

CLINICAL INFORMATION: Standing & Walking Mobility

CI-Standing and Walking Mobility Tracking Form - Basic
Page 1 of 2

Pre-walking stages				
Stage	Stage at Admission	Stage(s) achieved between Admission and Discharge Assessments	Stage at Discharge	Measures to Complete (at admission and D/C)
0.0 No Independent Sitting Capacity				
0.0) Unable to sit independently hands free on solid surface for 60 sec.	<input type="checkbox"/> _____ YYYY - MM - DD	<input type="checkbox"/> _____ YYYY - MM - DD	<input type="checkbox"/> _____ YYYY - MM - DD	None
0.5 Independent Sitting Capacity				
0.5) Able to sit independently on solid surface hands free for 60 sec.	<input type="checkbox"/> _____ YYYY - MM - DD	<input type="checkbox"/> _____ YYYY - MM - DD	<input type="checkbox"/> _____ YYYY - MM - DD	None
1. No Walking Capacity				
1A) No L/E Movement	<input type="checkbox"/> _____ YYYY - MM - DD	<input type="checkbox"/> _____ YYYY - MM - DD	<input type="checkbox"/> _____ YYYY - MM - DD	None
1B) Voluntary Non-Functional L/E Movement	<input type="checkbox"/> _____ YYYY - MM - DD	<input type="checkbox"/> _____ YYYY - MM - DD	<input type="checkbox"/> _____ YYYY - MM - DD	BBS
1C) Voluntary Functional L/E Movement	<input type="checkbox"/> _____ YYYY - MM - DD	<input type="checkbox"/> _____ YYYY - MM - DD	<input type="checkbox"/> _____ YYYY - MM - DD	BBS
Walking stages				
2. Therapeutic Walking Capacity (Indoors)				
2A) Max Assist	<input type="checkbox"/> _____ YYYY - MM - DD	<input type="checkbox"/> _____ YYYY - MM - DD	<input type="checkbox"/> _____ YYYY - MM - DD	BBS mTUG ABC (D/C only)
2B) Mod Assist	<input type="checkbox"/> _____ YYYY - MM - DD	<input type="checkbox"/> _____ YYYY - MM - DD	<input type="checkbox"/> _____ YYYY - MM - DD	All of above
2C) Min Assist	<input type="checkbox"/> _____ YYYY - MM - DD	<input type="checkbox"/> _____ YYYY - MM - DD	<input type="checkbox"/> _____ YYYY - MM - DD	All of above

CLINICAL INFORMATION: Standing & Walking Mobility

CI-Standing and Walking Mobility Tracking Form - Basic
Page 2 of 2

3. Functional Walking Capacity (Indoors and Outdoors)				
3A) Supervised Household Ambulator	<input type="checkbox"/> Y Y Y Y - M M - D D	<input type="checkbox"/> Y Y Y Y - M M - D D	<input type="checkbox"/> Y Y Y Y - M M - D D	All of above
3B) Independent Household Ambulator	<input type="checkbox"/> Y Y Y Y - M M - D D	<input type="checkbox"/> Y Y Y Y - M M - D D	<input type="checkbox"/> Y Y Y Y - M M - D D	All of above plus: m6MWT 10MWT
3C) Community Ambulator	<input type="checkbox"/> Y Y Y Y - M M - D D	<input type="checkbox"/> Y Y Y Y - M M - D D	<input type="checkbox"/> Y Y Y Y - M M - D D	All of above
4. Full Walking Capacity				
4A) Independent Ambulator	<input type="checkbox"/> Y Y Y Y - M M - D D	<input type="checkbox"/> Y Y Y Y - M M - D D	<input type="checkbox"/> Y Y Y Y - M M - D D	All of above

If there are measures to complete based on a participant's stage at admission or discharge for which there is absolutely no result available (and thus no form has been/will be added to the participant's binder in the GRP), please outline the reason why in the table below for each measure:

	BBS	ABC	mTUG	m6MWT	m10MWT
Reason					
• Measure not usually administered by PT at this facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Unknown reason (Threshold met but no result documented by therapist)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Other 1 - (specify) :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Other 2 - (specify) :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Other 3 - (specify) :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legend:	BBS – Berg Balance Scale mTUG – modified Timed Up and Go ABC – Activities-Specific Balance Confidence Scale mSCI-FAP – modified SCI Functional Ambulation Profile mMini-BEStest - Modified Mini-BESTest- of DYNAMIC BALANCE m6MWT – modified 6 Minute Walk Test 10MWT – 10 Metre Walk Test
----------------	--