

Rivermead Mobility Index

Name: _____ Age: _____

Examiner: _____ Date: _____

The items are scored 0 if the patient is not able to complete the task or 1 if they are able to complete it. The points are then added together, to score a maximum of 15, with higher scores stipulating better functional mobility.

Mobility index assessment	
1. Turning over in bed: "Do you turn over from your back to your side without help?"	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Lying to sitting: "From lying in bed, do you get up to sit on the edge of the bed on your own?"	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Sitting balance: "Do you sit on the edge of the bed without holding on for 10 seconds?"	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Sitting to standing: "Do you stand up from any chair in less than 15 seconds and stand there for 15 seconds, using hands and/or an aid, if necessary?"	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Standing unsupported: (Direct observation by the examiner)	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Transfer: "Do you manage to move from bed to chair and back without any help?"	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Walking inside (with an aid if necessary): "Do you walk 10 meters, with an aid if necessary, but with no standby help?"	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Stairs: "Do you manage a flight of stairs without help?"	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Walking outside (even ground): "Do you walk around outside, on pavements, without help?"	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Walking inside, with no aid: "Do you walk 10 meters inside, with no caliper, splint, or other aid (including furniture or walls) without help?"	<input type="checkbox"/> Yes <input type="checkbox"/> No

Mobility index assessment	
11. Picking up off floor: "Do you manage to walk 5 meters, pick something up from the floor, and then walk back without help?"	<input type="checkbox"/> Yes No
12. Walking outside (uneven ground): "Do you walk over uneven ground (grass, gravel, snow, ice, etc.) without help?"	<input type="checkbox"/> Yes No
13. Bathing: "Do you get into/out of a bath or shower to wash yourself unsupervised and without help?"	<input type="checkbox"/> Yes No
14. Up and down four steps: "Do you manage to go up and down four steps with no rail but using an aid if necessary?"	<input type="checkbox"/> Yes No
15. Running: "Do you run 10 meters without limping in 4 seconds (fast walk, not limping, is acceptable)?"	<input type="checkbox"/> Yes No
Other observations regarding procedure	
Examiner's additional notes	
Healthcare professional's information	
Name:	
License number:	
Phone number:	
Email:	
Name of practice:	