

Physical Mobility Scale		Date:					
Supine to side lying	0: no active participation in movement	(R)	(R)	(R)	(R)	(R)	
	1: max assist, but turns head to roll 2: max assist, but rolls shoulder or legs 3: requires equipment (eg. Bed rail) to side-lie 4: requires verbal cueing to roll 5: independent- no assistance or prompting	(L)	(L)	(L)	(L)	(L)	
Supine to Sit	0: max assist, no head control 1: max assist, but controls head 2: requires assist with trunk & L/E or U/E 3: requires assist with L/E or U/E only 4: supervision required only 5: Independent and safe						
Sitting balance	0: total assistance, requires head support 1: sits with assistance, controls head 2: uses arms for support 3: unsupported for 10 sec. 4: unsupported, turns head & trunk to L & R 5: unsupported, touch floor & return to sit						
Sitting to Standing	0: unable to weight bear 1: full assistance of therapist, Describe: 2: requires equip (e.g.rail) to pull to stand. Describe. 3: push to stand, SBA, wt unevenly distributed 4: push to stand, wt evenly distributed, may require bar/frame to hold once standing 5: Independent, even wt bearing, hips and knees extended, no use of U/E						
Standing to Sitting	0: unable to weight bear 1: full assistance of therapist. Describe: 2: can initiate flexion, requires assist, holds arms of chair, wt evenly/unevenly distributed 3: poorly controls descent, SBA, holds arms of chair, wt evenly/unevenly distributed 4: controls descent, uses arms to lower, wt evenly distributed 5: Independent, no use of arms, wt evenly distributed						
Standing Balance	0: unable to stand without hands-on assist 1: able to safely stand using device/aid 2: stand indep for 10 sec without device 3: stand turn head & trunk look behind R&L 4: able to pick up object fm floor safely 5: single leg stance (Right & Left record time)	Left _____ Right _____	Left _____ Right _____	Left _____ Right _____	Left _____ Right _____	Left _____ Right _____	
Transfers	0: non-weight bearing hoist (full hoist) 1: weight bearing hoist (standing hoist) 2: assist required by 2 person. Describe: 3: assist required by 1 person. Describe: 4: SBA (prompting required only) 5: Independent						
Ambulation mobility	0: bed / chair bound 1: wheelchair mobile 2: ambulate with assist by 2 person 3: ambulate with assist by 1 person 4: SBA (prompting required only) 5: ambulates independently. Aid:						
Mobility Impairment 0 – 18 Severe = low fall risk 19 – 27 Moderate 28 – 36 Mild = highest fall risk 37 – 45 Highest Independence		Total Score /45					