

GG0120: Mobility Devices

GG0120. Mobility Devices	
↓	Check all that were normally used in the last 7 days
<input type="checkbox"/>	A. Cane/crutch
<input type="checkbox"/>	B. Walker
<input type="checkbox"/>	C. Wheelchair (manual or electric)
<input type="checkbox"/>	D. Limb prosthesis
<input type="checkbox"/>	Z. None of the above were used

Item Rationale

Health-related Quality of Life

- Maintaining independence is important to an individual’s feelings of autonomy and self-worth. The use of devices may assist the resident in maintaining that independence.

Planning for Care

- A resident’s ability to move about their room, unit or nursing home may be directly related to the use of devices. It is critical that staff members assure that the resident’s independence is optimized by making mobility devices available on a daily basis, if needed.

Steps for Assessment

1. Review the medical record for references to locomotion during the 7-day observation period.
2. Talk with staff members who work with the resident as well as family/significant others about devices the resident used for mobility during the observation period.
3. Observe the resident during locomotion.

GG0120: Mobility Devices (cont.)

Coding Instructions

Record the type(s) of mobility devices the resident normally uses for locomotion (in room and in facility). Check all that apply:

- **Check GG0120A, Cane/crutch:** if the resident used a cane or crutch, including single-prong, tripod, quad cane, etc.
- **Check GG0120B, Walker:** if the resident used a walker or hemi-walker, including an enclosed frame-wheeled walker with or without a posterior seat and lap cushion. Also check this item if the resident walks while pushing a wheelchair for support.
- **Check GG0120C, Wheelchair (manual or electric):** if the resident normally sits in a wheelchair when moving about. Include wheelchairs that are hand propelled, motorized, or pushed by another person. Do not include geri-chairs, reclining chairs with wheels, positioning chairs, scooters, and other types of specialty chairs.
- **Check GG0120D, Limb prosthesis:** if the resident used an artificial limb to replace a missing extremity.
- **Check GG0120Z, None of the above:** if the resident used none of the mobility devices listed in GG0120 or locomotion did not occur during the observation period.

Examples

1. The resident uses a quad cane daily to walk in the room and on the unit. The resident uses a standard push wheelchair that they self-propel when leaving the unit because of their issues with endurance.

Coding: GG0120A, Cane/crutch, and GG0120C, Wheelchair, would be checked.

Rationale: The resident uses a quad cane in their room and on the unit and a wheelchair off the unit.

2. The resident has an artificial leg that is applied each morning and removed each evening. Once the prosthesis is applied, the resident is able to ambulate independently.

Coding: GG0120D, Limb prosthesis, would be checked.

Rationale: The resident uses a leg prosthesis for ambulating.

