Mobility Mini CEX

Please provide the date of the evaluation below:

Date MM / DD / YYYY

Evaluator name:

Learner name:

Please select the Mobility test observed from the list below.

- ◯ Timed Up and Go (TUG)
- ◯ 30 Second Chair Stand
- ◯ 4 - Stage Balance Test

Wu BJ, Rink AM, Blake EM, Walke LM
Yale School of Medicine
COACH Program 2017

Please indicated the level to which the skill was achieved:

	Not observed	Partially achieved (prompting required)	Observed	N/A
Topic of mobility testing introduced (Routine assessment of mobility, leg strength & endurance, or static balance)	◯	◯	◯	◯
Patient given clear instructions:(Described and demonstrated)	◯	◯	◯	◯
Learner ensures patient safety during test. (Walks or stands next to patient)	◯	◯	◯	◯
Learner notes use of an assistive device	◯	◯	◯	◯
Learner performs test correctly	◯	◯	◯	◯
Learner scores test correctly	◯	◯	◯	◯
Mobility results are discussed with the patient (Fall risk assessment)	◯	◯	◯	◯
Appropriate follow up intervention plans discussed (Educate patient, review medications, refer for strength and balance exercise/fall prevention program or PT)	◯	◯	◯	◯

Was additional time provided for patient and/or family to address concerns related to the testing results? (Example: Provider asked "What questions do you have regarding the mobility test you just completed?")

◯ Yes

◯ No

◯ Not necessary/not applicable (please explain):

Please provide any additional comments, observations and/or feedback here: