

ENRGISE PILOT STUDY: KNEE EXTENSION PEAK TORQUE

Visit Date Completed <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> Staff ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Rev: _____ DE: _____ Date: _____
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1. Did the participant complete a walking warm-up? 1 Yes 2 No

Weight is to be recorded, please refer to the BP, Pulse, Weight & Temp form for entry into Biodex.

2. Is the Blood Pressure collected on the BP, Pulse, Weight & Temp form >199/109mmHg? 1 Yes (END Test) 2 No

3. Has the doctor ever told you that you have an aneurysm in the brain? 1 Yes (END Test) 2 No

4. Has the doctor ever told you that you had a cerebral hemorrhage or bleeding in your brain in the last 3 months? 1 Yes (END Test) 2 No

5. Have you ever had knee surgery on either leg where all or part of the joint was replaced? 1 Yes → 2 No

1 <input type="checkbox"/> Right
1 <input type="checkbox"/> Left

6. Is it difficult for you to bend or straighten either of your knees fully due to pain, arthritic, injury, or some other condition? 1 Yes → 2 No

1 <input type="checkbox"/> Right
1 <input type="checkbox"/> Left

*RIGHT LEG should be tested if not checked in Q5 and Q6.
 If RIGHT leg was indicated in Q5 or Q6, then test LEFT leg.
 If BOTH RIGHT and LEFT legs were indicated use the dominant leg unless in the clinical judgment of the assessor and/or the MSO the recent medical history prevents testing.
 At follow-up: please use the same leg tested at the baseline visit.*

7. Which leg are you testing? 1 Right 2 Left 3 Neither due to recent medical history (END Test)

Chair Settings	Review settings:	Dynamometer Tilt should be set to '0' Dynamometer Rotation should be set to '90' Chair Rotation should be set to '90'
8a. Dynamometer Right (or Left) <input type="text"/> <input type="text"/> <input type="text"/>		8d. Chair Angle 1 <input type="checkbox"/> 70 degrees 2 <input type="checkbox"/> 85 degrees
8b. Chair Height <input type="text"/> <input type="text"/>		8e. T Depth <input type="text"/> <input type="text"/> <input type="text"/>
8c. Chair Depth <input type="text"/> <input type="text"/>		8f. Attachment arm length <input type="text"/> <input type="text"/> <input type="text"/>

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<p><i>Please hold onto the hand grips. Remember to breathe throughout the test. Should you experience any pain please let me know immediately.</i></p> <p><u>Trial 1: 5 reps at 60°/sec</u> <i>For this trial I'd like for you to push and pull as hard as you can against the lever arm until it stops. Continue to do this until I say stop. You will complete 5 trial repetitions as a practice and then 5 more that will count. I will tell you when you may begin.</i> <i>Have participant perform practice trial. PROMPT PUSH/PULL respectively.</i></p> <p><i>You will now complete 5 repetitions that will count. I will tell you when you may begin.</i> <i>PROMPT PUSH/PULL respectively.</i></p>	Measure Range of Motion <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>		
	60°/sec	AWY (EXTENSION)	TWD (FLEXION)
	Peak Torque		
	Average Power		
	% CV		

<p><u>Trial 2 at 180°:</u> <i>Now we'll let you rest.</i> <i>Rest for 90 seconds.</i></p> <p><i>We are going to do that again. This time it will feel lighter. I'd like for you to push and pull as hard as you can against the lever arm until it stops. Continue to do this until I say stop. You will complete 5 trial repetitions as a practice and then 5 more that will count. I will tell you when you may begin.</i> <i>Have participant perform practice trial.</i> <i>PROMPT PUSH/PULL respectively.</i></p> <p><i>You will now complete 5 repetitions that will count. I will tell you when you may begin.</i> <i>PROMPT PUSH/PULL respectively.</i></p>	180°/sec	AWY (EXTENSION)	TWD (FLEXION)
	Peak Torque		
	Average Power		
	% CV		

9. Did you have to stop the testing after starting due to participant pain?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
10. Have you printed the Dynamometry report and filed it?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
11. Were there any issues with data quality during the test?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No