

CLINICAL INFORMATION: Standing & Walking Mobility

CI-Standing and Walking Mobility-10MWT-MULT

FORMNOTDONE

REASONFORMNOTDONE

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10 Meter Walk Test

| | ADMISSION (Within 7 days) | THRESHOLD (Within 2 days of meeting criterion*) | DISCHARGE (Within 7 days) |
|--|--|--|---|
| Date: <i>(If completed over multiple sessions, enter date of completion)</i> | YYYY-MM-DD TESTDATEA | YYYY-MM-DD TESTDATET | YYYY-MM-DD TESTDATED |
| Therapist Name/Initials: | THERAPISTNAMEA | THERAPISTNAMET | THERAPISTNAMED |
| Did patient meet threshold criterion at time of assessment? <i>*Functional Walking Capacity:</i> 3B)Independent Household Ambulator: ability to ambulate daily using reciprocal steps over ground for short distances (10-100m) independently for functional walking. **Note: if patient doesn't meet threshold criterion at admission, please monitor and perform threshold test if function changes | <input type="checkbox"/> Yes <input type="checkbox"/> No; If No, enter current gait status: <u>GAITSTATUSA</u> (e.g., ambulates with min. assist and walking belt) | <i>Only performed if patient does not meet threshold criterion at admission but function improves to meet threshold criterion at some time during their inpatient stay.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No If No, enter current gait status: <u>GAITSTATUSD</u> (e.g., ambulates with min. assist and walking belt) |
| If patient met threshold criterion, but test not performed, specify reason: | Reason: NOTPERFORMEDREASONA | Reason: NOTPERFORMEDREASONT | Reason: NOTPERFORMEDREASOND |
| Number of Sessions for Test Completion: <i>Note: Test can be completed over multiple sessions during the time period indicated if required.</i> | NUMSESSIONSA | NUMSESSIONST | NUMSESSIONSD |

10 Meter Walk Test

| 10 Meter Walk Test | | ADMISSION (Within 7 days) OR ADMISSIONOR THRESHOLD (Within 2 days of meeting criterion*) (Circle which test was done) | | DISCHARGE (Within 7 days) | |
|--------------------|---|--|--|---|-------------------|
| | | PREFERREDSPEDTIMEA PREFERREDSPEDTIMEUNKNOWNA | | PREFERREDSPEDTIMED PREFERREDSPEDTIMEUNKNOWND | |
| 1. | 10 Meter Walk Test (10MWT) at preferred speed: | Time:____(sec) | Speed:____(m/sec) | Time:____(sec) | Speed:____(m/sec) |
| 2. | 10 Meter Walk Test (10MWT) at maximum speed: | Time:____(sec) | Speed:____(m/sec) | Time:____(sec) | Speed:____(m/sec) |
| 3. | Walking Aid Used: <i>(and circle right/left/both if applicable to indicate the side on which the aid is used)</i> | <input type="checkbox"/> None <input type="checkbox"/> Parallel bars WALKINGAIDTYPEA <input type="checkbox"/> Standard walker <input type="checkbox"/> 2 wheeled walker <input type="checkbox"/> 4 wheeled walker <input type="checkbox"/> Crutches - Right / Left / Both CRUTCHESIDEA <input type="checkbox"/> Quad cane <input type="checkbox"/> Standard cane - STANDARDCANESIDEA Right / Left / Both <input type="checkbox"/> Knee Ankle Foot Orthosis (KAFO) - Right/Left (if required bilaterally, patient does not meet threshold criteria for test) KAFOSIDEA <input type="checkbox"/> Ankle Foot Orthosis - ANKLEFOOTORTHOSISIDEA Right / Left / Both <input type="checkbox"/> Other Aid (specify): WALKINGAIDTYPEOTHERA | <input type="checkbox"/> None <input type="checkbox"/> Parallel bars WALKINGAIDTYPED <input type="checkbox"/> Standard walker <input type="checkbox"/> 2 wheeled walker <input type="checkbox"/> 4 wheeled walker <input type="checkbox"/> Crutches - Right / Left / Both CRUTCHESIDED <input type="checkbox"/> Quad cane <input type="checkbox"/> Standard cane - STANDARDCANESIDED Right / Left / Both <input type="checkbox"/> Knee Ankle Foot Orthosis (KAFO) - Right/Left (if required bilaterally, patient does not meet threshold criteria for test) KAFOSIDED <input type="checkbox"/> Ankle Foot Orthosis - ANKLEFOOTORTHOSISIDED Right / Left / Both <input type="checkbox"/> Other Aid (specify): WALKINGAIDTYPEOTHERD | | |

Data Collection Details (for RHSCIR study use only)

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