Physical Activity Evaluation <u>**APPENDIX. 1**</u>

Please complete the survey below.

Thank you!

Participant ID

_____

SUBJECTIVE REPORT

Pain

VAS pain scale

Pain Severity

○ 0   ○ 1   ○ 2   ○ 3
○ 4   ○ 5   ○ 6   ○ 7
○ 8   ○ 9   ○ 10

Pain Location

_____

Quality

_____

Aggravating Factors

_____

Easing Factors

_____

Current Activities

_____

Frequency of Current Activities

_____
(number of times per week)

Barriers to Activity

_____

Current Level of Independence

	Independent	Supervision	Minimal Assistance	Moderate Assistance	Maximal Assistance	Dependent
Community Ambulation	○	○	○	○	○	○
Household Ambulation	○	○	○	○	○	○
Transfers	○	○	○	○	○	○
ADLs	○	○	○	○	○	○
IADLs	○	○	○	○	○	○

Reported Ambulation Distance

_____

(meters)

Symptoms Provoked

☐ Fatigue ☐ Pain ☐ Spasticity
☐ Balance Deficits ☐ Dizziness/Vertigo
☐ Falls ☐ Bladder

Fatigue

Severity

0   5   10

(Place a mark on the scale above)

Diurnal Variation   ○ Yes   ○ No

Aggravating or Easing Factors?

_____

Fatigue Notes

_____

Balance Deficits

Static Balance   ○ Good   ○ Fair   ○ Poor

Dynamic Balance   ○ Good   ○ Fair   ○ Poor

Balance Notes

_____

Dizziness/Vertigo

Vertigo Severity

0   5   10

(Place a mark on the scale above)

Dizziness Severity

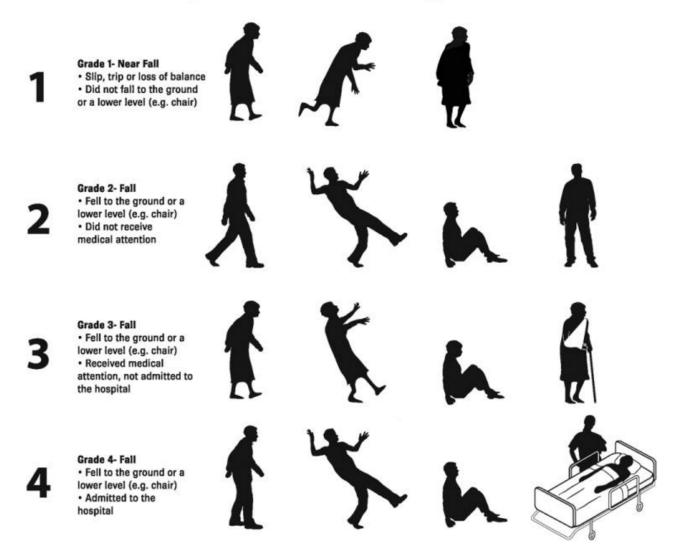0   5   10

(Place a mark on the scale above)

Vertigo Notes

_____

Falls

Fall/near fall in the last week?	◯ Yes ◯ No

Number of falls in the last week

_____

Number of near falls in the last week

_____

Types of falls	☐ Front ☐ Back ☐ Turning

Injuries due to falls

_____
(Please describe)

Hopkins Falls Grading Scale

Hopkins Falls Grading Scale

1
Grade 1- Near Fall
• Slip, trip or loss of balance
• Did not fall to the ground or a lower level (e.g. chair)

2
Grade 2- Fall
• Fell to the ground or a lower level (e.g. chair)
• Did not receive medical attention

3
Grade 3- Fall
• Fell to the ground or a lower level (e.g. chair)
• Received medical attention, not admitted to the hospital

4
Grade 4- Fall
• Fell to the ground or a lower level (e.g. chair)
• Admitted to the hospital

Hopkins Falls Grading Scale. © Johns Hopkins University

Hopkins Falls Grading Scale

○ Grade 1- Near Fall
○ Grade 2 - Fall
○ Grade 3 - Fall, received medical attention
○ Grade 4 - Fall, admitted to hospital

Falls Notes

_____

Bladder - Incontinence

Type
☐ Stress
☐ Urge
☐ Functional

Frequency

_____
(number of times a day)

Nocturia
◯ Yes
◯ No

Other Subjective Notes?

_____

Current Treatment

_____

Recommendations

_____

Social/Vocation/Recreation

Living Environment
◯ Home
◯ Apartment/Condo
◯ Assisted Living
◯ Other

Stairs

_____

Coinhabitants

_____

Receiving assistance at home?
◯ Yes
◯ No

Recreational facility availability
☐ Gym
☐ Pool
☐ Mall
☐ Street
☐ Hiking Trails

Accessibility Notes

_____
(public, private, ADA accessible)

Physical Therapy Treatment
◯ Past
◯ Present
◯ Never

Past/present PT	☐ Neuro PT
	☐ Pelvic PT
	☐ Ortho/general PT

Physical Therapy Recommendations

_____

Patient Information

Patient Goals

_____

| Handedness | ○ Right   ○ Left   ○ Ambidextrous |

Placement of Fitbit	○ Right
	○ Left
	(see MMT section if placement of Fitbit is on weaker side)

Fitbit STEPS Goal

_____

2 Minute Walk Test

Distance walked in 2 minutes

_____

Assistive Device for 2MWT	☐ none
	☐ cane/ crutch on R side
	☐ cane/ crutch on L side
	☐ 2 canes
	☐ walker
	☐ needs another person to assist

Gait Observation Notes

_____

Gait Speed

Record only the times for the two successfully completed trials of the Timed 25-Foot Walk. If the patient could not complete one or both of the trials of the Timed 25-Foot Walk, record this in the appropriate section of the Record Form. For example, if the patient's disease has progressed and/or physical limitations prohibit him or her from completing the trial, you should indicate "Unable to complete trial due to physical limitations", and record any specifics that you can observe (i.e., patient in a wheelchair now and unable to walk, etc.).
If the patient did not complete a trial for any other reason, specify this as well (e.g., patient fell and was too fatigued to complete another trial; patient refused to complete trial).

T25FW Trial 1

_____

T25FW Trial 2	
	_____

T25FW Average	
	_____

Assistive Device for T25FW

☐ none
☐ cane/ crutch on R side
☐ cane/ crutch on L side
☐ 2 canes
☐ walker
☐ needs another person to assist

T25FW Notes	
	_____

TUG Trial 1	
	_____

TUG Trial 2	
	_____

TUG Average	
	_____

Gait Speed Notes	
	_____

Romberg Test

Eyes Open (firm)	
	_____

Eyes Closed (firm)	
	_____

Eyes Open (foam)	
	_____

Eyes Closed (foam)	
	_____

Romberg Test Notes	
	_____

Balance Outcome Measure   ◯ MiniBEST   ◯ Berg Balance Scale

MiniBEST

Sit to stand	◯ 2 Normal: Comes to stand without use of hands and stabilizes independently. ◯ 1 Moderate: Comes to stand WITH use of hands on first attempt. ◯ 0 Severe: Unable to stand up from chair without assistance, OR needs several attempts with use of hands.
Rise to toes	◯ 2 Normal: Stable for 3 s with maximum height. ◯ 1 Moderate: Heels up, but not full range (smaller than when holding hands), OR noticeable instability for 3 s. ◯ 0 Severe: < 3 s.
Stand on one leg (L)	◯ 2 Normal: 20 s. ◯ 1 Moderate: < 20 s. ◯ 0 Severe: Unable.
Stand on one leg (R)	◯ 2 Normal: 20 s. ◯ 1 Moderate: < 20 s. ◯ 0 Severe: Unable.
Compensatory Stepping Correction- Forward	◯ 2 Normal: Recovers independently with a single, large step (second realignment step is allowed). ◯ 1 Moderate: More than one step used to recover equilibrium. ◯ 0 Severe: No step, OR would fall if not caught, OR falls spontaneously.
Compensatory Stepping Correction- Backward	◯ 2 Normal: Recovers independently with a single, large step. ◯ 1 Moderate: More than one step used to recover equilibrium. ◯ 0 Severe: No step, OR would fall if not caught, OR falls spontaneously.
Compensatory Stepping Correction- Lateral (L)	◯ 2 Normal: Recovers independently with 1 step (crossover or lateral OK). ◯ 1 Moderate: Several steps to recover equilibrium. ◯ 0 Severe: Falls, or cannot step.
Compensatory Stepping Correction- Lateral (R)	◯ 2 Normal: Recovers independently with 1 step(crossover or lateral OK). ◯ 1 Moderate: Several steps to recover equilibrium. ◯ 0 Severe: Falls, or cannot step.
Stance (feet together); eyes open, firm surface	◯ 2 Normal: 30 s. ◯ 1 Moderate: < 30 s. ◯ 0 Severe: Unable.
Stance (feet together); eyes closed, foam surface	◯ 2 Normal: 30 s. ◯ 1 Moderate: < 30 s. ◯ 0 Severe: Unable.
Incline eyes closed	◯ 2 Normal: Stands independently 30 s and aligns with gravity. ◯ 1 Moderate: Stands independently < 30 s OR aligns with surface. ◯ 0 Severe: Unable.

Change in gait speed	◯ 2 Normal: Significantly changes walking speed without imbalance. ◯ 1 Moderate: Unable to change walking speed or signs of imbalance. ◯ 0 Severe: Unable to achieve significant change in walking speed AND signs of imbalance.
Walk with head turns- horizontal	◯ 2 Normal: Turns with feet close FAST (< 3 steps) with good balance. ◯ 1 Moderate: Turns with feet close SLOW (>4 steps) with good balance. ◯ 0 Severe: Cannot turn with feet close at any speed without imbalance.
Step over obstacles	◯ 2 Normal: Able to step over box with minimal change of gait speed and with good balance. ◯ 1 Moderate: Steps over box but touches box OR displays cautious behavior by slowing gait. ◯ 0 Severe: Unable to step over box OR steps around box.
TUG & Dual Task	_____ (seconds)
TUG average	_____
10% increase from TUG average (if TUG Dual Task is higher than this value, score 1)	_____
TUG & Dual Task	◯ 2 Normal: No noticeable change in sitting, standing or walking while backward counting when compared to TUG without Dual Task. ◯ 1 Moderate: Dual Task affects either counting OR walking (>10%) when compared to the TUG without Dual Task. ◯ 0 Severe: Stops counting while walking OR stops walking while counting.
MiniBEST Score	_____

Berg Balance Scale

Sit to stand	◯ 4 able to stand without using hands and stabilize independently ◯ 3 able to stand independently using hands ◯ 2 able to stand using hands after several tries ◯ 1 needs minimal aid to stand or stabilize ◯ 0 needs moderate or maximal assist to stand
Standing unsupported	◯ 4 able to stand safely for 2 minutes ◯ 3 able to stand 2 minutes with supervision ◯ 2 able to stand 30 seconds unsupported ◯ 1 needs several tries to stand 30 seconds unsupported ◯ 0 unable to stand 30 seconds unsupported

Sitting with back unsupported but feet supported	◯ 4 sits safely with minimal use of hands ◯ 3 controls descent by using hands ◯ 2 uses back of legs against chair to control descent ◯ 1 sits independently but has uncontrolled descent ◯ 0 needs assist to sit
Transfers	◯ 4 able to transfer safely with minor use of hands ◯ 3 able to transfer safely definite need of hands ◯ 2 able to transfer with verbal cuing and/or supervision ◯ 1 needs one person to assist ◯ 0 needs two people to assist or supervise to be safe
Standing unsupported with eyes closed	◯ 4 able to stand 10 seconds safely ◯ 3 able to stand 10 seconds with supervision ◯ 2 able to stand 3 seconds ◯ 1 unable to keep eyes closed 3 seconds but stays safely ◯ 0 needs help to keep from falling
Standing unsupported with feet together	◯ 4 able to place feet together independently and stand 1 minute safely ◯ 3 able to place feet together independently and stand 1 minute with supervision ◯ 2 able to place feet together independently but unable to hold for 30 seconds ◯ 1 needs help to attain position but able to stand 15 seconds feet together ◯ 0 needs help to attain position and unable to hold for 15 seconds
Reaching forward with outstretched arm while standing	◯ 4 can reach forward confidently 25 cm (10 inches) ◯ 3 can reach forward 12 cm (5 inches) ◯ 2 can reach forward 5 cm (2 inches) ◯ 1 reaches forward but needs supervision ◯ 0 loses balance while trying/requires external support
Pick up object from floor from standing position	◯ 4 able to pick up slipper safely and easily ◯ 3 able to pick up slipper but needs supervision ◯ 2 unable to pick up but reaches 2-5 cm(1-2 inches) from slipper and keeps balance independently ◯ 1 unable to pick up and needs supervision while trying ◯ 0 unable to try/needs assist to keep from losing balance or falling
Turning to look over left and right shoulders while standing	◯ 4 looks behind from both sides and weight shifts well ◯ 3 looks behind one side only other side shows less weight shift ◯ 2 turns sideways only but maintains balance ◯ 1 needs supervision when turning ◯ 0 needs assist to keep from losing balance or falling

Turn 360 degrees	○ 4 able to turn 360 degrees safely in 4 seconds or less
	○ 3 able to turn 360 degrees safely one side only 4 seconds or less
	○ 2 able to turn 360 degrees safely but slowly
	○ 1 needs close supervision or verbal cuing
	○ 0 needs assistance while turning

Place alternate foot on step while standing unsupported	○ 4 able to stand independently and safely and complete 8 steps in 20 seconds
	○ 3 able to stand independently and complete 8 steps in > 20 seconds
	○ 2 able to complete 4 steps without aid with supervision
	○ 1 able to complete > 2 steps needs minimal assist
	○ 0 needs assistance to keep from falling/unable to try

Standing unsupported one foot in front	○ 4 able to place foot tandem independently and hold 30 seconds
	○ 3 able to place foot ahead independently and hold 30 seconds
	○ 2 able to take small step independently and hold 30 seconds
	○ 1 needs help to step but can hold 15 seconds
	○ 0 loses balance while stepping or standing

Standing on one leg	○ 4 able to lift leg independently and hold > 10 seconds
	○ 3 able to lift leg independently and hold 5-10 seconds
	○ 2 able to lift leg independently and hold ≥ 3 seconds
	○ 1 tries to lift leg unable to hold 3 seconds but remains standing independently.
	○ 0 unable to try of needs assist to prevent fall

Berg Balance Scale Score

_____

Range of Motion and MMT

Mobility Limitations (patient reported)

_____

Passive ROM UE

_____

Passive ROM LE

_____

Active ROM UE

_____

Active ROM LE

_____

MMT UE

_____

MMT LE

_____

Coordination examination (FTN, HTS)

_____