Timed Walking and Hand Grip Assessments

Form 43 – FRAILTY

MACSID: MACSID
Visit #: VISIT_060
Date: DATFM_060 DATFD_060 DATFY_060
Examiner's Code: MWEXA_060

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.

USE A NO. 2 PENCIL ONLY

CORRECT MARK ●

INCORRECT MARKS ✓ ✗

Section A: Measured Walk

Refused SAREF_060

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

No **Go to A2** Yes ADEVPB_060

a. What type of device? TYPDPB_060

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

Specify: SPDVPB_060

A2. Is the participant wearing a lower extremity orthosis (plastic or metal leg brace at or above the ankle)?

No Yes ORTHPB_060

A3. Is the participant missing any limbs?

No **Go to A5** Yes LIMBPB_060

Which limb(s)?

	No	Yes
a. Left arm		LARMPB_060
b. Right arm		RARMBP_060
c. Left leg		LLEGPB_060
d. Right leg		RLEGPB_060

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

No **Go to A5** Yes PROSPB_060

Which limb(s)?

	No	Yes
a. Left arm		PLARPB_060
b. Right arm		PRARPB_060
c. Left leg		PLLGPB_060
d. Right leg		PRLGPB_060

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

No **Go to A6** Yes PARAPB_060

Which side of the body?

	No	Yes
a. Left		PLEFPB_060
b. Right		PRGTPB_060

A6. Was the measured walk test attempted?

No Yes **Go to PROMPT** ATWK_060

a. If NO, was it due to:

- Physical impairment
- Cognitive impairment
- Other reason

ATWKN_060 → **Go to Section B**

Specify: SRWKPB_060

Please continue.

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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?

WAK1_060

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

Explain: _____

WAK1N_060

a. If NO, was it due to:

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

Specify: _____ SPW1PB_060

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

◯ No ◯ Yes DVW1PB_060

A8. Time in seconds to walk course: ____ seconds

SCNDPB_060

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?

WAK2_060

- 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: WAK2N_060

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

Specify: _____ SPW2PB_060

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

◯ No ◯ Yes DVW2PB_060

A10. Time in seconds to walk course: ____ seconds

TISCPB_060

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 SBREF_060

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 WRSTPB_060

a. Left hand or wrist?

◯ No ◯ Yes LWRST_060

b. Right hand or wrist?

◯ No ◯ Yes RWRST_060

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

○ No **Go to B3** ○ Yes SURGPB_060

a. Left hand or arm?

○ No ○ Yes LSURG_060

b. Right hand or arm?

○ No ○ Yes RSURG_060

B3. Which hand is your dominant hand?

Left ..... ○ GHNDPB_060
Right ..... ○

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 and go to B5.** ○ Yes SQEZPB_060

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 ATGR_060 ○ Yes **Go to PROMPT**

a. If NO, was it due to: ATGRN_060

Physical impairment ..... ○
Cognitive impairment ..... ○ **STOP TESTING**
Other reason ..... ○

Specify: SRGRPB_060

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)? GRIP_060

No ..... ○ **Go to B6.a**
Yes ..... ○ **Go to B7**
Attempted, but unable physically ..... ○ **STOP TESTING**

Explain:

a. If NO, was it due to: GRIPN_060

Cognitive impairment ..... ○
Other reason ..... ○ **STOP TESTING**

Specify: SGRTPB_060

B7. First try:

TRY1PB_060

KG

B8. Second try:

TRY2PB_060

KG

B9. Third try:

TRY3PB_060

KG

Tester instruction: if participant did not complete all 3 tests, go to B6 to record outcome of test.

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