

ENRGISE PILOT STUDY: GRIP STRENGTH

Visit Date //
 Completed //
 Staff ID

Rev: _____
 DE: _____
 Date: _____

1. Has any pain or arthritis in your hands gotten much worse recently?

Yes → Which hand?
 Right → Do not test right hand (indicate exclusion in Q5)
 No
 Left → Do not test left hand (indicate exclusion in Q6)

 Both Right and Left → indicate exclusion in Q5 & Q6, then END

2. Have you had any surgery on your hands or wrists in the past 3 months?

Yes → Which hand?
 Right → Do not test right hand(indicate exclusion in Q5)
 No
 Left → Do not test left hand(indicate exclusion in Q6)

 Both Right and Left → indicate exclusion in Q5 & Q6, then END

3. Are you right or left-handed?

Right Left

Test BOTH hands. If exclusion was met on one of the hands (per Q1 & Q2 above), then test the other hand only I'd like you to take your RIGHT/LEFT arm and bend your elbow. Grip the two bars in your hand, like this. You need to slowly squeeze the bars as hard as you can. Hand the dynamometer to the participant. Adjust if needed.

Now try it once just to get the feel for it. For this practice, just squeeze gently. It won't feel like the bars are moving, but your strength will be recorded. Are the bars the right distance apart for a comfortable grip?

Show dial to participant	4. Dynamometer setting: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> XX-Large	
<i>We'll do this twice for your RIGHT and LEFT hands. This time it counts, so when I say "Squeeze", squeeze as hard as you can. Ready? Squeeze! Squeeze! Squeeze! Now, STOP</i>	5. RIGHT HAND <input type="checkbox"/> Excluded Trial 1 <input type="text"/> <input type="text"/> kg <input type="checkbox"/> Refused	6. LEFT HAND <input type="checkbox"/> Excluded Trial 1 <input type="text"/> <input type="text"/> kg <input type="checkbox"/> Refused
	Wait 10 seconds before second trial. <i>Now, one more time with the same hand. Squeeze as hard as you can. Ready? Squeeze! Squeeze! Squeeze! Now, STOP</i>	Trial 2 <input type="text"/> <input type="text"/> kg <input type="checkbox"/> Refused