

Pixalere Mobility Assessment Worksheet		
Date	Patient Name	PixID#
Mobility Assessment		
Weight Bearing	<input type="checkbox"/> None <input type="checkbox"/> Partial <input type="checkbox"/> Full	
Balance	<input type="checkbox"/> Steady <input type="checkbox"/> Unsteady	
Calf Muscle Pump	<input type="checkbox"/> Normal <input type="checkbox"/> Impaired	
Mobility Aids (Check all that apply)	<input type="checkbox"/> None <input type="checkbox"/> Bed Only <input type="checkbox"/> Prosthesis <input type="checkbox"/> Splint <input type="checkbox"/> Brace <input type="checkbox"/> Wheelchair <input type="checkbox"/> Walker, no wheels <input type="checkbox"/> Walker, 2 wheels <input type="checkbox"/> Walker, 4 wheels <input type="checkbox"/> Cane <input type="checkbox"/> Crutches <input type="checkbox"/> Scooter	
Walking	Gait Pattern: Walking Distance: Walking Endurance:	
Footwear	Indoor: Outdoor: Therapeutic/Orthotics Footwear:	
Function Assessment	Left	Right
Muscle Tone	<input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/> Normal <input type="checkbox"/> Flaccid	<input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/> Normal <input type="checkbox"/> Flaccid
Arches	<input type="checkbox"/> High <input type="checkbox"/> Normal <input type="checkbox"/> Flat	<input type="checkbox"/> High <input type="checkbox"/> Normal <input type="checkbox"/> Flat
Foot Supination	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Foot Pronation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Function Assessment	Active	Passive
Dorsiflexion	<input type="checkbox"/> Normal Range of Motion <input type="checkbox"/> Normal strength <input type="checkbox"/> Decreased Range of Motion <input type="checkbox"/> Decreased strength	<input type="checkbox"/> Normal Range of Motion <input type="checkbox"/> Normal strength <input type="checkbox"/> Decreased Range of Motion <input type="checkbox"/> Decreased strength
Planterflexion	<input type="checkbox"/> Normal Range of Motion <input type="checkbox"/> Normal strength <input type="checkbox"/> Decreased Range of Motion <input type="checkbox"/> Decreased strength	<input type="checkbox"/> Normal Range of Motion <input type="checkbox"/> Normal strength <input type="checkbox"/> Decreased Range of Motion <input type="checkbox"/> Decreased strength
Great Toe	<input type="checkbox"/> Normal Range of Motion <input type="checkbox"/> Normal strength <input type="checkbox"/> Decreased Range of Motion <input type="checkbox"/> Decreased strength	<input type="checkbox"/> Normal Range of Motion <input type="checkbox"/> Normal strength <input type="checkbox"/> Decreased Range of Motion <input type="checkbox"/> Decreased strength
Proprioception	<input type="checkbox"/> Intact <input type="checkbox"/> Impaired	<input type="checkbox"/> Intact <input type="checkbox"/> Impaired
Comments		
Signature/Designation		