Rivermead Mobility Index

RIVERMEAD MOBILITY INDEX

Name: _____ **Age:** _____

Examiner: _____ **Date:** _____ dd / mm / yyyy

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?

◯ Yes ◯ No

2. Lying to sitting: From lying in bed, do you get up to sit on the edge of the bed on your own?

◯ Yes ◯ No

3. Sitting balance: Do you sit on the edge of the bed without holding on for 10 seconds?

◯ Yes ◯ 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?

◯ Yes ◯ No

5. Standing unsupported: (Direct observation by the examiner)

◯ Yes ◯ No

6. Transfer: Do you manage to move from bed to chair and back without any help?

◯ Yes ◯ No

7. Walking inside (with an aid if necessary): Do you walk 10 meters, with an aid if necessary, but with no standby help?

◯ Yes ◯ No

8. Stairs: Do you manage a flight of stairs without help?

◯ Yes ◯ No

9. Walking outside (even ground): Do you walk around outside, on pavements, without help?

◯ Yes ◯ 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?

◯ Yes ◯ No

11. Picking up off floor: Do you manage to walk 5 meters, pick something up from the floor, and then walk back without help?

◯ Yes ◯ No

12. Walking outside (uneven ground): Do you walk over uneven ground (grass, gravel, snow, ice, etc.) without help?

◯ Yes ◯ No

13. Bathing: Do you get into/out of a bath or shower to wash yourself unsupervised and without help?

◯ 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?

◯ Yes ◯ No

15. Running: Do you run 10 meters without limping in 4 seconds (fast walk, not limping, is acceptable)?

◯ Yes ◯ No

Other observations regarding procedure

Examiner's additional notes

HEALTHCARE PROFESSIONAL'S INFORMATION

Name: _____ **License number:** _____

Phone number: _____ **Email:** _____

Name of practice: _____