ASSESSMENT OF INDOOR MOBILITY

AIM

- To assess service user’s function and identify problems and potential solutions re indoor walking ability.
- To highlight need for referral on to rehabilitation services when appropriate.

Procedure

1. Check referral/case notes and confirm with service user prior to visit in order to understand service user’s current condition especially in relation to any recent change (e.g. mobility/falls/social situation). **ACTION** if significant change or case complex - liaise with registered practitioner or team leader.

   2. If appropriate assess service user’s indoor walking ability (at home/hospital/care facility depending on setting).

   **Service User considerations**

   3. Ask service user how they currently manage and where they are having problems and document this on the reasoning record. Check whether they already have equipment (including walking aids) and how they use this.

   4. Consider service user’s cognition and risk awareness. If service user not participating as expected **STOP and seek advice from registered practitioner**

   5. Assess service user’s basic upper limb function at this stage i.e. ability to hold stick/frame and weight bear through upper limb. Assess basic lower limb function (ability to flex/extend hips, knees and ankles) and ability to move in chair. **Warning if service user lacks knee extension, ankle dorsiflexion or is struggling to move forward in the chair they are likely to struggle rising from sitting.**

   6. **Assess service user’s basic functioning:** observe service user getting up from chair and walking. If service user very unsteady/need maximum physical assistance or unwell **STOP and seek advice from registered practitioner.** If appropriate arrange an alternative appointment. Also note if service user has a walking frame and is still struggling after advice on technique **STOP and seek advice from Physio/OT.**
Environmental considerations

7. Observe (or seek information on) service user’s environment in terms of space to turn, access through doorways, thresholds/steps between rooms. Also observe (or seek information on) existing stairs taking particular note of corners, height & depth, carpet (type & condition), clutter, lighting, banisters and grab rails.

Carer considerations

8. Take into consideration the type of carer support (if any) that the service user has. Where possible involve the carer.

9. Ask service user to demonstrate walking indoors using their preferred method, as per reasoning record, with their usual equipment (if any).

10. Keep in close proximity to service user to observe and be prepared to stop if service user is very unsteady. **STOP and seek advice from Physio/OT**

11. Consider possible solutions (adaptive and rehabilitative) and discuss these with service user /carer. Try the preferred adaptive solution and if this accepted leave the walking aid with the service user. If rehabilitation is indicated ensure a plan is in place for this.

12. If adaptive or rehabilitative solution identified is unacceptable to the service user /carer feed back to Physio/OT.

13. Review or contact service user to check whether equipment/adaptation has met need.

Assessment of Indoor Mobility: Reasoning Record

Date of Assessment ………………… Tenure of Property ………………………

Who present; service user / Informal Carer/Care Assistant/Assessor/Other

1. Service User Considerations

Current indoor walking method /problems/goals (reported):
Initial Provision/Progression (please circle)

Medical Conditions:

Bifocals Y/N care if YES as may misjudge step edge

Cognition: if service user unable to follow/retain instruction STOP and feed back to Senior/Team Leader.

Functional Considerations

Upper Limb Function: check grip, arm extension and reach
(Warning: if unable to grip will struggle with conventional stick, if lacking extensor strength will struggle to weight bear through upper limbs, if unable reach forward to shoulder height will struggle to use banisters/rails).
Lower limb function

Seated hip flex:
Seated through range quads:
Seated calf raise:
Seated ankle dorsiflexion:
Warning if service user lacks knee extension, ankle dorsiflexion or is struggling to move forward in the chair they are likely to struggle rising from sitting

Sit-stand: independent/uses chair arms/maximum physical assistance* (*Warning STOP and feedback to Physio/OT)

Mobility (walking): Independent/stick/furniture/frame*or rollator*/physical assistance*.
(*Warning: service user likely to have marked leg weakness and poor balance) STOP and feedback to Physio/OT).

Describe service User’s gait, noting any deviations from a normal pattern. Set out potential reasons for service user’s gait

<table>
<thead>
<tr>
<th>Right</th>
<th>Left</th>
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<tbody>
<tr>
<td>Heel Strike</td>
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<td>Stance phase</td>
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<td>Toe off</td>
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<td>Swing Phase</td>
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- Is there a Positive Trendelenburg sign? Yes /No Left/Right
- Able to walk & talk : Yes/No Able to walk & carry : Yes/No
Usual social activities

2. Environmental Considerations

Current equipment: none/stick/frame/other (state…………………………..)

Location of (identify any adaptations/equipment):

Toilet………………………………………………………………………………

Bed………………………………………………………………………………

Stairs………………………………………………………………………………

Kitchen…………………………………………………………………………

Thresholds/steps…………………………………………………………

Does service user need to transport food/drink?
………………………………………………………………………………

Space: Constraints /Obstructions

3. Carer Considerations

Informal carer     Able to safely assist Y/N
Home care
None
4. Clinical Reasoning Considerations (Initial Provision)

1. Where service user is mobilising independently and is hesitant setting off &/or unsteady turning &/or unable to walk and talk try single walking stick (in dominant hand). Consider need for strengthening exercises for lower limbs.

2. If mobilising independently and has signs of Trendelenburg &/or uneven gait consider stick in hand opposite to weaker leg. Service user will need appropriate exercise programme to address weakness. May need to seek advice from Physio/OT.

3. For either of above solutions if service user unable to grip consider Fischer stick.

4. If using 1 stick and still unsteady/hesitant/unable to walk & talk check technique. Is service user using stick in hand opposite weaker leg? Advise on correct technique.

5. Where technique is correct consider 2 sticks along with specific strength and balance re training. Warning if service user has need to transport items you will need to consider additional solution for this e.g. trolley. Also if he/she has stairs will need additional stick upstairs.

6. If service user has need to PWB e.g. post op or pain &/or very unsteady walking and turning (unsafe with sticks) consider elbow crutches or frame (depending on service user’s ability to balance and coordinate and upper limb strength). Elbow crutches require better strength, balance & coordination. If service user has a need to transport items you will have to provide a solution to allow this e.g. trolley.

7. Where a frame is being considered ensure there is sufficient space to manoeuvre. Also consider referral/plan for specific strength & balance re training.

8. If service user is using a frame and is struggling to lift it forward consider a rollator.

Which solutions have been considered and excluded

1. 1 stick
2. Advice on technique
3. 2 sticks
4. Elbow crutches
5. Frame
6. Rollator
7. More detailed strength/balance assess and rehabilitative programme

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**Recommendations**: stick/fischer stick/advice/2 sticks/elbow crutches/frame/rollator/rehabilitation programme.

**Reason for choice of indoor walking solution (initial provision):**

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5. **Clinical Reasoning Considerations (Progression)**

1. If service user is using a rollator or frame to enable PWB for pain relief consider 2 sticks in first instance. If pain allows it may be possible to reduce to 1 stick. **NB local post operative protocols must be followed for post surgical patients.**

2. If service user using rollator/frame due to leg weakness/balance ensure they have had a falls assessment and that weakness/balance deficit is being addressed. Try progression to 1 stick (easier to coordinate & leaves 1 upper limb free). If service user is still unsteady or gait compromised use 2 sticks.

   *Note: If pain/muscle activity/balance allow then progression to 1 stick is often easier and enables normal function to return e.g. carrying.*

3. Where you have concerns about the persons ability to progress leave service user **with original walking aid and seek advice from Senior/Team Leader**

**Recommendations:** stick/fischer stick/advice/2 sticks/elbow crutches/frame/rollator/exercise programme.

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Name ........................................................................

Signature ...........................................................................Date