CVH-501 CONNECTICUT VALLEY HOSPITAL
New 5/01
PHYSICAL THERAPY
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 ____________     Which Foot First ____________
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 ____________