

## Performance-Oriented Environmental Mobility Screen (POEMS)

<b>AMBULATION – BEDROOM</b>		
<b>OBSERVATION</b>	<b>NORMAL</b>	<b>IMPAIRED (INTERVENTION)</b>
Walk in a straight line from the doorway to the most distant wall (10-15 feet).	<input type="checkbox"/> Gait is continuous, without hesitation. <input type="checkbox"/> Gait is straight, without deviation from the path. <input type="checkbox"/> Both feet clear the floor surface.  <input type="checkbox"/> Does not use the walls/furniture for support.	<input type="checkbox"/> Gait is noncontinuous, with hesitation (1) (2). <input type="checkbox"/> Gait deviates from a straight path (1) (2) (5).  <input type="checkbox"/> One or both feet scrape the floor surface (1) (5) (6). <input type="checkbox"/> Walls/furniture are used for support (1) (2) (3) (4). <input type="checkbox"/> Unable to perform the maneuver or perform it safely (10).
Turn around, walk around both sides of the bed.	<input type="checkbox"/> Steps are smooth, continuous. <input type="checkbox"/> Does not stagger or lose balance. <input type="checkbox"/> Does not use the walls/furniture for support.	<input type="checkbox"/> Steps are discontinuous (1) (2) (5). <input type="checkbox"/> Stagger, loses balance (1) (2) (5). <input type="checkbox"/> Walls/furniture are used for support (1) (2) (3) (4). <input type="checkbox"/> Unable to perform the maneuver or perform it safely (10).
Device used to perform the maneuver: <input type="checkbox"/> Yes – Type _____ <input type="checkbox"/> No	<input type="checkbox"/> Device is appropriate for the space. <input type="checkbox"/> Device is used correctly.	<input type="checkbox"/> Device is inappropriate for the space (2) (4). <input type="checkbox"/> Device is used incorrectly (2).

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<b>AMBULATION – BATHROOM</b>		
<b>OBSERVATION</b>	<b>NORMAL</b>	<b>IMPAIRED (INTERVENTION)</b>
Walk to sink, toilet, turn around and return.	<input type="checkbox"/> Gait is continuous, smooth without hesitation. <input type="checkbox"/> Both feet clear the floor and threshold.  <input type="checkbox"/> Does not lose balance. <input type="checkbox"/> Does not use the walls, sink, or towel bar for balance or support.	<input type="checkbox"/> Gait is noncontinuous, with hesitation (1) (2).  <input type="checkbox"/> One or both feet scrape the floor or threshold (4) (5) (6). <input type="checkbox"/> Loses balance (1) (2). <input type="checkbox"/> Uses the walls, sink, or towel bar for balance or support (3) (4). <input type="checkbox"/> Unable to perform the maneuver or perform it safely (10).
Device used to perform maneuver: <input type="checkbox"/> Yes – Type _____ <input type="checkbox"/> No	<input type="checkbox"/> Device is appropriate for the space. <input type="checkbox"/> Device is used correctly.	<input type="checkbox"/> Device is inappropriate for the space (3). <input type="checkbox"/> Device is used incorrectly (2).

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<b>AMBULATION – HALLWAY</b>		
<b>OBSERVATION</b>	<b>NORMAL</b>	<b>IMPAIRED (INTERVENTION)</b>
Walk from the bedroom to the nurse’s station, toward the exit, and return to the bedroom.	<input type="checkbox"/> Gait is continuous, smooth without hesitation. <input type="checkbox"/> Gait is straight, without deviation from the path. <input type="checkbox"/> Both feet clear the floor.  <input type="checkbox"/> Does not use the walls/furniture/handrails for support. <input type="checkbox"/> Able to perform the maneuver without excessive fatigue.	<input type="checkbox"/> Gait is noncontinuous, with hesitation (1) (2) (5). <input type="checkbox"/> Gait deviates from a straight path (1) (2) (5).  <input type="checkbox"/> One or both feet scrape the floor surface (1) (5) (6). <input type="checkbox"/> Walls/furniture/handrails are used for support (1) (2) (3) (4). <input type="checkbox"/> Unable to perform maneuver without fatigue (1) (10). <input type="checkbox"/> Unable to perform maneuver or perform it safely (10).
Device is used to perform the maneuver: <input type="checkbox"/> Yes – Type _____ <input type="checkbox"/> No	<input type="checkbox"/> Device is appropriate for the space. <input type="checkbox"/> Device is used correctly.	<input type="checkbox"/> Device is inappropriate for the space (3). <input type="checkbox"/> Device is used incorrectly (2).

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<b>TRANSFERS – BED (PAGE 1)</b>		
<b>OBSERVATION</b>	<b>NORMAL</b>	<b>IMPAIRED (INTERVENTION)</b>
Transfer onto the bed and lie down.	<input type="checkbox"/> Bed transfer is completed in a smooth, controlled movement (sits on bed in one attempt). <input type="checkbox"/> Sitting balance is stable. <input type="checkbox"/> Does not use arm support to maintain sitting balance. <input type="checkbox"/> Both feet rest flat on the floor (the bed height should be such that this is possible in all individuals who are thought to be at risk for falls). <input type="checkbox"/> Feet do not slide. <input type="checkbox"/> The bed does not slide away. <input type="checkbox"/> Able to lie down in one smooth, controlled movement.	<input type="checkbox"/> Bed transfer is not smooth (requires several attempts; falls onto the mattress; uses the mattress edge to guide the transfer) (1) (8). <input type="checkbox"/> Sitting balance is unstable (2) (8). <input type="checkbox"/> Uses arm support to maintain sitting balance (2) (8). <input type="checkbox"/> Feet do not rest flat on the floor (8).  <input type="checkbox"/> Feet slide away (5) (6). <input type="checkbox"/> Bed slides away (6) (8). <input type="checkbox"/> Unable to lie down in one smooth, controlled movement (several attempts are required) (8). <input type="checkbox"/> Unable to perform the maneuver or perform it safely (8) (10).
Device is used to perform the transfer onto the bed and lie down: <input type="checkbox"/> Yes – Type _____ <input type="checkbox"/> No	<input type="checkbox"/> Device is appropriate for the space. <input type="checkbox"/> Device is used correctly.	<input type="checkbox"/> Device is inappropriate for the space (3). <input type="checkbox"/> Device is used incorrectly (2).

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<b>TRANSFERS – BED (PAGE 2)</b>		
<b>OBSERVATION</b>	<b>NORMAL</b>	<b>IMPAIRED (INTERVENTION)</b>
Rise from supine position and transfer off of the bed.	<input type="checkbox"/> Able to rise in one smooth, controlled movement to a sitting position.  <input type="checkbox"/> Sitting balance is stable. <input type="checkbox"/> Does not use arm support to maintain sitting balance. <input type="checkbox"/> Both feet rest flat on the floor (the bed height should be such that this is possible in all individuals who are thought to be at risk for falls). <input type="checkbox"/> Transfers off of the bed in a smooth, controlled movement (rises off of the bed in one attempt). <input type="checkbox"/> Feet do not slide. <input type="checkbox"/> Bed does not slide away.	<input type="checkbox"/> Unable to rise in one smooth, controlled movement to a sitting position (more than one attempt is required of individual cannot perform the task at all) (1) (8). <input type="checkbox"/> Sitting balance is unstable (2) (8). <input type="checkbox"/> Uses arm support to maintain sitting balance (2) (8). <input type="checkbox"/> Feet do not rest flat on the floor (8).  <input type="checkbox"/> Transfer off of the bed is not completed in a smooth, controlled movement (requires several attempts) (8). <input type="checkbox"/> Feet slide away (5) (6). <input type="checkbox"/> Bed slides away (6) (8). <input type="checkbox"/> Unable to perform the maneuver or to perform it safely (8) (10).
Device is used to rise from the supine position and transfer off of the bed: <input type="checkbox"/> Yes – Type _____ <input type="checkbox"/> No	<input type="checkbox"/> Device is appropriate for the space. <input type="checkbox"/> Device is used correctly.	<input type="checkbox"/> Device is inappropriate for the space (3). <input type="checkbox"/> Device is used incorrectly (2).
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<b>TRANSFERS - CHAIR</b>		
<b>OBSERVATION</b>	<b>NORMAL</b>	<b>IMPAIRED (INTERVENTION)</b>
Sit down in chair(s).	<input type="checkbox"/> Sits down in a smooth, controlled movement in one attempt.  <input type="checkbox"/> Does not lose balance.  <input type="checkbox"/> Does not use armrests for support or guidance while sitting down. <input type="checkbox"/> Chair does not tip or slide away. <input type="checkbox"/> When seated, both feet rest flat on floor.	<input type="checkbox"/> Sitting down is not completed in a smooth, controlled movement or may require more than one attempt (1) (7). <input type="checkbox"/> Loses balance and/or falls into the seat (2) (7). <input type="checkbox"/> Uses arm rests for assistance with sitting down (7). <input type="checkbox"/> Chair tips or slides away (7). <input type="checkbox"/> Seated, feet do not rest on the floor (7). <input type="checkbox"/> Unable to perform the maneuver or to perform it safely (10).
Device used to sit down in a chair: <input type="checkbox"/> Yes – Type _____ <input type="checkbox"/> No	<input type="checkbox"/> Device is appropriate for the space. <input type="checkbox"/> Device is used correctly.	<input type="checkbox"/> Device is inappropriate for the space (2) (4). <input type="checkbox"/> Device is used incorrectly (2).
Rises from a chair.	<input type="checkbox"/> Rises in a smooth, controlled movement in one attempt.  <input type="checkbox"/> Does not lose balance.  <input type="checkbox"/> Does not use armrests for assistance with rising or for balance. <input type="checkbox"/> Chair does not tip or slide away. <input type="checkbox"/> Feet do not slide on the floor.	<input type="checkbox"/> Rising is not completed in a smooth, controlled movement and/or several attempts are required (1) (7). <input type="checkbox"/> Loses balance (falls back into or off of the chair) (1) (7). <input type="checkbox"/> Uses armrests or seat to assist in rising (7).  <input type="checkbox"/> Chair tips or slides away (7). <input type="checkbox"/> Feet slide on the floor (5) (6) (7). <input type="checkbox"/> Unable to perform the maneuver or to perform it safely (10).
Device is used to rise from a chair: <input type="checkbox"/> Yes – Type _____ <input type="checkbox"/> No	<input type="checkbox"/> Device is appropriate for the space. <input type="checkbox"/> Device is used correctly.	<input type="checkbox"/> Device is inappropriate for the space (3). <input type="checkbox"/> Device is used incorrectly (2).

## Performance-Oriented Environmental Mobility Screen (POEMS)

<b>TRANSFERS – TOILET (PAGE 1)</b>		
<b>OBSERVATION</b>	<b>NORMAL</b>	<b>IMPAIRED (INTERVENTION)</b>
Sit down on the toilet.	<input type="checkbox"/> Able to sit down in one smooth, controlled movement.  <input type="checkbox"/> Does not lose balance. <input type="checkbox"/> Does not use grab bars, sink edge for balance support. <input type="checkbox"/> Both feet rest flat on the floor when in a seated position.	<input type="checkbox"/> Unable to sit down in one smooth, controlled movement or may require more than one attempt (1) (9). <input type="checkbox"/> Loses balance (1) (2) (9). <input type="checkbox"/> Uses grab bars, sink edge for balance support (3) (4) (9). <input type="checkbox"/> Feet do not rest flat on the floor when in a seated position (9) (10). <input type="checkbox"/> Unable to perform the maneuver or to perform it safely (9) (10).
Device used to sit on the toilet: <input type="checkbox"/> Yes – Type _____ <input type="checkbox"/> No	<input type="checkbox"/> Device is appropriate for the space. <input type="checkbox"/> Device is used correctly.	<input type="checkbox"/> Device is inappropriate for the space (3). <input type="checkbox"/> Device is used incorrectly (2).

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<b>TRANSFERS – TOILET (PAGE 2)</b>		
<b>OBSERVATION</b>	<b>NORMAL</b>	<b>IMPAIRED (INTERVENTION)</b>
Reach for the toilet paper dispenser and simulate toilet hygiene.	<input type="checkbox"/> Able to perform without excessive reach or loss of balance. <input type="checkbox"/> Does not use toilet or walls for balance support.	<input type="checkbox"/> Unable to perform without excessive reach or balance loss (9). <input type="checkbox"/> Uses the toilet or walls for balance support (3) (9). <input type="checkbox"/> Unable to perform the maneuver or to perform it safely (10).
Rise from the toilet.	<input type="checkbox"/> Able to rise in one smooth, controlled movement.  <input type="checkbox"/> Does not lose balance. <input type="checkbox"/> Does not use grab bars, sink edge for balance support. <input type="checkbox"/> Feet do not slide away.	<input type="checkbox"/> Unable to rise on one smooth, controlled movement or requires more than one attempt (1) (9). <input type="checkbox"/> Loses balance (1) (3) (9). <input type="checkbox"/> Uses grab bars, sink edge for balance support (3) (4) (9). <input type="checkbox"/> One or both feet slide away (5) (6). <input type="checkbox"/> Unable to perform the maneuver or to perform it safely (10).
Device used to rise from the toilet: <input type="checkbox"/> Yes – Type _____ <input type="checkbox"/> No	<input type="checkbox"/> Device is appropriate for the space. <input type="checkbox"/> Device is used correctly.	<input type="checkbox"/> Device is inappropriate for the space (3). <input type="checkbox"/> Device is used incorrectly (2).

## Performance-Oriented Environmental Mobility Screen (POEMS)

<b>TRANSFERS – WHEELCHAIR/GERICHAIR (PAGE 1) (Not Applicable <input type="checkbox"/>)</b>		
<b>OBSERVATION</b>	<b>NORMAL</b>	<b>IMPAIRED (INTERVENTION)</b>
Sit down in the wheelchair.	<input type="checkbox"/> Is able to sit down in or transfer to the wheelchair without assistance and in a smooth, controlled movement.  <input type="checkbox"/> Does not lose balance when sitting down in the wheelchair. <input type="checkbox"/> Wheelchair does not tip or slide when sitting down or transferring. <input type="checkbox"/> Is able to access the wheel lock. <input type="checkbox"/> Uses the wheel lock appropriately.  <input type="checkbox"/> Puts lower extremities on the leg/footrests.	<input type="checkbox"/> Requires assistance to sit down in or transfer to the wheelchair and/or cannot sit or transfer in a smooth, controlled movement or requires more than one attempt (1), (2), (10). <input type="checkbox"/> Loses balance and/or falls into the seat (1), (2), (10). <input type="checkbox"/> Wheelchair tips or slides when sitting down or transferring (2). <input type="checkbox"/> Is not able to access the wheel lock (2), (10). <input type="checkbox"/> Does not use the wheel lock appropriately (2), (10). <input type="checkbox"/> Does not put lower extremities on the leg/footrests or requires assistance to put feet on the leg/footrests (2), (10). <input type="checkbox"/> Unable to perform the maneuver or to perform it safely (10).
Device used to perform the maneuver: <input type="checkbox"/> Yes – Type _____ <input type="checkbox"/> No	<input type="checkbox"/> Device is appropriate for the space. <input type="checkbox"/> Device is used correctly.	<input type="checkbox"/> Device is inappropriate for the space (1), (2). <input type="checkbox"/> Device is used incorrectly (2).

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**TRANSFERS – WHEELCHAIR/GERICHAIR (PAGE 2)**

<p>Behavior while in the wheelchair</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Is able to maintain a sitting posture and balance without assistive devices.</li> <li><input type="checkbox"/> Keeps lower extremities on the leg/footrests while chair in motion.</li> <li><input type="checkbox"/> Maintains sitting posture without trying to get out of the chair or reach too far to obtain an object or touch a person.</li> <li><input type="checkbox"/> Does not slide out of the wheelchair seat.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Requires assistive devices to maintain balance or proper positioning in the wheelchair (e.g. lapboard, seatbelt, etc.) (1), (2).</li> <li><input type="checkbox"/> Lower extremities do not remain stable on leg/footrests while the wheelchair is in motion (1), (2).</li> <li><input type="checkbox"/> Moves about in the chair in such a manner as to present a risk of tipping (1), (2).</li> <li><input type="checkbox"/> Unable to sustain wheelchair seating without assistance or supervision (1), (2), (10).</li> </ul>
<p>Rises from the wheelchair.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Is able to rise or transfer from the wheelchair without assistance and is completed in a smooth, controlled movement.</li> <li><input type="checkbox"/> Does not lose balance when rising from the wheelchair.</li> <li><input type="checkbox"/> Is able to access the wheel lock.</li> <li><input type="checkbox"/> Uses the wheel lock appropriately.</li> <li><input type="checkbox"/> Folds up or swings away the leg/footrests before rising.</li> <li><input type="checkbox"/> Wheelchair does not tip or slide when rising or transferring.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Rising or transferring from the wheelchair is not completed in a smooth, controlled movement or may require more than one attempt (1), (2), (10).</li> <li><input type="checkbox"/> Loses balance and/or falls back into the seat (1), (2), (10).</li> <li><input type="checkbox"/> Is unable to access the wheel lock (2), (10).</li> <li><input type="checkbox"/> Does not use the wheel lock appropriately (2), (10).</li> <li><input type="checkbox"/> Does not fold up or swing away the leg/footrests before rising (2), (10).</li> <li><input type="checkbox"/> Wheelchair tips or slides when rising or transferring (2).</li> <li><input type="checkbox"/> Unable to perform the maneuver or to perform it safely.</li> </ul>
<p>Device used to perform the maneuvers:  <input type="checkbox"/> Yes – Type _____  <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Device is appropriate for the space.</li> <li><input type="checkbox"/> Device is used correctly.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Device is inappropriate for the space (1), (2).</li> <li><input type="checkbox"/> Device is used incorrectly (2).</li> </ul>

## Performance-Oriented Environmental Mobility Screen (POEMS)

<b>TRANSFERS – SHOWER</b>		
<b>OBSERVATION</b>	<b>NORMAL</b>	<b>IMPAIRED (INTERVENTION)</b>
Preparing the shower.	<input type="checkbox"/> Able to turn on cold and hot water and regulate the temperature prior to getting into the bathtub. <input type="checkbox"/> Able to open the shower curtain.	<input type="checkbox"/> Unable to turn on the water and/or unable to regulate the temperature of the water (1), (2), (10), (11). <input type="checkbox"/> Unable to open and close the shower curtain (2), (10). <input type="checkbox"/> Unable to perform the maneuver or to perform it safely (10), (11).
Entry into the shower.	<input type="checkbox"/> Both feet clear the edge of the shower when entering. <input type="checkbox"/> Able to close the shower curtain. <input type="checkbox"/> Does not lose balance. <input type="checkbox"/> Does not have to use the grab bar or wall for support.	<input type="checkbox"/> One or both feet do not clear the edge of the shower when entering (1), (2), (10), (11). <input type="checkbox"/> Unable to close the shower curtain (2), (10). <input type="checkbox"/> Loses balance (1), (2), (10), (11). <input type="checkbox"/> Must use the grab bar or wall for support (1), (2). <input type="checkbox"/> Unable to perform the maneuver or to perform it safely (10), (11).
Showering.	<input type="checkbox"/> Able to stand for the length of the shower and to bathe.	<input type="checkbox"/> Unable to stand for the length of the shower and to bathe, for any reason (1), (2), (10), (11). <input type="checkbox"/> Unable to perform the maneuver or to perform it safely (10), (11).
Exiting the shower.	<input type="checkbox"/> Both feet clear the edge of the shower when exiting.	<input type="checkbox"/> One or more feet do not clear the edge of the shower when exiting (1), (2), (10), (11). <input type="checkbox"/> Unable to perform the maneuver or to perform it safely (10), (11).

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<b>TRANSFERS - BATHTUB (Not Applicable ☐)</b>		
<b>OBSERVATION</b>	<b>NORMAL</b>	<b>IMPAIRED (INTERVENTION)</b>
Preparing the bath.	<input type="checkbox"/> Able to turn on cold and hot water and regulate the temperature prior to getting into the bathtub. <input type="checkbox"/> Able to close the drain to fill the bathtub.	<input type="checkbox"/> Unable to turn on the water and/or unable to regulate the temperature of the water (1), (2), (10), (11). <input type="checkbox"/> Unable to close the drain. (1), (2), (10), (11). <input type="checkbox"/> Unable to perform the maneuver or to perform it safely (10), (11).
Entry into the bathtub.	<input type="checkbox"/> Both feet clear the edge of the bathtub when entering. <input type="checkbox"/> Sits down into the bathtub in a smooth, controlled movement in one attempt.  <input type="checkbox"/> Does not lose balance. <input type="checkbox"/> Does not have to use the grab bar for support.	<input type="checkbox"/> One or both feet do not clear the edge of the bathtub when entering (1), (2), (10), (11). <input type="checkbox"/> Unable to sit down in one smooth, controlled movement or may require more than one attempt (1), (2), (10), (11). <input type="checkbox"/> Loses balance (1), (2), (10), (11). <input type="checkbox"/> Must use the grab bar for support (1), (2).  <input type="checkbox"/> Unable to perform the maneuver or to perform it safely (10), (11).
Bathing.	<input type="checkbox"/> Able to maintain sitting balance while in the bathtub and while bathing.	<input type="checkbox"/> Unable to maintain sitting balance while in the bathtub and bathing until bath is complete (1), (2), (10), (11). <input type="checkbox"/> Unable to perform the maneuver or to perform it safely (10), (11).
Exiting the bathtub.	<input type="checkbox"/> Able to rise from a sitting position in a smooth continuous movement.  <input type="checkbox"/> Both feet clear the edge of the bathtub when exiting.	<input type="checkbox"/> Unable to rise from a sitting position or requires more than one attempt (1), (2), (10), (11). <input type="checkbox"/> One or more feet do not clear the edge of the bathtub when exiting (1), (2), (10), (11). <input type="checkbox"/> Unable to perform the maneuver or to perform it safely (10), (11).

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<b>BALANCE – STANDING/REACHING</b>		
<b>OBSERVATION</b>	<b>NORMAL</b>	<b>IMPAIRED (INTERVENTION)</b>
Stand in place (for approximately 15 seconds) with both eyes open.	<input type="checkbox"/> Steady, able to stand without losing balance. <input type="checkbox"/> Does not use furniture or walls to maintain balance. <input type="checkbox"/> Does not use device to maintain balance.	<input type="checkbox"/> Unsteady, unable to maintain standing balance (1) (2). <input type="checkbox"/> Uses furniture or walls to maintain balance (7). <input type="checkbox"/> Uses device to maintain balance (1) (2). <input type="checkbox"/> Unable to perform the maneuver or to perform it safely (10).
Stand in place with both eyes closed.	<input type="checkbox"/> Steady, able to stand without losing balance. <input type="checkbox"/> Does not use furniture or walls to maintain balance. <input type="checkbox"/> Does not use device to maintain balance.	<input type="checkbox"/> Unsteady, unable to maintain standing balance (1) (2) (4). <input type="checkbox"/> Uses furniture or walls to maintain balance (7). <input type="checkbox"/> Uses device to maintain balance (1) (2). <input type="checkbox"/> Unable to perform the maneuver or to perform it safely (10).
Stand in place with both eyes open; lightly nudge the person’s sternum 3 times.	<input type="checkbox"/> Steady, able to maintain balance. <input type="checkbox"/> Does not use furniture or walls to maintain balance.	<input type="checkbox"/> Unsteady, unable to maintain balance (1) (2). <input type="checkbox"/> Uses furniture or walls to maintain balance (7). <input type="checkbox"/> Unable to perform the maneuver or to perform it safely (10).
Bend down and pick up object from the floor.	<input type="checkbox"/> Steady, able to bend down without losing balance. <input type="checkbox"/> Does not use device to maintain balance.	<input type="checkbox"/> Unsteady, unable to bend down and maintain balance (1). <input type="checkbox"/> Uses device to maintain balance (1) (2). <input type="checkbox"/> Unable to perform the maneuver or to perform it safely (10).

Stamp plate

## POEMS KEY TO INTERVENTIONS

<p>(1) Medical evaluation</p>	<p>(2) Rehabilitative/Education</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Nonslip strips</li> <li><input type="checkbox"/> Gait assessment</li> <li><input type="checkbox"/> Balance assessment</li> <li><input type="checkbox"/> Wheelchair assessment</li> <li><input type="checkbox"/> Wheelchair modification(s)</li> <li><input type="checkbox"/> Exercise program</li> <li><input type="checkbox"/> Client education/training</li> <li><input type="checkbox"/> Staff education/training</li> <li><input type="checkbox"/> Other: _____</li> </ul>
<p>(3) Walking space/pathways</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Unobstructed walking areas</li> <li><input type="checkbox"/> Stable furnishings for support</li> <li><input type="checkbox"/> Nonslip grasp surfaces (furnishings, walls, sink, hallways)</li> <li><input type="checkbox"/> Other: _____</li> </ul>	<p>(4) Visual walking space/pathways</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Accessible lighting</li> <li><input type="checkbox"/> Adequate lighting</li> <li><input type="checkbox"/> Glare reduction</li> <li><input type="checkbox"/> Color Contrast (furnishings, handrails, grab bars)</li> <li><input type="checkbox"/> Other: _____</li> </ul>
<p>(5) Footwear</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Medical/Podiatrist evaluation</li> <li><input type="checkbox"/> Proper fit</li> <li><input type="checkbox"/> Nonslip soles/socks</li> <li><input type="checkbox"/> Nontraction soles</li> <li><input type="checkbox"/> Other: _____</li> </ul>	<p>(6) Floor space</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Nonslip finishes</li> <li><input type="checkbox"/> Nonslip strips</li> <li><input type="checkbox"/> Eliminate uneven surface elevations</li> <li><input type="checkbox"/> Color contrast uneven surface elevations</li> <li><input type="checkbox"/> Other: _____</li> </ul>
<p>(7) Chair</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Seat height adjustment</li> <li><input type="checkbox"/> Seat depth adjustment</li> <li><input type="checkbox"/> Supportive armrests</li> <li><input type="checkbox"/> Stable (non-movable) chair</li> <li><input type="checkbox"/> Seat cushions/wedge cushion</li> <li><input type="checkbox"/> Other: _____</li> </ul>	<p>(8) Bed</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Height adjustment (low/high)</li> <li><input type="checkbox"/> Firm mattress support</li> <li><input type="checkbox"/> Bed half side rail</li> <li><input type="checkbox"/> Transfer bar</li> <li><input type="checkbox"/> Bed wheel locks</li> <li><input type="checkbox"/> Immobilizer legs</li> <li><input type="checkbox"/> Bed alarm device</li> <li><input type="checkbox"/> Accessible nurse call system</li> <li><input type="checkbox"/> Other: _____</li> </ul>

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<p>(9) Toilet</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Grab bar (attached to the wall or toilet)</li> <li><input type="checkbox"/> Raised toilet seat</li> <li><input type="checkbox"/> Accessible nurse call system</li> <li><input type="checkbox"/> Bedside commode</li> <li><input type="checkbox"/> Other: _____</li> </ul>	<p>(10) Human assistance</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> One person</li> <li><input type="checkbox"/> Two people</li> <li><input type="checkbox"/> Other: _____</li> </ul>
<p>(11) Bathtub/Shower</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Grab bar</li> <li><input type="checkbox"/> Shower instead of tub bath</li> <li><input type="checkbox"/> Other alternative bathing systems (shallow/raised bathtubs, bedbaths, etc)</li> <li><input type="checkbox"/> Shower or tub chair</li> <li><input type="checkbox"/> Accessible nurse call system</li> <li><input type="checkbox"/> Other: _____</li> </ul>	

\_\_\_\_\_  
Signature and number of physician completing the assessment

\_\_\_\_\_  
Date and Time of Signature

Signatures and titles of other staff members who assisted in the completion of the assessment:

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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