



CLINICAL INFORMATION: Standing & Walking Mobility

CI-Standing and Walking Mobility Tracking Form - Basic
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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) |
| 0.0 No Independent Sitting Capacity | | | | |
| 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 |
| 0.5 Independent Sitting Capacity | | | | |
| 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 |
| 1. No Walking Capacity | | | | |
| 1A) No L/E Movement | <input type="checkbox"/> _____ YYYY - M M - DD | <input type="checkbox"/> _____ YYYY - M M - DD | <input type="checkbox"/> _____ YYYY - M M - DD | None |
| 1B) Voluntary Non-Functional L/E Movement | <input type="checkbox"/> _____ YYYY - M M - DD | <input type="checkbox"/> _____ YYYY - M M - DD | <input type="checkbox"/> _____ YYYY - M M - DD | BBS |
| 1C) Voluntary Functional L/E Movement | <input type="checkbox"/> _____ YYYY - M M - DD | <input type="checkbox"/> _____ YYYY - M M - DD | <input type="checkbox"/> _____ YYYY - M M - DD | BBS |
| Walking stages | | | | |
| 2. Therapeutic Walking Capacity (Indoors) | | | | |
| 2A) Max Assist | <input type="checkbox"/> _____ YYYY - M M - DD | <input type="checkbox"/> _____ YYYY - M M - DD | <input type="checkbox"/> _____ YYYY - M M - DD | BBS mTUG ABC (D/C only) |
| 2B) Mod Assist | <input type="checkbox"/> _____ YYYY - M M - DD | <input type="checkbox"/> _____ YYYY - M M - DD | <input type="checkbox"/> _____ YYYY - M M - DD | All of above |
| 2C) Min Assist | <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"/> | All of above |
| 3B) Independent Household Ambulator | <input type="checkbox"/> | _____-_____-_____-_____ YYYY - MM - DD | <input type="checkbox"/> | All of above plus: m6MWT 10MWT |
| 3C) Community Ambulator | <input type="checkbox"/> | _____-_____-_____-_____ YYYY - MM - DD | <input type="checkbox"/> | All of above |
| 4. Full Walking Capacity | | | | |
| 4A) Independent Ambulator | <input type="checkbox"/> | _____-_____-_____-_____ YYYY - MM - DD | <input type="checkbox"/> | 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 | mTUG | m6MWT | m10MWT |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| • 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 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</p> |
|---------|---|