Impaired Physical Mobility

(_) Actual (_) Potential

Student Name_____ **ID#**_____ **Grade**_____

Related To: *[Check those that apply]*

(_) Amputation	(_) Neuromuscular impairment
(_) Cardiovascular	(_) Pain
(_) External devices	(_) Surgical procedure
(_) Impaired balance	(_) Trauma
(_) Limited ROM	(_) Other:_____
(_) Musculoskeletal impairment	_____
	_____

As evidenced by: *[Check those that apply]*

Major: (Must be present)	(_) Inability to move purposefully within the environment, including bed mobility, transfers, and ambulation. (_) Congenital disorders (_) Progressive deterioration (_) Diminished musculoskeletal responses
Minor: (May be present)	(_) Range of motion limitations. (_) Limited muscle strength or control. (_) Impaired coordination.

Date & Sign.	Plan and Outcome *[Check those that apply]*	Target Date:	Nursing Interventions *[Check those that apply]*	Date Achieved:
	The Student will: (_) Attain optimal mobility within disease & developmental limitations. (_) Achieve independence of activities of daily living. (_) Maintain or increase strength & endurance of upper/lower limbs. (_)Maintain or increase strength and endurance of upper/lower limbs. (_) Will not develop complications of immobility. (_) Demonstrate use of adaptive device(s) to increase mobility. Device: (_) Other:		(_) Assess ability to move & activity level in performing ADL. (_) Assess symmetry, strength, and degree of mobility. (_) Passive/active ROM exercises as ordered by physician q_____ to: _____ (body part). (_) Position in proper alignment and reposition q_____ hrs. (_) Encourage isometric exercises when indicated. (_) Up in chair _____ minutes q_____. (_) Check/teach proper use/function of adaptive equipment. (_) Other: _____	

_____
RN Signature