Client Mobility Assessment - Physical

Client Name:		Date:
Unit/Department:		
Client Weight:		Client Height:
Diagnosis:		
Sensory		
Are the client's senses impaired (touch, proprioception, body awareness, vision, hearing)?	Yes	Comments:
	No	
Range of Motion (ROM) Indicate G = good, F = fair, P = poor		**Comments:**
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	

Muscle Strength Indicate G = good, F= fair, P = poor		**Comments:**
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	

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Muscle Strength Indicate G = good, F= fair, P = poor		Comments:
Knee (flexors and extensors)	Left	
	Right	
Ankle (plantar flexors and dorsiflexors)	Left	
	Right	

Mobility and Balance Indicate G = good, F=fair, P = poor		Comments
Ability to roll from side to side		
Ability to sit up unassisted		
Ability to maintain sitting		
Ability to stand		
Ability to maintain standing		
Other		
Weight-bearing Status		Comments:
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 No	__Both Arms __FWB __PWB ___Both Legs __FWB __PWB __Right Leg __ FWB __ PWB __Left Leg __FWB __ PWB
Coordination		Comments:
Upper extremity	Left	
	Right	
Lower extremity	Left	
	Right	

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Sample Grading Guide: Client Mobility Assessment (Physical)*			
Test	Grade		
	Good	Fair	Poor
Range of motion	Within normal limits for the age of the client and not interfering with client	Some restrictions and additional precautions may be required for client	Very restricted and very likely to interfere with some client handling
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,
Mobility and balance	Independent or requires minimal supervision	Requires some assistance from caregiver(s)	Requires considerable assistance from care- givers or is

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

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