Helsinki

MOBILITY AGREEMENT
Everyday mobility, muscular strength and balance for a smoother everyday life

Social Services, Health Care and Rescue Services Division

Client's name	Mobility agreement date

EVERYDAY MOBILITY FOR STRENGTHENING FUNCTIONALITY

What kind of things do you do independently on a normal day at home?
What everyday chores would you like to receive support with? Who could help you?
When you want company, who do you contact?
Are you able to leave your home? If you go out, what do you do? Where would you like to visit?
What would you like to do/practice with the support of a nurse/other worker?
What are you prepared to do yourself to maintain or improve your functioning?

SELF-ASSESSMENT AND OBSERVATION OF FUNCTIONING

Client's assessment		**Client's performance**
yes / no	Can you sit up from a lying down position?	yes / no
yes / no	Can you move from your bed to the kitchen chair?	yes / no
yes / no	Can you stand up from a chair?	yes / no
yes / no	Can you take a meal from the refrigerator and heat it up?	yes / no

PERFORMANCE TESTS

Standing up from a sitting position five (5) times (stop the clock when you stand up for the fifth time)

Date	Time of completion	Notes (with or without hand support, what kind of chair?)

Enter the number of repetitions here if standing up exercises are incorporated into the mobility agreement:

Follow-up date	Time of completion	Notes

Picking up an object from the floor (such as a newspaper)

Date	Score	Notes
Follow-up date	Score	Notes

Scoring
(Berg et al 1989, 1992, 1995):

4 p Can pick up the object easily and safely
3 p Can pick up the object, but needs support
2 p Cannot pick up the object, but can reach to within 2–5 cm of the object while maintaining balance
1 p Cannot pick up the object and needs support with the attempt
0 p Cannot attempt / needs support not to fall down

MOBILITY AGREEMENT (transfer details to the care work)

My goal in regard to the mobility plan is that I (the client completes the sentence):
I will carry out the following chores/exercises together with a nurse/other worker (what and how often?):
I will carry out the following activities independently or with my family members and friends to strengthen my functioning (what and how often?):
What kind of recommendations have I received from a physiotherapist or occupational therapist in regard to everyday mobility and the mobility agreement?
I will attend a rehabilitation group or a senior centre or participate in remote rehabilitation (when and how often?):
FOLLOW-UP DATE:

Empty