Hillrom™

# Bedside Mobility Assessment Tool

| TEST | DESCRIPTION | PASS RESPONSE | PASS/FAIL |
|---|---|---|---|
| **Assessment Level 1**<br>Assessment of:<br>▪ Sitting balance<br>▪ Upper extremity and core strength<br>▪ Orthostatic response to sitting<br>▪ Ability to follow directions | **Assessment Level 1 – Sit and Shake – verifies hemodynamic stability and sitting balance.**<br>**Sit and Shake:** From semi-reclined or sitting position, ask patient to sit upright for up to 1 minute (as indicated based on concern for orthostatic hypotension or postural intolerance); then reach across midline and shake hands with caregiver – repeat with other hand. (Patient's feet may or may not be flat on the floor)<br>**Safe Mode:** Use sling and lift to assist to side of bed or complete in bed with HOB raised and patient leaning forward or with bed in chair mode. | **Sit and Shake:**<br>• Able to follow commands and sit unsupported (by sling or surface) for up to 1 minute.<br>• Able to maintain seated balance while reaching across midline of trunk with one or both hands and shaking caregiver's hand.<br>*NOTE: If patient has "strict bed rest" orders, or is hemodynamically unstable, patient is a Mobility Level 1. Do not proceed with the assessment.* | **FAIL = Mobility Level 1**<br>Goal: Avoid complications of immobility<br>1. EOB dangling with sling and lift; calf pump exercises<br>2. Bed in Fowlers or chair position<br>3. Lift and repo sheet – boosting and turning<br>4. Lift and Multistraps – turning and limb holding<br>5. Lift and sling – bed to chair/ commode transfers<br>6. Friction Reducing Device (FRD) for AROM/PROM<br>PASS – Proceed to Assessment Level 2 |
| **Assessment Level 2**<br>Assessment of:<br>▪ Lower extremity strength in preparation for weight bearing<br>▪ Foot drop | **Assessment Level 2 – Stretch – verifies some lower extremity strength.**<br>**Patient demonstrates Level 1 function and lower extremity strength.**<br>**Stretch:** While sitting upright unsupported, extend leg by straightening knee, then point toes/ pump ankle between dorsiflexion/plantar flexion 3 times. Knee remains below hip level.<br>**Safe Mode:** Use seated sling with lift (mobile or overhead) or bed in chair position. | **Stretch:**<br>Able to extend leg and straighten knee to engage quadriceps; then able to pump ankle for 3 repetitions to engage lower leg muscles and assist with venous return/fluid shift. | **FAIL = Mobility Level 2**<br>Goal: Avoid Complications of Immobility<br>1. FRD: partial squats and leg AROM exercises<br>2. Lift and repo sheet – boosting and turning<br>3. Lift and Multistraps™ – turning and limb holding<br>4. Lift and sling – bed to chair/ commode transfers<br>5. Ankle pumps<br>**PASS** – Proceed to Assessment Level 3 |
| **Assessment Level 3**<br>Assessment of:<br>▪ Ability to perform sit to stand transfer<br>▪ Static standing balance<br>▪ Orthostatic response to standing | **Assessment Level 3 – Stand – verifies patient has adequate strength, physiological stability and balance to stand.**<br>**Stand:** With feet flat on the floor about shoulder width apart, ask patient to shift weight forward and come to standing position. Stand for a minimum of 5 seconds and up to 1 minute if there is concern for orthostatic hypertension or syncope.<br>**Safe Mode:** Use sit-to-stand lift or ambulation vest/pants with lift. | **Stand:**<br>Able to rise, maintain standing position for up to 1 minute.<br>*NOTE: The majority of patients who exhibit orthostatic hypotension do so within the first minute of standing.*<br>May use walker, cane, crutches or prosthetic leg(s) as appropriate. | **FAIL = Mobility Level 3**<br>Goal: Strengthen, assist fluid shifts, avoid falls<br>1. Sit-to-stand lift – stand for 1-2 minutes, weight shift side to side and forward/ back, 2-3 deep breaths<br>2. Squats using FRD with bed in tilt position<br>3. Lifts and Multistraps™: limb holding<br>4. Sit-to-stand lift (powered or non-powered) chair/ commode transfers<br>5. Progress to standing with sit-to-stand lift to standing with aid.<br>**PASS** – Proceed to Assessment Level 4 |
| **Assessment Level 4**<br>Assessment of:<br>▪ Pre-ambulation weight shifting<br>▪ Dynamic standing balance<br>▪ Motor planning and ability to follow directions | **Assessment Level 4 – Step – verifies adequate leg strength, balance and control to lift foot off floor and advance forward/back prior to walking.**<br>**Step:**<br>1. March or step in place (not high marching)<br>2. Step forward with one foot, weight bear/ shift weight onto foot and return to starting position; repeat with other foot.<br>**Safe Mode:** Use ambulation vest/pants and lift.<br>Always default to Safe Mode if concerned regarding orthostatic hypotension/syncope or falls. | **Step:**<br>Able to perform both marching-in-place and step forward/back with each leg.<br>May use walker, cane, crutches, or prosthetic leg(s) as appropriate. | **FAIL = Mobility Level 4**<br>Goal: Improve standing tolerence, balance; avoid falls; consider mobility goals<br>1. Ambulation vest/pants and lift for standing, pre-gait and ambulation activities<br>2. Set ambulance distance and frequency goals after passing 'Step'<br>3. If using aid to pass 'Step,' assure that aid is always accessible and used<br>**PASS** – Pass BMAT Assessment; Proceed through Discharge Planning; Continue to complete once per shift and with change in condition |

Adapted from Boynton, et al., T. (2020). The Bedside Mobility Assessment Tool 2.0. American Nurse Journal, 15⑦.

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