

## Mobility Screening Initiative Referral Form

To: insert name of MD or Practice name  
insert contact information

From: Insert name + credentials of person making referral  
Insert contact information

\_\_\_\_\_ (insert participant's name) attended a mobility screening event hosted by (insert name of host/practice) on (insert date). This screening was conducted by a physical therapist and indicates the need for further follow-up care. A summary of the screen including risk level is included.

### Preclinical Mobility Limitation (PCML) Screening Summary

Functional Test	Construct	Age/Gender Mean (SD)	PCML Unlikely	PCML Likely	Mobility Limitation Likely
Usual Walking Speed	general mobility				
Fast Waling Speed	Functional Reserve				
30 sec. Chair Rise	LE Muscle Performance				
Four Square Step Test	Balance/Mobility				
TUG-Single Task	Mobility/Balance				
TUG Cognitive Dual Task	Divided Attention				

These tests are reliable and valid standardized measures with age- and gender-based reference values. Poor performance is correlated with risk of falling, onset of frailty, multi-morbidity, and hospitalization.

### Classification Criteria

PCML Unlikley: Performance at 0.5 standard deviation below mean for age/gender (>31<sup>th</sup> percentile) on one or more tests, and no history of falls

PCML Likely: Performance between 0.5 and 1.0 standard deviations below mean by age/gender on one or more tests, and/or a single non injurious fall

Mobility Limitation: Performance below 1.0 standard deviation below age/gender mean (< 16<sup>th</sup> percentile) on one or more tests, and/or an injurious fall or multiple falls

