ELDERLY MOBILITY SCALE

1. Purpose

This scale provides physiotherapists with a standardised validated scale for assessment of mobility in more frail elderly patients. The scale has good validity and inter-rater reliability.

2. Content

The scale assesses 7 dimensions of functional performance. These include locomotion, balance and key position changes, all of which are intrinsic skills that permit the performance of complex activities of daily living. Total score is from a maximum of 20, higher scores indicating better performance.

3 Accessment

3. Assessment	
ELDERLY MOBILITY SCALE	
Lying to sitting	Gait
2 Independent	3 Independent (incl. use of sticks)
1 Needs help of 1 person	2 Independent with frame
• Needs help of 2+ people	1 Mobile with walking aid but erratic/
	unsafe turning
	 Requires physical assistance or constant
	supervision
Sitting to lying	Timed walk (6 Meters)
2 Independent	3 Under 15 seconds
1 Needs help of 1 person	2 16-30 seconds
Needs help of 2+ people	1 over 30 seconds
Sit to stand	Functional Reach
3 Independent in under 3 seconds	4 Over 20cm
2 Independent in over 3 seconds	2 10-20cm
1 Needs help of 1 person (verbal or physical)	0 Under 10cm or unable
• Needs help of 2 + people	
Standing	
3 Stands without support & reaches within arms	
length	
2 Stands without support but needs help to reach	
1 Stands, but requires support	
0 Stands, only with physical support (1 person)	
Support = uses upper limbs to steady self	

Total

Interpretation of scores*

14 – 20	Manoeuvres alone and safely. Independent in basic ADLs. These patients are generally
	safe to go home but may need home help
10 – 13	Borderline in terms of safe mobility and independence in ADLs. These patients will
	require some help with mobility manoeuvres.
< 10	Dependent in mobility manoeuvres & requiring help with basic ADLs (transfers, toileting,
	dressing etc.). May require Home Care Package/Long Term Care depending on patients'
	wishes and circumstances.

^{*} Please note that these are general interpretations. They do not take into account cognition, safety awareness and other factors that may impact on mobility e.g. postural hypotension.

References

Proser L et al (1997) Further validation of EMS for measurement of mobility of hospitalised elderly people Clinical Rehabilitation 11, 4, 338-343

Smith R (1994) Validation and Reliability of the Elderly Mobility Scale Physiotherapy 80, 744-747

Spilg, E. G., B. J. Martin, et al. (2001). A comparison of mobility assessments in a geriatric day hospital. Clinical Rehabilitation 15(3): 296-300

Mabel S. W. Yu (2007) Usefulness of the Elderly Mobility Scale for classifying residential placements. Clinical Rehabilitation, Vol. 21, No. 12, 1114-1120