**Patient Mobility Assessment Form**

Observe ability. Only proceed to next question if the patient is able to complete the action described. If “No,” restrict to sidebar activity and equipment. Refer to rehab if complex.

- Can the patient roll onto each side and/or boost up in bed with no/minimal physical assistance?  
  - **NO**
  - **YES**
- Can the patient follow instructions to get to sitting and then maintain or correct his or her position with no/minimal physical assistance?  
  - **NO**
  - **YES**
- In sitting, can the patient lift each foot and straighten the knee, one at a time?  
  - **NO**
  - **YES**
- In standing, can the patient maintain his or her position without leaning, sagging, or pushing to the side?  
  - **NO**
  - **YES**
- Can the patient now take one step to either side or forwards with minimal assistance or a walking aid?  
  - **NO**
  - **YES**
- Can the patient march on the spot and turn with no/minimal physical assistance or with a walking aid?  
  - **NO**
  - **YES**

**Activity Caution**

- Use required equipment

**Do not reposition without assistive devices**

- Ceiling track lift (CTL)
- Total floor lift
- Slider sheet system

**Do not sit or manually transfer**

- Ceiling track lift
- Total floor lift

**Do not manually transfer**

- Ceiling track lift
- Total floor lift

**Do not manually transfer**

- Ceiling track lift
- Total floor lift

**Do not transfer or walk**

- Sit-stand lift (SSL) to chair  
  - Use CTL if patient cannot hold SSL handles with **both** hands
- Wheelchair to bathroom

**Do not walk**

- One person step around manual transfer (may need assistance positioning equipment)
- Wheelchair to bathroom

Independent or Standby assist

May need aids to keep patient safe and promote independence

Refer to **Patient Mobility Assessment Guidelines** for more information.