

Figure A (page 1 of 2) BMAT 2.0 to be completed at time of admission, at least once per shift and with any significant change in patient's status.

Test/Assessment Level	Description of Test	Pass Response	PASS =
<p>Assessment Level 1</p> <p>Assessment of:</p> <ul style="list-style-type: none"> sitting balance upper extremity and core strength ability to sit upright without getting tachycardic, diaphoretic and/or light-headed; i.e., sitting tolerance 	<p>Sit and Shake: From semi-reclined position or at EOB, ask patient to sit upright for up to 1 minute (if there is any concern regarding orthostatic hypotension or postural intolerance); then reach across midline and shake hands with caregiver – repeat with other hand. (Patient's feet may either be flat on floor or dangling.)</p> <p>Safe Mode: Use sling and lift to assist to side of bed (e.g., sternal precautions, abdominal incision) or bed in chair position, then complete "Sit and Shake."</p>	<p>Sit: Able to follow commands and sit unsupported (i.e., unsupported by sling or bed surface) for up to 1 minute.</p> <p>Shake: Able to maintain seated balance while challenged by reaching across midline of trunk with one or both hands and shaking caregiver's hand.</p>	<p>Pass Assessment Level 1 "Sit and Shake" = Proceed to Assessment Level 2, "Stretch"</p> <p>Fail = Mobility Level 1 Patient As appropriate, follow Critical Care Early/Progressive Mobility Program protocol to advance through BMAT Assessment Levels.</p>
<p>Assessment Level 2</p> <p>Assessment of:</p> <ul style="list-style-type: none"> leg strength in preparation for weight bearing control and strength of leg muscles, including quadriceps and lower leg muscles foot drop 	<p>Stretch: While sitting upright unsupported, extend one leg and straighten knee (knee remains below hip level) and point toes/pump ankle between dorsiflexion/plantar flexion x 3 repetitions. (Patient's feet may either be flat on floor or dangling.)</p> <p>Safe Mode: Continue to use sling and lift (mobile or overhead/ceiling), bed in Fowler's or chair position to complete "Stretch."</p>	<p>Stretch: Able to extend leg and straighten knee = engage quadriceps; then able to pump ankle for 3 repetitions = AROM/move ankle between dorsiflexion/plantar flexion = engage calf muscles/skeletal muscle pump and assist with venous return/fluid shifts.</p>	<p>Pass Assessment Level 2 "Stretch" = Proceed to Assessment Level 3, "Stand"</p> <p>Fail = Mobility Level 2 Patient</p>
<p>Assessment Level 3</p> <p>Assessment of:</p> <ul style="list-style-type: none"> ability to shift forward, raise buttocks and rise smoothly; balance and strength to rise standing tolerance for up to 1 minute, which allows for fluid shifts and other compensatory changes to occur static standing balance 	<p>Stand: With feet flat on floor about shoulder width apart, shift forward, raise buttocks/rise and stand upright for up to 1 minute (if there is any concern regarding orthostatic hypotension, postural intolerance or syncope).</p> <p>Safe Mode: Use sit-to-stand lift and vest/sling, or ambulation vest/pants and lift.</p> <p><i>Always default to using Safe Mode if concerned regarding orthostatic hypotension/syncopal event or other compensatory changes.</i></p>	<p>Stand: Able to rise, maintain balance and upright standing position for up to 1 minute.</p> <p><i>The majority of patients who exhibit orthostatic hypotension do so within the first minute of standing, which is the rationale for 1 minute.</i></p> <p>Use walker, cane, crutches or prosthetic leg(s) as appropriate to assist.</p>	<p>Pass Assessment Level 3 "Stand" = Proceed to Assessment Level 4, "Step"</p> <p>Fail = Mobility Level 3 Patient</p>
<p>Assessment Level 4</p> <p>Assessment of:</p> <ul style="list-style-type: none"> pre-ambulation weight shift abilities further assessment of leg strength dynamic standing balance, which further allows for fluid shifts and other compensatory changes to occur cognitive ability to follow directions 	<p>Step: 1) March- or step-in-place taking small steps (not high-marching steps) x 3 repetitions; if able to pass then 2) Step forward with one foot, weight-bear/shift weight onto foot and return foot to starting position; repeat with other foot.</p> <p>Safe Mode: Use ambulation vest/pants and lift; consider use of bed in chair position and egress from end-of-bed.</p> <p><i>Always default to using Safe Mode if concerned regarding orthostatic hypotension/syncopal event, other compensatory changes or falls.</i></p>	<p>Step: Able to perform both marching-in-place and forward step and return with one foot and then the other.</p> <p>Use walker, cane, crutches or prosthetic leg(s) as appropriate.</p>	<p>Pass Assessment Level 4 "Step" = Progress through Discharge Planning</p> <p>Continue to complete BMAT per protocol; address medical issues and stability; use multidisciplinary approach: work on discharge goals for best destination/placement; consider functional status, ongoing equipment needs and ADL's</p> <p>Fail = Remain a Mobility Level 4 Patient</p>

Figure A (page 2 of 2)

Patient's BMAT Mobility Level	Assessment Level				Test Options in SAFE MODE <i>(See Figure A, page one for Description of Basic Test)</i>	Patient Care and Strengthening in SAFE MODE SPHM Equipment to Consider for patient care/strengthening NOTE: Consult with PT/OT per facility protocol
	1. Sit & Shake*	2. Stretch*	3. Stand*	4. Step*		
Mobility Level 1 = Fails/unable to "Sit and Shake" <i>As appropriate, follow Critical Care Early/ Progressive Mobility Program protocol.</i>	FAIL	NA	NA	NA	1) Perform with patient sitting upright in bed 2) Using lift and sling help patient sit at Edge of Bed (EOB) <i>As appropriate, follow Critical Care Early/Progressive Mobility Program protocol to advance through BMAT Assessment Levels.</i>	Goals: Avoid complications of immobility, engage and strengthen postural muscles and progress to Level 2. 1)Edge of Bed (EOB) dangling with sling and lift: work on sitting balance and reaching across midline; perform calf pump exercises 2)Bed in Fowler's or chair position: sitting supported or unsupported to cross midline and shake hands; also perform calf pump exercises 3)Lift and repo sheet: for boosting and turning 4)Lift and multistraps: for turning and limb holding 5)Lift and sling: for bed to chair/commode transfer 6)Friction Reducing Device (FRD): for PROM/AROM exercises
Mobility Level 2 = Passes "Sit and Shake;" Fails/unable to "Stretch"	PASS	FAIL	NA	NA	1) Perform with patient sitting upright in chair position 2) While at EOB dangling and secured by sling and lift	Goals: Avoid complications of immobility, engage and strengthen postural and lower extremity muscles, assist with fluid shifts and progress to Level 3. 1) FRD: partial squats and leg AROM exercises – bed flat or tilt position 2) Lift and repo sheet: boosting and turning 3) Lift and multistraps: limb holding or turning 4) Lift and sling: bed to chair/toilet transfer 5) In bed: perform additional calf pump exercises
Mobility Level 3 = Passes "Sit and Shake," and "Stretch;" Fails/unable to "Stand"	PASS	PASS	FAIL	NA	1)Using sit-to-stand lift with vest: evaluate patient's tolerance for standing upright and weight bearing; monitor patient's BP and HR; maintain balance for up to 1 minute. 2)Using standing/ambulation vest or pants and floor-based or ceiling lift: starting with patient's feet flat on floor, instruct patient to rise and stand; monitor patient's BP, HR, standing balance and tolerance for up to 1 minute. <i>As appropriate, after testing in Safe Mode, use walker, cane, crutches, prosthetic leg(s) to evaluate standing tolerance and to progress to "Step."</i>	Goals: Strengthen muscles in upright position, assist fluid shifts, avoid falls and progress to Level 4. 1)Sit-to-stand lift with vest/sling: stand for 1-2 minutes; shift weight from one foot/leg to the other, 2 – 3 deep breaths 2)Squats using FRD with bed in tilt position 3)Lift and multistraps: limb holding 4)Powered or non-powered sit-to-stand lift for bed to chair/toilet transfers (e.g., quick night-time transfer to and from toilet) 5)If using aid (walker, cane, crutches, prosthetic), after standing with sit-to-stand lift, work on standing with aid.
Mobility Level 4 = Passes "Sit and Shake," "Stretch" and "Stand;" Fails/unable to "Step"	PASS	PASS	PASS	FAIL	1) If a sit-to-stand lift with vest was used and patient passed "Stand;" evaluate first portion of "Step," march-in-place, while patient is still secure in vest attached to sit-to-stand lift. 2) Using ambulation vest or pants attached to lift: evaluate "Step" by instructing patient to march-in-place. If able to perform march-in-place, instruct patient to advance step with one foot and return foot to starting position. If able to pass, repeat with other foot. Use walker, cane, crutches or prosthetic leg(s) as appropriate.	Goals: Improve standing tolerance and endurance with stepping and weight-shifts, balance and ambulation; avoid falls; consider mobility, functional status, and discharge goals. 1)Lift and ambulation vest/pants for standing, stepping-in-place, weight-shifting/balance activities, and walking 2)Set distance goals to improve endurance and confidence with lift and without lift after passing "Step." 3)If using aid (walker, cane, crutches, prosthetic) to pass "Step," assure that aid is always easily accessible and used for transfers in-room and during hallway ambulation.
Progress through Discharge Planning = Passes all 4 Assessments Review Discharge Goals; Post-acute Discharge Planning	PASS	PASS	PASS	PASS	<ul style="list-style-type: none"> Continue to complete BMAT per protocol; with any change in status adjust Mobility Level and goals as needed. While improving/maintaining mobility, continue to address medical issues and stability as needed; evaluate other medical conditions/treatment plan prior to physician release. Mobility goals may include: independence with bed mobility and transfers; improve balance, standing tolerance, endurance with walking; independence with aid(s) - walker, cane, crutches, prosthetic(s). 	Multidisciplinary approach: <ul style="list-style-type: none"> Compare pre-admit status, including ability to perform ADLs, to discharge status; i.e., previous level of function (PLOF) compared to post-acute functional status; review rehabilitation goals – have they been met? Review discharge goals and guide discharge recommendations; appropriate post-acute discharge destination and equipment needs.

NOTE: Always default to the safest testing/lifting/transfer method (e.g., total lift and sling) if there is any doubt in the patient's ability to perform the task.