# **Timed** Walking and **Hand Grip Assessments**

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**MACSID** 

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	(6)	<u>6</u>	6
	(7)	(7)	(7)
	8	(8)	8
	9	9	9

# **MARKING INSTRUCTIONS**

Form 43 - FRAILT

- Use a No. 2 pencil only.
- Do not use ink, ballpoint, or felt tip pens.
- Make solid marks that fill the circle completely.
- Erase cleanly any marks you wish to change.
- Make no stray marks on this form.
- Do not fold, tear, or mutilate this form.

USE A NO. 2 PENCIL ONLY

**CORRECT MARK** 



**INCORRECT MARKS** 



Section A: Measured Wa	Section	A:	Measured	waii
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Refused

- A1. Does the participant use an assistive device for walking?
  - No Go to A2
- Yes
- a. What type of device?

Standard cane	$\bigcirc$
Quad cane	$\bigcirc$
Walker	$\bigcirc$
Wheelchair	$\bigcirc$
White cane	$\bigcirc$
Crutches (1 or 2)	$\bigcirc$
Other	$\bigcirc$

Specify:

- A2. Is the participant wearing a lower extremity orthosis (plastic or metal leg brace at or above the ankle)?
  - No
- Yes
- A3. Is the participant missing any limbs?

No Go to A5
-------------

Yes

Vhic	h limb(s)?	No	Yes
a.	Left arm	$\bigcirc$	
b.	Right arm	$\bigcirc$	
C.	Left leg	$\bigcirc$	
А	Right leg		

A4. Is the participant wearing a prosthesis (artificial limb)?

- No Go to A5
- Yes

Which limb(s)?

- a. Left arm .....
- b. Right arm .....
- c. Left leg .....
- d. Right leg ......
- A5. Does the participant have paralysis of an extremity or side of the body?

o to A6

$\cap$	Va
$\cup$	res

Which side of the body?

- a. Left .....
- b. Right .....
- A6. Was the measured walk test attempted?
  - No
- Yes Go to PROMPT
- a. If NO, was it due to:

Physical impairment ...... Cognitive impairment ...... Other reason .....

 $\bigcirc$		
 $\bigcirc$	Go to Section	В
 0/		

Specify:

Please continue.

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PLEASE DO NOT WRITE IN THIS AREA

SERIAL #

# **MEASURED WALK ATTEMPT #1:**

#### **PROMPT: Read to Participant:**

In this test, I would like you to walk at your <u>usual</u> pace starting at this line and continue walking past the line at the end of the hall until I tell you to stop. Do you think you could do that? Good. Can you see the tape? Good. Let me demonstrate what I want you to do. (DEMONSTRATE.)

To do this test, place your feet with your toes behind, but touching, the **start** line where we start. I will time you. When I say "**Ready**, **go!**" walk at your <u>usual</u> pace and continue walking past the line at the end of the hall until I tell you to stop.

WHEN THE PARTICIPANT IS PROPERLY AT THE LINE, SAY "Ready, go!" AND BEGIN TIMING.

	No		🔾	Go to A7	
	Attempted, b	ut unable		Go to A7	
	Explain:				
a.	. If NO, was it	due to:			
		pairment		Go	to A9
	Specify:				
		ne participant	use an	assistive	device
b.	. If YES, did th on the walk?				
b.		0,	Yes		
	on the walk?				
	on the walk?		rse:		seconds
	on the walk?		rse:	1 1 1	seconds
	on the walk?		rse:	1 1 1	seconds

# **MEASURED WALK ATTEMPT #2:**

# PROMPT: Read to Participant:

Now, I'd like you to try this test a second time. When I say "Ready, go!" walk at your <u>usual</u> pace and continue walking past the line at the end of the hall until I tell you to stop. WHEN THE PARTICIPANT IS PROPERLY AT THE LINE, SAY "Ready, go!" AND BEGIN TIMING.

A9. Did the participant complete the measured walk?		
No		
Yes Go to A9.b		
Attempted, but unable physically		
p 7 * * * * * * * * * * * * * * * * * *		
Explain:		
a. If NO, was it due to:  Cognitive impairment		
Cuter reason		
Specify:		
b. If YES, did the participant use an assistive device on walk?		
○ No ○ Yes		
A10. Time in seconds to walk course:		
Section B: Grip Strength Refused		
PROMPT: Read to Participant: In this exercise, I am going to use this instrument to measure the strength in your dominant hand.		
B1. Have you had any recent pain in your wrist or any acute flare-up of your hand or wrist from conditions like arthritis, tendonitis, or carpal tunnel syndrome?		
○ No Go to B2		
a. Left wrist?		
○ No ○ Yes		
b. Right wrist?		
○ No ○ Yes		

B2. Have you had any surgery on your hands or arms	PROMPT: Read to Participant:
during the last 13 weeks?  No Go to B3 Yes  a. Left arm?  No Yes  b. Right arm?	I'd like you to take your dominant arm, bend your elbow at a 90 degree angle, press your arm against your side, and grab the two pieces of metal together like this. (EXAMINER SHOULD DEMONSTRATE AT THIS POINT.) When I say "squeeze," squeeze as hard as you can until I say "stop". The two pieces of metal will not move but I will be able to read the force of your grip on the dial. I will ask you to do this three times. If you feel any pain or
○ No ○ Yes	discomfort, tell me and we will stop.  (DEMONSTRATE TO PARTICIPANT.)
B3. Which hand is your dominant hand?  Left	Now you should bend your elbow at a 90 degree angle, press your arm against your side, and grip the two pieces of metal with your dominant hand. Your wrist should be straight. Ready? Go!
B4. Do you think you could safely squeeze this instrument as hard as you can with your dominant hand?  No If NO, do not do Grip Strength test	(BE SURE TO COACH: "Squeeze, Squeeze," ALSO BE SURE TO TELL THE PARTICIPANT TO "Stop!" WHEN THE ARROW STARTS GOING DOWN.) DO DOMINANT HAND ONLY.
and go to B5.	B6. Was grip strength test done?  No
If the participant's dominant hand is affected by one or more of the conditions listed on page 6 of the guidelines, DO NOT TEST and complete only B5.	Yes Go to B6.a  Yes Go to B7  Attempted, but unable physically STOP TESTING
	p.,, o. c,
Summary of conditions:	Explain:
Summary of conditions:  acute flare up wrist/hand (e.g., arthritis, tendonitis, carpal tunnel)	
acute flare up wrist/hand (e.g., arthritis, tendonitis,	Explain:
acute flare up wrist/hand (e.g., arthritis, tendonitis, carpal tunnel) surgery for fusion, arthroplasty, tendon repair, or	
acute flare up wrist/hand (e.g., arthritis, tendonitis, carpal tunnel) surgery for fusion, arthroplasty, tendon repair, or synovectomy of upper extremity in past 13 weeks current symptoms from heart problems that may be	a. If NO, was it due to:  Cognitive impairment
acute flare up wrist/hand (e.g., arthritis, tendonitis, carpal tunnel) surgery for fusion, arthroplasty, tendon repair, or synovectomy of upper extremity in past 13 weeks current symptoms from heart problems that may be exacerbated by hand grip test  B5. Did participant attempt to perform the grip strength assessment?	a. If NO, was it due to:  Cognitive impairment Other reason
acute flare up wrist/hand (e.g., arthritis, tendonitis, carpal tunnel)  surgery for fusion, arthroplasty, tendon repair, or synovectomy of upper extremity in past 13 weeks current symptoms from heart problems that may be exacerbated by hand grip test  B5. Did participant attempt to perform the grip strength assessment?  No  Yes  Go to PROMPT  a. If NO, was it due to:  Physical impairment	a. If NO, was it due to:  Cognitive impairment Other reason

B7. First try:	KG 0 0 1 1 2 2 3 3 3 4 4 4 5 5 6 6 7 7 8 8 9 9
B8. Second try:	KG 0 0 1 1 2 2 3 3 3 4 4 5 5 6 6 7 7 8 8 9 9
B9. Third try:	KG 0 0 1 1 2 2 3 3 3 4 4 5 5 6 6 7 7 8 8 9 9