

# Ambulation Evaluation – Restorative Nursing

Resident \_\_\_\_\_ Date \_\_\_\_\_

Date of referral: \_\_\_\_\_

**Previous Therapy** \_\_\_\_\_

Results: \_\_\_\_\_

**Previous Restorative program** \_\_\_\_\_

Results: \_\_\_\_\_

**Recommendations from therapy / physician** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Balance / Gait Assessment** date / results \_\_\_\_\_

\_\_\_\_\_

**Strength / Endurance Assessment** date / results \_\_\_\_\_

\_\_\_\_\_

**Assistive Device / Appliance Assessment** date / results \_\_\_\_\_

\_\_\_\_\_

## Fall History

\_\_\_\_ Fell in past 30 days      \_\_\_\_ Fell in past 31-180 days      \_\_\_\_ Multiple falls

\_\_\_\_ No history of falls      \_\_\_\_ Assessed to be at risk for falls

## Use of Restraint

\_\_\_\_ None    \_\_\_\_ Waist    \_\_\_\_ Trunk    \_\_\_\_ Geri chair    Other \_\_\_\_\_

**Medications**

Antipsychotics       Antianxiety/hypnotics       Antidepressants  
 Cardiovascular medications       Diuretics      Other \_\_\_\_\_

**Internal Risk Factors**

Cardiac dysrhythmia / Pacemaker       Loss of arm or leg movement  
 Decline in functional status       Incontinence       Hypotension       CVA  
 Hemiplegia/Hemiparesis       Parkinson's       Seizure disorder       Syncope  
 Chronic/Acute condition makes unstable      Other \_\_\_\_\_

**Orthopedic**

Joint pain       Arthritis       Missing limb / Amputation  
 Hip fracture       Osteoporosis       Limited Range of Motion

**Perceptual**

Hearing impaired       Vision impaired       Dizziness/Vertigo  
 Other \_\_\_\_\_

**Psychiatric / Cognitive**

Memory problem       Sequencing problem       Decision-making impaired  
 Attention deficit       Lack of safety awareness       Alzheimer's / Other Dementia  
 Motivated:  Very       Somewhat       Not at all       Psychiatric diagnosis  
 Other \_\_\_\_\_

**Present Ambulation Status**

Independently       Assist of one       Assist of two       Partial weight bearing  
 Unable to ambulate       Gait belt       Walker       Rolling walker       Cane  
 Quad cane       Crutches       Handrails       Walks behind wheelchair  
 Distance:  2 feet       5 feet       10 feet       15 feet       20 feet      Other \_\_\_\_\_  
 Daily       Twice per day       Three times per day      Other \_\_\_\_\_

