

Blue Badge Independent Mobility Assessment Tool[®]

APPLICANT NAME	[REDACTED]		Reference	[REDACTED]
ADDRESS	[REDACTED]			
TEL NO	[REDACTED]	DATE OF BIRTH	[REDACTED]	
ASSESSOR NAME	[REDACTED]	DATE	[REDACTED]	
APPLYING FOR	Blue Badge	New or Renewal	Appeal	

People Present at Mobility Assessment			Role/Relationship
Applicant	<input checked="" type="checkbox"/> Assessor	<input checked="" type="checkbox"/> Interpreter	
Husband/Wife/Son/Daughter/Father/Mother/Relative			

Reason for applying for scheme

Needs to continue to work in the community, visiting people in their own homes - need to be able to get out independent + do essential tasks - shopping

1. HEALTH AND DISABILITY

Long term	<input checked="" type="checkbox"/>	Permanent	<input checked="" type="checkbox"/>	Substantial	<input checked="" type="checkbox"/>
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Medical Condition - include date of onset or diagnosis, symptoms, secondary problems

Description of medical condition (as stated on application form)

Peripheral Neuropathy 2 1/2 years ago onset + diagnosis
States unable to feel lower legs - Has adapted car with hand controls + adapted home (minor adaptations - awaiting)
Additional information reported by applicant to IMA at clinic appointment major adapt
Started started due to long term B12 deficiency - Has been supplements but minimal changes to improve mobility.

Does the applicant have a medical condition that affects their breathing	Yes	No
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Is condition likely to improve	Yes	No	Is applicant pre or post-surgery	Yes	No
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If so when and what surgery received? 2 years post medication same

Healthcare Professional invention changes evident see notes

GP	Consultant	Physio	Other
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If "Other", please specify: Names of specialist involved not known + seen recently

Documentary evidence checked from healthcare professional	Yes	No
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Please specify: may need supporting evidence to support case for BB.

Reported history of Pain

Pain Rating Scale (reported by applicant to IMA during or after walking)	1	2	3	4	5	6	7	8	9	10
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Type of pain	burning	aching	stabbing	dull	other
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Duration	Constant	Intermittent	Occasional
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Onset of pain (reported)	walking	standing	sitting	all activities
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Location of pain e.g. stomach, lower back, neck, shoulders etc.

Pain all the time at 6 and increases to 7 after about 20 mins

Pain clinic	Yes	No	Date referred	No. Of sessions
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Medication and dosage

History of falls		High risk (past 3 months)	Moderate risk (6-12 months)	Low risk (12 months or less)
				Stumbles often 2 times in 6 months
Breathing (reported by applicant) (level of difficulty climbing up hills and walking on flat ground)				
1. How many minutes do they report it takes them to climb a hill difficult not knowing				
2. How many minutes reported to walk without severe discomfort on level ground ... where floor				
3. Reports too breathless to leave home or after dressing Yes/No easier on level.				
What is their reported level of difficulty (tick level of need)				
Walking up hill	No difficulty	Quite difficult	Very difficult	Unable
On the level	No difficulty	Quite difficult	Very difficult	Unable
How does applicant describe their walking (on application form/reported at clinic) worse in cold weather				
Normal - no specific problems				
Adequate - e.g. walks with a limp				
Poor - e.g. walks w heavy limp, stiff leg, shuffles, difficulties with balance				
Extremely poor - e.g. drags leg, staggers, swings through on 2 crutches, needs physical support				

2. TRAVEL AND TRANSPORT									
How did the applicant travel to the clinic today									
Private car	Taxi	Bus	Train	Walked	Other				
Driver or passenger		Where did they park/alight		Park lane outside SS					
Time reported to walk from parked/alighted point to reception		1 min							
What modes of transport does the applicant mostly use?									
Private car	Main Driver (MD) or Passenger (P) (add initials)	Taxi	Bus	Tube	Walked	Other			
How frequently does the applicant use this mode of transport									
Daily	Weekly	...times/ week	Monthly	... times/month	Other				
What is the main reason for using transport									
1. Essential trips only e.g. visits to Dr/Dentist/hospital/food shop									
2. Social /leisure /regular activities e.g. family, church, clubs, sports or culture									
Use of walking aid /wheelchair/ electric powered vehicle (EPV)									
EPV	Powered wheelchair	Manual wheelchair	Walking frame	Elbow crutches	Walking stick				
Self-purchased		Provided by		Provided by OT when diagnosed in 2011					

3. ACTIVITIES OF DAILY LIVING Include brief information on social situation	
Brief info on living status, care input, support network (e.g. no. in household, family help)	
lives with daughter 14 years old - internal staircase - 2 outside rails in situ.	
Support network (family, friends, care package - how many times per day or week)	
mom & dad & neighbours + daughter all support her if needed	
Does the applicant use any aids /adaptations in their home at present	
Yes	No
If so what type of aids and adaptations (state if private or SSD provision and were the aids installed for the applicant, spouse or other -need to specify) - Has referred self to social services for loanroom major adaptations.	

Does the applicant use any walking aids (If so what type and who supplied)				Yes	No
Does the applicant receive any benefits (disability related)				Yes	No
	High Rate	Middle Rate	Lower Rate		
DLA Care					
DLA Mobility					
AA					

MOBILITY – To observe walking over a continuous distance and apply a 'score' as outlined below. To demonstrate 'unable or virtually unable to walk without discomfort i.e. pain, SOB, with or without other factors that is speed, balance, movement, posture

DFT walking criteria sets out that the distance walked without discomfort to be as follows:-

Blue badge 0-30m in total = excessive difficulty/30 - 80m signs of 3 other factors (speed, time, manner)

(These are guidelines providing a broad range of examples to assist with scoring).

No limitations	0	Slight	1	Significant difficulty	2	Excessive difficulty	3
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DISTANCE WALKED (reports/observed with or without walking supports)

Total distance walked 80 metres

Where were they observed walking from/to e.g. reception to clinic room?

0	Observed to walk without discomfort over 80m (Reports able to walk well recreationally, uses public transport without limitation)	
1	Observed to walk up to 80m with mild limitation e.g. walks with limp (Reports able to walk around supermarket but might struggle over longer distance)	
2	Observed to walk between 30 - 80m (reports/observed use of wheelchair/EPV for longer trips/maybe accompanied to clinic)	
3	Observed to be 'unable or virtually' unable to walk e.g. only a few steps or up to 30m at very slow pace, rest stops evident (reports may only walk in home/arrived at clinic in wheelchair/escort)	

Reported information from applicant

walked at steady pace & talked

WALKING SPEED (reports/observed with or without walking supports)

Time taken min (time walking pace using watch, mobile phone, clock etc.)

0	Observed to walk at brisk pace and age related pace e.g. 90m in 1 min	
1	Observed to walk at moderate pace, e.g. 61- 90m in 1 min	
2	Observed to walk at much slower pace e.g. 40-60 m in 1 min	
3	Observed to walk at extremely slow pace e.g. up to 30 m in 1 min	

Reported information from applicant

Moderate pace - reported - much slower as pain increased after a few mins.

MANAGING STEPS/STAIRS

State no of flights climbed 7 No. of treads climbed up /down

No of rest stops needed

0	Observed to ascend/descend with confident manner, no signs of discomfort, e.g. alternating feet, no support rail	
1	Observed to ascend/descend with slight hesitation, mild signs of discomfort, fatigue, alternating feet, use of hand rail.	
2	Observed to ascend/descend at slower pace, significant signs of SOB and /or pain, hesitation, rest stop needed either during or after tasks. (May report SOB when hurrying up a slight hill, may use EPV for local trips)	

at 7 level of pain stated after 7 steps.

3	Observed 'unable or virtually' unable to climb stairs, e.g. 3-4 treads in total, Signs that v. unconfident, abnormal breathing, excessive pain, and significant effort. Not able to complete task safely. (May report stairlift installed at home or bed brought downstairs)	
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Reported information from applicant

Reported onset of pain at 3rd step. ↑ by step 7 and wanted

MANNER OF WALKING e.g. balance, posture, rhythm, coordination, standing tolerance *60 Lane*
How many rest stops e.g. None 1-2 3 or over *back down*

0	Observed to be confident in manner, no effort or obvious limitations or rest required.	
1	Observed to stand, 'walk and talk' mild signs of discomfort/effort e.g. walks with limp, <u>use walking aid</u> , if rests only briefly. (low risk of falls e.g. none/ 1 in last 12 months) (Reports travels about mostly without assistance but maybe accompanied on longer trips)	
2	Observed to 'walk and talk' but with more pronounced signs of discomfort/effort e.g. walks w heavy limp, stiff leg, shuffles, slower pace, abnormal breathing, rest required. (moderate risk of falls e.g. 1 or more in last 6 months)	
3	Observed to be 'unable or virtually' to walk and talk; very slow pace; signs of excessive discomfort/effort; drags leg, staggers, swings through only on crutches, needs physical support; stands only for a few min or not at all, (high risk of falls e.g. 3+ in last 3 months) . (Reports very dependent on wheelchair in/outdoors or housebound)	

Reported information from applicant

walked with one elbow crutch.

LEVEL OF PAIN where pain main issue, has medical condition resulting in effected pain e.g. OA/RA (must provide written proof) and scores 3 or above add 5 points (i.e. 3+5=8)

Pain rating scale rate 'observed' level of pain, does it vary from what they reported on *PRS

1	2	3	4	5	6	7	8	9	10
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0	Observed no signs of discomfort or distress whilst walking. Keeps good pace with IMA	
1	Observed signs of mild discomfort for example. Reports dull ache, holds side, no rest stop (1- 3 on pain rating scale). Can keep pace with IMA	
2	Observed moderate signs of pain for example may grimace, catch breath, limp and/or stiffness may need standing rest (4-6 on PRS). May/may not keep up with IMA	
3	Observed significant level of PAIN evidence of grimacing, abnormal breathing, staggering, shorter pace, (difficulty keeping pace with IMA) increased fatigue, rests against wall or seated. (6-8 PRS) (Reports need to rest walking on level ground). May not keep pace with IMA	
4	Observed excessive pain within a few steps, signs of spasm, abnormal breathing, severe grimacing, sweating, may be unable to 'walk and talk'. Needs seated rest or unable to complete the task, requires administration of medication or support (8-10 on PRS). Would be unable to keep pace with IMA	

Reported information from applicant

Pain is main issue. Reports 7 by the time got to assessment room - pain in foot + lower leg. Pain at 7 after 7 steps.

BREATHING - where SOB main issue, has medical condition affecting breathing (must provide written proof) and scores 3 or above add 5 points (i.e. 3+5=8)

0	Observed no signs of SOB able to hold conversation, no rest time needed.	
1	Observed mild SOB but able to 'walk and talk' alongside with IMA, no rest required. Reports no SOB when hurrying on level ground, only if going up a steeper hill.	
2	Observed considerable SOB on level ground climbing stairs, less able to keep pace with IMA. Can stand for short rest	
3	Observed significant level of SOB when walking between 30-80m unlikely to keep pace with IMA, requires rest of min or so, signs of panic, dizziness, and fatigue. Reports may have to stop for breathe walking at own pace on level ground	

4	Observed SOB within a few steps of walking evidence of dizziness, panic, fatigue etc. May suffer from chest, heart or lung condition (must provide proof) where attempt at walking may seriously endanger health or need to administer medication to relief symptoms. (May report too breathless to leave their home or following tasks such as dressing).
Reported information from applicant No SOB.	

5. DECISION			
BLUE BADGE	Eligible Score: 12-	13	Not eligible Score: 0 -11
Meets DfT/LA guidelines for Blue Badge / due to 'permanent' and substantial' disability has been observed to be unable or virtually unable to walk without excessive difficulty/ discomfort up to a distance of 80m		Does not meet DfT guidelines for Blue Badge does not have sufficient proof of 'permanent' and substantial' disability' and is able to walk without limitations over a distance of 80m	
Reasoning / Additional Comments/Referral to other services : Pain is main issue.			
* Requires proof of pain management through medication and or GP / consultant re condition + pain to support application and if there is no potential for improvement.			
Authorised permanently	<input checked="" type="checkbox"/>	Authorised with reassessment at renewal	

* Subject to some evidence.

NMubtuta or

Notes from page 1

* Some changes occurred following medication supplement of B12 - less pain - less pins & needles sensation - less burning sensation. 5
but the residual long term problem stated is the numbness - no feeling knees down + this has not improved at all