The L Test of Functional Mobility

Patient name: _____ **Date:** _____

Examiner: _____

Purpose

The L Test of Functional Mobility (L test) is a performance-based measure that can be used to assess physical function, including dynamic balance ability. The test is a modification of the Timed Up and Go (TUG) designed to overcome the ceiling effect of the TUG found in higher-functioning patients.

Equipment needed

- Standard chair without armrests
- Lines on the floor indicating the 3-meter mark and the 7-meter mark (as shown in the diagram)
- Stopwatch
- Assistive device (if needed)

Time required

- Approximately 10 minutes
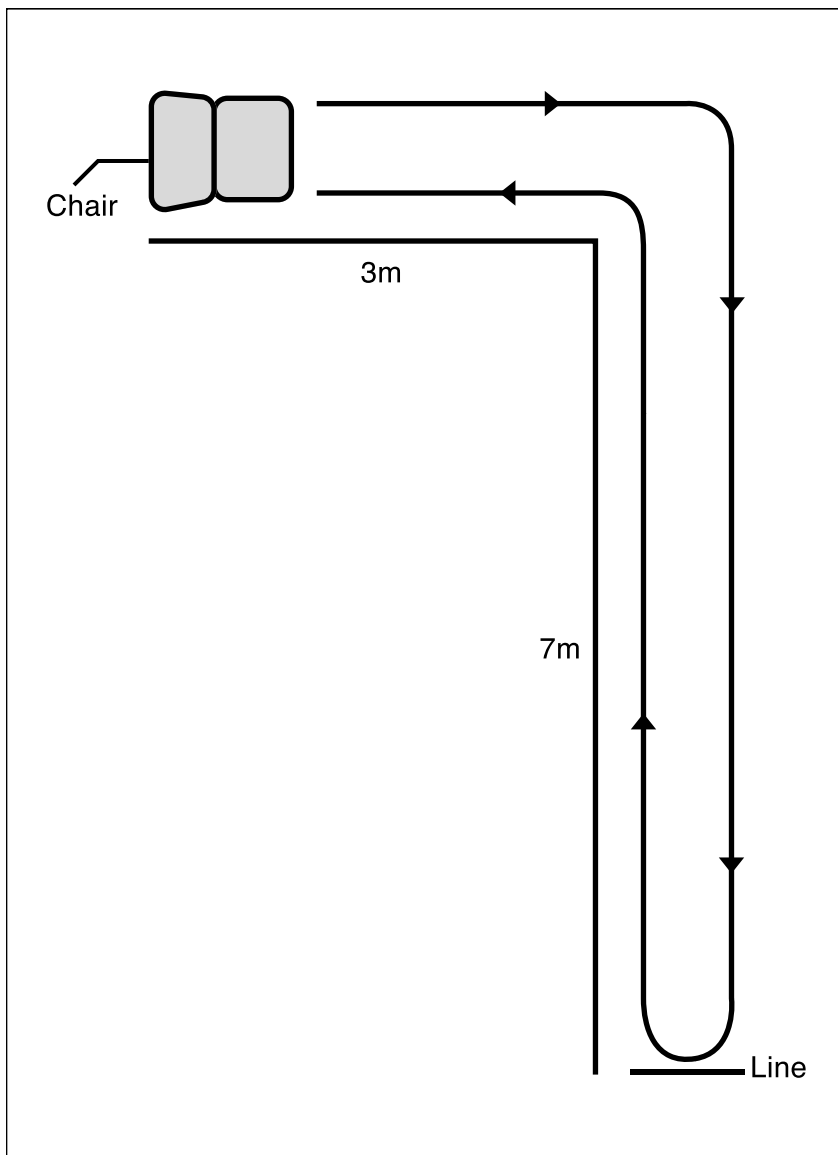
Test procedure

1. Set up a chair with a seat height of 46 cm and arm height of 67 cm.

2. Place a piece of tape on the floor 3 meters away from the chair and 7 meters away from this point at a 90-degree angle.

3. Instruct the subject to stand up when you say "Go" and walk to the first line, turn 90 degrees, and walk to the second line on the floor, then return along the same path as quickly and safely as possible.

4. Start the stopwatch when you say "Go" and stop it when the subject sits again. Record the time taken.

5. The subject receives one demonstration and one practice trial. Then, the subject completes two trials, with the better time recorded. Observational information regarding the quality of gait should also be recorded.

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Test results

Trial	Time taken (seconds)	Observational notes
1.		
2.		
3.		
Average time		

Normative data

Population	Time	SD	Number	Age mean (range)
Amputees				
Transtibial amputee	29.5	12.8	69	55.9 (23 – 88)
Transfemoral amputee	41.7	16.8	24	55.9 (23 – 88)
Traumatic amputee	26.4	7.8	56	55.9 (23 – 88)
Dysvascular amputee	42	17.8	37	55.9 (23 – 88)
No walking aid	25.5	6.4	55	55.9 (23 – 88)
Walking aid	43.3	17.5	37	55.9 (23 – 88)
Younger than 55 yo	25.4	6.8	46	55.9 (23 – 88)
Older than 55 yo	39.7	17.1	47	55.9 (23 – 88)
Lower limb amputees	34.5	19.3	30	54 (21 – 76)
Elderly				
Hospitalized elderly	62	47	50	84 (75-97)
Stroke				
Chronic stroke	60	28	33	52.4

Additional notes

Healthcare professional information

Name: _____   **Date:** _____

Signature: _____

References

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