Katz Index of Independence in Activities of Daily Living

Meredith Wallace, PhD, APRN, BC, and Mary Shelkey, PhD, ARNP

he Katz Index of Independence in Activities of Daily Living (ADLs) is an example of best practices in nursing care of older adults. This tool can aid in the evaluation of assisted living (AL) residents.

Whv?

Normal aging changes and health problems frequently show themselves as declines in the functional status of older adults. Decline may place the older adult on a spiral of iatrogenesis leading to further health problems. One of the best ways to evaluate the health status of older adults is through functional assessment, which provides objective data that may indicate future decline or improvement in health status, allowing the nurse to intervene appropriately.

Best Tool

The Katz Index of Independence in Activities of Daily Living (Table 1), commonly referred to as the Katz ADL, is the most appropriate instrument to assess functional status as a measurement of the client's ability to perform ADLs independently. Clinicians typically use the tool to detect problems in performing ADLs and to plan care accordingly. The Index ranks adequacy of performance in the 6 functions of bathing, dressing, toileting, transferring, continence, and feeding. Clients are scored yes/no for independence in each of



the 6 functions. A score of 6 indicates full function. 4 indicates moderate impairment, and 2 or less indicates severe functional impairment.

Target Population

The instrument is most effectively used among older adults in a variety of care settings, when baseline measurements, taken when the client is well, are compared to periodic or subsequent measures.

Validity and Reliability

In the 35 years since the instrument has been developed, it has been modified and simplified and different approaches to scoring have been used. However, it has consistently demonstrated its utility in evaluating functional status in the elderly population. Although no formal reliability and validity reports could be found in the literature, the tool is used extensively as a flag signaling functional capabilities of older adults in clinical and home environments.

Strengths and Limitations

The Katz ADL Index assesses basic ADLs. It does not assess more advanced ADLs. Katz developed another scale for instrumental activities of daily living (IADLs) such as heavy housework, shopping, managing finances, and telephoning. Although the Katz ADL Index is sensitive to changes in declining health status, it is limited in its ability to

Activities Points (1 or 0)	Independence (1 Point) NO supervision, direction, or personal assistance needed.	Dependence (0 Points) WITH supervision, direction, personal assistance, or total care.
BATHING Points:	(1 POINT) Bathes self completely or needs help in bathing only a single part of the body such as the back, genital area, or disabled extremity.	(0 POINTS) Need help with bathing more than one part of the body, or getting in or out of the tub or shower. Requires total bathing.
DRESSING Points:	(1 POINT) Get clothes from closets and drawers and puts on clothes and outer garments complete with fasteners. May have help tying shoes.	(0 POINTS) Needs help with dressing self or needs to be completely dressed.
TOILETING Points:	(1 POINT) Goes to toilet, gets on and off, arranges clothes, cleans genital area without help.	(0 POINTS) Needs help transferring to the toilet, cleaning self or uses bedpan or commode.
TRANSFERRING Points:	(1 POINT) Moves in and out of bed or chair unassisted. Mechanical transfer aids are acceptable.	(0 POINTS) Needs help in moving from bed to chair or requires a complete transfer.
CONTINENCE Points:	(1 POINT) Exercises complete self-control over urination and defecation.	(0 POINTS) Is partially or totally incontinent of bowel or bladder.
FEEDING Points:	(1 POINT) Gets food from plate into mouth without help. Preparation of food may be done by another person.	(0 POINTS) Needs partial or total help with feeding or requires parenteral feeding

Slightly adapted from Katz S, Down TD, Cash HR, Grotz RC. Progress in the development of the index of ADL. *Gerontologist*. 1970;10(1):20-30. Copyright © The Gerontological Society of America. Reproduced [Adapted] by permission of the publisher.

measure small increments of change seen in the rehabilitation of older adults. A full comprehensive geriatric assessment should follow when appropriate. The Katz ADL Index is very useful in creating a common language about patient function for all practitioners involved in overall care planning and discharge planning.

Meredith Wallace, PhD, APRN, BC, is an As-

sociate Professor of Nursing at Yale University School of Nursing. Mary Shelkey, PhD, ARNP, is a geriatric specialist at Virginia Mason Medical Center.

Reprinted with permission of The Hartford Institute for Geriatric Nursing, College of Nursing, New York University.

Bibliography

Best practice information on care of older adults: www.ConsultGeriRN.org.

Graf C. Functional decline in hospitalized older adults. *AJN*. 2006;106(1):58-67.

Katz S, Down TD, Cash HR, Grotz RC. Progress in the development of the index of ADL. *Gerontologist*. 1970;10(1):20-30.

Katz S. Assessing self-maintenance: Activities of daily living, mobility and instrumental activities of daily living. *JAGS*. 1983;31(12):721-726.

Kresevic DM, Mezey M. Assessment of function. In: Mezey M, Fulmer T, Abraham I, Zwicker D, eds. *Geriatric Nursing Protocols for Best Practice*. New York: Springer; 2003.

Mick DJ, Ackerman MH. Critical care nursing for older adults: pathophysiological and functional considerations. *Nurs Clin North Am.* 2004; 39(3):473-493.