

# Clinical Task Instruction

## Skill Shared Task

### S-MT06: Assess outdoor walking

#### Scope and objectives of clinical task

This CTI will enable the health professional to:

- assess through observation, a client's ability to safely and effectively walk outdoors, with their usual walking aid (if relevant).
- identify and manage potential risks associated with outdoor walking to improve client safety.
- develop and implement an appropriate plan to address any identified outdoor walking deficits.

#### VERSION CONTROL

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The CTI reflects best practice and agreed process for conduct of the task at the time of approval and should not be altered. Feedback, including proposed amendments to this published document, should be directed to AHPOQ at: [allied\\_health\\_advisory@health.qld.gov.au](mailto:allied_health_advisory@health.qld.gov.au).

This CTI must be used under a skill sharing framework implemented at the work unit level. The framework is available at: <https://www.health.qld.gov.au/ahwac/html/calderdale-framework.asp>

Please check <https://www.health.qld.gov.au/ahwac/html/clintaskinstructions.asp> for the latest version of this CTI.

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Note: Outdoor in this CTI refers to locations and settings away from the client's usual residential or care setting (ward) and may include different surfaces (grass, cement, slope) and environments (shopping centres, friend's home) that are likely to increase the complexity of walking. This skill shared task is a functional assessment of the client's ability to safely walk outdoors. Standardised or more specific testing of cognition, planning and visuospatial perception are outside the scope of the CTI.

## Local implementation

- The local health service will define the parameters for the local implementation of this CTI. The health service will determine the scope of the individual health professional with regard to:
  - weight bearing status i.e. full weight bearing, weight bearing as tolerated, partial weight bearing, non-weight bearing.
  - types of walking aid/s e.g. four-wheeled walker, hopper frame, crutches, walking stick.
  - stairs.
  - environments, particularly outdoor walking/community settings.
- The local scope of the skill shared task will be approved by the health service and recorded in the CTI Performance Criteria Checklist.

## Requisite training, knowledge, skills and experience

### Training

- Mandatory training requirements relevant to Queensland Health/Hospital and Health Service (HHS) clinical roles are assumed knowledge for this CTI.
- If not part of mandatory requirements, complete patient manual handling techniques, including the use of walk belts, and sit to stand transfers.
- Completion of the following CTIs or equivalent professional competence:
  - S-MT05: Assess standing balance
  - S-MT01: Assess functional walking
- And if the use of mobility aids and/or stairs is within the scope of the local implementation:
  - S-MT02: Prescribe, train and review of walking aids
  - S-MT04: Assess stair walking

### Clinical knowledge

- To deliver this clinical task, a health professional is **required** to possess the following theoretical knowledge:
  - the rationale for the assessment of outdoor walking, including the range of environments and associated risks and mitigation strategies e.g. terrain, distance, time constraints, crowds.
  - the required client capabilities to perform outdoor walking safely in their planned environments including physical, perceptual, visual, cognitive.
  - the essential elements for inclusion in an assessment of outdoor walking.

- common compensatory strategies to assist outdoor walking performance including scanning, cueing and physical assistance.
- the local service procedures, protocols or processes for outdoor mobility assessment and/or client community visits/rehabilitation.

Note: knowledge about mobility history, basic elements of walking and standing balance are included in the training for CTIs S-MT01 and S-MT05.

- The knowledge requirements will be met by the following activities:
  - completing training program (as above).
  - reviewing the Learning Resource.
  - receiving instruction from the lead allied health professional in the training phase.
  - reading and discussing the following references/resources with the lead health professional at the commencement of the training phase:
    - local protocols for outdoor/community assessments including risk assessment and emergency procedures.

## Skills or experience

- The following skills or experience are not specifically identified in the task procedure but support the safe and effective performance of the task or the efficiency of the training process and are:
  - **required** by a health professional in order to deliver this task:
    - competence in measurement of clinical observations relevant to mobilising/exertion where this is relevant to the healthcare setting and client group. This may include blood pressure, heart rate, pulse oximetry, pain scales or exertion scales.
    - competence in the use of mobile oxygen units where this is relevant to the healthcare setting and client group.
  - **relevant but not mandatory** for a health professional to possess in order to deliver this task:
    - experience working with clients in rehabilitation or community settings.

## Indications and limitations for use of a skill shared task

The skill share-trained health professional shall use their independent clinical judgement to determine the situations in which this clinical task can be delivered. The following recommended indications and limitations are provided as a guide to the use of the CTI, but the health professional is responsible for applying clinical reasoning and understanding of the potential risks and benefits of providing the task in each clinical situation.

### Indications

- The client has been assessed as safe to walk with or without an aid in their usual residential or care environment and will be resuming activities in the community. These activities may include gardening, shopping, attending to health needs or socialising.
- The client is living/planning to live in the community e.g. home, retirement village, residential care, and would benefit from walking outside.

- The client is medically stable and there is no medical prohibition to outdoor walking. For example, the medical record indicates that the client is safely mobilising on the ward/can be mobilised beyond the ward environment and vital signs are within expected limits, the client has met care pathway requirements such as x-ray and haemoglobin (Hb) checks and is medically cleared to mobilise outdoors or the client is living in the community and is not acutely unwell.

## Limitations

- Limitations listed in CTI S-MT01 and S-MT05 apply. If a walking aid is used, the limitations from CTI S-MT02 apply and if stairs are relevant, the limitations in CTI S-MT04 apply.
- The client wishes to access outdoor environments with rough terrain, stairs, or narrow doorways and usually uses a walking frame e.g. hopper frame, four-wheel walker, forearm support frame. These walking aids cannot be used on unstable floor surfaces, stairs or in narrow doorways. The client will require assessment for use of an alternative walking aid for these environments prior to undertaking an outdoor walking assessment by a health professional with expertise in prescribing the required walking aid e.g. crutches, walking stick.
- The client needs to mobilise with a weight bearing restriction, walking aid or in an environment that is not in the scope of the skill share-trained health professional. Implement the local referral pathways for assessment by a health professional with expertise in walking assessment.
- The client is reliant on carer support during walking.
- The client has significant visual or perceptual deficits, including no vision or hemianopia. At a minimum, the client must be able to see their feet and 3-4 metres in front. The client should use their usual self-management techniques e.g. scanning of the environment.
- The client has significant or fluctuating cognitive impairments. At a minimum, the client must be able to consistently and immediately follow simple, safety instructions.
- The client reports or is known to experience fluctuations in blood pressure, heart rate, oxygen saturation outside of normal range, chest pain, pain when walking or shortness of breath while at rest or on exertion. The task may progress if the client is able to self-monitor and manage symptoms e.g. rest on a chair, self-medicate with reliever medications.
- The client is on supplemental oxygen for an acute and short-term medical condition. Clients who are on long term oxygen therapy and usually require oxygen to mobilise can be assessed if there is access to a portable oxygen unit and additional monitoring requirements are within the scope of the health professional performing this task.
- The client has a history of falls outdoors/in the community or reports moderate to severe anxiety/fear of falling when walking outdoors. Implement local processes for a fall assessment, including a clearance to mobilise outdoors, prior to undertaking the task.

# Safety and quality

## Client

- The skill share-trained health professional shall identify and monitor the following risks and precautions that are specifically relevant to this clinical task:
  - ensure the client is suitably prepared for the planned environment including clothing, footwear and weather protection. Footwear should be worn at all times during this task, i.e. enclosed, well-fitting shoes with good traction.
  - ensure the client has any required medication such as Anginine or insulin, and aids, appliances or equipment e.g. glasses, cane, hearing aid.

## Equipment, aids and appliances

- Access to communication for safety e.g. a mobile phone or personal alarm.
- The client should be assessed using their usual walking aid and any other required devices e.g. ankle foot orthoses (AFO), knee brace.

## Environment

- Follow any local procedures/processes for undertaking an outdoor walking assessment e.g. recording anticipated route/location and expected duration, risk assessment processes.
- Assess the weather conditions and include any additional precautions to ensure both staff and client safety. This may include restricting the duration or location/s of the assessment or using additional equipment e.g. sunscreen and hat, umbrella, wet weather gear or ceasing the task if the risk of harm is more than negligible. The task should be re-scheduled if extreme weather or safety warnings/alerts are in place e.g. storms, excessive heat/cold temperature predictions.
- As this task assesses the mobility of the client in an outdoor environment, hazards may include trips, slips, obstacles, traffic and other pedestrians. The health professional should position themselves to provide assistance to the client and scan the environment for lighting, contrasting colour, floor surfaces and obstacles. The health professional should observe the client and intervene where necessary to maintain safety throughout the task. This may include removing obstacles, providing verbal cueing, physical assistance/guidance or ceasing the task if the risk of injury to the health professional or client cannot be adequately managed

## Performance of clinical task

### 1. Preparation

- Prior to commencing this task, the skill share-trained health professional should note the client's walking history by reviewing previous walking assessments documented in the medical chart or by implementing CTI S-MT01: Assess functional walking.
- Ensure the client has their usual walking aid and other aids and appliances, and suitable footwear. If required, perform a safety check of relevant aids as per the manufacturer's guidelines or local service protocols/procedures.

- Appropriately plan the session including the location or route and check weather conditions. Inform relevant staff of the intended route and timeframes, consistent with local safety protocols.

## 2. Introduce task and seek consent

- The health professional checks three forms of client identification: full name, date of birth, **plus one** of the following: hospital unit record (UR) number, Medicare number, or address.
- The health professional introduces the task and seeks informed consent according to the Queensland Health Guide to Informed Decision-making in Health Care, 2<sup>nd</sup> edition (2017).

## 3. Positioning

- The client's position during the task should be:
  - walking in the outdoor environment.
- The health professional's position during the task should be:
  - in a position to provide assistance if required, generally to the side (affected side, if relevant) in a position that allows observation of the client and the environment.

## 4. Task procedure

- The task comprises the following steps:
  1. Use information collected from the medical chart, client and carer (if relevant) to determine the client's outdoor walking requirements. See Learning resource Table 1: A guide to determining a client's outdoor activities.
  2. Confirm with the client their current outdoor walking ability including use of walking aid and type used, restrictions (e.g. weight bearing status, oxygen requirements), assistance required and their outdoor walking goals. Determine the client's suitability to undertake an outdoor walking assessment. See Outdoor walking history in the Learning resource and the Indications and Limitations section.
  3. With the client, identify suitable walking environments and parameters for assessment and develop an outdoor walking plan to guide the assessment process. See Learning resource Table 2: A guide to developing an observational checklist for outdoor walking assessment and Table 3: Example template: Outdoor walking assessment plan.  
Note: for practical reasons steps 1-3 may occur in a planning session that is separate to the observation session (steps 4-8).
  4. Check the client has understood the task, including outdoor walking assessment planned route and provide the opportunity to ask questions.
  5. Observe the client walking with their usual walking aid (if relevant), within their usual care or home environment as per CTI S-MT01: Assess functional walking.
  6. Determine if the client's walking and plan are suitable to observe in the outdoor environment. If not suitable, cease the task, documenting the observed mobility deficits and/or safety concerns and consult with a health professional with expertise in the task.
  7. Prior to accessing the outdoor environment check:
    - i. the weather conditions.
    - ii. confirm that the client is medically stable and has completed all required pre-mobility checks.
    - iii. Inform relevant staff of the intended route and timeframes, consistent with local safety protocols.

8. Access the planned outdoor environment and observe the client's ability to walk. Note any support/assistance required for safety including physical assistance or cueing. See Guide to outdoor walking observation in the Learning resource.
9. Based on information collected, make a recommendation to the client and team regarding the client's ability to perform outdoor walking and/or any further management plans. See Outcomes of an outdoor walking assessment in the Learning resource.

## 5. Monitoring performance and tolerance during the task

- Common errors and compensation strategies to be monitored and corrected during task include:
  - lack of scanning or recognition of hazards within the environment e.g. walks into obstacles including tree branches, through wet/slippery areas (puddles), into other people/traffic, or off the footpath/guttering.
  - inadequate or incorrect response to identified hazards e.g. excessive and unsafe avoidance of objects posing no threat such as a rubbish bin, lamp post or foliage.
  - lack of adjustment or adaptation of walking speed and/or stepping pattern/step length/height to accommodate for environmental hazards such as trips, traffic and pedestrians, resulting in either increased number of 'stops' or risk-taking behaviour.
  - unsafe use of the usual walking aid e.g. incorrect or unsafe placement of the walking aid on the ground surface, incorrect gait pattern for walking aid when negotiating gutters/slopes.
- Monitor for adverse reactions and implement appropriate mitigation strategies as outlined in Safety and quality section above. This may include ceasing the task.

## 6. Progression

- Task progression strategies include:
  - outdoor walking assessment may need to occur over several sessions or partly in a simulated environment if this is required to meet safety and client's physical capacity requirements or to fully meet the client's goals.
  - the client may require further assessment if outdoor walking goals change (e.g. discharge planning changes) or factors impacting walking improve or decline (e.g. resolution of acute illness,, change in weight bearing status, a new fall, acute injury to the lower limbs, hospital admission, illness or surgery).

## 7. Document

- Document the outcomes of the task as part of the skill share-trained health professional's entry in the relevant clinical record, consistent with documentation standards and local procedures, commenting on the client's ability to:
  - safely walk in the outdoor environment including appropriate use of walking aid/s (if relevant), including walking pattern and assistance required (cueing, supervision, physical).
  - appropriateness of self-management strategies such as scanning, planning strategies to avoid hazards, use of rest breaks, seeking assistance.
  - response to timing constraints, multiple stimuli and multi-tasking.

Note: as the client's response may alter with different locations and/or features of the task, details should be clearly defined in the documentation e.g. observation of the client walking

on a grassed sloped area, crossing the road, or in the shopping centre. As observations may differ separate comments may be required for each location/environment.

- if the client is not independent and safe, a further assessment and management plan including assessment by a health professional with expertise in the task should be recommended and documented.
- The skill shared task should be identified in the documentation as “delivered by skill shared-trained (insert profession) implementing CTI S-MT06: Assess outdoor walking” (or similar wording).

## References and supporting documents

- Corrigan R, McBurney H (2012). Community ambulation: perceptions or rehabilitation physiotherapists in rural and regional communities. *Physiotherapy theory and practice*: 28(1):10-17.
- Queensland Health (2017). Guide to Informed Decision-making in Health Care (2<sup>nd</sup> edition). Available at: [https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0019/143074/ic-guide.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0019/143074/ic-guide.pdf)
- Shumway-Cook, Patla A, Stewart AL, Ferrucci L, Ciol MA, Guralnik JM (2005). Assessing environmentally determined mobility disability: self-report versus observed community mobility. *Journal of American Geriatrics Society*: 53: 700-704.
- Sugiyama T, Thompson CW (2005). Environmental support for outdoor activities and older people's quality of life. *Journal of Housing for the Elderly*. 19 (3/4): 167-185. doi:10.1300/J081v19n03\_09

# Assessment: performance criteria checklist

## S-MT06: Assess outdoor walking

Name:

Position:

Work Unit:

Performance Criteria	Knowledge acquired	Supervised task practice	Competency assessment
	<i>Date and initials Lead HP</i>	<i>Date and initials of Lead HP</i>	<i>Date and initials of Lead HP</i>
Demonstrates knowledge of fundamental concepts required to undertake the task through observed performance and the clinical reasoning record.			
Identifies indications and safety considerations for task and makes appropriate decision to implement task, including any risk mitigation strategies, in accordance with the clinical reasoning record.			
Completes preparation for task including confirming the client has their required walking equipment and completing a safety check.			
Describes task and seeks informed consent.			
Prepares environment and positions self and client appropriately to ensure safety and effectiveness of task, including reflecting on risks and improvements in clinical reasoning record where relevant.			
<p>Delivers task effectively and safely as per CTI procedure, in accordance with the learning resource.</p> <p>a) Clearly explains and demonstrates task, checking client's understanding.</p> <p>b) Gains balance, walking and falls history from medical record and subjectively from the client/carer.</p> <p>c) Confirms client's capacity to participate and their outdoor walking goals.</p> <p>d) With the client, develops a plan to observe outdoor walking including suitable environment/s and parameters to undertake the task.</p> <p>e) Checks the client's understanding of the task and provides opportunity for questions.</p> <p>f) Prior to accessing the outdoor environment, checks the weather, confirms the client is medically stable and cleared, and completes local procedures.</p> <p>g) Observes the clients walking in the planned outdoor environment.</p> <p>h) Describes gait abnormalities and performance limitations during outdoor walking.</p>			

i) During task, maintains a safe clinical environment and manages risks appropriately.			
Monitors for performance errors and provides appropriate correction, feedback and /or adapts task to improve effectiveness, in accordance with the clinical reasoning record.			
Documents in clinical notes including reference to the task being delivered by the skill share-trained health professional and CTI used.			
If relevant, incorporates outcomes from task into intervention plan e.g. plan for task progression, interprets findings in relation to care planning, in accordance with the clinical reasoning record			
Demonstrates appropriate clinical reasoning throughout task, in accordance with the learning resource.			

**Notes on the service model in which the health professional will be performing this task:**

*Comments should include details regarding scope on weight bearing status, types of walking aids, environments etc.*

**Comments:**

**Record of assessment of competence**

Assessor name:	Assessor position:	Competence achieved:            /        /
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**Scheduled review**

Review date	/      /
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# S-MT06: Assess outdoor walking

## Clinical reasoning record

- The clinical reasoning record can be used:
  - as a training resource, to be completed after each application of the skill shared task (or potential use of the task) in the training period and discussed in the supervision meeting.
  - after training is completed for the purposes of periodic audit of competence.
  - after training is completed in the event of an adverse or sub-optimal outcome from the delivery of the clinical task, to aid reflection and performance review by the lead practitioner.
- The clinical reasoning record should be retained with the clinician's records of training and not be included in the client's clinical documentation.

Date skill shared task delivered: \_\_\_\_\_

### 1. Setting and context

- insert concise point/s outlining the setting and situation in which the task was performed, and their impact on the task

### 2. Client

#### **Presenting condition and history relevant to task**

- insert concise point/s on the client's presentation in relation to the task e.g. presenting condition, relevant past history, relevant assessment findings

#### **General care plan**

- insert concise point/s on the client's general and profession-specific/allied health care plan e.g. acute inpatient, discharge planned in 2/7

#### **Functional considerations**

- insert concise point/s of relevance to the task e.g. current functional status, functional needs in home environment or functional goals. If not relevant to task - omit.

#### **Environmental considerations**

- insert concise point/s of relevance to the task e.g. environment set-up/preparation for task, equipment available at home and home environment. If not relevant to task - omit.

#### **Social considerations**

- insert concise point/s of relevance to the task e.g. carer considerations, other supports, client's role within family, transport or financial issues impacting care plan. If not relevant to task - omit.

#### **Other considerations**

- insert concise point/s of relevance to the task not previously covered. If none - omit.

### 3. Task indications and precautions considered

#### Indications and precautions considered

- insert concise point/s on the indications present for the task, and any risks or precautions, and the decision taken to implement/not implement the task including risk management strategies.

### 4. Outcomes of task

- insert concise point/s on the outcomes of the task including difficulties encountered, unanticipated responses

### 5. Plan

- insert concise point/s on the plan for further use of the task with this client including progression plan (if relevant)

### 6. Overall reflection

- insert concise point/s on learnings from the use of the task including indications for further learning or discussion with the lead practitioner

#### Skill share-trained health professional

Name:

Position:

Date this case was discussed in supervision:

Outcome of supervision discussion:

#### Lead health professional (trainer)

Name:

Position:

/ /

e.g. further training, progress to final competency assessment

# Assess outdoor walking: Learning resource

Accessing outdoor environments provides clients with the opportunity to be active, engage in the community, and meet social needs (friends, shopping) (Sugiyama & Thompson, 2005). The health professional shall assess the client's ability to safely:

- walk at the speed and distance required for the environment
- negotiate different terrains and in varying ambient conditions (light level, weather)
- scan and monitor the environment, including managing attentional demands
- use appropriate supports including walking aid if required and
- respond to static and dynamic objects/people in the environment (Corrigan & McBurney, 2012; Shumway-Cook, Patia, et al, 2005).

## Required reading

- Corrigan R, McBurney H (2012). Community ambulation: perceptions of rehabilitation physiotherapists in rural and regional communities. *Physiotherapy theory and practice*: 28(1):10-17. DOI: [10.3109/09593985.2011.558985](https://doi.org/10.3109/09593985.2011.558985).
- Jørgensen V, Forslund EB, Opheim A, et al. (2017). Falls and fear of falling predict future falls and related injuries in ambulatory individuals with spinal cord injury: A longitudinal observational study. *Journal of Physiotherapy*, 63(2), 108-113. Available at: <https://www.sciencedirect.com/science/article/pii/S1836955317300152>
- Lee S, Lee, C, Ory MG, Won J, Towne SD, Wang S, Forjuoh SN. (2018). Fear of Outdoor Falling Among Community-Dwelling Middle-Aged and Older Adults: The Role of Neighbourhood Environments. *The Gerontologist*, 58(6), 1065-1074. <https://academic.oup.com/gerontologist/article/58/6/1065/4079975>
- McCluskey A, Middleton S (2010). Delivering an evidence-based outdoor journey intervention to people with stroke: Barriers and enablers experienced by community rehabilitation teams. *BMC Health Services Research* 10:18. Available at: <http://bmchealthservres.biomedcentral.com/articles/10.1186/1472-6963-10-18>
- Oh DW (2013). Community Ambulation: Clinical Criteria for Therapists' Reasoning and Decision-making in Stroke Rehabilitation. *International Journal of Physical Medicine & Rehabilitation* 1:4. DOI: [10.4172/2329-9096.1000126](https://doi.org/10.4172/2329-9096.1000126)
- Stanko E, Goldie P, Nayler M (2001). Development of a new mobility scale for people living in the community after stroke: Content validity. *Australian Journal of Physiotherapy* 47: 201-208. Available at: <https://www.researchgate.net/>
- Local procedures/processes for undertaking an outdoor mobility assessment and/or community home visit including safety procedures, risk assessment processes, raising alarms, carrying a mobile phone.

## Optional reading

- Barclay RE, Stevenson TJ, Poluha W, Ripat J, Nett C, Strikesavan CS (2015). Interventions for improving community ambulation in individuals with stroke (review). Cochrane Library: Cochrane database of systematic review. Available at: <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010200.pub2/pdf>
- Corrigan R1, McBurney H. (2008). Community ambulation: environmental impacts and assessment inadequacies. Disability and Rehabilitation 30(19). [Doi.org/10.1080/09638280701654542](https://doi.org/10.1080/09638280701654542)
- Curl A, Ward Thompson C, Aspinall P, Ormerod M (2016). Developing an audit checklist to assess outdoor falls risk. Urban design and planning 169(3): 138-153. Available at: <http://dx.doi.org/10.1680/udap.14.00056>
- McCluskey A, Ada L, Kelly PJ, Middleton S, Goodall S, Grimshaw JM, Logan P, Longworth M, Karageorge A (2015). Compliance with Australian stroke guideline recommendations for outdoor mobility and transport training by post-inpatient rehabilitation services: an observational cohort study. BMC Health Services Research 15:296. [DOI: 10.1186/s12913-015-0952-7](https://doi.org/10.1186/s12913-015-0952-7)
- Storey AST, Myrah AM, Bauck RA, Brinkman DM, Friess SN, Webber SC (2013). Indoor and outdoor mobility following total knee arthroplasty. Physiotherapy Canada 65(3):279-288. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3740994/>

## Outdoor walking history

### Functional walking assessment observations and interpretations

Note: a mobility history will have been undertaken as part of CTI S-MT01, including any changes to walking, use of walking aids, weight bearing status, etc. If this information is unavailable or missing information, complete a mobility history using the Learning resource in CTI S-MT01 prior to commencing the outdoor walking history.

1. Does the client currently use a walking aid for outdoor walking?
  - if no, proceed to Q 2.
  - if yes, what type of walking aid? Confirm the walking aid is appropriate for the planned environments and in the scope of the health professional performing the outdoor walking assessment. If no, check the Limitations section.
2. Does the client require a carer to assist with outdoor walking?
  - if no, proceed to Q 3.
  - if yes, what type of assistance does the carer provide including physical assistance, cueing, manual guidance, instruction? Check the Limitations section of this CTI.
3. Has the client been assessed as independent and safe to mobilise with or without an aid in their usual (indoor) care or residential environment?
  - if no, implement CTI S-MT01: Assess functional walking.
  - if yes, proceed to Q 4.
4. Is the client planning on resuming activities outdoors? Outdoors refers to locations and settings away from the client's usual residential or care setting (ward) and may include different surfaces (grass, cement, ramps) and environments (shopping centres, friend's home) that are likely to increase the complexity of walking.

- if no, consider the rationale for the assessment, that is, to encourage outdoor activities or support rehabilitation goal setting. Determine the purpose of the assessment before proceeding.
  - if yes, proceed to Q 5.
5. What activities is the client considering resuming?
- use Table 1: A guide to determining a client’s outdoor activities, to assist in developing a list of activities that the client will be required/seeks to perform.
6. Does the client have any concerns with performing outdoor walking?
- if yes, ask the client to describe the concerns?
    - If the client requires frequent rests or is only be able to walk short distances on the flat due to pain, shortness of breath or fatigue, consider timing the task to coincide with any medication regimens, conducting the task over multiple sessions or in simulated environment with seating available to rest before accessing community environments. As part of care planning and determining the need for the task, discuss with the client symptom management and/or alternative outdoor walking options to meet the client’s goals e.g. walking aid prescription, wheelchair prescription, community access/transport. Confirm the outdoor walking goal/s and if indicated refer to a health professional with expertise in walking aids, wheelchair prescription, community access/transport options to assist the client to access the community.
    - if the client reports falls or fear of falls, check the Limitations section.
  - if no, ask the client to describe how they perform the task, including how they respond to any identified risks. If the client is unable to identify any risks or concerns, prompts can be used from Table 2: A guide to developing an observational checklist for outdoor walking assessment to assist in identifying potential hazards.

An outdoor walking assessment considers the client’s walking goals (as per their outdoor walking history) and assesses their walking capability in the required environment.

**Table 1: A guide to determining a client’s outdoor activities**

Outdoor walking activities – history taking	Considerations
What types of activities is the client required to perform outside the client’s immediate usual care environment?	Consider activities and access to front/back door, letter box, clothesline, driveway and/or garage, garden/lawn. Include gates/footpaths/stairs/verandas/landings/rails etc.
What activities will the client be accessing to meet health and social care needs?	Shopping centres – including groceries, bill paying. Medical services – healthcare centres/clinics.
Does the client have occupational needs?	Type of work/volunteering environment and location. What are the considerations within the workplace e.g. lifts, work tools, farm machinery, sheds, yards.
What social activities will the client be attending?	Family/friend homes e.g. two-story house, boat, caravan. Clubs and events e.g. bingo, bowls, horse racing, TAB.
What are the client’s hobbies/interests/leisure activities?	Gardening, walking group, Men’s shed, church.
How will these environments be accessed?	Car, Public transport- Bus/train/ferry. Other.

- For each outdoor walking activity consider the walking requirements including the:
  - walking speed and distance
  - types of terrain
  - ambient conditions (light level, weather conditions)
  - monitoring and attentional demands
  - static and dynamic objects/people and
  - hazards that the client needs to mitigate for.

Table 2 can be used as a guide to assist this process.

**Table 2: A guide to developing an observational checklist for outdoor walking assessment.**

Risk / challenge	Features	Hazards
Floor coverings	Pavers, stones, footpaths, lino, carpet, tiles, rugs/mats, etc.	Loose Slippery (including when wet) Worn/loose areas or edges curled Changes in patterns/textures Changes in level
Stairs	Number of steps Height and depth Rail presence – one or both sides Construction e.g. concrete, timber, carpeted, etc. Floor covering – see above	Location e.g. front/back door to enter venues Tapered/Consistency of steps etc. Lighting – particularly at night Contrast - shadows, colouring, tread edges Maintenance – are stair/rail in good repair?
Footpaths/ Gutters/Kerbs	Concrete, pavers, gravel, bitumen, grassed, cobbled stones, mud, etc.	Loose Slippery (including when wet) Worn/loose areas or edges curled Changes in patterns/textures Changes in level
Ramps/Slopes	Gradient Rail presence – one or both sides Floor covering – see above	Different surfaces e.g. grassed, driveways, floor covering (see above)
Entry ways	Gates Front/back doors	Traffic – other pedestrians, cars Door features – stiff, heavy, automatic,
Negotiating obstacles (static obstructions)	Trees, lamp posts/electricity poles, rubbish bins, parked vehicles, furniture, cables/cords/hoses, etc.	Branches, signs or other obstacles at head height Trip hazards
Negotiating obstacles (dynamic)	Will the client be required to negotiate around moving objects e.g. pets, pedestrians/other shoppers, cars, etc.	External cues and timing requirements
Temporary obstructions	Leaves, puddles, rubbish bins, litter, etc.	Ability to identify and adapt

Risk / challenge	Features	Hazards
Dual tasking	Is the client required to walk and carry/concentrate on another task e.g. taking out rubbish, hanging laundry, pushing a shopping trolley/carrying groceries, etc.	Changes to walking pattern due to increased concentration demands including a change in speed or loss of balance
External timing variables	Obstacles that are timed e.g. escalators, elevators, automatic doors, pedestrian crossings at lights.	Ability to identify and adapt

## Guide to outdoor walking observation

- The outdoor walking assessment evaluates the client's response to the changing, generally less familiar and predictable outdoor environment.
- Importantly, the assessment focuses on the ability to:
  - scan and prepare for challenges and risks in the environment, and
  - respond to changes that occur as part of the environment, both expected and unexpected.
- Having observed the client walking in their usual residential or care setting, the health professional will generally observe for changes to the client's walking in the outdoor environment including:
  - walking pattern and kinematics e.g. changes to step length, arm swing, posture, walking speed, fluency of movement. Refer to Learning resource Table 1 SMT01: Assess functional walking.
  - safety and risks e.g. number of trips/stumbles/loss of balance episodes, level of assistance required/sought. Refer to Learning resource Table 2 SMT01: Assess functional walking.
  - compensatory strategies e.g. steadying on posts, fences or benches.
  - limitation to performance e.g. the number of rests required and reason such as fatigue, shortness of breath, pain, muscle weakness/tightness, fear.
  - level of support required e.g. cues, prompts, manual guidance or assistance.
- As part of planning an outdoor walking observation, it is useful to develop an observation checklist considering the activities required, the environmental features and demands using Tables 1 and 2. An example template is provided below as a guide. The assessment process may include the use of the client's actual outdoor environment or a simulation of this setting. For example, if a client can mobilise down a busy hospital corridor, this can demonstrate the ability to negotiate people traffic; walking through an automatic door can assess the ability to respond to external timing; walking across a sloped lawn, over a gutter and along the footpath can demonstrate the ability to negotiate different terrains. Evidence also indicates that for certain client populations, standardised testing are moderately correlated with outdoor walking performance e.g. Storey et al 2013 (see optional reading resources).

**Table 3: Example template: Outdoor walking assessment plan**

Activity	Environmental features and demands	Observations
State the purpose, parameters and location.	Describe the features and demands required for observation. Refer to Table 2.	Describe the client's performance during the task or similar activity. Refer to Guide to outdoor walking observation.
<b>Examples</b>		
Walking to local community centre.	500m to community centre. Planned route concrete footpath, some uneven surfaces/cracked areas due to tree roots. Crosses one quiet street. Ramp at community centre.	Client observed walking independently - on concrete footpath outside hospital grounds. Small trip from tree branch, client independently regained balance. States saw the root but misjudged. - up/down gutter and ramp. Nil issues. - crossing road outside hospital. Waited for one car and timed appropriate. <b>Recommendation:</b> client requires supervision for outdoor walking. Functional retraining for scanning activities with walking including stepping activities that adjust step/swing height for hazards.
Feed the chooks and collect eggs.	Walk to chook shed using walking stick, flat grassed area. Feeder is refilled by son. Client wishes to feed scraps and check for eggs. Chook house is elevated and has door at back, waist height to check for eggs.	Client observed walking with walking stick from back of house to chook pen carrying scrap bucket. Bucket awkward as handle broken, client required 2 pauses to re-adjust hold. Able to open gate with good standing balance, walking stick on wrist band. Nil issues with standing balance whilst holding bucket and throwing scraps. Walked to back of chook pen to collect eggs. Client required to perform full reach into chook house to reach eggs. Mild unsteadiness observed when returning to standing, nil loss of balance. <b>Recommendation:</b> discussed with client replacement of bucket/handle for ease of carrying. Functional retraining for reaching in standing.
Hanging out washing on outdoor clothesline in the client's home.	Mobilise to clothesline from laundry. Small hob to exit doorway from laundry. Grassed sloped area (small gradient). Push washing basket in washing trolley. Reach clothesline to hang/collect clothes. Walk along static clothesline.	Client able to step over 10cm block on floor. Client observed walking up/down a sloped grass area in hospital grounds whilst pushing a box in a trolley. Nil issues noted. Client observed reaching up/down placing cones along a shelf in the gym area. <b>Recommendation:</b> client to be reviewed in home environment as part of home visit for home modifications.

Activity	Environmental features and demands	Observations
Walking in the shopping centre to buy groceries.	Able to negotiate other people. Multiple stimuli noise, lights, signs. Concentration demands to locate correct items whilst walking along shelves.	<p>Client observed at local supermarket. Walked with 4WW into supermarket. Required to stop walking once to avoid another shopper (appropriate), nil further issues. Located and collected 10 items from shopping list at various shelf heights, required hand support on shelf for balance with items below the knee. Placed items into 4WW basket, distributing weight evenly.</p> <p>At all times used brakes appropriately when walker not in use.</p> <p>Nil loss of balance noted.</p> <p><b>Recommendation:</b> client safe to walk in supermarket using 4WW.</p>

## Outcomes of an outdoor walking assessment

- The observation of a client’s outdoor walking assessment needs to be collated to form a recommendation.
- Documentation of the assessment should include observations of the client’s response to the location and features of the environment.
- The recommendation will be one of the following:
  1. Safe to walk outdoors independently for example, no changes/proposed intervention. This should include a list of environments that the client was assessed in and a statement that the client be re-referred should issues/concerns arise.
  2. Safe to walk outdoors with identified restrictions. This may include:
    - within limited environments or times (on flat terrain, during the day),
    - with support (supervision, assistance).
      - a therapy or rehabilitation goal may include progressing outdoor walking beyond these restrictions and may require further assessment and/or intervention by a health professional with expertise in the task or implementation of a skill share task.
      - where support is required, assessment of the planned carer providing the support will be required by a health professional with expertise in the task as part of care planning.
  3. Not safe to walk outdoors. A plan will be required to assess the identified deficits/issues if there is an outdoor walking goal. The rehabilitation plan will need to include relevant interventions if the client maintains an outdoor walking goal.