

PT-AMS Test Results

Instructions: Write in test results. To rate mobility status, use the interpretation tables in the manual. As you entered data into the Repository, it will list the ranges for each classification based on age and sex normative data.

Usual Gait Speed, over 5 meters	
Time 1 (seconds) _____ Time 2 (seconds) _____ Average Time _____ Average Gait Speed (m/s) _____	Average for Sex and Age _____ m/s <input type="checkbox"/> Mobility Limitation <input type="checkbox"/> Preclinical Mobility Limitation <input type="checkbox"/> No Limitation

Fast Gait Speed, over 5 meters	
Time 1 (seconds) _____ Time 2 (seconds) _____ Lowest Time _____ Fastest Gait Speed (m/s) _____	Average for Sex and Age _____ m/s <input type="checkbox"/> Mobility Limitation <input type="checkbox"/> Preclinical Mobility Limitation <input type="checkbox"/> No Limitation

30 Second Sit to Stand	
Number of reps _____	Average for Sex and Age _____ reps <input type="checkbox"/> Mobility Limitation <input type="checkbox"/> Preclinical Mobility Limitation <input type="checkbox"/> No Limitation

Four Square Step Test	
<input type="checkbox"/> True Test <input type="checkbox"/> Modified Test Time 1 (seconds) _____ Time 2 (seconds) _____ Lowest Time _____	Average for Sex and Age _____ seconds <input type="checkbox"/> Mobility Limitation <input type="checkbox"/> Preclinical Mobility Limitation <input type="checkbox"/> No Limitation

Timed Up and Go	
Time 1 (seconds) _____ Time 2 (seconds) _____ Lowest Time _____	Average for Sex and Age _____seconds <input type="checkbox"/> Mobility Limitation <input type="checkbox"/> Preclinical Mobility Limitation <input type="checkbox"/> No Limitation

Timed Up and Go - Cognitive	
Time (seconds) _____	Average for Sex and Age _____seconds <input type="checkbox"/> Mobility Limitation <input type="checkbox"/> Preclinical Mobility Limitation <input type="checkbox"/> No Limitation

PT- AMS Recommendation

Instructions: Document recommendations given to the participant

Physical Activity Recommendations

- ☐ Continue with current activities
- ☐ Increase moderate to vigorous activity
- ☐ Increase muscle strengthening
- ☐ Increase balance training

Referral to a community-based program?

- ☐ Yes
- ☐ No

If yes, what program? _____

Referral to physical therapy?

- ☐ Yes
- ☐ No

If yes, why physical therapy? _____

Referral to another healthcare professional?

- ☐ Yes
- ☐ No

If yes, which professional and why? _____

Given any exercises to do at home? What exercises? (check all that apply)

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