



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 | |



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

| Mobility and Balance | | Comments |
|--|-------|---|
| Indicate G = good, F=fair, P = poor | | |
| 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 | | |
| Weight-bearing Status | | Comments: |
| Can the client weight-bear through at least two arms, or one or both legs? | Yes | __ Both Arms __ FWB __ PWB __ Both Legs __ FWB __ PWB __ Right Leg __ FWB __ PWB __ Left Leg __ FWB __ PWB |
| | No | |
| Note if client can: Fully weight-bear (FWB) or Partially weight-bear (PWB) | | |
| Coordination | | Comments: |
| Upper extremity | Left | |
| | Right | |
| Lower extremity | Left | |
| | Right | |



| 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 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.