



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
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
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
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
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
1C) Voluntary Functional L/E Movement	<input type="checkbox"/> _____ YYYY - MM - DD	<input type="checkbox"/> _____ YYYY - MM - DD	<input type="checkbox"/> _____ YYYY - MM - DD
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
2B) Mod Assist	<input type="checkbox"/> _____ YYYY - MM - DD	<input type="checkbox"/> _____ YYYY - MM - DD	<input type="checkbox"/> _____ YYYY - MM - DD
2C) Min Assist	<input type="checkbox"/> _____ YYYY - MM - DD	<input type="checkbox"/> _____ YYYY - MM - DD	<input type="checkbox"/> _____ YYYY - MM - DD
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
3B) Independent Household Ambulator	<input type="checkbox"/> _____ YYYY - MM - DD	<input type="checkbox"/> _____ YYYY - MM - DD	<input type="checkbox"/> _____ YYYY - MM - DD
3C) Community Ambulator	<input type="checkbox"/> _____ YYYY - MM - DD	<input type="checkbox"/> _____ YYYY - MM - DD	<input type="checkbox"/> _____ YYYY - MM - DD
4. Full Walking Capacity			
4) Independent Ambulator	<input type="checkbox"/> _____ YYYY - MM - DD	<input type="checkbox"/> _____ YYYY - MM - DD	<input type="checkbox"/> _____ YYYY - MM - DD