



# MOBILITY RECORD

Level of Client Mobility Risk Assessment:

I - Initial      R - Re-assessment

Key:

**Initial** if no risk








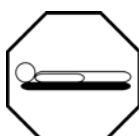
✓ if no risk but written note required

X if risk, written note required

NA or / if area of risk not applicable

Year: _____		Month/Day																	
		Time																	
		Level of Assessment																	
<b>PART A - Verbal, Written and Observation</b>	Health Information	<b>Communication Risk Factors Impacting Mobility</b>																	
		Is able to communicate and understand																	
		Vision/hearing difficulties addressed (see device/s)																	
		<b>Cognitive Risk Factors Impacting Mobility</b>																	
		Is able to remember instructions related to the move																	
		Is able to judge own capabilities in moving																	
		Is able to make decisions																	
		<b>Emotional/Behavioral Risk Factors Impacting Mobility</b>																	
		Displays stable moods																	
		Demonstrates predictable/cooperative behaviours																	
		<b>Medical Risk Factors Impacting Mobility</b>																	
		Is able to participate in move despite medical condition																	
		Is aware of own body position in the environment																	
		Is able to move with attachments/appliances																	
		Is able to move despite pain/fatigue																	
Is able to participate in move despite medication effects																			
Currently uses mobility assistive devices (see device/s)																			
<b>PART B - Testing and Observation</b>	Pre-mobilization Testing	<b>Physical &amp; Functional Risk Factors Impacting Mobility</b>																	
		Can grip, push, pull in handshake approach																	
		Can lift leg, bend and straighten knee																	
		Can move foot up and down at the ankle																	
		Can bridge																	
		Can roll from side to side in bed																	
	Sitting Tests	Can achieve sitting position																	
		Can sit unassisted for 20 seconds																	
		Can right self when gently tipped in all four directions																	
	Standing Tests	Can position self in preparation for standing																	
		Can lift body weight off buttocks/thighs																	
		Can stand independently																	
		Can remain standing for 20 seconds																	
		Balanced lifting one arm at a time to front and side																	
	Walking Tests	Can shift weight from one foot to another																	
		Can walk (or shuffle) on the spot																	
		Can walk (or shuffle) 3 steps forward and 3 steps back																	

Continue to next section

		Date initiated	ID	Date disc	ID		Date initiated	ID	Date disc	ID
Mobile	<b>Independent</b>  <input type="checkbox"/> Bed <input type="checkbox"/> Bath <input type="checkbox"/> Toilet					<b>Mobility Device</b>				
						Walker				
						Cane				
					Wheelchair					
						<b>Sensory Device</b>	Date initiated	ID	Date disc	ID
						Glasses: <input type="checkbox"/> Regular <input type="checkbox"/> Reading				
Standing Transfers	<b>Guided</b>  <input type="checkbox"/> Bed <input type="checkbox"/> Bath <input type="checkbox"/> Toilet									
						Hearing aid(s): <input type="checkbox"/> Lt <input type="checkbox"/> Rt				
							<b>Transfer Device</b>	Date initiated	ID	Date disc
Standing Transfers	<b>One-worker with belt</b>  <input type="checkbox"/> Bed <input type="checkbox"/> Bath <input type="checkbox"/> Toilet									
						<b>Reposition Device</b>	Date initiated	ID	Date disc	ID
Mechanical Lifts	<b>Two-workers with belt</b>  <input type="checkbox"/> Bed <input type="checkbox"/> Bath <input type="checkbox"/> Toilet					<b>Other</b>	Date initiated	ID	Date disc	ID
						Wall Bar x 1				
						Wall Bar x 2				
					Wall Bar x 3					
					Tub Clamp					
					Tub Seat					
Mechanical Lifts	<b>Sit/Stand</b>  <input type="checkbox"/> Bed <input type="checkbox"/> Bath <input type="checkbox"/> Toilet Specify*					Sask-a-Pole				
						Toilet Arm Rests				
						Rubber Bath Mat				
					Telephone Shower					
Mechanical Lifts	<b>Total/Ceiling Track/Tub</b>  <input type="checkbox"/> Bed <input type="checkbox"/> Bath <input type="checkbox"/> Toilet Specify*					<b>*Mechanical Lift Sling/harness Type and Size</b>				
						Ensure compatibility	Date initiated	ID	Date disc	ID
Reposition	<b>Reposition</b>  Indicate repositioning device required					<input type="checkbox"/> <b>Specialized Assessment Requested</b>				
							Date initiated	ID	Date disc	ID
Bed Rest	<b>Bed Rest</b> 					<ol style="list-style-type: none"> <li>1: Identify the Area of Risk for the specific client</li> <li>2: Document additional risks identified</li> <li>3: Specialized Assessment Team determines solution</li> <li>4: Consider including other professionals</li> <li>5: Team documents and communicates specialized technique and equipment to circle of care; ensure documentation is in the client chart (e.g., attach to current mobility record)</li> <li>6: Workers are trained and training is documented.</li> </ol>				