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Physical therapy · Occupational therapy · Patient education

MOBILITY SPECIMEN

Document
Walker fit and stairs competency guide
Skill check
HRP-MOB-270711-08
Version
4.4 · Effective 07/2027
Therapist
Jon Bell, PTA (fictional)

Rolling Walker Fit, Level Walking, Curbs, and Stairs

Sequence guide for a patient already assessed and trained by rehabilitation staff

FICTIONAL SPECIMEN — DO NOT PRACTICE STAIRS OR CURBS ALONE

This guide supports hands-on training. It does not establish that a walker, weight-bearing status, stair method, or helper level is safe for any real person.

PATIENT	DEVICE	WEIGHT BEARING	HELPER LEVEL
Noah Grant (fictional)	**Two-wheel rolling walker**	**As tolerated, right leg**	**Standby assist on level; contact guard on stairs**
STAIR SETUP	PRACTICE LOCATION	CLEARED ROUTE	RECHECK
4 steps · rail on left going up	**Clinic training stairs only**	**Bedroom ↔ bathroom, level**	**July 15, 2027**

FIT CHECK BEFORE WALKING

CHECK	PASS STANDARD	SPECIMEN SETTING	IF IT FAILS
Walker height	Handgrips align with wrist crease while standing tall in shoes	Hole 5 on both front and rear legs	Do not walk; therapist adjusts all four legs
Elbow angle	Slight bend, approximately 15–30° while holding grips	About 20° observed	Recheck height; never lean body weight onto forearms
Frame	All four legs locked at equal height; crossbar fully open	Passed 07/11	Remove from use if latch or frame is loose
Tips / wheels	Rear tips dry and intact; front wheels turn freely	Passed 07/11	Replace worn tips; dry wet surfaces
Shoes / route	Closed-back shoes; route lit and clear	Passed in clinic	Clear cords, rugs, clutter, and pets first

SIT TO STAND

1. Back up until both legs touch the chair.
2. Move the operated foot slightly forward as taught.
3. Keep the walker close but **do not pull on it**.
4. Place both hands on the chair arms.
5. Lean forward — “nose over toes” — and push up from the chair.
6. When fully balanced, move one hand and then the other to the walker.

STAND TO SIT

1. Back up with small steps until both legs touch the chair.
2. Keep the operated foot slightly forward as taught.
3. Reach one hand and then the other back to the chair arms.
4. Bend at hips and knees and lower slowly.
5. Do not drop into the chair and do not hold the walker while sitting.

LEVEL WALKING SEQUENCE

COUNT	ACTION	SAFETY CUE	COMMON ERROR
1	Move the walker one short step forward	All four contact points stable before stepping	Pushing it too far ahead
2	Step the operated RIGHT leg into the walker	Foot lands between rear tips	Stepping beyond the front crossbar
3	Press through hands only as trained; step the LEFT leg through	Stay upright and look ahead	Hopping or twisting
4	Pause if balance changes; repeat	Small turns with several steps	Pivoting on the operated leg

Specimen cue: WALKER → RIGHT → LEFT. The walker moves only after both feet and balance are settled.

TURNING AND DOORS

- Turn using several small steps. Keep toes, knees, and walker facing the same direction.
- Never pivot sharply inside a fixed walker position.
- Approach a door squarely. A helper manages heavy or self-closing doors during this phase.
- Do not carry objects in either hand; use the attached walker bag for light items only.
- Back up only for the final steps to a chair or toilet, not as a travel method.

ONE CURB — TRAINED METHOD WITH HELPER

DIRECTION	EXACT SEQUENCE	WORDS TO REMEMBER	HELPER POSITION
UP a curb	Approach edge → helper stabilizes → lift walker onto curb → step up with LEFT (stronger) leg → bring RIGHT leg up	**UP: GOOD leg goes first**	At side and slightly behind, gait belt as trained
DOWN a curb	Approach edge → place walker down close to curb → step down with RIGHT (operated) leg → bring LEFT leg down	**DOWN: OPERATED leg goes first**	At side and slightly in front, gait belt as trained

The walker must never straddle two heights while the patient steps. Practice only at the clinic curb until the therapist documents home-route clearance.

STAIRS WITH ONE RAIL — WALKER DOES NOT GO ON THE STAIRS

DIRECTION	SETUP	SEQUENCE	MNEMONIC
UP	Helper holds folded walker or places it at landing. Patient uses left rail and cane only if specifically issued.	LEFT stronger leg up → RIGHT operated leg up → cane up	**UP WITH THE GOOD**
DOWN	Helper positions below and to the side. Confirm walker is open at lower landing.	Cane down → RIGHT operated leg down → LEFT stronger leg down	**DOWN WITH THE OPERATED**

This synthetic patient was trained on four clinic steps with a left rail going up. A different rail side, device, restriction, or home layout requires a new assessment.

DECISION MATRIX: MAY THIS ROUTE BE ATTEMPTED?

CONDITION	LEVEL ROUTE	CURB	STAIRS
Helper available at documented level	Required until recheck	Required	Required
Dry, lit, clutter-free surface	Required	Required	Required
No dizziness, buckling, new numbness, or sudden pain increase	Required	Required	Required
Walker fit and frame check passed	Required	Required	Walker staged at landing
Therapist has practiced exact route/setup	Bedroom–bathroom cleared	Clinic only	Clinic only
If any requirement is not met	Sit and call for help	Do not attempt	Use alternate plan

STOP IMMEDIATELY

- Walker rocks, folds, catches, or has a loose part.
- Knee buckles or either foot drags.
- New dizziness, faintness, chest pain, or breathing difficulty.
- New calf pain, marked swelling, or sudden wound concern.
- Helper cannot maintain the trained position.
- Surface is wet, icy, uneven, or blocked.

COMPETENCY RECORD

SKILL	07/11 RESULT	NEXT CHECK
Fit / sit-to-stand	Pass with cue	07/15
20 ft level walking	Pass, standby assist	07/15
Turning	Needs cue: no pivot	07/15
Curb	Contact guard; clinic only	Not home-cleared
4 stairs	Contact guard; clinic only	Not home-cleared

Emergency: Emergency symptoms take priority over mobility practice. Sit if safe, call for help, and call 911 for chest pain, severe breathing difficulty, fainting, or suspected stroke.

FICTIONAL SPECIMEN. Harborview Rehabilitation Partners, Noah Grant, the device settings, weight-bearing status, sequences, dates, competency findings, and contacts are invented. Hands-on device and stair training must be individualized by a qualified clinician.