

Timed Walking and Hand Grip Assessments

Form 43 – FRAILTY

MACSID

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

Visit #

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Date

<input type="radio"/> Jan <input type="radio"/> Feb <input type="radio"/> Mar <input type="radio"/> Apr <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> Aug <input type="radio"/> Sept <input type="radio"/> Oct <input type="radio"/> Nov <input type="radio"/> Dec	DAY		YEAR
	0	0	09
	10	1	10
	20	2	11
	30	3	12
	4	13	
	5	14	
	6	15	
	7	16	
	8	17	
	9	18	

Examiner's Code

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

MARKING INSTRUCTIONS

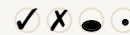
- Use a No. 2 pencil only.
- Do not use ink, ballpoint, or felt tip pens.
- Make solid marks that fill the circle completely.
- Erase cleanly any marks you wish to change.

- Make no stray marks on this form.
- Do not fold, tear, or mutilate this form.

CORRECT MARK



INCORRECT MARKS



Section A: Measured Walk

Refused

A1. Does the participant use an assistive device for walking?

- No **Go to A2** Yes

a. What type of device?

- Standard cane
- Quad cane
- Walker
- Wheelchair
- White cane
- Crutches (1 or 2)
- Other

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

Which limb(s)?

- | | No | Yes |
|--------------------|-----------------------|-----------------------|
| a. Left arm | <input type="radio"/> | <input type="radio"/> |
| b. Right arm | <input type="radio"/> | <input type="radio"/> |
| c. Left leg | <input type="radio"/> | <input type="radio"/> |
| d. Right leg | <input type="radio"/> | <input type="radio"/> |

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

- No **Go to A5** Yes

Which limb(s)?

No Yes

- | | | |
|--------------------|-----------------------|-----------------------|
| a. Left arm | <input type="radio"/> | <input type="radio"/> |
| b. Right arm | <input type="radio"/> | <input type="radio"/> |
| c. Left leg | <input type="radio"/> | <input type="radio"/> |
| d. Right leg | <input type="radio"/> | <input type="radio"/> |

A5. Does the participant have paralysis of an extremity or side of the body?

- No **Go to A6** Yes

Which side of the body?

No Yes

- | | | |
|----------------|-----------------------|-----------------------|
| a. Left | <input type="radio"/> | <input type="radio"/> |
| b. Right | <input type="radio"/> | <input type="radio"/> |

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

Go to Section B

Specify:

Please continue.

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 usual 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 usual 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.

A7. Did the participant complete the first measured walk?

- No **Go to A7.a**
- Yes **Go to A7.b**
- Attempted, but unable physically **Go to A9**

Explain: _____

a. If NO, was it due to:

- Cognitive impairment **Go to A9**
- Other reason

Specify: _____

b. If YES, did the participant use an assistive device on the walk?

- No
- Yes

A8. Time in seconds to walk course: _____ seconds

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

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 usual 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 second measured walk?

- No **Go to A9.a**
- Yes **Go to A9.b**
- Attempted, but unable physically **Go to Section B**

Explain: _____

a. If NO, was it due to:

- Cognitive impairment **Go to Section B**
- Other reason

Specify: _____

b. If YES, did the participant use an assistive device on walk?

- No
- Yes

A10. Time in seconds to walk course: _____ seconds

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

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**
- Yes

a. Left hand or wrist?

- No
- Yes

b. Right hand or wrist?

- No
- Yes

B2. Have you had any surgery on your hands or arms during the last 13 weeks?

No **Go to B3** Yes

a. Left hand or arm?

No Yes

b. Right hand or arm?

No Yes

B3. Which hand is your dominant hand?

Left

Right

B4. Do you think you could safely squeeze this instrument as hard as you can with your dominant hand?

No Yes

If NO, do not do Grip Strength test and go to B5.

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.

Summary of conditions:

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

Cognitive impairment

Other reason

STOP TESTING

Specify:

PROMPT: Read to Participant:

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 discomfort, tell me and we will stop.

(DEMONSTRATE TO PARTICIPANT.)

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!

(BE SURE TO COACH: "Squeeze, Squeeze, Squeeze!" ALSO BE SURE TO TELL THE PARTICIPANT TO "Stop!" WHEN THE ARROW STARTS GOING DOWN.) DO DOMINANT HAND ONLY.

B6. Was grip strength assessment completed (all 3 tests done)?

No

Yes

Attempted, but unable physically

Go to B6.a

Go to B7

STOP TESTING

Explain:

a. If NO, was it due to:

Cognitive impairment

Other reason

STOP TESTING

Specify:

