Question: Standing - is this achieved when they stand with a standing table for more than a minute? Or only if they stand unassisted for >1 minute?
Answer: Standing with a standing table for >1 minute would still be considered “standing.”

Question: Transfer to chair, is this active or passive (for example, with lifting or when using the mobilizer chair?)
Answer: Dependent transfers to the chair (e.g. use of hydraulic lift) are scored as “2.”

Question: Does it matter how much assistance the patient needs to achieve an item?
Answer: Level of assistance does not affect scoring, EXCEPT in the case of a dependent transfer to the chair. (See question 2 response.)

Question: Sitting at the edge of the bed, does it matter how long they sit? And if they are sitting in between blocks?
Answer: Duration and use of support devices do not affect the score for sitting edge of bed.

Question: For 'bed activity' does the passive cycling count or only when they cycle actively?
Answer: Passive cycling is considered to be “bed activity,” and would score as a “2.”

Question: For walking 10+ steps, does marching on the spot count or does it need to be actual steps away from the bed?
Answer: Marching on the spot does not count towards walking. This patient would be scored as a “5” (standing >1 min).

Question: How should a patient be scored if they require a dependent lift (i.e. mechanical lift or ≥ 3 people) to transfer to a chair?
Answer: Score as “2” and not as “4”
**Question:** For standing >60 seconds, does this duration need to be 60 CONSECUTIVE seconds... or if they stand twice, each for 35 seconds, does this have them meet this HLM level?

**Answer:** Score based on cumulative performance during a session of care. A session consists of the patient performing mobility intervention without interruption of care, but can include rest breaks.

**Question:** For walking, is the distance the furthest distance walked without a seated rest break, or is it cumulative distance walked during a PT session?

**Answer:** Score based on cumulative performance during a session of care. A session consists of the patient performing mobility intervention without interruption of care, but can include rest breaks.

**Question:** “How were the ambulation distances for JH HLM scores (7 and 8) determined?”

**Answer:** The distances used in the JH-HLM scale (25 feet, and 250 feet) represent ambulatory thresholds that are commonly cited in the literature. For instance, 25 feet represents the distance in the “Stand and Walk’ and ‘Timed 25-Foot Walk’ tests and also approximates the ‘Get up and Go’ test distance. Moreover, 250 feet represents functional household ambulation distances, is 4 metabolic equivalents (a common goal in cardiac rehabilitation programs), and represents the average distance that a healthy elderly person can ambulate in the 2-Minute Walk Test.