

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"/> Crutches <input type="checkbox"/> Brace <input type="checkbox"/> Cane <input type="checkbox"/> Prosthesis <input type="checkbox"/> Splint	
	<input type="checkbox"/> Walker – no wheels <input type="checkbox"/> Walker – 2 wheels <input type="checkbox"/> Walker – 4 wheels <input type="checkbox"/> Scooter <input type="checkbox"/> Wheelchair	
Gait Pattern		
Walking Distance		
Walking Endurance		
Footwear		
Indoor Footwear	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Outdoor Footwear	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Orthotics	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Function		
Muscle Tone	<input type="checkbox"/> High <input type="checkbox"/> Normal	
	<input type="checkbox"/> Low <input type="checkbox"/> Flaccid	
Arches	<input type="checkbox"/> High <input type="checkbox"/> Normal <input type="checkbox"/> Flat	
Foot Supination	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Foot Pronation	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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Parameters	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
Plantarflexion	<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
	Right	Left
Proprioception	<input type="checkbox"/> Intact <input type="checkbox"/> Impaired	<input type="checkbox"/> Intact <input type="checkbox"/> Impaired
Comments		
Signature/Designation		