (1)	<input type="checkbox"/> No
1.2.7 Does the person have difficulty with swallowing as a result of the new stroke?	<input type="checkbox"/> Yes (1)	<input checked="" type="checkbox"/> No
1.2.8 Does the person have any other symptoms related to the new stroke?	<input type="checkbox"/> Yes (1)	<input checked="" type="checkbox"/> No

At the three month visit, his neurological exam showed severe left arm and leg weakness and numbness, slurred speech, and inability to stand without falling over.

According to the RFA-A,
Day 90 mRS = 4

DP is not bedridden since he can walk with assistance from another person. However, he is unable to walk on his own, without the help of another person.