

Community Mobility (Physiotherapy) – Complete Exam Notes

Subject: Community-Based Rehabilitation / Physiotherapy

Topic: Community Mobility

Study Level: BPT / DPT / Physiotherapy Exam Revision

1. Definition

Community Mobility is the **ability of an individual to move safely, independently, and efficiently within home, workplace, school, and community environments using appropriate physical abilities, assistive devices, and transportation systems.**

According to rehabilitation practice, community mobility includes:

- Walking outdoors
 - Using stairs and ramps
 - Crossing roads safely
 - Using public transportation
 - Wheelchair mobility
 - Driving (where appropriate)
 - Community participation
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2. Goals of Community Mobility

The main aims are:

- Improve functional independence
 - Increase participation in society
 - Prevent disability-related complications
 - Improve confidence and quality of life
 - Promote social integration
 - Enhance safety during mobility
 - Reduce caregiver dependence
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3. Importance in Physiotherapy

Community mobility enables patients to:

- Return to work
 - Attend school
 - Participate in recreation
 - Visit hospitals independently
 - Shop independently
 - Perform social activities
 - Improve psychological well-being
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4. Components of Community Mobility

Component	Description
Walking	Indoor and outdoor ambulation
Balance	Static and dynamic stability
Transfers	Bed, chair, toilet, car transfers
Stair climbing	Ascending and descending stairs
Wheelchair skills	Manual and powered wheelchair mobility
Transportation	Bus, train, taxi use
Environmental navigation	Crowds, uneven roads, slopes
Community participation	Social and vocational activities

5. Factors Affecting Community Mobility

Physical Factors

- Muscle weakness
- Joint stiffness
- Pain
- Poor endurance
- Balance impairment
- Gait abnormalities
- Contractures

Neurological Factors

- Stroke
- Parkinson's disease
- Multiple sclerosis
- Cerebral palsy
- Spinal cord injury

Psychological Factors

- Fear of falling
- Depression
- Anxiety
- Low confidence

Environmental Factors

- Uneven roads
- Lack of ramps
- Poor lighting
- Traffic
- Weather

Social Factors

- Financial status
- Family support
- Accessibility
- Community awareness

6. Physiotherapist's Role

The physiotherapist should:

- Assess mobility
 - Improve muscle strength
 - Improve balance
 - Train gait
 - Recommend assistive devices
 - Educate patient and caregiver
 - Prevent falls
 - Modify home environment
 - Encourage community participation
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7. Assessment of Community Mobility

A. Subjective Assessment

History includes:

- Chief complaint
 - Medical diagnosis
 - Previous mobility level
 - Falls history
 - Pain
 - Medication
 - Occupation
 - Home environment
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B. Physical Examination

Assess:

- Range of motion
 - Muscle strength
 - Tone
 - Sensation
 - Reflexes
 - Coordination
 - Endurance
 - Balance
 - Posture
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C. Functional Assessment

Observe:

- Sit to stand
- Bed mobility
- Walking
- Stair climbing
- Transfers
- Turning
- Outdoor walking

8. Outcome Measures

Outcome Measure	Purpose
Timed Up and Go (TUG)	Mobility and fall risk
Berg Balance Scale	Balance
Functional Reach Test	Dynamic balance
6-Minute Walk Test	Endurance
10-Meter Walk Test	Walking speed
Functional Independence Measure (FIM)	Functional ability
Dynamic Gait Index	Community walking

9. Gait Training

Objectives

- Improve walking pattern
- Increase speed
- Improve endurance
- Improve safety
- Reduce energy expenditure

Methods

- Parallel bars
 - Walker training
 - Cane training
 - Crutch walking
 - Treadmill training
 - Obstacle walking
 - Outdoor walking
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10. Transfer Training

Common transfers:

- Bed to chair

- Chair to wheelchair
- Toilet transfer
- Car transfer
- Floor transfer

Principles:

- Lock wheelchair brakes
- Proper foot placement
- Use gait belt if required
- Encourage patient participation

11. Balance Training

Exercises include:

- Weight shifting
- Standing unsupported
- Single-leg standing
- Tandem standing
- Reaching exercises
- Obstacle crossing
- Perturbation training

12. Wheelchair Mobility

Types

Manual Wheelchair	Powered Wheelchair
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Self-propelled	Battery operated
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Requires arm strength	Minimal effort
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Less expensive	More costly
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Wheelchair Skills

- Propulsion
- Turning
- Braking
- Ramp negotiation

- Curb climbing
 - Safe transfers
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13. Walking Aids

Device	Indication
Walking stick	Mild balance problem
Quad cane	Moderate instability
Walker	Maximum support
Crutches	Non-weight bearing
Rollator	Elderly with endurance problems

14. Home Modification

Examples:

- Install grab bars
 - Non-slip flooring
 - Handrails
 - Remove loose rugs
 - Wide doorways
 - Adequate lighting
 - Raised toilet seats
 - Wheelchair ramps
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15. Community-Based Rehabilitation (CBR)

Definition

CBR is a strategy to improve quality of life by ensuring equal opportunities, social inclusion, and rehabilitation within the community.

Goals

- Independence
- Inclusion

- Accessibility
 - Education
 - Employment
 - Social participation
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16. Community Mobility Training

Includes:

- Crossing roads safely
 - Walking on uneven surfaces
 - Using escalators
 - Using elevators
 - Entering buses
 - Getting into cars
 - Shopping
 - Visiting hospitals
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17. Fall Prevention

Risk factors:

- Poor vision
- Weak muscles
- Poor balance
- Medications
- Environmental hazards

Prevention

- Strength exercises
 - Balance training
 - Proper footwear
 - Remove obstacles
 - Home modifications
 - Patient education
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18. Exercise Program

Strengthening

- Sit-to-stand
- Squats
- Heel raises
- Step-ups

Balance

- Tandem walking
- Single-leg stance
- Weight shifting

Endurance

- Walking
- Cycling
- Treadmill
- Stair climbing

Flexibility

- Hamstring stretch
 - Calf stretch
 - Hip flexor stretch
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19. Special Population Management

Stroke

Problems:

- Hemiplegia
- Poor balance
- Spasticity

Management:

- Gait training

- Balance exercises
 - Stair training
 - Functional task practice
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Parkinson's Disease

Problems:

- Freezing
- Shuffling gait
- Bradykinesia

Management:

- Cueing
 - Large amplitude exercises
 - Balance training
 - Walking practice
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Spinal Cord Injury

Management:

- Wheelchair training
 - Pressure relief
 - Transfer training
 - Community reintegration
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Amputation

Management:

- Prosthetic training
 - Balance
 - Weight shifting
 - Gait training
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Elderly

Management:

- Fall prevention
 - Strength training
 - Balance exercises
 - Walking endurance
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20. Comparison Chart

Household Mobility	Community Mobility
Indoors	Outdoors
Short distance	Long distance
Familiar environment	Variable environment
Simple obstacles	Complex obstacles
Less endurance	High endurance

21. Physiotherapy Management Flowchart

Assessment



Problem Identification



Goal Setting



Strengthening



Balance Training



Gait Training



Assistive Device Training



Community Mobility Practice



Outcome Assessment

22. Mini Clinical Cases

Case 1 – Stroke

A 62-year-old man with right-sided weakness walks slowly, has poor balance, and fears falling outdoors.

Diagnosis: Reduced community mobility after stroke.

Management: Gait training, balance exercises, cane training, obstacle negotiation, outdoor walking practice, and fall prevention education.

Case 2 – Parkinson's Disease

A 70-year-old woman experiences shuffling gait and freezing while crossing roads.

Diagnosis: Community mobility limitation due to Parkinson's disease.

Management: External cueing, large-step walking exercises, balance training, and safe community mobility education.

Case 3 – Below-Knee Amputation

A 45-year-old man with a prosthesis has difficulty walking on uneven roads.

Diagnosis: Impaired community ambulation after below-knee amputation.

Management: Prosthetic gait training, balance exercises, stair practice, and uneven surface walking.

23. Advantages of Community Mobility

- Greater independence
 - Better quality of life
 - Increased confidence
 - Improved physical fitness
 - Better mental health
 - Enhanced social participation
 - Reduced caregiver burden
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24. Disadvantages/Challenges

- Falls
 - Poor accessibility
 - Financial limitations
 - Lack of transportation
 - Weather conditions
 - Fatigue
 - Pain
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25. High-Yield Revision Points

- Community mobility = safe movement outside the home.
 - Balance is essential for outdoor mobility.
 - TUG is commonly used to assess fall risk.
 - Six-Minute Walk Test measures endurance.
 - Berg Balance Scale assesses balance.
 - Home modification reduces fall risk.
 - Gait training is the cornerstone of rehabilitation.
 - Assistive devices improve independence.
 - Community-Based Rehabilitation promotes social inclusion.
 - Physiotherapists assess, train, educate, and monitor functional mobility.
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26. Frequently Asked Exam Questions

Short Notes

- Define community mobility.
- Role of physiotherapist in community mobility.
- Community-Based Rehabilitation (CBR).
- Walking aids.
- Fall prevention.
- Home modification.
- Wheelchair training.

Long Essays

- Explain the assessment and physiotherapy management of community mobility.
- Describe gait training and community reintegration after stroke.

- Discuss community mobility training in elderly individuals.
 - Explain outcome measures used in community mobility assessment.
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27. Viva Questions

1. What is community mobility?
 2. What are the goals of community mobility?
 3. Name three outcome measures.
 4. What is the Timed Up and Go Test?
 5. What is Community-Based Rehabilitation?
 6. Name walking aids used in physiotherapy.
 7. How do you prevent falls?
 8. What is the role of wheelchair training?
 9. Why are home modifications important?
 10. What is the physiotherapist's role in community reintegration?
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28. One-Page Quick Revision

- **Definition:** Safe and independent movement in the community.
- **Main Components:** Walking, transfers, balance, stairs, transportation.
- **Assessment:** History, ROM, strength, gait, balance, endurance.
- **Outcome Measures:** TUG, Berg Balance Scale, 6MWT, 10MWT, FIM.
- **Treatment:** Strengthening, balance, gait, transfer training, assistive devices, wheelchair skills, home modification, patient education.
- **Key Conditions:** Stroke, Parkinson's disease, spinal cord injury, amputation, elderly.
- **Goals:** Independence, safety, participation, quality of life, reduced falls.

These notes are structured for quick revision and cover the core concepts commonly expected in undergraduate physiotherapy examinations.