

STAIR CLIMBING ASSESSMENT

☐ General Psychiatry Division
☐ Whiting Forensic Division
☐ Addiction Services Division

Name _____

MPI# *Print or Addressograph Imprint*

Unit:

Age: _____ Proposed Discharge Site: _____

Pertinent Medical History:

Cardiac: _____ B/P: _____

Neurological: _____ Respiratory: _____ Orthopedic: _____

Vision:

Hearing:

Gait on Level – Assistive Devices: ☐ Cane ☐ Crutches ☐ Walker ☐ Orthopedic Shoes
 ☐ Custom Molded Shoes ☐ Other:

Balance- Standing Dynamic: Left foot independent

Right foot independent

Static: Left foot independent

Right foot independent _____

Equilibrium Reactions Adequate for Stair Climbing

Stairs: Rail-Hand

Side to Use

One Foot over Foot

One Step at a Time

Vision

Able to Follow 2 Part Instructions

Able to Open Door Independently_____

Assessment of Level of Assistance Needed:

Signature/Title of Therapist /Printed name and Title

Date _____