RHSCIR ID #	

RHSCIR

CLINICAL INFORMATION: Standing and Walking Mobility

CI-Standing and Walking Mobility-ABC Scale

Activities Specific Balance Confidence Scale (ABC)

	DISCHARGE (Within 7 days)
Date: *(If completed over multiple sessions, enter date of completion)*	YYYY-MM-DD
Therapist Name/Initials:	
Did patient meet threshold criterion at discharge? 2A) *Therapeutic Walking Capacity (Indoors) - Mod Assist: ability to stand and initiate reciprocal steps through voluntary L/E movement but requires moderate physical assistance (25-50% of total effort) of one person and may include use of assistive devices and/or orthoses with the exception of the bilateral KAFOs.*	☐ Yes ☐ No
If patient met threshold criterion, but test not performed, specify reason:	Reason:

Activities Specific Balance Scale (ABC) – Completed by interview

For each of the following activities, please indicate your level of self-confidence by choosing a corresponding number from the following rating scale:

0% 10 20 30 40 50 60 70 80 90 100%

no confidence **completely confident**

"How confident are you that you will not lose your balance or become unsteady when you…	**DISCHARGE** (Within 7 days)	**PATIENT INSTRUCTIONS**
1. …walk around the house?	_____ **%**	For each of the following, please indicate your level of confidence in doing the activity without losing your balance or becoming unsteady from choosing one of the percentage points on the scale from 0% to 100%. If you do not currently do the activity in question, try and imagine how confident you would be if you had to do the activity. If you normally use a walking aid to do the activity or hold onto someone, rate your confidence as it you were using these supports. If you have any questions about answering any of these items, please ask the administrator.
2. …walk up and down the stairs?	_____ **%**	
3. … bend over and pick up a slipper from the front of a closet floor?	_____ **%**	
4. …reach for a small can off a shelf at eye level??	_____ **%**	
5. …stand on your tiptoes and reach for something above your head?	_____ **%**	
6. …stand on a chair and reach for something?	_____ **%**	
7. …sweep the floor?	_____ **%**	
8. …walk outside the house to a car parked in the driveway?	_____ **%**	
9. …get into or out of a car?	_____ **%**	
10. …walk across a parking lot to the mall?	_____ **%**	
11. …walk up or down a ramp?	_____ **%**	
12. …walk in a crowded mall where people rapidly walk past you?	_____ **%**	
13. …are bumped into by people as you walk through the mall?	_____ **%**	
14. …step onto or off an escalator while you are holding onto a railing?	_____ **%**	
15. …step onto or off an escalator while holding onto parcels such that you cannot hold onto the railing?	_____ **%**	
16. …walk outside on icy sidewalks?	_____ **%**	

Data Collection Details(for RHSCIR study use only)

Collected by: (please print name)		**Initial Here:**		**Date Abstraction Completed:**	YYYY-MM-DD