

SPINE AND GAIT SCREEN

Not applicable-Non-ambulatory

Name: _____ Date: _____

Address: _____ Assessor/Title: _____

Mission Statement: Evaluate and mitigate the risks associated with falls, spine, and gait issues in ambulatory individuals.

Question:	Yes	No	Code
1. Individual's ability to walk has worsened in the last year?			
2. Individual has been diagnosed with heart or cardiovascular conditions in the last year?			
3. Individual has ongoing back spasms, back pain, body, or joint pain?			
4. Individual uses assistive devices for mobility and transport?			
5. Individual is unsteady on their feet?			
6. Individual has a neck, spine, or trunk deformity?			
7. Individual had a weight change of plus or minus 10% in the last 3 months?			
8. Individual has stiffness in one or more limbs?			
9. Individual had a major surgery in the last year?			
10. Individual has involuntary movements that interfere with activities of daily living (ADL's)?			
11. Individual has loss of muscle bulk in their arms or legs?			
12. Individual has coughing or choking spells?			
13. Individual has problems with sleeping?			
14. Individual gasps for air while walking?			
15. Individual slumps over or cannot sit up without an assistive device?			
16. Individual is currently taking psych or seizure medications?			
17. Individual engages in self injurious or other similar behaviors?			
18. Individual was diagnosed with musculoskeletal or neuro-muscular conditions in the last 5 years?			
19. Individual had a spontaneous fracture in the last year?			
20. Individual is blind, deaf, or has cataracts?			
21. Individual's participation in activities of daily living (ADL's) in the past 6 months has decreased?			
22. Individual's position in bed or wheelchair is interfering with breathing?			
23. Individual had their skin color become pale in the last six months?			
24. Individual tires easily?			
25. Individual has bowel or bladder incontinence?			
26. Individual has fallen 3 or more times in the last 6 months?			
27. Individual has 10 or more seizures per year?			

Code (information from):

1	IPP
2	Medication Administration Records
3	Current Assessment (within the last year)
4	Nursing Care Plan
5	PNM Plan
6	Other (please write in)

Revision Date: October 23, 2012-CN

November 19, 2012-CN