

**Performance-Oriented Environmental Mobility Screen (POEMS)**  
**CSH-MR-1024**  
**INSTRUCTIONS**

1. This assessment will be done on admission, annually and with changes in the condition of the individual or changes in medications for the individual on all people residing in the Developmental Disabilities Division, Craig Center and other non-acute units in the Psychiatric Services Division.
2. This assessment will also be done when triggered by the “ASSESSMENT FOR FALL POTENTIAL” done in the Psychiatric admissions units and in the Forensic Services Division.
3. The attending Physician is responsible for completing the evaluation. The Physician may enlist the aid of other members of the treatment team in completing the evaluation, but the responsibility for completion cannot be delegated to any other staff person. If an Advanced Practice Nurse provides primary care services to the individual being evaluated, the APRN acts in lieu of the attending Physician.
4. Ask the individual being evaluated to perform the indicated maneuvers. Watch the person perform these maneuvers and rate their ability as indicated on the form.
5. If the individual uses an ambulation device (e.g., cane, walker), each maneuver is tested with the device as appropriate.
6. For each maneuver, indicate whether the person’s performance is normal (independent function) or impaired (dependent function). For each option, one of the choices (normal or impaired) must be checked. For example, either the gait is continuous without hesitation, or it is noncontinuous with hesitation.
7. If the person is unable to perform the maneuver at all, or attempting to perform the maneuver is unsafe, only that block in the “IMPAIRED (INTERVENTION)” section is checked and those interventions that are indicated must be explored.
8. The numbers in parentheses indicate suggested interventions for each impairment discovered. The key for the numbered interventions is at the end of the form.
9. The identified impairments and the suggested interventions are guides to the needs to be addressed in the service/treatment plan for that individual. The interventions that the physician and treatment team chose to pursue must be checked on the “KEY TO INTERVENTIONS” page.
10. The examining Physician or Advanced Practice Nurse must sign on the indicated line on the signature page. Any other staff that assisted with the evaluation (such

as PT or OT) must also sign and enter their title on the indicated lines on the signature page.