

place photo
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Name:	
DOB:	Room No:

PLACE ID LABEL HERE

PHYSICAL MOBILITY SCALE

Developed by the Gerontology Group of the Australian Physiotherapy Association

Supine to Side lying (*indicate left and right separately)

- (0) No active participation in rolling
- (1) Requires facilitation at shoulder and lower limb but actively turns head to roll
- (2) Requires facilitation at shoulder or lower limb to roll
- (3) Requires equipment (e.g. bedrail) to pull to side lying. Specify equipment used:
.....
- (4) Requires verbal prompting to roll —does not pull to roll
- (5) Independent—no assistance or prompting

Supine to Sit

- (0) Maximally assisted, no head control
- (1) Fully assisted but controls head position
- (2) Requires assistance with trunk and lower limbs or upper limbs
- (3) Requires assistance with lower limbs or upper limbs only
- (4) Supervision required
- (5) Independent and safe

Sitting Balance

- (0) Sits with total assistance, requires head support
- (1) Sits with assistance, controls head position
- (2) Sits using upper limbs for support
- (3) Sits unsupported for at least 10 seconds
- (4) Sits unsupported, turns head and trunk to look behind to left and right
- (5) Sits unsupported, reaches forward to touch floor and returns to sitting position independently

Sitting to Standing

- (0) Unable to weight bear
- (1) Gets to standing with full assistance from therapist. Describe:
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- (2) Requires equipment (e.g. handrails) to pull to standing.
Specify equipment used:
- (3) Pushes to stand, weight unevenly distributed, standby assistance required
- (4) Pushes to stand, weight evenly distributed, may require frame or bar to hold onto once standing
- (5) Independent, even weight bearing, hips and knees extended, does not use upper limbs



Physical Mobility Scale

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Standing to Sitting

- (0) Unable to weight bear
- (1) Gets to sitting with full assistance from therapist
Describe:
- (2) Can initiate flexion, requires help to complete descent, holds arms of chair, weight unevenly/evenly distributed
- (3) Poorly controlled descent, stand-by assistance required, holds arms of chair, weight evenly/unevenly distributed
- (4) Controls descent, hold arms of chair, weight evenly distributed
- (5) Independent and does not use upper limbs, weight evenly distributed

Standing Balance

- (0) Unable to stand without hands-on assistance
- (1) Able to safely stand using aid. Specify aid used:
- (2) Able to stand independently for 10 seconds, no aid
- (3) Stands, turns head and trunk to look behind left or right
- (4) Able to bend forwards to pick up object from floor safely
- (5) Single limb balance—left: _____seconds, right: _____seconds

Transfers

- (0) Non-weight bearing, hoist required. Specify:
- (1) Weight bearing, hoist required. Specify:
- (2) Assistance of two persons required
Describe:
- (3) Assistance of one person required
Describe:
- (4) Stand-by assistance/prompting required
- (5) Independent

Ambulation/Mobility

- (0) Bed/chair bound
- (1) Wheelchair mobile
- (2) Ambulant with assistance of two persons
Describe:
- (3) Ambulant with assistance of one person
Describe:
- (4) Stand-by assistance/prompting required
- (5) Ambulates independently. Gait pattern:



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Physical Mobility Scale

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Aids/Assistance

Specify equipment used:

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Physical Mobility Scale Summary

Date	Supine to sidelying		Supine to sitting	Sitting balance	Sitting to standing	Standing balance sitting	Standing balance	Transfers	Ambulation	Total /45
	Left	Right								



Physical Mobility Scale

Comments:

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Completed by: Signature Date / /

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