Introduction
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Mobility is defined as “the individual’s ability to move about effectively in his or her surroundings” (PRICE, 1980). The surroundings include inside the home, outside the home and the community. “Inside the home” is defined as the environment inside the front door and “Outside the home” as the environment outside the front door and within the perimeter of the private property. The “community” is defined as the environment outside the perimeter of the private property. (Stanko, Goldie, & Nayler, 2001)

Mobility of individuals is essential for the basic activities of daily living (ADL) like self-care and the instrumental activities of daily living (IADL) such as gardening, writing, cooking and for community access like using transport, going to market, place of worship and other social gatherings. Mobility is not only a strong predictor of ADL and IADL disability, it is often the first activity in which an individual become dependent especially in older age (Patla & Shumway-Cook, 1999). Thus, the impaired mobility predicts the onset of disability in tasks essential to living independently in the community and caring for oneself.

Impairments in mobility restrict the ability of individuals in performing these activities, a condition referred to as mobility disability (Patla & Shumway-Cook, 1999). Incidence of mobility disability increases dramatically as we age from 1% in the general population to over 35% in individuals over 80 years old. (Weiss, Hoenig, & Fried, 2007). The prevalence of mobility disability is higher in developing countries than in developed countries. The severity of mobility
Mobility disability is a spectrum ranging from having difficulty in climbing stairs to turning in bed. The causes of mobility disability are also diverse and span a variety of health conditions which range in severity from limitations of stamina to paralysis. The mobility disability is classified as mild, moderate or severe based on the impairment they result from (Chen et al., 2010). These disabilities result commonly from neuro-muscular or orthopaedic impairments such as trauma, illness or congenital.

Assessment of mobility disability in community is important for various reasons like screening the individuals in their usual environments, to determine the level of mobility disability, to plan specific treatment goals and to document the effect of treatment. The measurement of change or the effect of treatment following mobility disability provides a rationale for whether the rehabilitation services should be continued. A better understanding of the intrinsic and environmental factors that influence the development of mobility disability is important to expanding efforts to prevent or reverse disablement.

Person-environment interaction model of disability is important for a comprehensive understanding of mobility disability (Shumway-Cook et al., 2003). However, individual’s perception of disability is often overlooked, which may lead to planning the treatment in the unwanted horizon of disability. Hence, the mobility disability assessment tool should be culturally sensitive, in a manner that it contains items which are relevant to the people and more comprehensive.
Existing mobility scales can be classified into disease, condition or population specific scales and quality of life scales which cannot be generalized as it does not contain sufficient components to measure mobility disability as a whole in community dwelling individuals. Combination of many scales to measure mobility disability is not feasible in community set up due to lack of time and resources constraints. Majority of the mobility assessment scales are performance based scales suited for hospital set up, which possess many limitations when used for community dwelling individuals. Individuals with mild mobility disability as assessed by these performance based scales may actually face major hurdles in the community post discharge from the hospital. This suggests that the performance based scales underestimate the individuals’ mobility level requirement in the community, which may not be appropriate for determining the contributing factors for the community mobility. This could be due to the components of mobility assessment in the performance based scales which are not challenging and demanding to meet the needs for mobility in the community. This also suggests that it is extremely important for the scales to possess components which range from simple to highly challenging levels to meet the requirements of community mobility.

Recent studies (Corrigan & McBurney, 2008) have shown that mobility disability in home and environment should be measured under certain domains which are considered vital. These domains include distance, time, ambient conditions, terrain characteristics, physical load, attention demands, postural transitions and density (Corrigan & McBurney, 2008). The assessment of mobility from a dimensional perspective means determining the range of an individual’s ability to move about safely and independently with respect to each dimension.
However no scale has been developed till now to measure mobility disability of community dwelling individuals under these domains. The review of literature suggests that there is a strong need to develop a scale that measures mobility disability for community dwelling individuals. This scale should be comprehensive to include personal and environmental demands associated with community mobility.

The key requirements for the scale are that it needs to be practical and convenient to use, clinically credible for the patients with mobility disability, valid, reliable and sensitive to change. Hence the present study was conducted to develop a scale, with comprehensive list of items under the primary domains of community mobility and validate the same for its psychometric properties.

The thesis book consists of six chapters. Chapter - 1 presents the overview of mobility disability, its prevalence and the impact on patients living in community and the importance of mobility assessment in community. Chapter - 2 provides the review of existing methods to measure mobility and critical review of existing mobility measures. Chapter - 3 discusses the methodology of various phases of the study. Chapter - 4 deals with the results obtained in various phases and Chapter - 5 discusses the results in the background of available literature. Chapter - 6 provides the summary and conclusions of the study. The references and the appendices are given at the end.