## **Physical Mobility Scale**

Patient's name:	
Gender:	Date of birth:
Examiner:	Date of assessment:
What you need	
A bed, chair, wheelchair (if your patient requires o obstructions.	ne), and enough space to move 50 feet without
Instructions	Scale
Supine to side-lying	
Instruct the patient to lie down supine, then have them roll to the left and assume a side-	(0) No active participation in rolling
lying position. Have them assume a supine position again, then roll to the right and assume	(1) Requires facilitation at shoulder and lower limb but actively turns head to roll
a side-lying position. Scores for rolling to the right and left are separate.	(2) Requires facilitation at shoulder or at lower limb to roll
	(3) Requires equipment (e.g. bedrail) to pull into side-lying. Specify:
	(4) Requires verbal prompting to roll – does not pull to roll
	(5) Independent – no assistance or prompting
	L:/5 R:/5
Supine to sit	
Instruct the patient to lie down supine, then have them sit up at the edge of a bed.	(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 only
	(5) Independent and safe

Instructions	Scale
Sitting balance	
The patient should sit at the edge of the bed with their feet flat on the floor. (If able to maintain balance without support) The patient is instructed to turn and look over their shoulder or reach forward and touch the floor.	(0) Sits with total assistance, requires head support
	(1) Gets to standing with full assistance from therapist, describe:
	(2) Requires equipment (e.g. handrails) to pull to stand. Specify equipment/method used:
	(3) Pushes to stand, weight unevenly distributed, stand-by 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
Standing to sitting	
The patient should begin standing near the edge of the bed. The patient is instructed to sit down	(0) Unable to weight bear
without using their hands for support.	(1) Gets to sitting with full assistance from therapist, describe:
	(2) Can initiate flexion, requires help to complete descent, holds arms of chair, weight evenly/unevenly distributed
	(3) Poorly controls descent, stand-by assistance required, holds arms of chair, weight evenly/unevenly distributed
	(4) Controls descent, holds arms of chair, weight evenly distributed
	(5) Independent and does not use upper limbs, weight evenly distributed

Instructions	Scale
Standing balance	
The patient begins in a standing position, either supported or unsupported. They are instructed to turn and look over their shoulder, pick up the object from the floor, or stand on their left or right leg for as long as possible.	(0) Unable to stand without hands-on assistance
	(1) Able to safely stand using an assistive device
	(2) Able to stand independently for 10 seconds without an assistive device
	(3) Stands and turns head and trunk to look behind (L) and (R)
	(4) Able to bend forward to pick up object from floor safely
	<b>(5)</b> Single limb stand for longer than 10 seconds.
	L: seconds R: seconds
Transfers	
The patient begins by sitting at the edge of the bed. They are instructed to stand up and then sit in their wheelchair or chair.	(0) Non-weight-bearing hoist (full hoist)
	(1) Weight bearing hoist (standing hoist)
	(2) Assistance required by two persons, describe:
	(3) Assistance required by one person, describe:
	<b>(4)</b> Stand-by assistance/prompting required
	only
	(5) Independent

without the use of an assistive device, or seated in a wheelchair. The patient is instructed to walk or push their wheelchair forward.  (1) Wheelchair mobile (50 assistance)  (2) Ambulant with assistan  (3) Ambulant with assistant  (4) Stand-by assistant/proronly  (5) Ambulates independent	tient begins in a standing position, with or the use of an assistive device, or seated eelchair. The patient is instructed to walk in their wheelchair forward.  (0) Bed/chair bound  (1) Wheelchair mobile (50 feet without assistance)  (2) Ambulant with assistance of two  (3) Ambulant with assistance of one  (4) Stand-by assistant/prompting required only  (5) Ambulates independently, aid required: aids/assistance. Specify equipment used:	Ambulation	
without the use of an assistive device, or seated in a wheelchair. The patient is instructed to walk or push their wheelchair forward.  (1) Wheelchair mobile (50 assistance)  (2) Ambulant with assistan  (3) Ambulant with assistant  (4) Stand-by assistant/proronly  (5) Ambulates independent	the use of an assistive device, or seated eelchair. The patient is instructed to walk their wheelchair forward.  (1) Wheelchair mobile (50 feet without assistance)  (2) Ambulant with assistance of two  (3) Ambulant with assistance of one  (4) Stand-by assistant/prompting required only  (5) Ambulates independently, aid required: aids/assistance. Specify equipment used:		
in a wheelchair. The patient is instructed to walk or push their wheelchair forward.  (1) Wheelchair mobile (50 assistance)  (2) Ambulant with assistance  (3) Ambulant with assistant (4) Stand-by assistant/proronly  (5) Ambulates independent	(1) Wheelchair mobile (50 feet without assistance)  (2) Ambulant with assistance of two  (3) Ambulant with assistance of one  (4) Stand-by assistant/prompting required only  (5) Ambulates independently, aid required: aids/assistance. Specify equipment used:	The patient begins in a standing position, with or	(0) Bed/chair bound
(3) Ambulant with assistant  (4) Stand-by assistant/proronly  (5) Ambulates independent	(3) Ambulant with assistance of one  (4) Stand-by assistant/prompting required only  (5) Ambulates independently, aid required: aids/assistance. Specify equipment used:	n a wheelchair. The patient is instructed to walk	
(4) Stand-by assistant/proronly  (5) Ambulates independent	(4) Stand-by assistant/prompting required only  (5) Ambulates independently, aid required: aids/assistance. Specify equipment used:		(2) Ambulant with assistance of two
only  (5) Ambulates independent	(5) Ambulates independently, aid required: aids/assistance. Specify equipment used:  core:		(3) Ambulant with assistance of one
	aids/assistance. Specify equipment used:		
Tatal a care		Tatal accurat	
Total score:	ks	otal score:	
Remarks		Remarks	

## Scoring and interpretation

Each measure is rated on a scale from 0 to 5, where 0 represents dependence and 5 represents independence. The total score can range from 0 to 45, with **45 signifying full independent mobility and 0 indicating very low mobility functioning.** 

Nitz, J. C., Hourigan, S. R., & Brown, A. (2006). Measuring mobility in frail older people: reliability and validity of the Physical Mobility Scale. *Australasian Journal on Ageing*, *25*(1), 31–35. <a href="https://doi.org/10.1111/j.1741-6612.2006.00137.x">https://doi.org/10.1111/j.1741-6612.2006.00137.x</a>

Pike, E., & Landers, M. R. (2010). Responsiveness of the physical mobility scale in long-term care facility residents. *Journal of geriatric physical therapy* (2001), 33(2), 92–98.