

OVERVIEW OF 30-MONTH FOLLOW-UP

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1. Introduction

The second follow-up visit for all MOST participants includes a telephone interview, a self-administered questionnaire to be filled out at home, a self-administered questionnaire to be filled out in clinic, and a clinic visit that will include an examiner-administered interview (including a medication inventory) and the following exams:

- Blood pressure
- Weight
- 20-meter walk
- Chair Stands
- Knee X-ray
- Knee MRI

Selected participants will also have the following measurements:

- Fasting specimen collection (urine and phlebotomy)
- Knee and hip examination
- 1.5 T Knee MRI
- Coping Strategies Questionnaire
- DXA whole body and hip scans
- Isokinetic Strength (Cybex)
- Disability and Environmental Barriers Telephone Interview
- Hip/waist circumference measurements
- Thigh ss-CT scan
- Gait assessment (Iowa only)
- 400-meter walk (Iowa only)
- Functional Disability Index Survey (Iowa only)

Parent Study: A subset of participants will have a 1.5 T MRI scan for the 1.0 T/1.5 T MRI validation study. A subgroup of participants will have a fasting blood draw and urine specimen collection. To determine whether a participant is potentially eligible for specimen collection or a 1.5 T MRI study, look at the 30-month Data from Prior Visits Report. The eligibility for the knee and hip examination will be determined after the in-clinic examiner-administered interview.

Laxity and Malalignment Ancillary Study: The same randomly selected participants who had 1.5 T MRI scans at baseline will have bilateral 1.5 T knee MRI scans at the 30-month follow-up visit. The 30-month Data from Prior Visits Report will tell you which participants had a baseline 1.5 T MRI scan.

Knee Pain and Disability: The same selected participants who had a Disability and Environmental Barriers Telephone Interview at baseline will have the telephone interview at the 30-month follow-up visit. Julie Keysor at Boston University will work directly with the clinic staff to determine who is selected for the telephone interview. These interviews will be conducted by staff at Boston University.

Correlates of Knee Pain Ancillary Study: A subset of participants will have a 1.5 T MRI scan with gadolinium in one knee and complete the self-administered Coping Strategies Questionnaire. To determine whether a participant is potentially eligible for the gadolinium 1.5 T MRI, look at the 30-month Data from Prior Visits Report.

Body Composition and Functional Analysis of Knee Osteoarthritis in relation to Obesity Ancillary Study: A subset of participants will have hip and waist circumference measurements, thigh ss-CT scans, and whole body DXA for this ancillary study. Neil Segal at the University of Iowa will work directly with the clinic staff to determine who is potentially eligible for this ancillary study.

Ethnic Differences in the Role of Vitamin D to Achieve and Maintain Musculoskeletal Health Ancillary Study: A subgroup of participants at the University of Alabama at Birmingham will have whole body and hip bone density and isokinetic leg strength measurements. Starting in December 2006, all UAB participants who have not yet had the 30-month clinic visit will be potentially eligible for this ancillary study.

Person-Specific Biomechanical Modeling For Prediction of Incident Knee Osteoarthritis Ancillary Study: At the University of Iowa, a subset of participants will perform isokinetic leg strength measurements, a gait assessment, and the 400-meter walk, and complete a Functional Disability Index Survey. Neil Segal at the University of Iowa will work directly with the clinic staff to determine who is potentially eligible for this ancillary study.

2. Preparation for the first follow up clinic visit

2.1 Participant preparation

Each participant who comes to the MOST clinic visit will have been told about the contents of the visit during the phone conversation to schedule the clinic visit. Reminder letters should be mailed approximately 7 to 10 days prior to the visit to emphasize the following:

- date and time of the clinic visit
- that participants take all of their regular medications, as usual
- that participants should bring loose shorts
- if participants use glasses, that they bring both their reading glasses and any glasses that are used for longer distances
- that participants who wear hearing aids should bring or wear them to the clinic
- that participants bring in prescription and non-prescription medications that they have taken in the last 30 days only.
- those participants who, during the follow-up telephone interview, reported having surgery or reported having an injury with a metal object since their last visit, and who said that their

doctor said it was safe to have an MRI, should be reminded to bring documentation that it is safe for them to have an MRI

- Also, note that there are special instructions for participants who will be coming into the clinic fasting (see Appendix 1).

Ideally, reminder phone calls should be made the day before the clinic visit. Please see examples of a reminder letter in Appendices 1 (for fasting participants) and 2 (for non-fasting participants). Note that the reported length of the visit will vary depending upon whether or not the participant is scheduled for the 1.5 T MRI.

2.2 Second follow-up clinic visit preparation

At the time of the clinic visit, the following should be available for each participant:

- A Data from Prior Visits Report \ Second Follow up Clinic Visit should be generated with information that will be needed for the clinic visit (see Appendix 4)
- Your local MOST participant contact information with the participant's contact information (address, phone number, next of kin, contacts, etc.)
- A Second Follow-up Clinic Visit Workbook preprinted with the acrostic and MOST enrollment ID number (this workbook includes the MOST interview).
- Be sure to prepare floating forms if participant is having 1.5 T MRI, Isokinetic Strength, or DXA measurements
- A MOST Participant Results Report to give the participant at the end of their clinic visit (Appendices 5 and 6)
- The participant's chart. Field centers should also keep "progress notes" in the participant's chart. Progress notes may be used to record examiner comments and questions, and to document protocol problems and their resolution. Each entry should be dated and signed by the examiner recording the note.

3. Order of Exams

| MEASUREMENT | Order of Exams: Required / Suggested / Anytime |
|--|--|
| Self-administered Home Questionnaire completed and checked | Anytime |
| Self-administered Clinic Questionnaire completed and checked | Anytime |
| Clinic Interview Workbook administered | Required -needs to be completed before the knee, and hip examinations. |
| Consent and change clothes | Required -consent signed before anything else happens |
| Blood Pressure | Required -performed before blood draw |
| 20-meter Walk | Suggested -done either after or at least one hour before MRI; done just before isokinetic strength as a warm-up |
| Chair Stands | Suggested -done either after or at least one hour before MRI; done just before isokinetic strength as a warm-up |
| Knee and Hip Examinations | Required -done after Clinic Interview |
| Knee X-ray | Anytime |
| Knee MRI | Required -done after weight and either before or at least one hour after the isokinetic strength exam. Suggested -done either before or at least one hour after the chair stands and 20-meter walk. |
| Specimen Collection (selected participants) | Suggested -done early during the visit (fasting blood draw) |
| Laboratory Processing | Required -done immediately after blood draw |
| DXA | Anytime -done at UAB only |
| Isokinetic Strength | Required -performed after knee MRI or at least one hour before MRI; done at UAB only |

4. Priority of exams

The exams administered during the second follow-up clinic visit are ALL high priority with the exception of the blood pressure measurement. In the rare instance that a participant chooses to have a shortened visit you can omit the blood pressure measurement.

5. Procedure checklist and exit interview

At the end of the second follow-up clinic visit, an exit interview should be performed to:

- Thank the participant. Be sure the participant knows how much we appreciate their participation.
- Answer questions. Some participants may have questions about various examinations.

- Make sure the Second Follow-up Clinic Visit Workbook Procedure Checklist is completed (Appendix 9); i.e., the header information including the MOST ID #; Acrostic, Date Form Completed, and Staff ID#. Confirm whether each measurement was completed. Review the workbook and complete the Procedure Checklist appropriately. Record on the checklist whether or not a test was completed, was partially completed, whether or not the participant refused a test, or whether the test was not done for some other reason.
- Provide selected results (Appendices 5 and 6). Participants will be given the following results:
 - ⇒ Blood Pressure. Tell the participant their blood pressure and advise them about when to repeat the measurement. See the blood pressure operations manual for reporting instructions.
 - ⇒ Weight. Weight in pounds should be provided.
 - ⇒ Knee x-ray. Let the participant know that they will receive the x-ray results report at a later date. Important abnormalities will be reported to participants.
 - ⇒ National Institute on Aging Arthritis Advice.
 - ⇒ MR image of their knee from baseline (if available).
- Let participants know that this is the last funded year of the study and that future funding will be sought and we hope to have future contact with them.

Suggested script: "Although this is the last funded year of the study, we are applying for funding and hope to see you in the future."

Appendix 1 MOST Second Follow-up Pre-Visit Instructions / Fasting Participants

Dear _____:

Your appointment for your MOST Second Follow-up Clinic Visit has been scheduled for: _____, _____ at _____ a.m. at XXXXXXXXXX, XXXXXXXXX (a map is enclosed). Parking is available XXXXXXXXXXXXXXXXXXXXXXXXXX.

Please be sure to review these instructions for your upcoming clinic visit, since they are very important for the success of your tests:

- Read all enclosed materials.
- Please use the ball-point pen that we have sent to you when you fill out the 18-page questionnaire. Please bring the completed questionnaire with you to the clinic.
- Please do not eat or drink anything but water, prescription medications, and vitamins after midnight the night before your visit.
- Take all your regular medications and vitamins, as usual.
- Drink plenty of water before you come into the clinic.
- We will collect a urine sample from you. Collection will be the second void of the day (whenever possible).
- The visit may take about [*1 to 2 hours if no 1.0 T MRI*] [*2 to 3 hours if 1.0 T MRI*] [*include additional time if selected for 1.5T MRI studies*]. Feel free to bring a morning snack with you.
- Wear comfortable shoes for walking. It would be helpful if you wear a short-sleeved shirt or blouse, since this will make taking your blood pressure easier. Do not wear pantyhose or girdles. You will be asked to change clothes for some tests. If you have a pair of shorts (no tight biker shorts), please bring them with you, so we can easily examine your knee.
- If you have glasses, bring both your reading glasses and any glasses that you use for longer distances.
- If you have a hearing aid, bring it with you.
- A plastic bag has been provided for the prescription AND non-prescription medications that you have taken in the last 30 days only. Include eye drops, shots, supplements, vitamins, pain medications, laxatives or bowel medicines, cold medications, cough medications, antacids or stomach medicines, and ointments or salves. Please bring these with you to the clinic.

- If you were asked to bring in medical documentation that it is safe for you to have an MRI, please bring this with you to your clinic visit.

Thank you again for your very valuable help in this important research study! We look forward to seeing you.

Please call XXX-XXXX if you have any questions about your visit.

Appendix 2 MOST Second Follow-up Pre-Visit Instructions / Non-Fasting Participants

Dear _____:

Your appointment for your MOST Second Follow-up Clinic Visit has been scheduled for: _____
_____, _____ at _____ a.m. at XXXXXXXXXX, XXXXXXXXX (a map is enclosed). Parking is available
XXXXXXXXXXXXXXXXXXXXXXXXXXXX.

Please be sure to review these instructions for your upcoming clinic visit, since they are very important for the success of your tests:

- Read all enclosed materials.
- Please use the ball-point pen that we have sent to you when you fill out the 18-page questionnaire. Please bring the completed questionnaire with you to the clinic.
- Take all your regular medications and vitamins, as usual.
- Drink plenty of water before you come into the clinic.
- The visit may take about *[1 to 2 hours if no 1.0 T MRI] [2 to 3 hours if 1.0 T MRI] [include additional time if selected for 1.5T MRI studies]*. Feel free to bring a morning snack with you.
- Wear comfortable shoes for walking. It would be helpful if you wear a short-sleeved shirt or blouse, since this will make taking your blood pressure easier. Do not wear pantyhose or girdles. You will be asked to change clothes for some tests. If you have a pair of shorts (no tight biker shorts), please bring them with you, so we can easily examine your knee.
- If you have glasses, bring both your reading glasses and any glasses that you use for longer distances.
- If you have a hearing aid, bring it with you.
- A plastic bag has been provided for the prescription AND non-prescription medications that you have taken in the last 30 days only. Include eye drops, shots, supplements, vitamins, pain medications, laxatives or bowel medicines, cold medications, cough medications, antacids or stomach medicines, and ointments or salves. Please bring these with you to the clinic.
- If you were asked to bring in medical documentation that it is safe for you to have an MRI, please bring this with you to your clinic visit.

Thank you again for your very valuable help in this important research study! We look forward to seeing you.

Please call XXX-XXXX if you have any questions about your visit.

Appendix 3 Data from Prior Visits Report Second Follow up Telephone Interview

Participant Name: _____

MOST Participant ID#:

Acrostic:

**MOST Data from Prior Visits Report
Second Follow up Telephone Interview****Visit Dates**

1. Date of baseline enrollment visit:
2. Date of first follow-up visit:
3. Target date for Second Follow-up Telephone Interview:

1.0 T Knee MRI History

4. Was participant eligible for a 1.0 T MRI at baseline?
5. Was participant eligible for a 1.0 T MRI at First Follow-up visit?
6. What was the date of the participant's last 1.0 T MRI scan and which knees were scanned?

Knee Replacements

7. Was right knee replaced?
8. Was left knee replaced?

Biospecimen Collection

9. Is participant in the specimen collection cohort for this visit?
(if Yes, tell participant that they will be required to fast for 8 hours prior to the visit and provide a second-morning urine void)

1.5 T Knee MRI Eligibility

10. Has the participant been selected for any 1.5T MRI study?
 - 10a. Is the participant selected for the Laxity MRI Study?
 - 10b. Is the participant selected for the MRI Validation Study?
 - 10c. Is the participant selected for the Gadolinium MRI study?

Appendix 4 Data from Prior Visits Report Second Follow up Clinic Visit

Participant Name: _____
MOST Participant ID#: _____ Acrostic: _____

MOST Data from Prior Visits Report - Second Follow up Clinic Visit**Visit Date**

1. Date of first MOST clinic visit:
2. Date of first follow-up telephone interview:
3. Date of first follow-up visit:

Knee Replacements

4. Was right knee replaced?
5. Was left knee replaced?

Hip Replacements

6. Was right hip replaced?
7. Was left hip replaced?

Knee X-ray beam angles for PA semiflexed

8. Use the following beam angle(s):

1.0 T Knee MRI

9. Date of last 1.0 T MRI, and which knees were scanned?
10. Was participant eligible for an MRI at the time of the Second Follow up Telephone Interview?
11. Was participant asked to bring medical documentation that shows it is safe to have an MRI scan?
12. Was 3-point Dixon of right knee obtained at baseline?
(if YES, obtain 3-point Dixon at follow up, if right knee is being imaged)
13. Was 3-point Dixon of left knee obtained at baseline?
(if YES, obtain 3-point Dixon at follow up, if left knee is being imaged)

1.5 T Knee MRI

14. Has the participant been selected for any 1.5T MRI study?
- 14a. Is the participant selected for the Laxity MRI study cohort?
(if YES, obtain 1.5 T MRI at follow-up in the following knees/sequences)
- 14b. Is participant selected for the MRI Validation study cohort?
(if YES, review quality of the 30 month 1.0 T knee MRI sequences and schedule for the MRI validation study if axial, sagittal and coronal STIR all pass technologist quality check)
- 14c. Is the participant selected for the Gadolinium MRI study cohort?
(if YES, obtain gadolinium MRI study sequences in the following knee)

Biospecimen Collection

15. Is participant in the specimen collection cohort for this visit?
(if YES, complete fasting blood draw and second morning void urine collection)

Appendix 5 MOST Second Follow-up Participant Results



Second Follow-up Participant Results

Participant Name: _____
(Please print)

Date of 2nd Follow-up Clinic Visit: ____ / ____ / ____
Month Day Year

Weight: _____ pounds

Blood Pressure: _____ / _____ mm Hg

| | |
|------------------|--------------------------|
| Normal: | Less than 120 / 80 mm Hg |
| Prehypertention: | 120-139 / 80-89 mm Hg |
| Hypertension: | 140 / 90 mm Hg or higher |

Based on your blood pressure taken today, the Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure recommends that you:

- Have your blood pressure rechecked within 1 year Comments: _____
- Have your blood pressure rechecked within 2 months _____
- See your doctor about your blood pressure within 1 month _____
- See your doctor about your blood pressure in 1 week _____
- See your doctor about your blood pressure immediately _____

If you have any specific questions about your blood pressure, please talk with your doctor.

Chair stands and walking test

We do not know yet what results are considered "normal" for these tests. You are helping us understand how to prevent disability as we get older.

We would like to thank you for your participation in the MOST study. These tests were done for research purposes only and were not intended to diagnose any health problems. However, we encourage you to share these results with your doctor. If you have any questions, please call the MOST clinic at: () _____.

Appendix 6 MOST Second Follow-up Knee Imaging Participant Results Reports

MOST Follow-up Knee X-ray Participant Results Report

First Follow up Second Follow up

Participant Name: _____

(Please print)

Date of knee x-ray: ___ / ___ / ___
 Month Day Year

Thank you for participating in the MOST Study!

Arthritis of the knee is very common in people your age and often causes pain and disability. **Osteoarthritis**, also called degenerative arthritis, is the most common type of arthritis in older people. As part of MOST, we are using x-rays and Magnetic Resonance Imaging (MRI) to study the causes of knee pain and **osteoarthritis (OA)** of the knee. In people with knee pain, doctors usually get an x-ray to see if it is OA. X-rays do not show all of the problems in the knee that can cause pain and often x-rays show changes of osteoarthritis that do not need to be treated. Whether you need treatment depends on whether you are having knee pain or other knee symptoms.

The x-rays from this study were read by a trained non-MD reader. These include a PA and lateral films, both weight bearing. ‘Possible osteoarthritis’ is present when there is a tiny or possible osteophyte, an outgrowth of bone near the joint. ‘Osteoarthritis’ is present when there was a larger, definite osteophyte with or without narrowing of the joint space.

Results from your knee x-rays:

| | |
|--|---|
| <p>The standing x-ray of your RIGHT knee showed:</p> <p><input type="checkbox"/> No osteoarthritis <input type="checkbox"/> Possible osteoarthritis <input type="checkbox"/> Osteoarthritis</p> | <p>The standing x-ray of your LEFT knee showed:</p> <p><input type="checkbox"/> No osteoarthritis <input type="checkbox"/> Possible osteoarthritis <input type="checkbox"/> Osteoarthritis</p> |
|--|---|

The use of knee MRI in OA is primarily a tool for research. Because the knee MRIs in MOST are being used for research, they are being looked at very carefully and in great detail. While we are grateful that you got an MRI to help with the study, unfortunately, it will not be possible to share these results with you. **It is very important to remember that these are research findings and your usual doctor visit would not include an MRI of the knee for arthritis pain.**
Thank you!



Knee MRI Synovitis Report

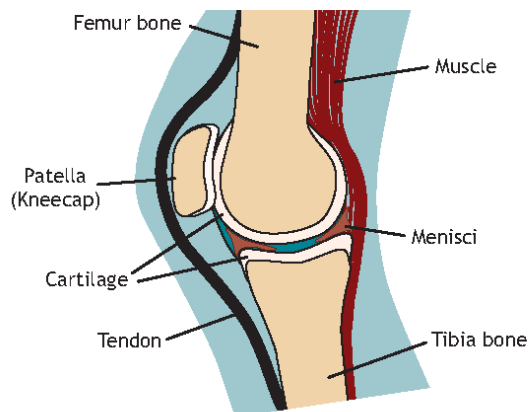
Thank you for participating in MOST and having an additional MRI of your knee with gadolinium at the 1.5 MRI facility. We would like to share with you the results of the MRI that was done on your knee:

The MRI of your LEFT RIGHT knee showed:

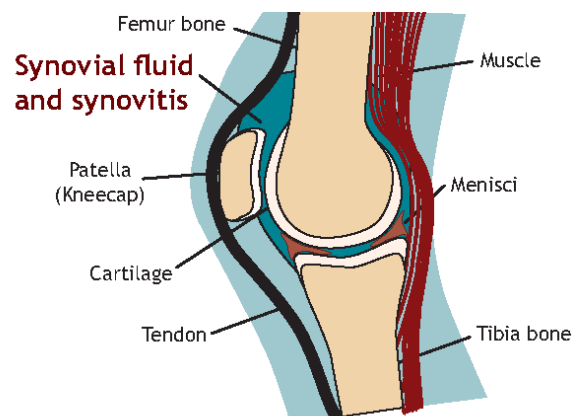
- Normal
- Mild synovitis
- Definite synovitis

The use of knee MRI in osteoarthritis is primarily a tool for research; the MRIs for this study were read by a trained non-MD reader. We encourage you to share these results with your physician if your report shows that you have synovitis.

A Knee Joint Without Synovitis



A Knee Joint With Synovitis



The joint is surrounded by a membrane (the *synovium*) which produces a small amount of thick fluid (*synovial fluid*). This fluid helps nourish the cartilage and keep it slippery. The synovium has a tough outer layer called the capsule which stops the bones from moving too much. In osteoarthritis, the synovium can become inflamed (*synovitis*), and may produce extra fluid, which then makes the joint swell slightly.

Adapted from Arthritis Research Campaign: http://www.arc.org.uk/about_arth/booklets/6025/2025.htm

Appendix 7 From National Institute on Aging - Arthritis Advice**Arthritis Advice
From the National Institute on Aging**

Arthritis is one of the most common diseases in this country. It affects millions of adults and half of all people age 65 and older.

Arthritis causes pain and loss of movement. It can affect joints in any part of the body. It often is a chronic disease, which means that it can affect you over a long period of time. The more serious forms can cause swelling, warmth, redness, and pain.

There are more than 100 different kinds of arthritis and many different symptoms and treatments. Scientists do not know what causes most forms of arthritis. They understand some better than others.

Osteoarthritis (OA) mostly affects cartilage—the tissue that cushions the ends of bones within the joint. OA often affects the hands and the large weight-bearing joints of the body, such as knees and hips.

OA occurs when cartilage begins to fray, wear, and decay. In some cases, all of the cartilage may wear away between the bones of the joint, leaving bones that rub against each other. Symptoms can range from stiffness and mild pain that comes and goes, to severe joint pain. OA can cause:

- Joint pain
- Less joint motion
- And sometimes, disability

Scientists think there may be several causes for OA in different joints. OA in the hands or hips may run in families. OA in the knees is linked with being overweight. Injuries or overuse may cause OA in joints such as knees, hips, or hands.

Treatment. Rest, exercise, a healthy, well-balanced diet, and learning the right way to use your joints are key parts of any arthritis treatment program. Treatment is different for each kind of arthritis.

Right now there are no treatments that cure OA, except surgery to replace joints. But improving the way you use your joints through rest and exercise and keeping your weight down will help you control the pain.

There are some drugs that help people manage OA pain. They are called NSAIDs (nonsteroidal anti-inflammatory drugs such as ibuprofen and naproxen). These drugs reduce swelling without use of stronger drugs like cortisone or other steroids.

3/2/05

Warning Signs

The warning signs of arthritis are:

- Swelling in one or more joints
- Stiffness around the joints that lasts for at least 1 hour in the early morning
- Constant or recurring pain or tenderness in a joint
- Difficulty using or moving a joint normally
- Warmth and redness in a joint

If any one of these symptoms lasts longer than 2 weeks, see your regular doctor or a doctor who specializes in arthritis (a rheumatologist). The doctor will ask questions about the history of your symptoms and do a physical exam. The doctor may take x-rays or do lab tests before developing a treatment plan.

What Else Can You Do?

Along with taking the right medicines, exercise is key to managing arthritis symptoms. Daily exercise, such as walking or swimming, helps keep joints moving, reduces pain, and strengthens muscles around the joints. Rest also is important for joints affected by arthritis.

Three types of exercise are best for people with arthritis:

- **Range-of-motion** exercises (for example, dancing) help keep normal joint movement and relieve stiffness. This type of exercise also helps you stay flexible.
- **Strengthening** exercises (for example, weight training) help keep or increase muscle strength. Strong muscles can help support and protect joints affected by arthritis.
- **Aerobic or endurance** exercises (for example, bicycle riding) improve cardiovascular fitness, help control weight, and improve overall function. Some studies show that aerobic exercise also may reduce swelling in some joints.

Along with exercise, some people find other ways to help ease the pain around joints. These include applying heat or cold, soaking in a warm bath, swimming in a heated pool, and controlling or losing weight. Weight control is key for people who have arthritis because extra weight puts extra pressure on many joints. Weight loss can lower stress on joints and help prevent more damage.

Your doctor may suggest surgery when damage to the joints becomes disabling or when other treatments fail to reduce pain. Surgeons can repair or replace damaged joints with artificial ones. In the most common operations, doctors replace hips and knees.

3/2/05

Unproven Remedies

Many people with arthritis try remedies that have not been tested. Some of these remedies, such as snake venom, are harmful. Others, such as copper bracelets, are harmless but also useless. The safety of many unproven remedies is unknown.

Some people try taking dietary supplements, such as Glucosamine and Chondroitin, to ease arthritis pain. Scientists are studying these and other alternative treatments to find out if they work and are safe. More information is needed before any recommendations can be made.

Here are some signs that a remedy may be unproven:

- The remedy claims that a treatment, like a lotion or cream works, for all types of arthritis and other diseases;
- Scientific support comes from only one research study; or
- The label has no directions for use or warnings about side effects.

National Institute on Aging
U. S. Department of Health and Human Services
National Institutes of Health
January 2002

3/2/05

Appendix 8 Equipment Calibration – Summary

Please see the MOST website to download the calibration logs summarized below:

| | |
|----------------------------|---|
| Blood Pressure | <p>Daily Automated Oscillometric Device Task 1: Check that device is turned off after each participant. Task 2: Check that air is squeezed from cuff</p> <p>Daily Sphygmomanometer Equipment Check log Task 1: Check Sphygmomanometer for correct zero. Task 2: Check the dial to make sure that it starts at zero and comes back to zero.</p> <p>Monthly Automated Oscillometric Device Task 1: Check for cracks or tears in cuff or tubing. Task 2: Check that all cuff sizes are available.</p> <p>Monthly Sphygmomanometer Equipment Check Log Task 1: Check that the needle rises smoothly and that the dial does not bounce noticeably when the valve is closed. Task 2: Check the dial to make sure that it starts at zero. Task 3: Check the cuffs, pressure bulb, and stethoscope tubing for cracks or tears. Task 4: Check stethoscope diaphragm for cracks. Task 5: Check pressure control valve.</p> |
| Cybox 350 | <p>For step by step calibration instructions, see Appendix 1 in operations manual chapter 3M, Isokinetic Strength. Each clinic will have certified weights for calibration. These should be followed once a week when isokinetic strength is being measured (varies by clinic). A reading of 178-182 ft-lbs is acceptable. High or low values may indicate bouncing of weights during calibration while arm is moving. If out of range, repeat calibration once, making sure weights fall smoothly, followed by verification. If the calibration and verifications range is still not correct, call CSMI (781-255-1292).</p> |
| Dolorimeter | <p>Daily Dolorimeter Calibration Log Task: Examiner should recalibrate pressure daily before performing joint Exam. By pushing thumb against rubber pad until 1.4 kg of pressure is applied; and pushing fore/index fingers against rubber pad until 1.4 kg of pressure is applied.</p> |
| DXA | <p>Phantom</p> <p>Local Hologic Tissue Bar – 1 time/week</p> <p>Local Hologic Spine Phantom 3 to 5 times/week and always on day participants are scanned</p> <p>Local Hip Phantom – 3 times/week</p> <p>Local Whole Body Phantom – 3 times/week</p> <p>Whole Body Air Scan 1 time/week</p> |
| OrthOne temperature | <p>Daily OrthoOne Temperature Log Task: Check am and pm OrthOne room temperature</p> |
| Scale | <p>Monthly Scale Calibration Log Task 1: Check for "float" of beam with both counterweights in zero position. Task 2: Calibrate with 50 kg weight Task 3: Check linearity using volunteer and 5 and 10 kg weights (volunteer alone, volunteer plus 5, 10, 15, and 20 kg weight [or use lb alternatives]) <i>Reading should be within $\pm .2$ kg</i></p> |
| X-ray beam angle | <p>Monthly X-ray Beam Angle Log (for each angle: 5, 10, and 15) Task 1: Angle tube so that it is at [5][10][15] degrees caudal according to the dial. Task 2: Place inclinometer on top of x-ray tube. Task 3: On the inclinometer, read off the actual degrees of this beam angle. Task 4: If above reading is not [5][10][15] degrees caudal, adjust the beam angle so that the inclinometer reads [5][10][15] degrees and mark this on the x-ray tube.</p> |

Appendix 9 Second Follow-up Clinic Visit Procedure Checklist



**Second Follow-up Clinic Visit Workbook
Procedure Checklist**

| MOST ID # | Acrostic | Date Form Completed | | | Staff ID# |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | Month | Day | Year | |



| Measurement | Page # | Completed | Partially completed | Participant refused | Not done/ Not applicable |
|--|--------|-----------------------|-----------------------|----------------------------|-------------------------------------|
| 1. Was Self-administered Home Questionnaire completed/checked? | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Was Self-administered Clinic Questionnaire completed/checked? | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Was Clinic Interview administered? | 2 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Medication Inventory | 17 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Blood Pressure | 18 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Weight | 19 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. 20-meter Walk | 20 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Chair Stands | 21 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. Knee and Hip Examinations | 23 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. Knee X-ray | 29 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. OrthOne 1.0 T Knee MRI | 30 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. Urine collection | 36 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. Phlebotomy | 37 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. Laboratory Processing | 38 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | | Completed | Scheduled | Participant refused | Not eligible/ Not applicable |
| 15. 1.5 T Knee MRI | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

