



# CLINICAL INFORMATION: Standing & Walking Mobility

CI-Standing and Walking Mobility Tracking Form-  
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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)
<b>0.0 No Independent Sitting Capacity</b>				
0.0) Unable to sit independently hands free on solid surface for 60 sec.	<input type="checkbox"/> _____ YYYY - M M - DD	<input type="checkbox"/> _____ YYYY - M M - DD	<input type="checkbox"/> _____ YYYY - M M - DD	None
<b>0.5 Independent Sitting Capacity</b>				
0.5) Able to sit independently on solid surface hands free for 60 sec.	<input type="checkbox"/> _____ YYYY - M M - DD	<input type="checkbox"/> _____ YYYY - M M - DD	<input type="checkbox"/> _____ YYYY - M M - DD	None
<b>1. No Walking Capacity</b>				
<b>1A) No L/E Movement</b>				None
	<input type="checkbox"/> _____ YYYY - M M - DD	<input type="checkbox"/> _____ YYYY - M M - DD	<input type="checkbox"/> _____ YYYY - M M - DD	
<b>1B) Voluntary Non-Functional L/E Movement</b>	<input type="checkbox"/> _____ YYYY - M M - DD	<input type="checkbox"/> _____ YYYY - M M - DD	<input type="checkbox"/> _____ YYYY - M M - DD	BBS
<b>1C) Voluntary Functional L/E Movement</b>	<input type="checkbox"/> _____ YYYY - M M - DD	<input type="checkbox"/> _____ YYYY - M M - DD	<input type="checkbox"/> _____ YYYY - M M - DD	BBS
<b>Walking stages</b>				
<b>2. Therapeutic Walking Capacity (Indoors)</b>				
<b>2A) Max Assist</b>	<input type="checkbox"/> _____ YYYY - M M - DD	<input type="checkbox"/> _____ YYYY - M M - DD	<input type="checkbox"/> _____ YYYY - M M - DD	BBS mSCI-FAP ABC (D/C only)
<b>2B) Mod Assist</b>	<input type="checkbox"/> _____ YYYY - M M - DD	<input type="checkbox"/> _____ YYYY - M M - DD	<input type="checkbox"/> _____ YYYY - M M - DD	All of above
<b>2C) Min Assist</b>	<input type="checkbox"/> _____ YYYY - M M - DD	<input type="checkbox"/> _____ YYYY - M M - DD	<input type="checkbox"/> _____ YYYY - M M - DD	All of above

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

Reason	BBS	ABC	mSCI-FAP	M6MWT	10MWT
• Measure not usually administered by PT at this facility	<input type="checkbox"/>				
• Unknown reason (Threshold met but no result documented by therapist)	<input type="checkbox"/>				
• Other 1 - (specify) :	<input type="checkbox"/>				
• Other 2 - (specify) :	<input type="checkbox"/>				
• Other 3 - (specify) :	<input type="checkbox"/>				

Legend:	<p>BBS – Berg Balance Scale          ABC – Activities-Specific Balance Confidence Scale          mSCI-FAP – modified SCI Functional Ambulation Profile          m6MWT – modified 6 Minute Walk Test          10MWT – 10 Metre Walk Test</p>
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