

OASIS ITEM
<p>(M1860) Ambulation/Locomotion: Current ability to walk safely, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.</p> <ul style="list-style-type: none"> <input type="checkbox"/> 0 - Able to independently walk on even and uneven surfaces and negotiate stairs with or without railings (i.e., needs no human assistance or assistive device). <input type="checkbox"/> 1 - With the use of a one-handed device (e.g. cane, single crutch, hemi-walker), able to independently walk on even and uneven surfaces and negotiate stairs with or without railings. <input type="checkbox"/> 2 - Requires use of a two-handed device (e.g., walker or crutches) to walk alone on a level surface and/or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces. <input type="checkbox"/> 3 - Able to walk only with the supervision or assistance of another person at all times. <input type="checkbox"/> 4 - Chairfast, <u>unable</u> to ambulate but is able to wheel self independently. <input type="checkbox"/> 5 - Chairfast, unable to ambulate and is <u>unable</u> to wheel self. <input type="checkbox"/> 6 - Bedfast, unable to ambulate or be up in a chair.
ITEM INTENT
<p>Identifies the patient's ability and the type of assistance required to <u>safely</u> ambulate or propel self in a wheelchair over a variety of surfaces. The intent of the item is to identify the patient's ABILITY, not necessarily actual performance. "Willingness" and "compliance" are not the focus of these items. These items address the patient's ability to safely ambulate/locomote, given the current physical and mental/emotional/cognitive status, activities permitted, and environment. The patient must be viewed from a holistic perspective in assessing ability to perform ADLs. Ability can be temporarily or permanently limited by:</p> <ul style="list-style-type: none"> - physical impairments (e.g., limited range of motion, impaired balance) - emotional/cognitive/behavioral impairments (e.g., memory deficits, impaired judgment, fear) - sensory impairments, (e.g., impaired vision or pain) - environmental barriers (e.g., stairs, narrow doorways, location of bathroom or laundry)
TIME POINTS ITEM(S) COMPLETED
<p>Start of care Resumption of care Follow-up Discharge from agency - not to an inpatient facility</p>
RESPONSE—SPECIFIC INSTRUCTIONS
<ul style="list-style-type: none"> • Variety of surfaces refers to typical surfaces that the patient would routinely encounter in his/her environment, and may vary based on the individual residence. • The patient's ability may change as the patient's condition improves or declines, as medical restrictions are imposed or lifted, or as the environment is modified. The clinician must consider what the patient is <i>able to do</i> on the day of the assessment. • The ambulation/locomotion scale presents the most optimal level first, then proceeds to less optimal mobility abilities. Read each response carefully to determine which one best describes what the patient is able to do. • Regardless of the need for an assistive device, if the patient requires human assistance (hands on, supervision and/or verbal cueing) to <u>safely</u> ambulate, select Response 2 or Response 3, depending on whether the assistance required is intermittent ("2") or continuous ("3"). • If the patient is safely able to ambulate without a device on a level surface, but requires minimal assistance on stairs, steps and uneven surfaces, then Response 2 is the best response (requires human supervision or assistance to negotiate stairs or steps or uneven surfaces).

Guidance for this item updated 12/2012

RESPONSE—SPECIFIC INSTRUCTIONS (cont'd for OASIS Item M1860)

- If a patient does not require human assistance, but safely ambulates with a walker in some areas of the home, and a cane in other areas (due to space limitations, distances, etc.), select the response that reflects the device that best supports safe ambulation on all surfaces the patient routinely encounters (e.g., Response 2 is appropriate if a walker is required for safe ambulation in the hallway and living room, even if there are some situations in the home where a cane provides adequate support.)
- If a patient does not have a walking device but is clearly not safe walking alone, select Response 3, able to walk only with the supervision or assistance should be reported, unless the patient is chairfast.
- Responses 4 and 5 refer to a patient who is unable to ambulate, even with the use of assistive devices and/or continuous assistance. A patient who demonstrates or reports ability to take one or two steps to complete a transfer, but is otherwise unable to ambulate should be considered chairfast, and would be scored 4 or 5, based on ability to wheel self.
- Assessment strategies: A combined observation/interview approach with the patient or caregiver is required to determine the most accurate response for this item. Ask the patient about ambulation ability. Observe the patient ambulating across the room or to the bathroom and the type of assistance required. Note if the patient uses furniture or walls for support, and assess if patient should use a walker or cane for safe ambulation. Observe patient's ability and safety on stairs. If chairfast, assess ability to safely propel wheelchair independently, whether the wheelchair is a powered or manual version.

DATA SOURCES / RESOURCES

- Observation
- Patient/caregiver interview
- Physical assessment
- Environmental assessment

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