

Falls Programme North Tipperary Network 9 Assessment Sheet

NAME _____ D.O.B. _____ DATE _____

OBJECTIVE ASSESSMENT

Bed mobility: Bridging _____

Roll to R _____ Roll to L _____

Transfers: lie-sit _____ sit-lie _____

STS _____ Stand-sit _____

Bed-chair _____

Mobility: indoors _____ outdoors _____

Stairs _____ Safety awareness: _____

Previous Mobility Status: _____

V.O.R: Tracking and Pursuit _____

	Rt UL	Lt UL	Rt LL	LtLL
Power				
R.O.M.				
Sensation				
Tone				
Prop				
Co-Ord				

OUTCOME MEASURE	PRE Date:	POST Date:	6 Months Date:
BERG			
TUG time			
FTSS time			
FES			

GOALS:

Short Term Goals	Date Achieved	Long Term Goals	Date Achieved

Physio _____ **Date:** _____