Stair Climbing Assessment:
Guidelines for the usage of this evaluation form are as follows:

1. Basic information is entered as indicated on the form including patient's name, age, unit and MPI#.

2. Proposed Discharge Site – ex. SNF, ICF, Supervised Apt., etc. Note if stairs present.

3. Pertinent Medical History – any medical conditions that may limit ability to utilize stairs.

4. Gait on level – note any assistive devices normally used.

5. Balance –

    - Standing Dynamic: note number of seconds able to stand on one foot while moving. (Note - 5 seconds is usually necessary to complete one step up.)

    - Static: note number of seconds able to stand on one foot. (Note – 5 seconds is usually necessary to lower to next step down.)

6. Equilibrium – note if response time is adequate to prevent falling down stairs.

7. Stairs:

    - Note which hand patient uses on rail.
    - Note which side of stairs patient should use.
    - Note whether patient places one foot on each step or whether patient places both feet on each step.
    - Note which foot patient places on step first.
    - Note if vision is adequate to see next step up or down and if depth perception permits movement up or down. (May need compensatory training.)
    - Note if patient can follow 2 part commands.
    - Note if patient can open and close door at top or bottom of stairs independently.

8. Assessment: Level of Assistance needed and other important information that may effect stair climbing ability and safety.

9. The evaluating therapist must sign, print name and title and date the evaluation.