

Report Cards for the Annual Mobility Assessment

This document has one generic score sheet for the APTA Geriatrics Annual Mobility Assessment. After that, there are sex and age specific report cards with the averages and cut scores for Mobility Limitation, Preclinical Mobility Limitation, and No Preclinical Mobility Limitation listed. The sex and age specific ones can be used to save time in looking up normative data in the Interpretation Guide and also provide the client with ranges. More information on the Annual Mobility Assessment [can be found here](#).

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Name: _____ Age: _____ Date: _____

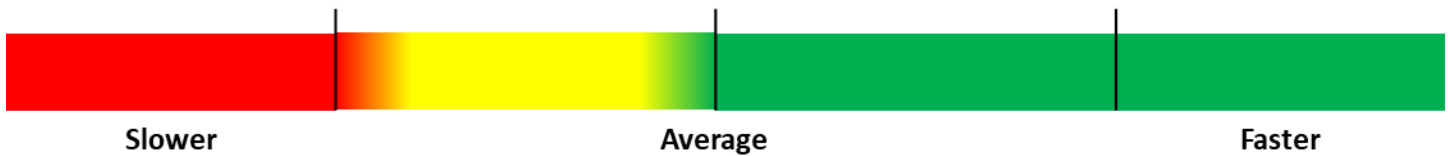
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Usual Walking Speed:

This is a measure of your overall mobility.

Your score is _____meters/second.

Less than 0.7 meters/second suggests a higher risk of falling, future mobility problems, and declining health.

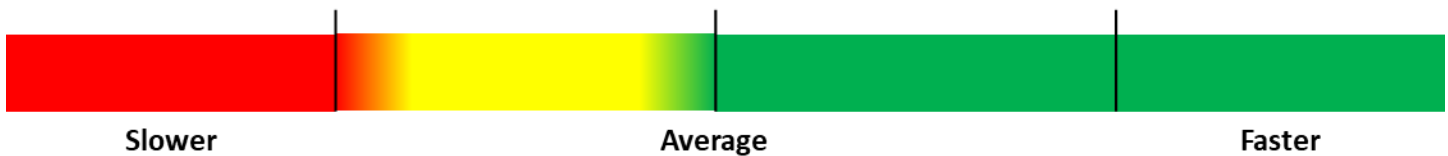


Fast Walking Speed:

This is a measure of your maximum mobility potential.

Your score is _____meters/second.

Less than 1.10 meters/second suggests a higher risk of falling, future mobility problems, and declining health.

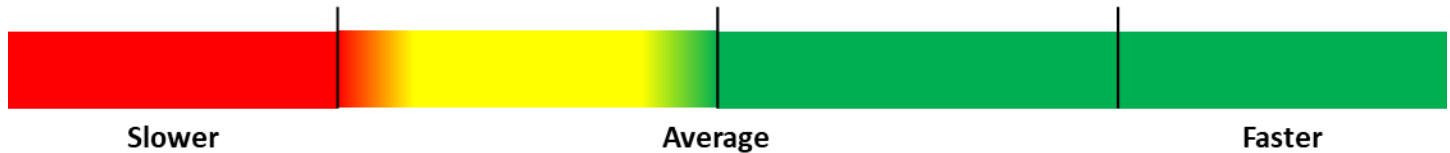


30 Second Sit to Stand Test:

This is a measure of your leg strength and power.

Your score is _____ **stands**

Less than 7 stands suggests a higher risk of falling and future mobility problems.

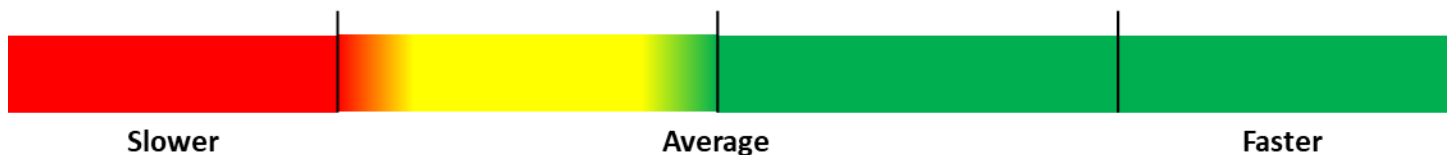


The Four-Square Step Test:

This is a measure of how quickly you can move in different directions and step over objects. It is an indicator of your dynamic balance.

Your score is _____ **seconds.**

More than 15 seconds or not being able to complete the test suggests a higher risk of falling and future mobility problems.

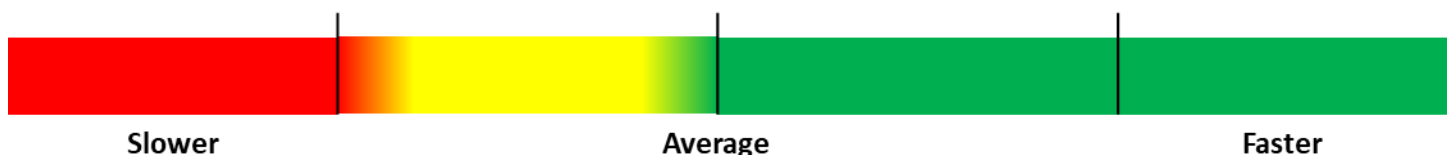


The Timed Up and Go Test:

This is a measure of your balance and mobility.

Your score is _____ **seconds.**

More than 12 seconds suggests a higher risk of falling and future mobility problems.

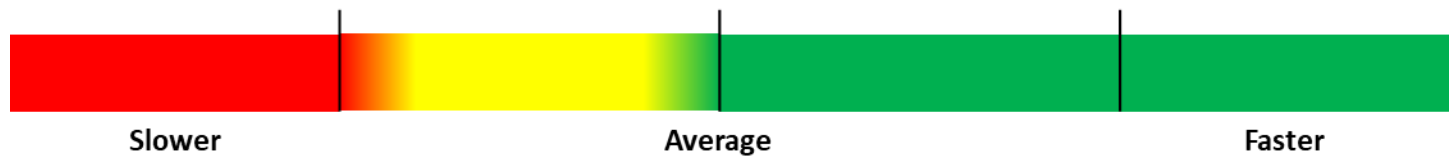


The Timed Up and Go Test with a Cognitive Task:

This is a measure of how well you can do two things at the same time.

Your score is _____seconds.

More than 13.5 seconds suggests a higher risk of falling and future mobility problems.



Summary of Physical Performance Tests

	Red	Yellow	Green
Usual Gait Speed			
Fast Gait Speed			
30 Second Sit to Stand			
Four-Square Step Test			
Timed Up and Go			
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Falls Risk

As part of the intake form, you were asked about your concerns around falling, if you have fallen, and if you feel unsteady.

You answered "yes" to _____ questions about falling.

If you answered yes to any of these questions, and had mobility scores in the yellow or red, you may need a full falls risk assessment. Ask your primary care provider to refer you to a physical therapist with expertise in reducing risk of future falls.

Your Activity Levels

	Little Activity	Some Activity	Meeting Guidelines	Exceeding Guidelines
Aerobic Training				
Resistance Training				
Balance Training				

Physical Activity Guidelines

The National Institutes of Health (NIH) recommends the following physical activity levels for adults:

- Some activity is better than none. Sitting less and doing any amount of moderate or vigorous physical activity will benefit your health.
- At least 150 minutes of moderate or 75 minutes of vigorous activity per week. A mix of both moderate and vigorous activity is also acceptable.
- Muscle-strengthening activities that work all major muscle groups on two or more days a week.
- Those 65 years of age or older should engage in activities that challenge balance at least once each week, but those under 65 may also benefit from balance training.

What Should You Do Now?

Everyone is encouraged to work towards meeting the NIH Physical Activity Guidelines. The more you move, the more likely you are to maintain your mobility.

If **ALL** your results fall into the green boxes, you're moving well. Continue to prioritize physical activity and exercise. If you are not meeting the physical activity guidelines, consider working towards these recommendations.

If **SOME** or all of your results fall into the yellow boxes, future mobility problems are likely. Take steps to increase your level of activity and exercise! You may consider an appointment with a physical therapist for guidance and suggestions about improving your mobility and reducing your level of risk.

If **ANY** of your results fall into the red boxes, you should make an appointment with a physical therapist or your health care provider for further evaluation and intervention to improve your mobility and reduce your risk of falls and health decline.

Specific Recommendations:

Based on your assessment, your physical therapist recommends the following.

- ☐ No referral necessary

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 - ☐ Squats, sit to stand exercises
 - ☐ Ankle strengthening
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 - ☐ Dynamic balance exercises
 - ☐ Walking program
 - ☐ Stair climbing
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- ☐ Referral to a community-based program:
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- ☐ Referral to physical therapy:
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- ☐ Referral to another healthcare professional:
-

Physical Therapist Name: _____

Physical Therapist Signature: _____

Date: _____

Name: _____ Age: _____ Date: _____

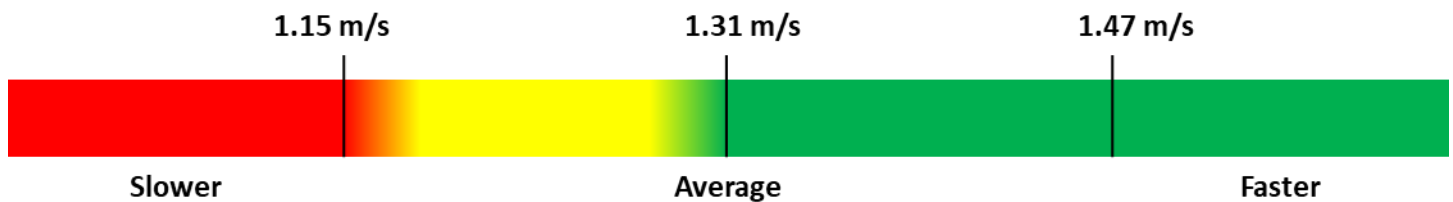
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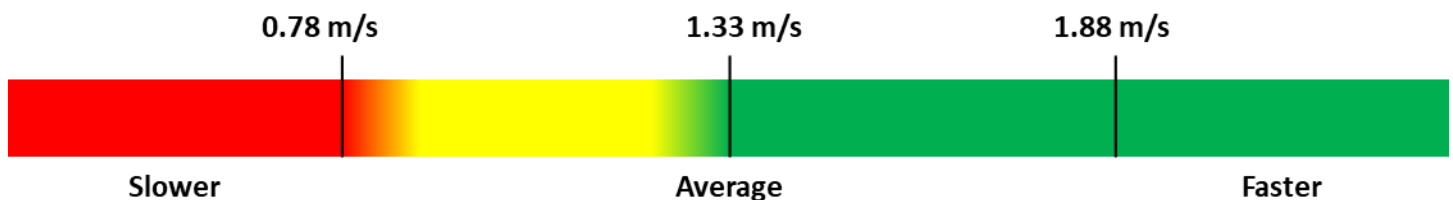


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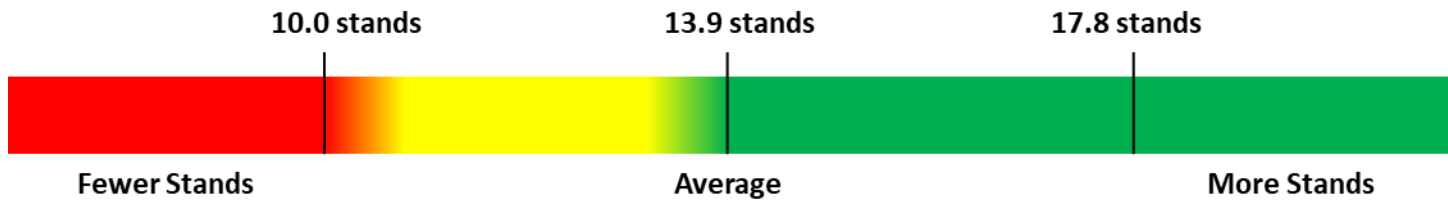


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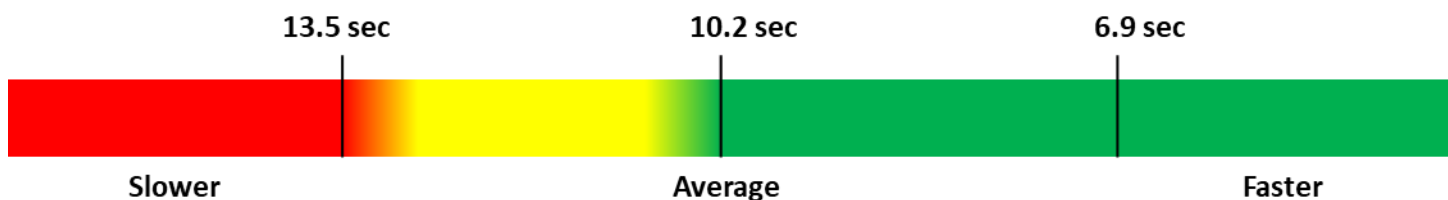


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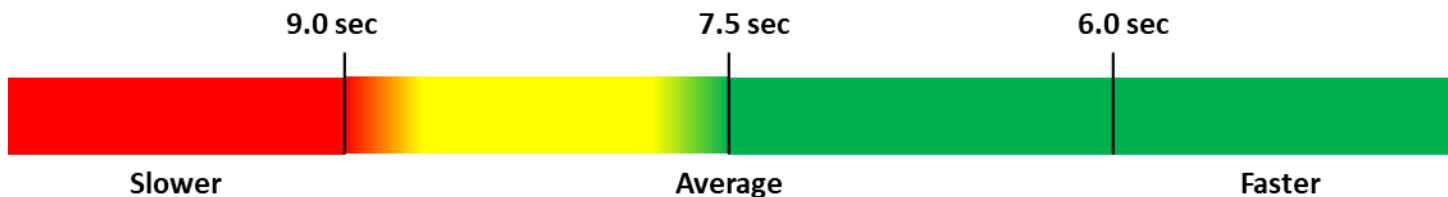


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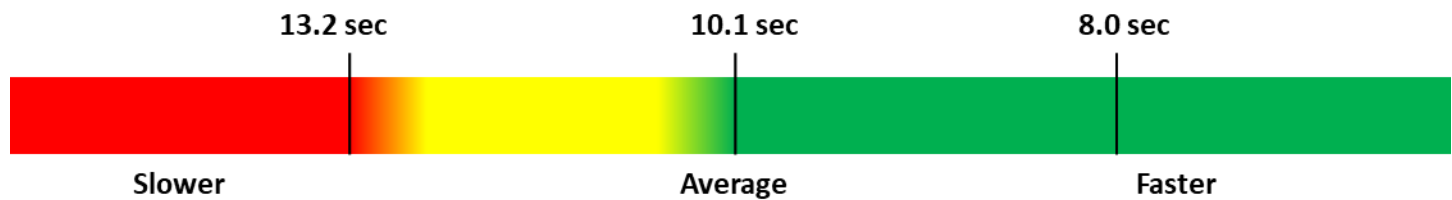


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 - ☐ Stair climbing
-

- ☐ Referral to a community-based program:
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- ☐ Referral to another healthcare professional:
-

Physical Therapist Name: _____

Physical Therapist Signature: _____

Date: _____

Name: _____ Age: _____ Date: _____

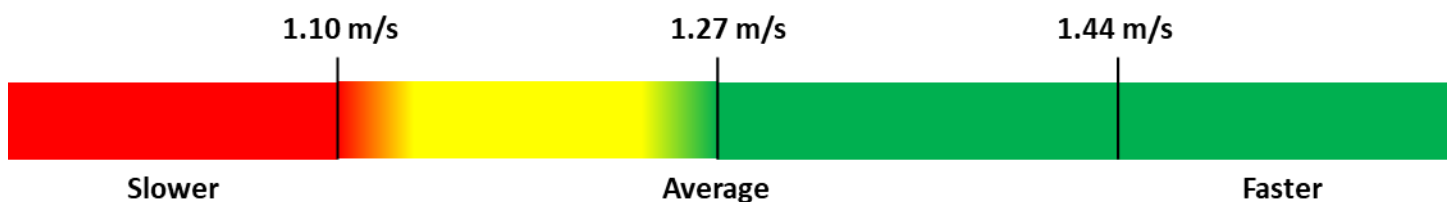
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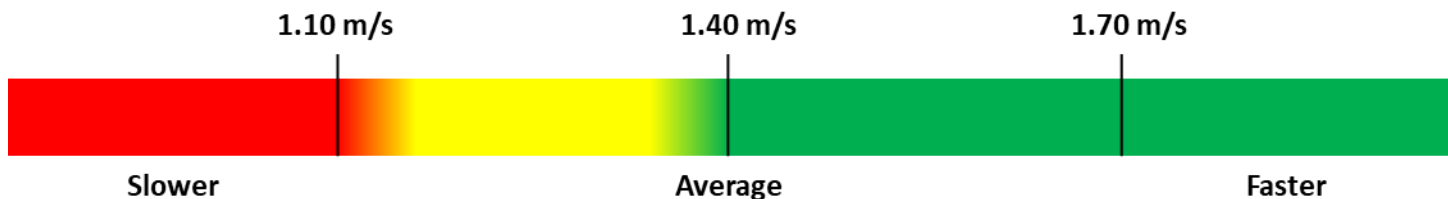


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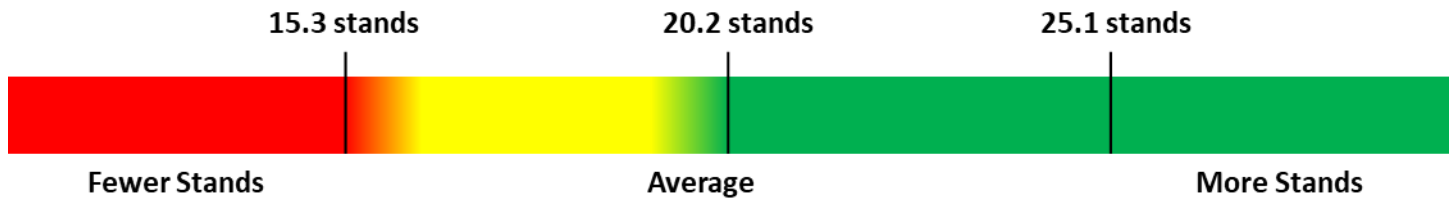


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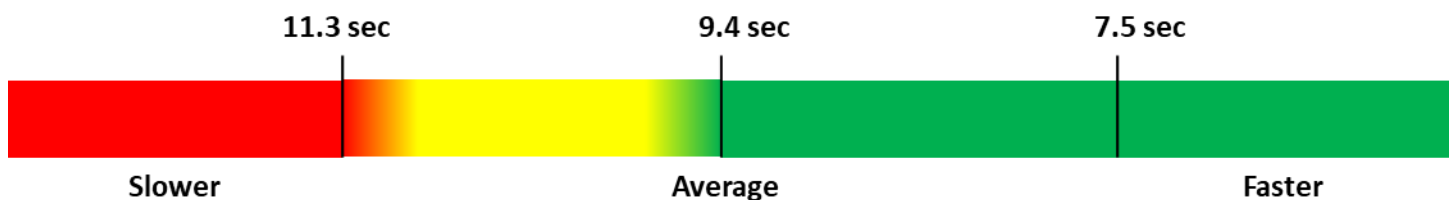


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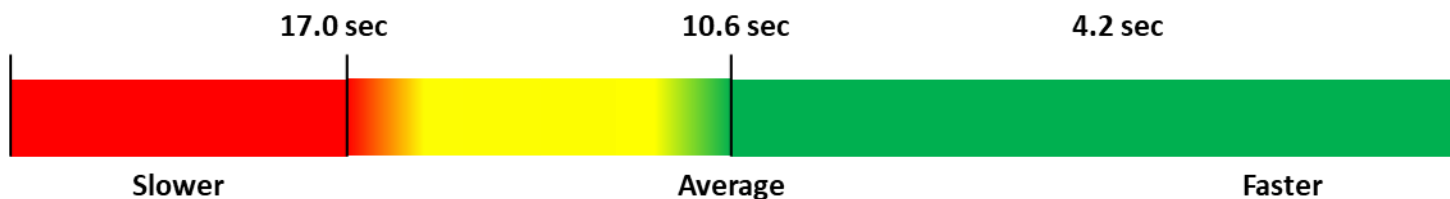


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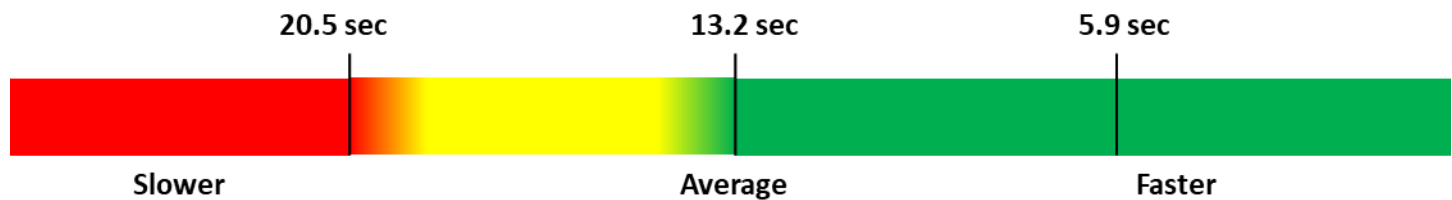


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Physical Therapist Name: _____

Physical Therapist Signature: _____

Date: _____

Name: _____ Age: _____ Date: _____

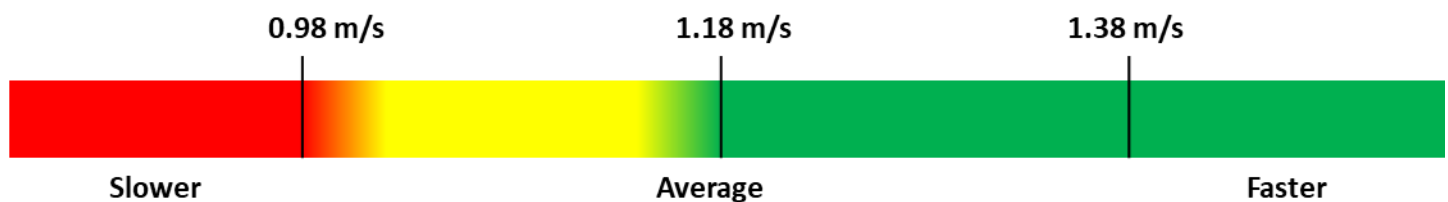
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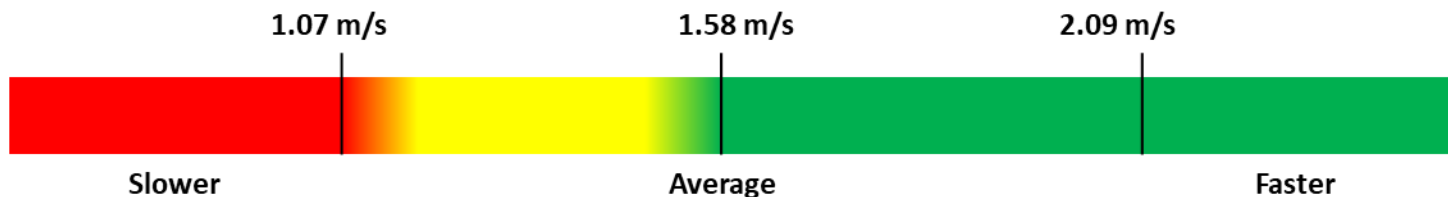


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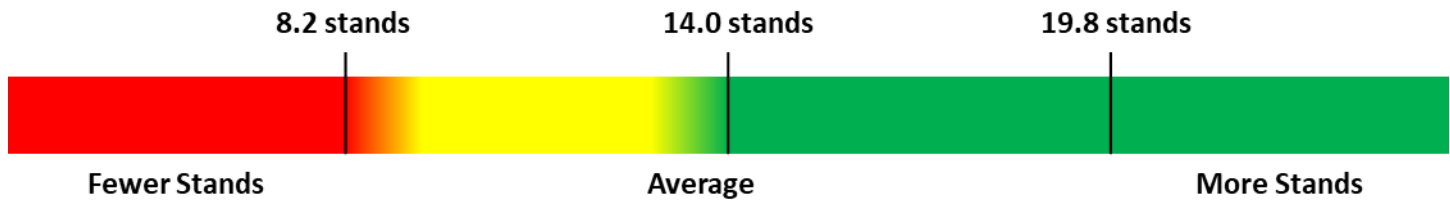


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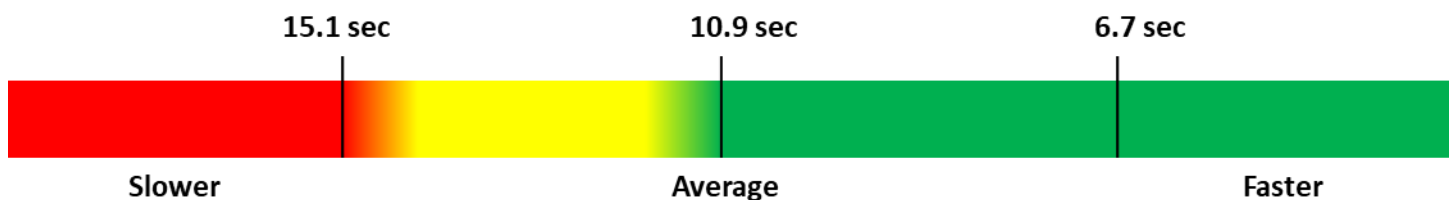


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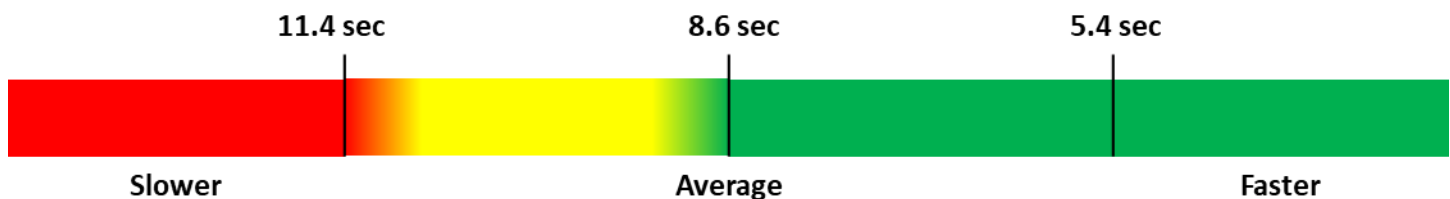


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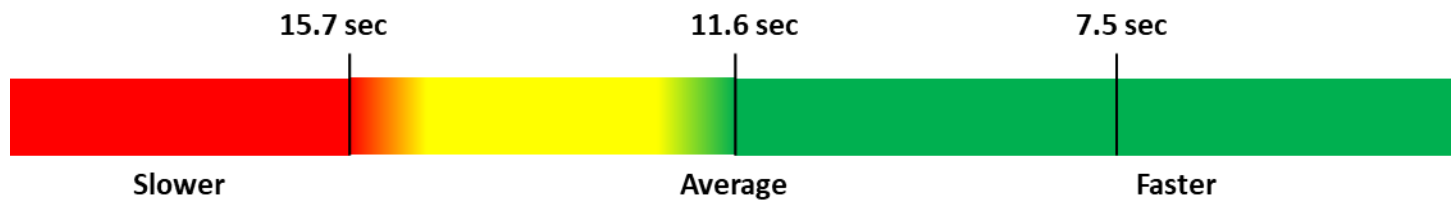


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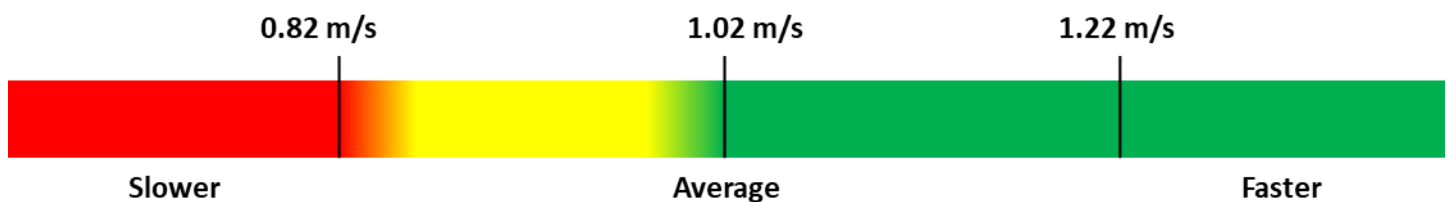
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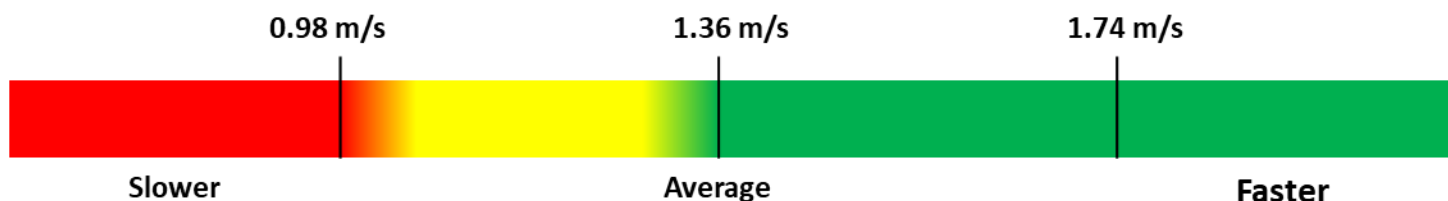


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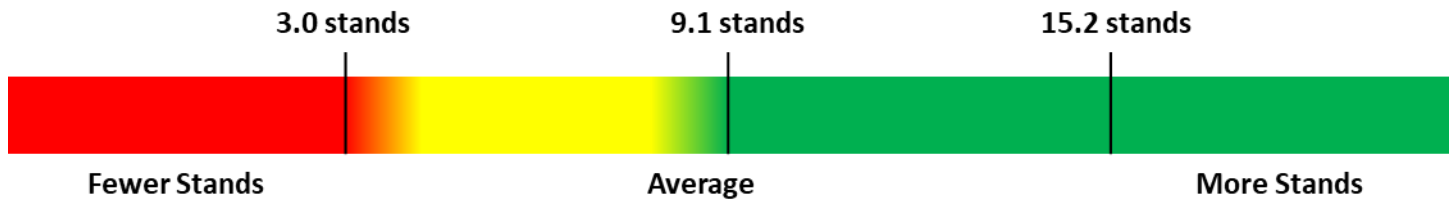


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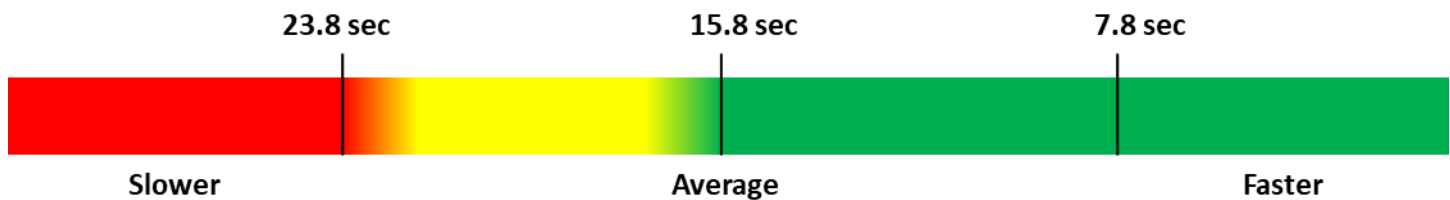


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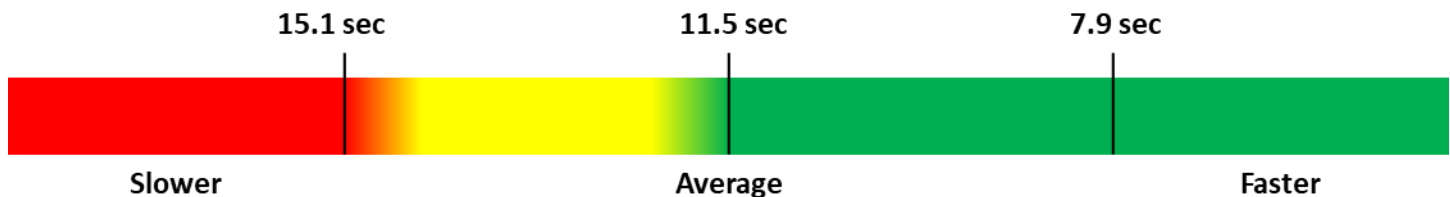


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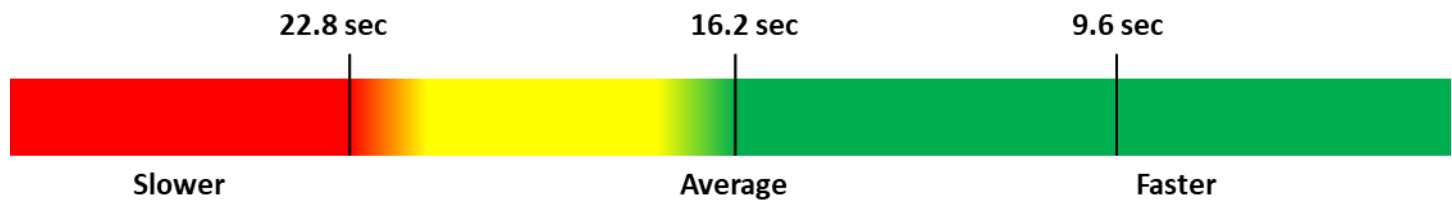


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If **ANY** of your results fall into the red boxes, you should make an appointment with a physical therapist or your health care provider for further evaluation and intervention to improve your mobility and reduce your risk of falls and health decline.

Specific Recommendations:

Based on your assessment, your physical therapist recommends the following.

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 - ☐ Stair climbing
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- ☐ Referral to a community-based program:
-

- ☐ Referral to physical therapy:
-

- ☐ Referral to another healthcare professional:
-

Physical Therapist Name: _____

Physical Therapist Signature: _____

Date: _____

Name: _____ Age: _____ Date: _____

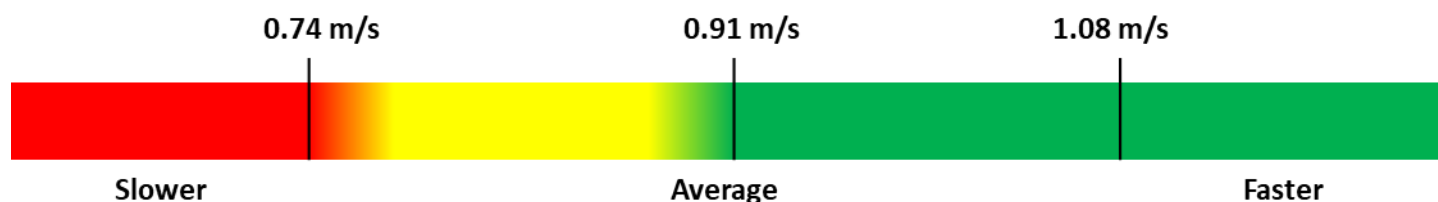
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Usual Walking Speed:

This is a measure of your overall mobility.

Your score is _____ **meters/second**.

Less than 0.7 meters/second suggests a higher risk of falling, future mobility problems, and declining health.

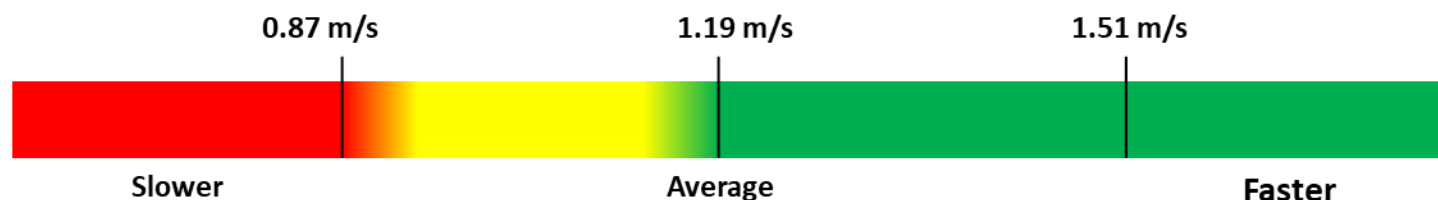


Fast Walking Speed:

This is a measure of your maximum mobility potential.

Your score is _____ **meters/second**.

Less than 1.10 meters/second suggests a higher risk of falling, future mobility problems, and declining health.

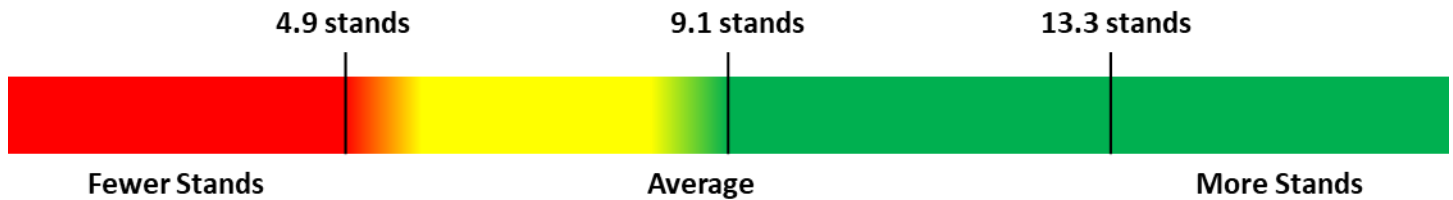


30 Second Sit to Stand Test:

This is a measure of your leg strength and power.

Your score is _____ **stands**

Less than 7 stands suggests a higher risk of falling and future mobility problems.

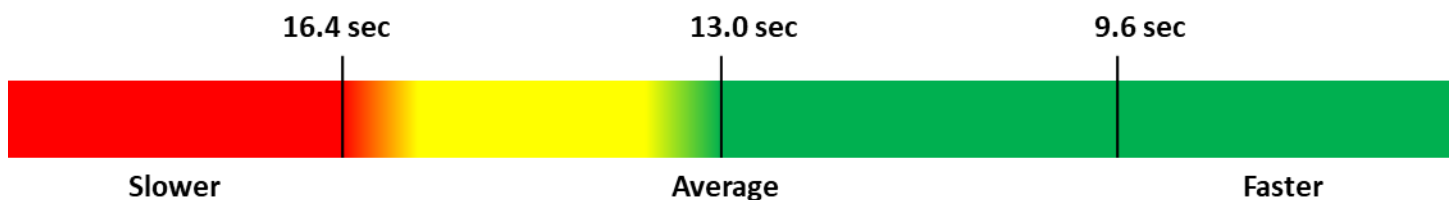


The Four-Square Step Test:

This is a measure of how quickly you can move in different directions and step over objects. It is an indicator of your dynamic balance.

Your score is _____ **seconds**.

More than 15 seconds or not being able to complete the test suggests a higher risk of falling and future mobility problems.

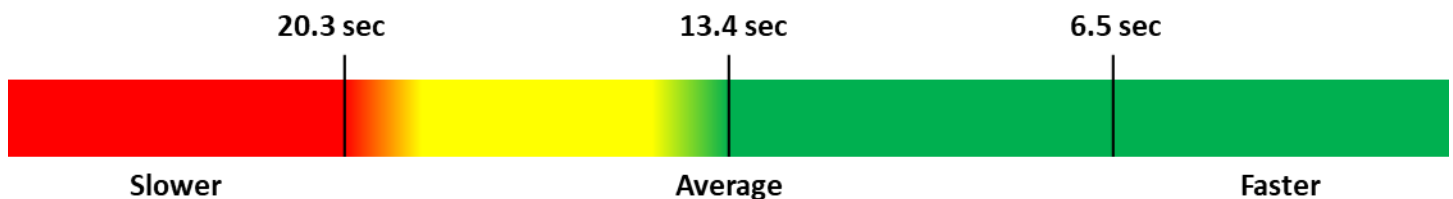


The Timed Up and Go Test:

This is a measure of your balance and mobility.

Your score is _____ **seconds**.

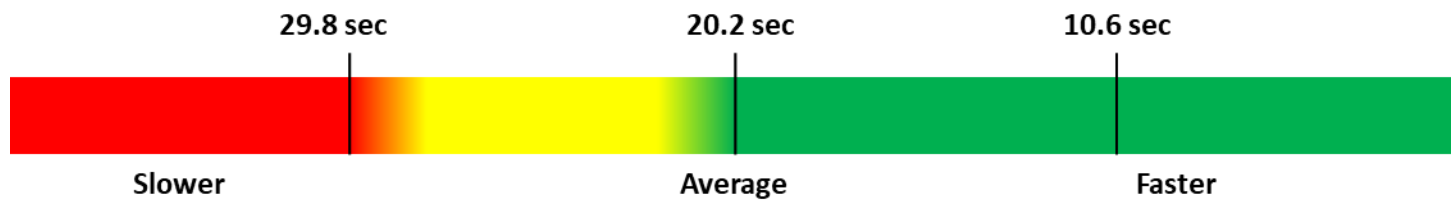
More than 12 seconds suggests a higher risk of falling and future mobility problems.



The Timed Up and Go Test with a Cognitive Task:

This is a measure of how well you can do two things at the same time.
Your score is _____ **seconds**.

More than 13.5 seconds suggests a higher risk of falling and future mobility problems.



Summary of Physical Performance Tests

	Red	Yellow	Green
Usual Gait Speed			
Fast Gait Speed			
30 Second Sit to Stand			
Four-Square Step Test			
Timed Up and Go			
Timed up and Go with a Cognitive Task			

Falls Risk

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You answered "yes" to _____ questions about falling.

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Your Activity Levels

	Little Activity	Some Activity	Meeting Guidelines	Exceeding Guidelines
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Resistance Training				
Balance Training				

Physical Activity Guidelines

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Physical Therapist Signature: _____

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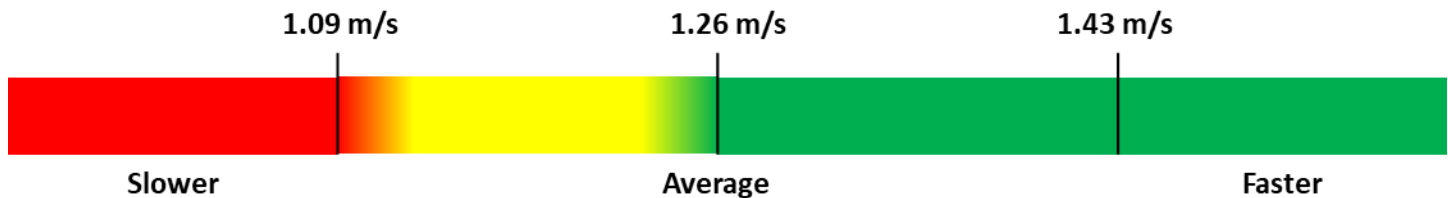
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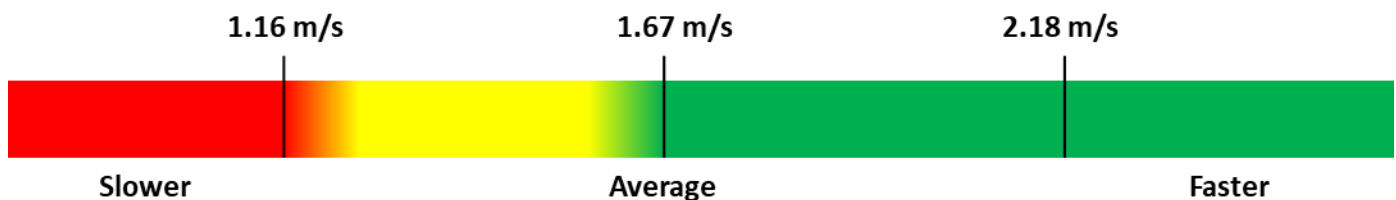


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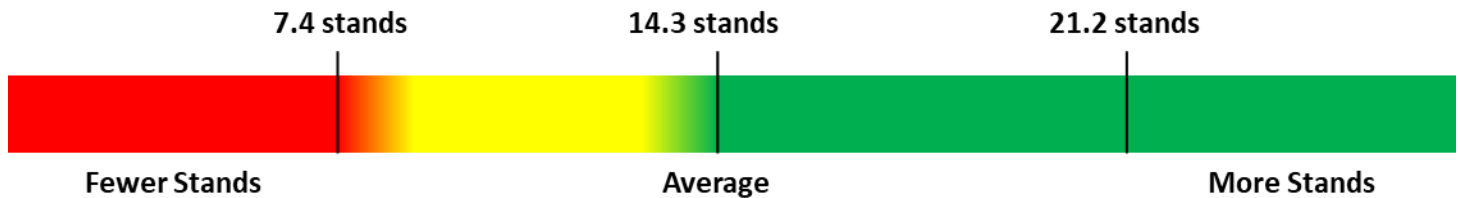


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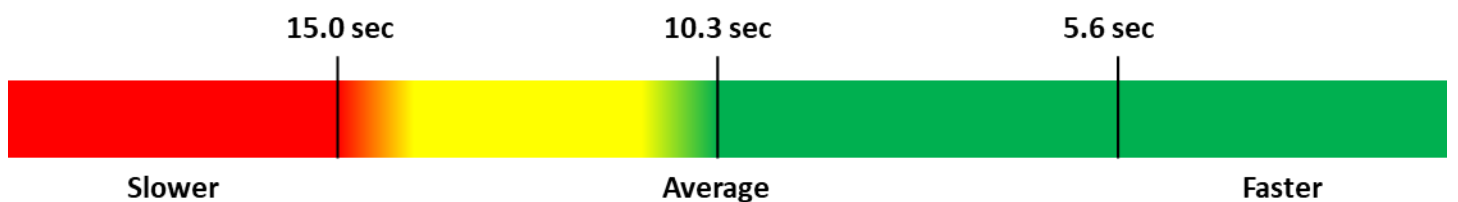


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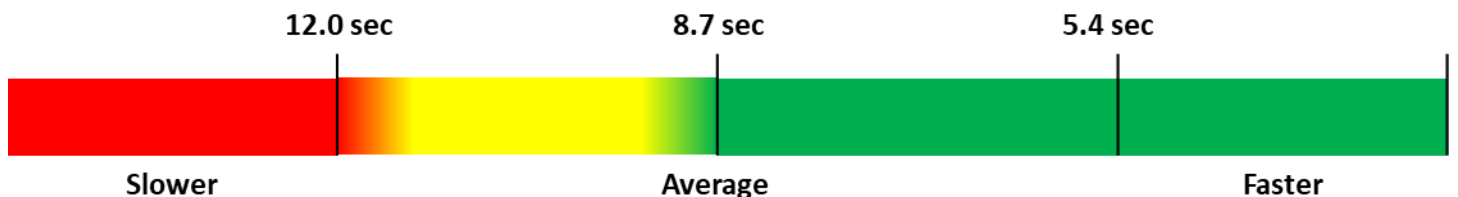


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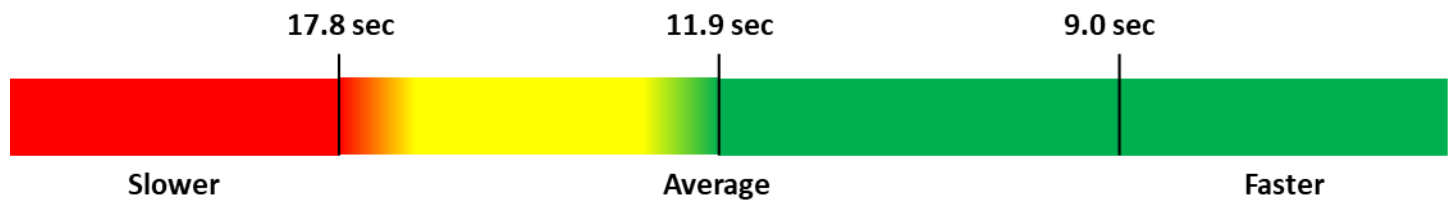


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Summary of Physical Performance Tests

	Red	Yellow	Green
Usual Gait Speed			
Fast Gait Speed			
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- ☐ Referral to another healthcare professional:
-

Physical Therapist Name: _____

Physical Therapist Signature: _____

Date: _____

Name: _____ Age: _____ Date: _____

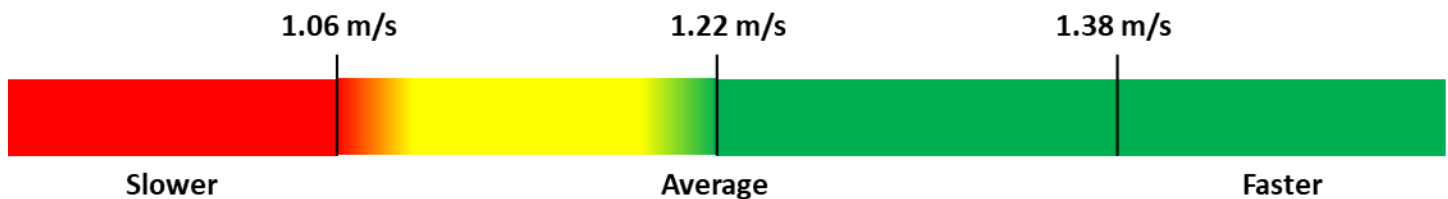
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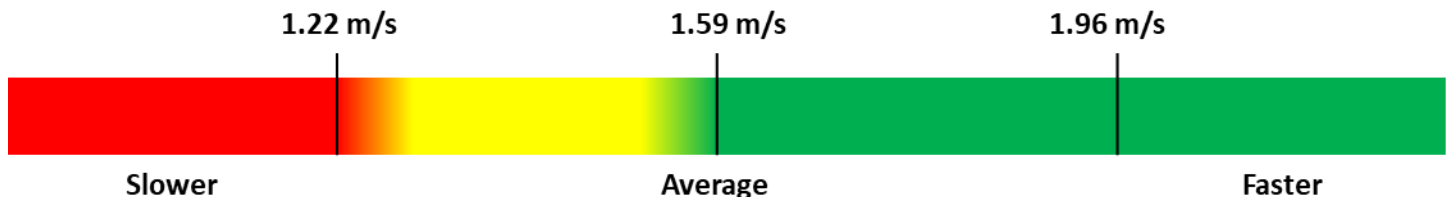


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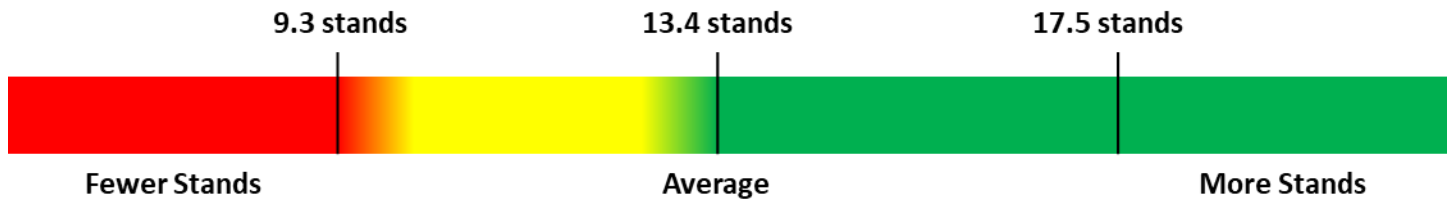


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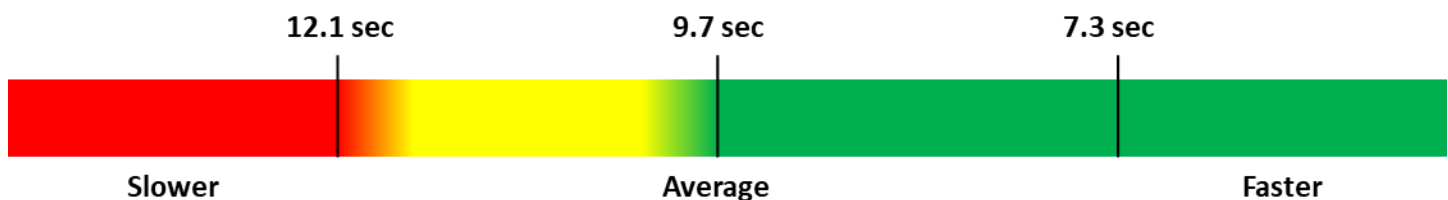


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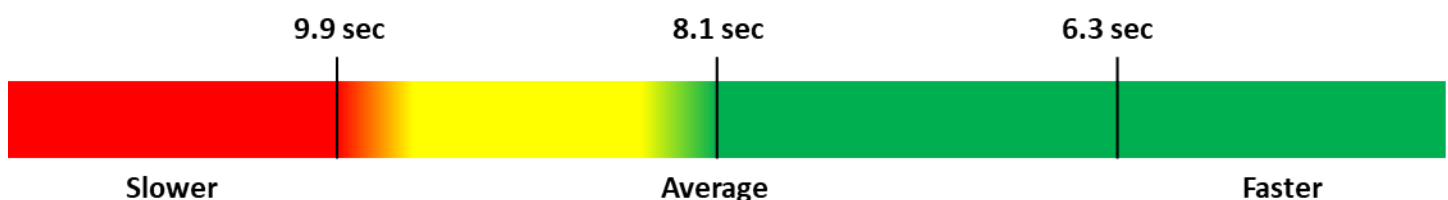


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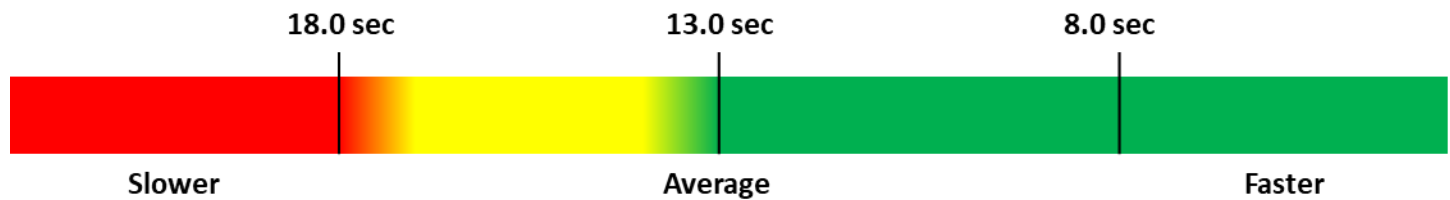


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Summary of Physical Performance Tests

	Red	Yellow	Green
Usual Gait Speed			
Fast Gait Speed			
30 Second Sit to Stand			
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 - ☐ Stair climbing
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-

Physical Therapist Name: _____

Physical Therapist Signature: _____

Date: _____

Name: _____ Age: _____ Date: _____

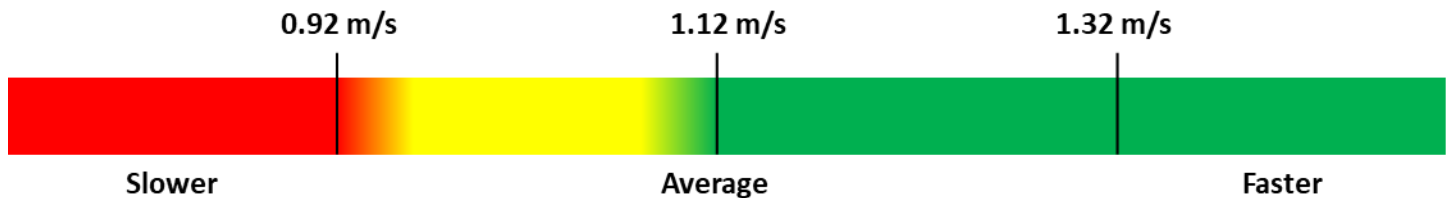
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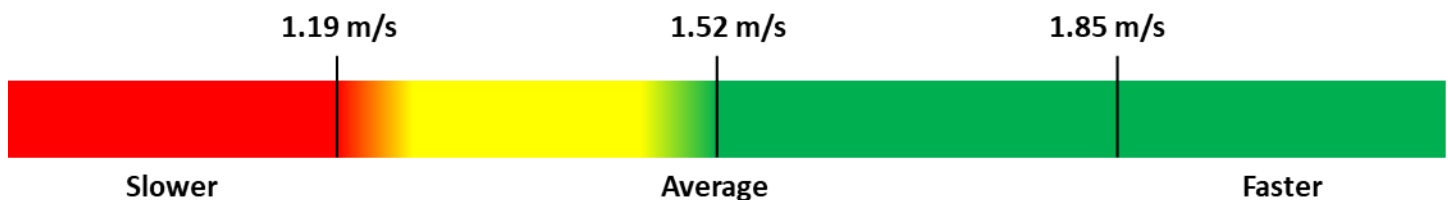


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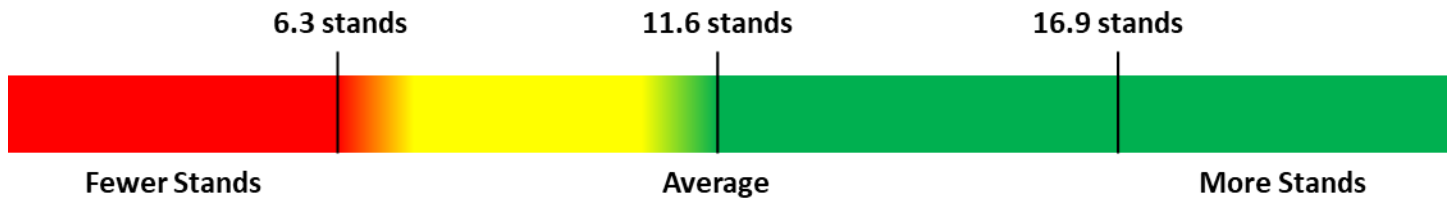


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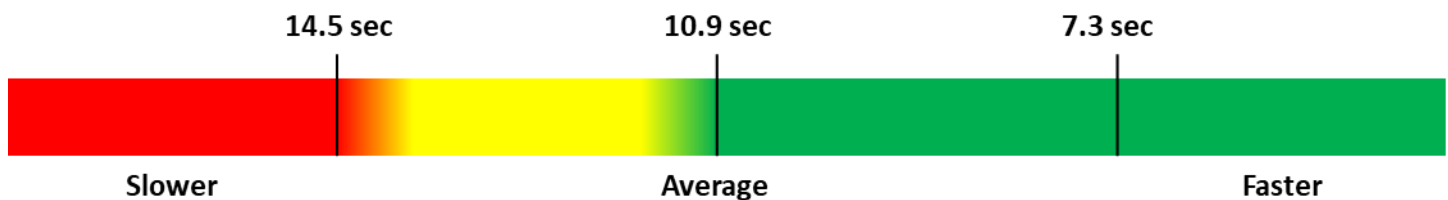


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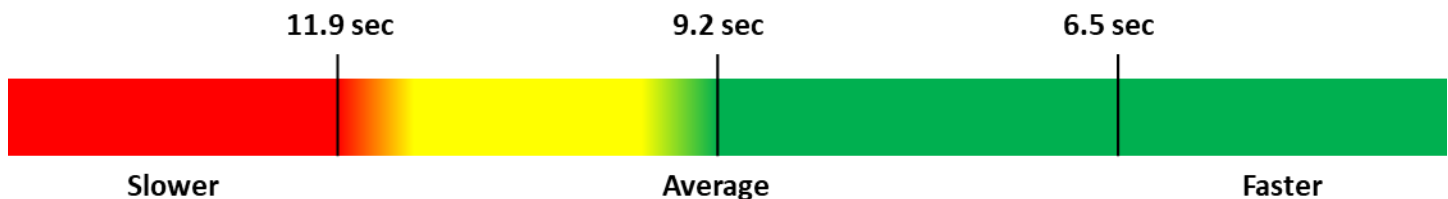


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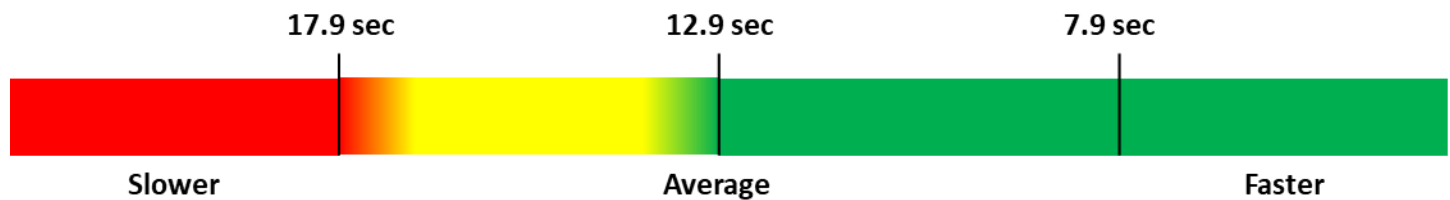


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Summary of Physical Performance Tests

	Red	Yellow	Green
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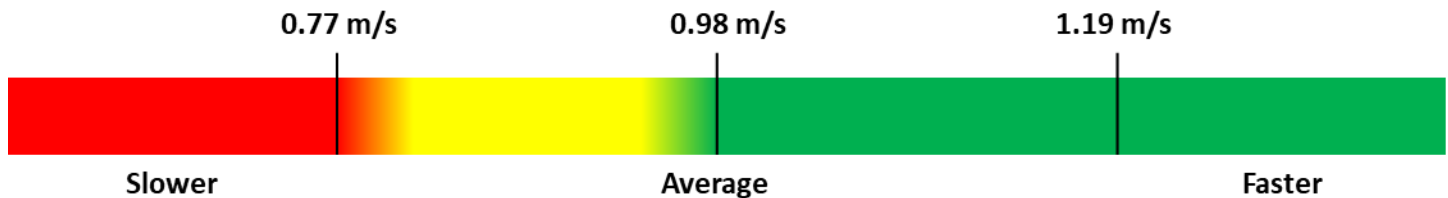
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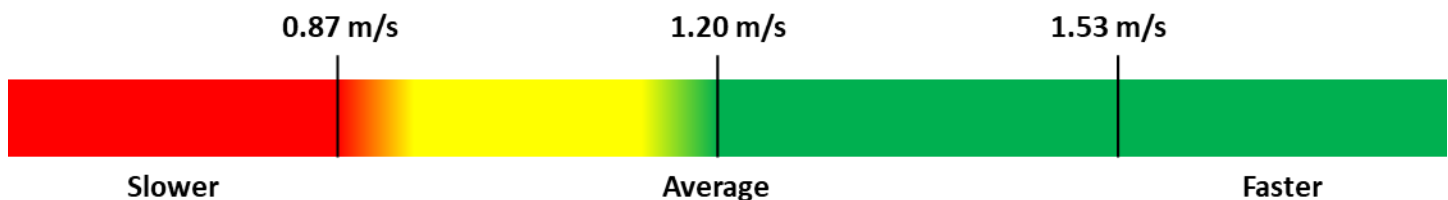


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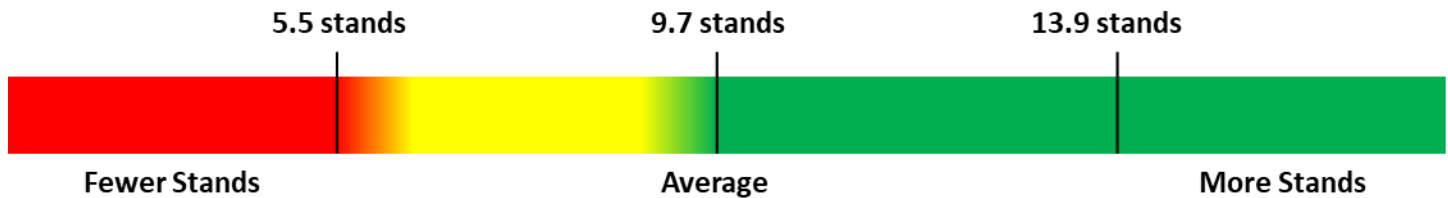


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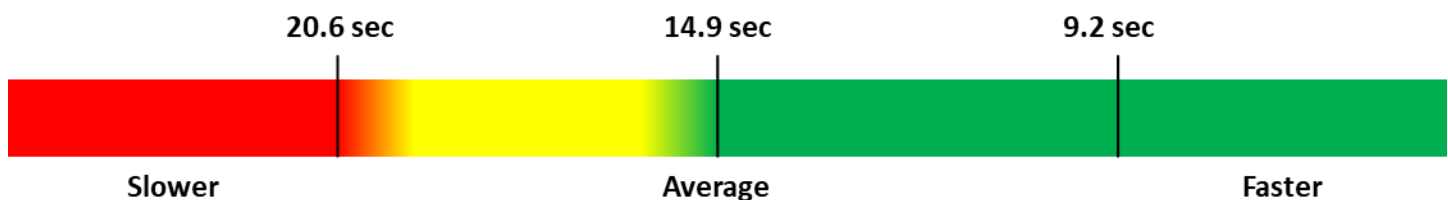


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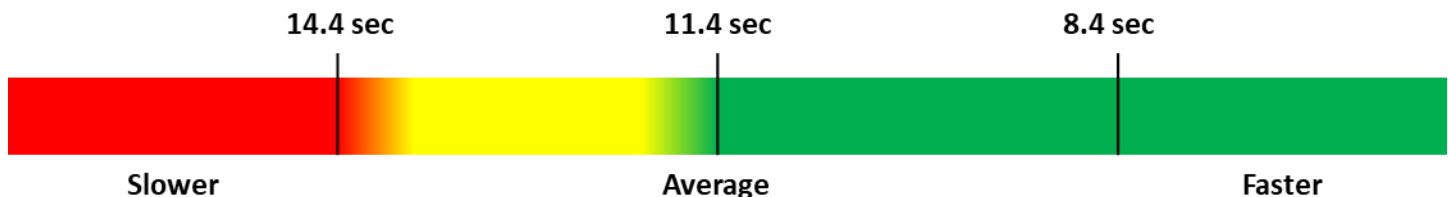


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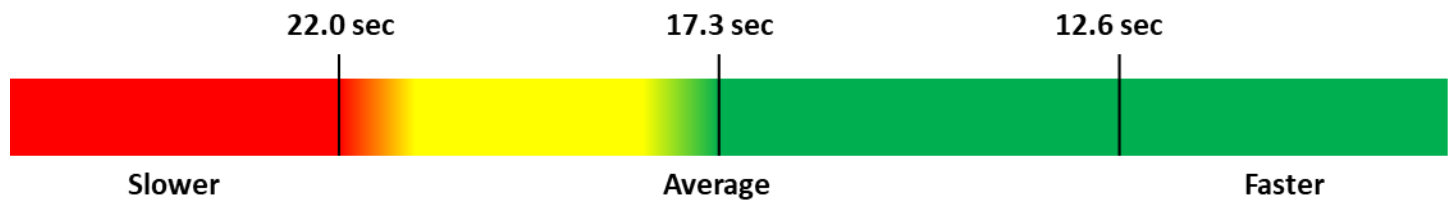
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If **ALL** your results fall into the green boxes, you're moving well. Continue to prioritize physical activity and exercise. If you are not meeting the physical activity guidelines, consider working towards these recommendations.

If **SOME** or all of your results fall into the yellow boxes, future mobility problems are likely. Take steps to increase your level of activity and exercise! You may consider an appointment with a physical therapist for guidance and suggestions about improving your mobility and reducing your level of risk.

If **ANY** of your results fall into the red boxes, you should make an appointment with a physical therapist or your health care provider for further evaluation and intervention to improve your mobility and reduce your risk of falls and health decline.

Specific Recommendations:

Based on your assessment, your physical therapist recommends the following.

- ☐ No referral necessary

 - ☐ Start exercises based on results
 - ☐ Squats, sit to stand exercises
 - ☐ Ankle strengthening
 - ☐ Lunging exercises
 - ☐ Upper extremity strengthening
 - ☐ Other
 - ☐ Static balance exercises
 - ☐ Dynamic balance exercises
 - ☐ Walking program
 - ☐ Stair climbing
-

- ☐ Referral to a community-based program:
-

- ☐ Referral to physical therapy:
-

- ☐ Referral to another healthcare professional:
-

Physical Therapist Name: _____

Physical Therapist Signature: _____

Date: _____

Name: _____ Age: _____ Date: _____

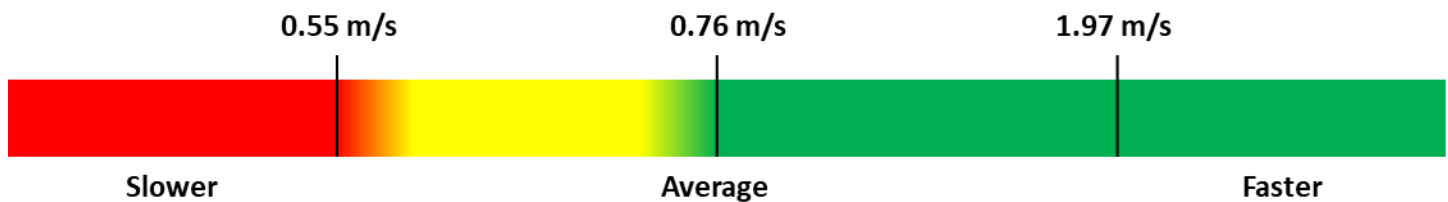
Thank you for completing the Mobility Assessment! This "report card" provides a summary of your results. Improvements in these areas and increases in your physical activity levels will help you maintain and even improve your overall health and mobility. Keep a copy of this report and share your results with your doctor or health care provider.

Usual Walking Speed:

This is a measure of your overall mobility.

Your score is _____ **meters/second**.

Less than 0.7 meters/second suggests a higher risk of falling, future mobility problems, and declining health.

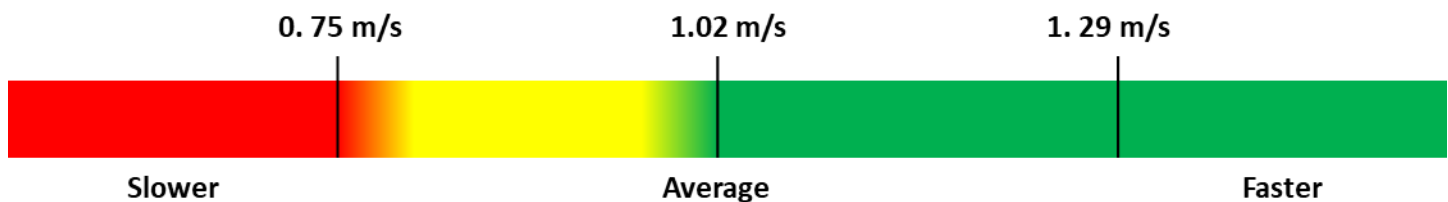


Fast Walking Speed:

This is a measure of your maximum mobility potential.

Your score is _____ **meters/second**.

Less than 1.10 meters/second suggests a higher risk of falling, future mobility problems, and declining health.

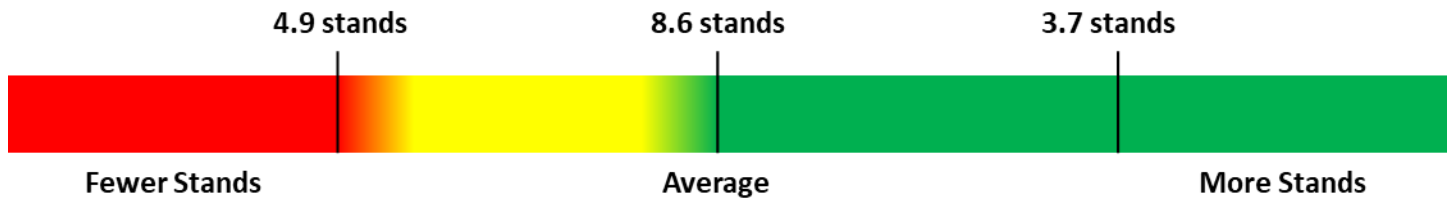


30 Second Sit to Stand Test:

This is a measure of your leg strength and power.

Your score is _____ **stands**

Less than 7 stands suggests a higher risk of falling and future mobility problems.

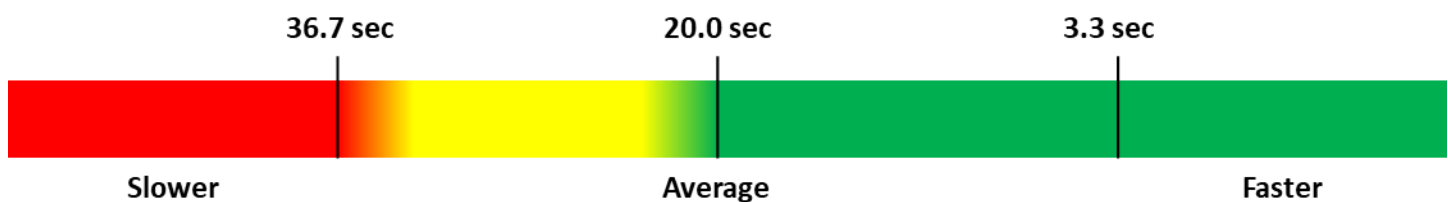


The Four-Square Step Test:

This is a measure of how quickly you can move in different directions and step over objects. It is an indicator of your dynamic balance.

Your score is _____ **seconds**.

More than 15 seconds or not being able to complete the test suggests a higher risk of falling and future mobility problems.

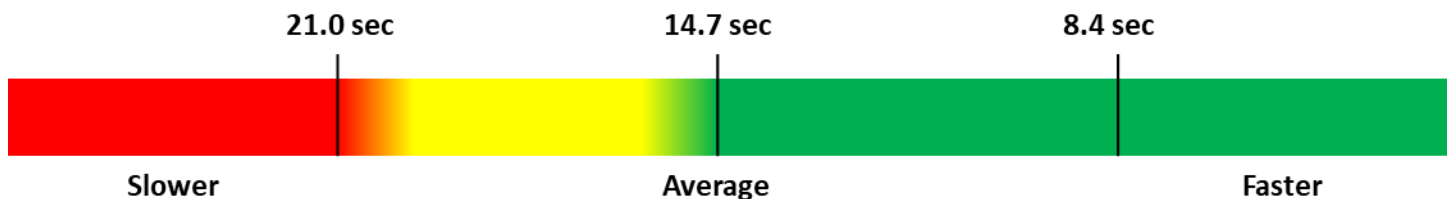


The Timed Up and Go Test:

This is a measure of your balance and mobility.

Your score is _____ **seconds**.

More than 12 seconds suggests a higher risk of falling and future mobility problems.

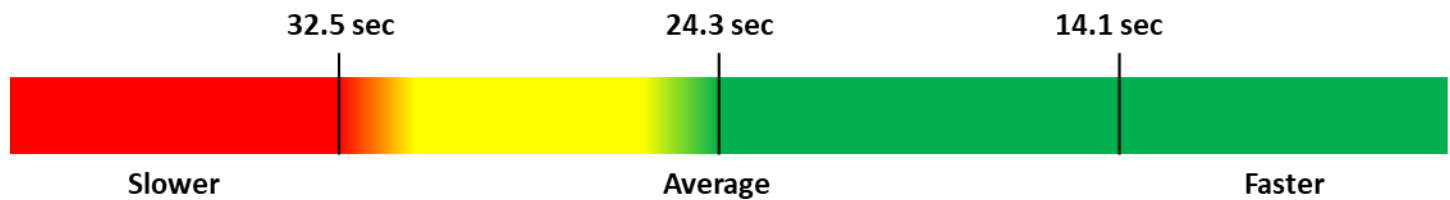


The Timed Up and Go Test with a Cognitive Task:

This is a measure of how well you can do two things at the same time.

Your score is _____ **seconds**.

More than 13.5 seconds suggests a higher risk of falling and future mobility problems.



Summary of Physical Performance Tests

	Red	Yellow	Green
Usual Gait Speed			
Fast Gait Speed			
30 Second Sit to Stand			
Four-Square Step Test			
Timed Up and Go			
Timed up and Go with a Cognitive Task			

Falls Risk

As part of the intake form, you were asked about your concerns around falling, if you have fallen, and if you feel unsteady.

You answered "yes" to _____ questions about falling.

If you answered yes to any of these questions, and had mobility scores in the yellow or red, you may need a full falls risk assessment. Ask your primary care provider to refer you to a physical therapist with expertise in reducing risk of future falls.

Your Activity Levels

	Little Activity	Some Activity	Meeting Guidelines	Exceeding Guidelines
Aerobic Training				
Resistance Training				
Balance Training				

Physical Activity Guidelines

The National Institutes of Health (NIH) recommends the following physical activity levels for adults:

- Some activity is better than none. Sitting less and doing any amount of moderate or vigorous physical activity will benefit your health.
- At least 150 minutes of moderate or 75 minutes of vigorous activity per week. A mix of both moderate and vigorous activity is also acceptable.
- Muscle-strengthening activities that work all major muscle groups on two or more days a week.
- Those 65 years of age or older should engage in activities that challenge balance at least once each week, but those under 65 may also benefit from balance training.

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Physical Therapist Name: _____

Physical Therapist Signature: _____

Date: _____