

Clinical Task Instruction

Delegated Task

D-MT02: Functional retraining program for standing transfers and walking

Scope and objectives of clinical task

This Clinical Task Instruction (CTI) will enable the Allied Health Assistant to:

- safely and effectively educate/instruct and supervise clients undertaking a functional retraining program for standing transfers and walking including:

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 the Office of the Chief Allied Health Officer (OCAHO) at: allied_health_advisory@health.qld.gov.au

This CTI should be used under a delegation framework implemented at the work unit level. The framework is available at: <https://www.health.qld.gov.au/ahwac/html/ahassist>

Prior to use please check <https://www.health.qld.gov.au/ahwac/html/clintaskinstructions> for the latest version of this CTI.

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- explaining the purpose and procedure for each standing transfer and walking exercise.
- facilitating and monitoring each standing transfer and walking exercise, including correcting common errors or causes of ineffective performance.

Requisite training, knowledge, skills and experience

Training

- Completion of CTI D-WTS01 When to stop.
- Mandatory training requirements relevant to Queensland Health clinical roles are assumed knowledge for this CTI.
- If not part of mandatory training requirements, complete patient manual handling techniques including competence in the use of walk belts and assisting clients with standing transfers and walking.
- Completion of the following Queensland Health allied health assistant training modules (or corresponding units of competency in HLT43021 Certificate IV in Allied Health Assistance) or equivalent work-based learning:
 - Physiotherapy Learner Guide: Deliver and monitor a client-specific exercise program.
 - Physiotherapy Learner Guide: Deliver and monitor an exercise program for mobility.

Access the module/s at: <https://www.health.qld.gov.au/ahwac/html/ahassist-modules>

Clinical knowledge

- The following content knowledge is required by an allied health assistant delivering this task:
 - the basic elements of standing up and sitting down and common deviations e.g. uneven weight bearing, wide base of support, flexed/stooped posture, hand support.
 - the principles of functional standing transfers and walking, and common problems that impact including standing balance, poor vision, poor proprioception, shortness of breath, cardiac, vestibular, cognitive and neuromuscular conditions.
 - common exercises used to retrain sit to stand and walking including potential performance errors and strategies used to correct performance.
- The knowledge requirements will be met by the following activities:
 - completing the training program/s (listed above)
 - reviewing the Learning resource
 - receiving instruction from an allied health professional in the training phase.

Skills or experience

- The following skills or experience are not identified in the task procedure but support the safe and effective performance of the task and are required by an allied health assistant delivering this task:
 - competence or ability to obtain competence in the use of monitoring equipment or tools for the local service implementation e.g. pain scale, rates of perceived exertion scale, heart rate, oxygen saturation, respiratory rate.
 - if the client is to practice exercises using their walking aid, the AHA must have been trained and assessed as competent in the use of the specific walking aid being used e.g. 4 wheeled walker, pick up/hopper frame, crutches, walking stick.

Safety and quality

Client

- The allied health assistant will apply CTI D-WTS01 When to stop at all times.
- In addition, the following potential risks and precautions have been identified for this clinical task and should be monitored carefully by the allied health assistant during the task:
 - as the client is training to address standing transfer and walking problems, the risk of falls is high and close monitoring of the client is required at all times.
 - the use of footwear should be included as part of the delegation instruction. If the client is required to wear shoes, shoes should be enclosed, well-fitting and with good traction. If the client is to practice in bare feet, the flooring surface should be checked for safety including ensuring the temperature and texture are suitable.
 - if the client has restrictions or specific requirements, these will be included in the delegation instructions. For example include hip precautions, weight bearing status, range of motion, wounds/pressure area care and handling requirements e.g. wearing a sling during transfers for hemiplegic shoulder or range of motion brace requirements during exercises. Restrictions must be adhered to at all times during the task. If restrictions cannot be maintained, cease the task. If instructions are unclear or do not appear to match the client's requirements or the delegation instruction, liaise with the delegating health professional prior to commencing the task.

Equipment, aids and appliances

- Ensure all equipment is clean, in good working order and matched to the client's needs e.g. seating has appropriate safe working load, height adjustment and brakes are working.

Environment

- The task should be performed in an environment that supports safe practice for the client. This may include minimising or introducing distractions, obstacles or supports e.g. parallel bars.

Performance of clinical task

1. Delegation instructions

- Receive the delegated task from the health professional.
- The delegating allied health professional should clearly identify parameters for delivering the clinical task to the specific client, including any variance from the usual task procedure and expected outcomes. This may include:
 - specific functional retraining exercises for standing transfers and walking including the planned order for performance, number of repetitions, sets for each exercise, and the required environment and equipment e.g. parallel bars, blocks or cones.
 - any restrictions or adaptations for each exercise/activity e.g. weight bearing, progression and/or regression parameters.
 - monitoring requirements and thresholds for each exercise e.g. expected movement patterns, pain, rates of perceived exertion, heart rate.

- client-specific adaptations including personal equipment, cognitive status, communication requirements e.g. orthosis, braces, glasses, hearing aids, English as a second language, communication tools and equipment.

2. Preparation

- Client exercise instruction sheet/s for the planned program.
- Gather and perform a safety check on the required equipment for use. Equipment may include: bed, table, chair, parallel bars, foam mat, block, cups/cones or markers, ball, mirror, theraband.
- Review the medical record and/or speak to members of the healthcare team and client to determine if the client has experienced any change in health status since last reviewed by the delegating health professional. If the client has experienced a change in health status, liaise with the delegating health professional prior to commencing the task.

3. Introduce task and seek consent

- The allied health assistant introduces themselves to the client.
- The allied health assistant 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 allied health assistant describes the task to the client. For example:
 - I have been asked (by the delegating health professional) to assist you with your rehabilitation program to improve your transfers and walking.
- The allied health assistant seeks informed consent according to the Queensland Health Guide to Informed Decision-making in Health Care, Version 2.6 (2025).

4. Positioning

- The client's position during the task should be:
 - standing up and sitting down or walking as relevant to the exercise.
- The allied health assistant's position during the task should be:
 - standing and/or walking beside the client in a position that allows stand-by assistance of the task for safety and observation. For clients with an "affected side" the allied health assistant stands on the affected side e.g. hemiplegia or total hip replacement.

5. Task procedure

- Explain and demonstrate (where applicable) the task to the client.
- Check the client has understood the task and provide an opportunity to ask questions.
- The task comprises the following steps:
 1. Describe the planned exercise to the client and/or demonstrate as required.
 2. Inform the client of the expected number of repetitions and sets for the planned exercise.
 3. Set the client up to perform the exercise in the required environment with any required equipment.
 4. Request the client perform the exercise, monitoring performance for common problems. See the Learning resource.
 5. Based on the client's performance, determine progression to the next planned exercise. Repeat steps 1 – 4 until the prescribed program has been completed or the task is ceased.

6. After the exercise provide feedback to the client regarding overall performance and achievement of the session goals.
- During the task:
 - provide feedback and correct errors in the performance of the task including:
 - poor performance of the exercise. Check the activity set-up e.g. is the chair too low for the patient to stand up from or is foot placement poor? Correct the activity set up and if poor performance persists, reduce the training parameters of the exercise to increase ease of performance e.g. less repetitions or sets. If the client is performing the exercise too quickly, cue them to slow down and demonstrate the desirable speed. Inform the delegating health professional of the observations and outcome.
 - the client reports pain during or after task performance. Monitor the client using the agreed monitoring tool (a pain rating scale) during task performance or pause the activity. Discomfort from exercise should settle quickly once the exercise is ceased. If the client has been unable to attain the prescribed training threshold, adjust it e.g. if a patient is unable to complete 20 step-ups to a 15cm block, reduce to 10 repetitions or use a 7.5cm block instead. If pain persists or does not settle quickly with exercise cessation, contact the medical team to request a review of the client's pain. Discuss the parameters for exercise performance with the delegating health professional.
 - the client is observed to be holding their breath during task performance. This may be due to increased attentional demands. Ask the client to relax their breath and breathe normally. Determine the cause of the breath holding e.g. pain, concentration, habit. Continue to observe the client for breath holding. If breath holding continues, cease the task and discuss with the delegating health professional.
 - the client performs the exercises as prescribed, meeting the required performance criteria. Progress the exercises as per the delegation instruction. If there are no criteria for progression, liaise with the delegating health professional.
 - monitor for adverse reactions and implement appropriate mitigation strategies as outlined in the Safety and quality section above including CTI D-WTS01 When to stop.
 - At the conclusion of the task:
 - encourage feedback from the client on the task.
 - provide summary feedback to client, emphasising positive aspects of performance and areas to work on
 - provide instructions for independent practice of the task (including reinforcing safety considerations) if this was requested by the delegating health professional
 - ensure the client is comfortable and safe.

6. Document

- Document the outcomes of the task in the clinical record, consistent with relevant documentation standards and local procedures. Include observation of client performance, expected outcomes that were and were not achieved, and difficulties encountered or symptoms reported by the client during the task.
- For this task, the following specific information should be presented:
 - the name of each exercise practiced
 - the number of repetitions and sets completed for each exercise
 - performance observations including any difficulties experienced, adaptations and/or monitoring requirements to complete the task and if these were maintained.

7. Report to the delegating health professional

- Provide comprehensive feedback to the health professional who delegated the task.

References and supporting documents

- Queensland Health (2015). Clinical Task Instruction D-WTS01 When to stop. Available at: <https://www.health.qld.gov.au/ahwac/html/clintaskinstructions>.
- Queensland Health (2025). Guide to Informed Decision-making in Health Care. Version 2.6. Available at: <https://www.health.qld.gov.au/consent/clinician-resources/guide-to-informed-decision-making-in-healthcare>.

Assessment: performance criteria checklist

D-MT02: Functional retraining program for transfers and walking

Name:

Position:

Work Unit:

Performance criteria	Knowledge acquired	Supervised task practice	Competency assessment
	<i>Date and initials of supervising AHP</i>	<i>Date and initials of supervising AHP</i>	<i>Date and initials of supervising AHP</i>
Demonstrates knowledge of fundamental concepts required to undertake the task.			
Obtains all required information from the delegating health professional, and seeks clarification if required, prior to accepting and proceeding with the delegated task.			
Completes preparation for the task including collecting the client exercise handout and equipment, setting up the practice environment and checking the clients functional and medical status.			
Introduces self to the client and checks client identification.			
Describes the purpose of the delegated task and seeks informed consent.			
Positions self and client appropriately to complete the task and ensure safety.			
Delivers the task effectively and safely as per delegated instructions and CTI procedure. a) Clearly explains the task, checking the client's understanding. b) Implements the prescribed exercise program by: - appropriately describing and/or demonstrating the exercise - correctly setting up the practice environment for the exercise - accurately monitors the client's performance during the task - provides timely, accurate and appropriate feedback during the task. c) Confirms the client's capacity to participate in each prescribed activity before commencing. d) During the task, maintains a safe clinical environment and manages risks appropriately. e) Provides feedback to the client on performance during and at completion of the task.			
Documents the outcomes of the task in the clinical record, consistent with relevant documentation standards and local procedures.			
Provides accurate and comprehensive feedback to the delegating health professional.			

Performance criteria	Knowledge acquired	Supervised task practice	Competency assessment
Sit to Stand - Beside the wall - With TheraBand around knees - Mini squats	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
Standing weight shift - Feet apart - Stride stance - With leg lift - Tap ups - Standing on foam	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐
Stepping Practice (stance phase) - Usual stride length - Long stride length - Stepping over an object with swing leg - Stepping on a foam mat - Clock stepping - Stepping in time with a metronome	☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐
Stepping practice (swing Phase) - Usual step length - Long step length - Stepping over an obstacle - Stepping foot onto a step	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐
Step ups - Level 1 (7.5cm) - Level 2 (15cm) - Reduced hand support	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
Walking - Forwards - Backwards - Sideways - With head turns - Dual tasking (manual) - Dual tasking (cognitive) - Over obstacles - Over foam mat	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Comments:					
Record of assessment competence:					
Assessor name:		Assessor position:		Competence achieved:	/ /
Scheduled review:					
Review date:	/ /				

Functional retraining program for transfers and walking: Learning resource

Required reading

- Physiopedia (2018).
 - Balance. Available at: <https://www.physio-pedia.com/Balance>
 - Gait. Available at: <https://www.physio-pedia.com/Gait>
- Clients are often provided a handout of their exercise program to facilitate independent practice. The delegating health professional will prescribe the required handout.
 - Examples of graphics for client handouts are available at: <https://www.physiotherapyexercises.com/>
 - Example client exercise handouts for functional retraining exercise programs for specific client groups
 - Stroke Foundation (2022).
 - Fact sheet: Mobility and exercise after stroke. NSF1529_03/17. Available at: <https://strokefoundation.org.au/About-Stroke/Help-after-stroke/Stroke-resources-and-fact-sheets/Mobility-and-exercise-after-stroke-fact-sheet>
 - Sitting, standing and walking. Available at: <https://informme.org.au/resources/sitting-standing-and-walking>
- Queensland Government. (2022, September). Physical activity, exercise and heart failure [Brochure]. Queensland Health. Available at: https://www.health.qld.gov.au/_data/assets/pdf_file/0042/987774/Physical-activity-and-heart-failure-for-internet.pdf
- Safe exercise at home booklet. Available at <https://www.safeexerciseathome.org.au/safeexerciseathomebooklet>

Table 1 below outlines common transfer and walking exercise set up, monitoring requirements, observations and actions for a functional retraining in walking and transfers.

Table 1 Common transfer and walking exercise set up, monitoring requirements, observations and actions

Exercise: Standing up/sitting down - to retrain the normal movement for standing up and sitting down		
Instruction & set up requirements	Monitoring requirements	Observation and/or Action
The physiotherapist has asked that you practice standing up from a chair. General set up requirements: The client should be initially positioned in sitting with their feet flat on the floor and in a chair close to hand support e.g. beside a table, parallel bars or in the corner of a room for safety. Chair height should be included as part of the delegation instruction. Instructions: “When I ask you to, I want you to lean forward and stand up with your weight even on both feet, without using your hands to assist you.” Progression for this exercise includes: Part practice through range, also known as squats. The client initiates sitting down and pauses through range before returning to standing i.e. bottom touches the seat.	Feet should be positioned evenly, hip width apart and slightly behind the client’s knees to allow forward weight transfer.	Observation: The client’s feet slip upon the initiation of sit to stand or are positioned unevenly. Actions: Correct foot placement, provide verbal or visual cueing and/or manual guidance. Visual cueing may include a marker on the floor or a mirror for feedback.
	Knees should move forward at the beginning of standing up before straightening. Knees should track in line with the middle of the foot throughout the action of standing and sitting. For sitting down, knees should firstly bend and then move forward prior to sitting.	Observations: Knees do not travel forward when initiating standing or chair moves backwards as they initiate standing. Knees may be blocked by carer or furniture/equipment. Knees drift in during the movement. Actions: Feedback may include verbal cueing or placing a marker to guide knees forward as part of standing up. Remove the block.
	Shoulders and trunk move forward at the initiation of standing up and as part of initiating sitting down e.g. “nose over toes”.	Observation: The client leans back during the task, falling back into the chair Action: Provide verbal cueing and/or manual guidance to lean forward e.g. cue ‘nose over toes’ to facilitate trunk translation or place a marker to guide shoulders forward as part of standing up or sitting down.

• Add a TheraBand around the client's knees to train knee alignment. • Reducing seat height to increase the lower limb strength requirements.		Observation: Client excessively throws themselves forward or rocks to initiate standing up. Actions: Check knees are translating forward and are not blocked (see above). Increase seat height to decrease difficulty of the task.
	Normal standing alignment should be achieved at the end of standing up from sitting. That is: • feet and knees apart (approx. hip width) • hips and knees extended but not locked • hips over feet • weight evenly distributed between left and right leg (unless restrictions are present) • shoulders level • trunk erect.	Observations: Client may stand with a: • wide base of support • flexed posture hips, hyper-extended or adducted knees • flexed trunk or list to one side. Action: Client may be placed beside the wall/ provide a mirror or tactile facilitation for feedback.
Exercise: Standing weight shift - to retrain strength and control of the affected leg during the weight-bearing phase of walking (stance phase) and improve the client's ability to move their centre of gravity within their base of support		
Instruction & set up requirements	Monitoring requirements	Observation and/or Action
The physiotherapist has asked that you practice taking weight on your affected side.	Feet should be positioned shoulder width apart (initially). As weight transfer occurs, feet should remain on the floor.	Observation: Client positions feet too close together limiting the amount of pelvic shift or feet moving during the task. Action: Provide verbal cueing and/or manual guidance for foot placement. Feedback may include placing a marker on the floor.

General set up requirements: The client should be positioned in standing, close to hand support e.g. beside a table, parallel bars or in the corner of a room for safety. Feedback can include placement of tape on the floor to define where feet should be positioned (evenly under hips) or scales to measure weight distribution between legs or forwards and back. Instructions: “When I ask you to, I want you to keep your body in good posture and shift your weight over onto your affected leg.” Progression for this exercise includes: - standing in stride stance i.e. one foot forward and shifting weight from the forward leg to the back leg (backwards and forwards). - shifting weight onto the stance leg whilst lifting the other leg off the ground e.g. as part of initiating a step. - shifting weight onto the stance leg and tapping the other foot onto a block/foam cup i.e. as part of single leg balance.	Knee control should be maintained whilst weight shift occurs.	Observation: Knee hyper-extends or falls into flexion. Action: Provide verbal cueing, manual assistance, visual feedback (mirror or physical target) e.g. keep knee to block/straw/finger. For some clients the physiotherapist will prescribe the use of a leg brace to support knee control during practice.
	Pelvic control should be maintained whilst weight shift occurs.	Observation: Excessive pelvic shift with weight transfer. Pelvis may also ‘hitch’, drop (Trendelenburg sign) or rotate whilst weight shift occurs. Action: Provide verbal cueing, visual feedback (mirror or physical target) e.g. keep hip to table/straw/finger. For weight transfer, bathroom scales to monitor weight bearing, a mirror for visual feedback or physical cue e.g. shoulder to the wall can be used.
	Hip and trunk extension should be maintained.	Observation: Hip and or trunk flexes during weight shift. Action: Provide verbal cueing to maintain extension, manual assistance, visual feedback (mirror) or physical target e.g. keep tummy to table.

Exercise: Stepping practice - stance phase: to retrain the stance component of walking and including controlled weight shift

Instruction & set up requirements	Monitoring requirements	Observation and/or Action
The physiotherapist has asked that you practice taking a step, in preparation for walking. General Set Up Requirements: The client should be positioned close to hand support e.g. beside a table or parallel bars or in the corner of a room for safety in stride stance with the leg to be trained forward. Feedback can include placement of tape on the floor to define where the foot should start and finish when stepping. Instructions: “When I ask you to, I want you to keep your body in good posture and shift your weight over onto your affected leg, by stepping your other foot forwards, then backwards.” Variation: stepping sideways. Progressions or variations for this exercise include: - Increasing the length of step taken. - Stepping over an object e.g. small block/walking stick with the other leg to increase the hip extension required.	See above for knee control, pelvic control and hip and trunk extension.	See above for knee control, pelvic control and hip and trunk extension.
	Full step should be executed.	Observation: Small step length. Clients with an affected side may have unilateral step length discrepancy. This may assist with determining ‘normal’ step length for that client. Action: Provide verbal cueing, ensure client is correctly in stride stance before commencing, provide physical target for step length e.g. tape on the floor.

- Performing stepping task on a foam mat for increased stability challenge. - Stepping foot in different directions around a clock face. - Stepping in time with a metronome.		
Exercise: Stepping practice - swing phase: to retrain the swing phase component of walking		
Instruction & set up requirements	Monitoring requirements	Observation and/or Action
The physiotherapist has asked that you practice taking a step, in preparation for walking. General Set Up Requirements: The client should be positioned close to hand support e.g. beside a table, parallel bars or in the corner of a room for safety in stride stance with the leg to be trained positioned behind. Feedback can include placement of tape on the floor to define where the foot should start and finish when stepping. Cue the client to push off their toe and land with their heel when stepping. Instructions: “When I ask you to, I want you to keep your body in good posture and step your affected leg forwards then backwards.” Progressions or variations for this exercise include: stepping foot further.	Full step should be executed.	Observation: Step not taken through full range or too small. Action: Provide verbal cueing to push through toes to initiate, ensure client is correctly in stride stance before commencing, provide physical target for step length e.g. tape on the floor.
	Push off occurs from toes. Foot/ankle is dorsiflexed in the air and heel contacts the ground before toes.	Observation: Poor or lack of push off through the toes or the foot remains plantar flexed throughout swing, resulting in a lack of heel strike. Action: Provide verbal cueing to push off front toes, and contact with heel, mirror for visual feedback, manually assist if required i.e. guide the foot during swing. For some clients the physiotherapist will prescribe the use of an ankle foot orthosis (AFO) to support ankle control during practice.
	Knee should move from flexion when in the air to extension as the heel contacts the ground.	Observation: Client lacks knee flexion during swing (and circumducts the leg) or does not fully extend at the end of swing i.e. has a bent knee. Action: Discuss why the client is not bending their knee e.g. apprehension or pain. Then provide verbal

- stepping over a walking stick or obstacle to increase clearance height. - stepping leg up onto a step.		cueing to bend knee and straighten on heel contact, mirror for visual feedback, physical target to bend knee to. If pain, refer to the “Safety & quality” section.
	Hip should flex to lift leg through the motion.	Observation: Client does not flex hip enough and instead swings the leg into circumduction to clear the ground. Action: Provide verbal cueing to push from toes (see above) and lift from the hip. Provide visual cue e.g. marker for knee position, mirror for feedback or manual guidance.

Exercise: Step Ups: to increase lower limb strength and balance in preparation for walking on stairs

Instruction & set up requirements	Monitoring requirements	Observation and/or Action
The physiotherapist has asked that you practice stepping up and stepping down to strengthen your legs in preparation for walking up and down stairs. General Set Up Requirements: The client should be positioned close to hand support e.g. beside a table, parallel bars with a small step in front of them. Blocks are generally 6-15 cm high e.g. a taped phone book can be used at home. Feedback includes the number of repetitions achieved and the height of the step used.	Knee control should be maintained with weight shift whilst stepping.	Observation: Knee hyper-extends or falls into flexion. Action: Provide verbal cueing, manual assistance, visual feedback e.g. mirror or physical target, keep knee to block/straw/finger.
	Hip, knee and toes of the swing leg should be lifted enough to clear the step.	Observation: Foot does not clear the step e.g. toes hit the step or the client is unable to get foot onto the step. Action: Provide verbal cueing to lift hip, knee and toes, mirror for visual feedback or physical target for knee as lifting leg, manually assist if required. If the task is too difficult, reduce the step height.

Instructions: “When I ask you to, I want you to keep your body in good posture and step one foot at a time up onto the step so that you are on top of it, then step one foot at a time back off the step. If you lead up with your right leg, it should also lead down.” Progressions or variations for this exercise include: - stepping onto a higher block. - reducing hand support.	Knee, hip and trunk should extend when on the step.	Observation: Flexed or stooped posture is maintained throughout the movement Action: Provide verbal cueing to stand straight, mirror for visual feedback or physical target e.g. “tummy to table”. This could also indicate the step is too high - reduce the step height.
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Exercise: Walking practice: to improve functional mobility, muscle strength and aerobic fitness

Instruction & set up requirements	Monitoring requirements	Observation and/or Action
The physiotherapist has asked that you practice walking. General Set Up Requirements: The client should be positioned close to hand support e.g. beside a table, parallel bars or in a clear space with their usual prescribed walking aid. Feedback includes the distance/time/speed walked or how many times hand support was required. Instructions: “When I ask you to, I want you to keep your body in good posture and walk forwards”. The delegation instruction will include: the amount of support e.g. with or without hand support, use of the clients walking aid	Even stride length.	Observation: Uneven step length. Action: Provide verbal cueing to take even steps, use a mirror for visual feedback or taped lines on the floor for the desired stride length.
	Adequate step length i.e. heel travels past stance leg toe at a minimum.	Observation: Short shuffling gait. Action: Provide verbal cueing to increase step length or visual markers on the floor.
	Feet should remain apart during gait.	Observation: Narrow base of support e.g. scissors their legs or clips their ankles while walking, or wide base of support. Action: Provide verbal cueing to keep feet approximately 8-10cm apart, visual feedback e.g. with a mirror or a line on the floor that they must step either side of.
	Foot clearance should be maintained during stepping and heel strike is achieved.	Observation: Client scuffs their feet on the ground or ‘trips’ on their toes. Action: Provide verbal cueing to lift feet, visual feedback with a mirror.

- distance - time requirements. Progressions or variations for this exercise include: - walking backwards or sideways. - walking with head turns. - dual tasking e.g. walking holding a cup of water or completing a cognitive task i.e. naming animals, counting in 3s. - walking over obstacles. - walking over a foam mat or uneven surface.	Trunk extension should be maintained throughout.	Observation: Client has a flexed posture or lists to the side. Action: Provide verbal cueing to maintain good posture. Manual assistance for trunk position (if required) or visual cue with a mirror.
		Observation: Some clients requiring assisted walking may push backwards through the trunk whilst walking. Action: Provide verbal cueing to maintain good posture. Manual feedback for trunk position if required e.g. keep the pressure off my hands.
	Functional walking speed should be maintained throughout for fluid gait.	Observation: Client walks slowly or becomes easily distracted. Action: Provide verbal cueing to increase/maintain speed, metronome may be used to cue cadence, visual feedback with mirror.
		Observation: Client becomes breathless or complains of pain. Action: Implement When to Stop, this may include providing a rest stop on route.