

# Appendix P– Client Mobility Assessment Tool – Physical

<b>Client Name:</b>		<b>Date:</b>
<b>Unit/Department:</b>		
<b>Client Weight:</b>		<b>Client Height:</b>
<b>Diagnosis:</b>		
<b>Sensory</b>		
Are the client's senses impaired (touch, proprioception, body awareness, vision, hearing)?	Yes	Comments:
	No	
<b>Range of Motion (ROM)</b> Indicate G = good, F = fair, P = poor		<b>Comments:</b>
Shoulder (flexion, extension and abduction)	Left	
	Right	
Elbow (flexion and extension)	Left	
	Right	
Wrist and fingers (flexion and extension)	Left	
	Right	
Hip (flexion and extension)	Left	
	Right	
Knee (flexion and extension)	Left	
	Right	
Ankle (plantar/dorsiflexion)	Left	
	Right	
<b>Muscle Strength</b> Indicate G = good, F = fair, P = poor		<b>Comments:</b>
Shoulder (flexors, extensors and abductors)	Left	
	Right	
Elbow (flexors and extensors)	Left	
	Right	
Wrist (flexors and extensors)	Left	
	Right	
Grip	Left	
	Right	
Hip (flexors and extensors)	Left	
	Right	
Knee (flexors and extensors)	Left	
	Right	
Ankle (plantar flexors and dorsiflexors)	Left	
	Right	



Muscle Tone	<input type="checkbox"/> Spastic <input type="checkbox"/> Rigid <input type="checkbox"/> Flaccid <input type="checkbox"/> Other	Specify areas of abnormal tone, if any.
<b>Mobility and Balance</b> Indicate G = good, F=fair, P = poor		<b>Comments</b>
Ability to roll from side to side		
Ability to sit up unassisted		
Ability to maintain sitting balance		
Ability to stand		
Ability to maintain standing balance		
Other		
<b>Weight-bearing Status</b>		<b>Comments:</b>
Can the client weight-bear through at least two arms, or one or both legs?  Note if client can: Fully weight-bear (FWB) or Partially weight-bear (PWB)	Yes	<input type="checkbox"/> Both Arms <input type="checkbox"/> FWB <input type="checkbox"/> PWB <input type="checkbox"/> Both Legs <input type="checkbox"/> FWB <input type="checkbox"/> PWB <input type="checkbox"/> Right Leg <input type="checkbox"/> FWB <input type="checkbox"/> PWB <input type="checkbox"/> Left Leg <input type="checkbox"/> FWB <input type="checkbox"/> PWB
	No	
<b>Coordination</b>		<b>Comments:</b>
Upper extremity	Left	
	Right	
Lower extremity	Left	
	Right	

<b>Sample Grading Guide: Client Mobility Assessment (Physical)*</b>			
Test	Grade		
	Good	Fair	Poor
Range of motion	Within normal limits for the age of the client and not interfering with client handling	Some restrictions and additional precautions may be required for client handling	Very restricted and very likely to interfere with some client handling procedures
Strength	Good strength and able to tolerate strong resistance	Some strength and able to tolerate some resistance but may fatigue	Very weak, unable to tolerate any resistance or minimal resistance, fatigues very quickly
Mobility and balance	Independent or requires minimal supervision	Requires some assistance from caregiver(s)	Requires considerable assistance from caregivers or is unable to perform the task

\* Other grading methods may be used, e.g., standard muscle testing grading for strength, goniometry measurements for range of motion, etc.