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Online™

Study of Osteoporotic Fractures (SOF)

Study Collection Forms

Visit 1

Physical Performance

Physical Performance

Form Type: Clinic Examination

LEGEND:

Raw form variable names are located next to the question they represent and do not have a border around the variable name.

Calculated variable names are derived from other variables and have a border around the variable name. The calculated variables names are located in close proximity to the questions from which they were derived.

Some of the questions and measurements on these forms are not being released, and therefore no variable name is provided for them.

NEUROMUSCULAR EXAMINATION

ID _____
 Nmcode _____
 Date _____

Do you use any walking aids, such as a cane?

V1AIDS

- No aids
- Cane or quad cane
- Walker, wheelchair, leg brace, crutches

Do you have any problems from recent surgery, injury or other health conditions that might prevent you from standing up from a chair or walking up steps?

V1PROB

- yes
- no

Before we do each test, I'll describe it to you.
 Please tell me if you think that you shouldn't attempt the test because of the problems you described.

Chair Stand

Stand up 5 times:

- Arm use: **V1CHR**
- 5 times w/o using arms at all
 - 5 times, uses arms part of time
 - 5 times, uses arms all of time
- attempted, but unable to stand up once without help
 - attempted but unable to complete 5 stands without help
 - did not attempt (refused)

Time: **V1CHRTM** _____ seconds to complete 5 stands **V1STDARM**

Foot tapping

- Dominant Hand: **V1DOMHND**
- R → Do right foot
 - L → Do left foot
 - Ambidextrous → Do right foot

R/L foot **V1DMTAP** _____ seconds to complete 10 taps
 (circle one)

Turning

Number of steps in turn: **V1TURNUM** _____

- Smoothness: **V1TRNFLO**
- smooth, continuous steps
 - blocky steps (en bloc)

- Steadiness:
- steady **V1STEADY**
 - aid used
 - reaches, grabs, staggers

V1TURNAB

Step-ups

Single step-up:

- w/o using rail **V1STEPUP**
- using handrail
- with assistance of examiner
- unable
- refused

Single step-down:

- w/o using rail
- using handrail **V1STEPDN**
- with assistance of examiner
- attempted but unable
- did not attempt/ refused

Rapid step-ups: *(To be completed only if single step-up done without assistance)*

V1RAPUP

step-ups completed
in 10 seconds

V1STPARM

Measured Walk

- Aid used: **V1GAID** *
- no aid
 - straight cane
 - quad cane
 - walker
 - * crutch
 - attempted but unable
 - did not attempt/refused

Leg amputee:

- No
- Unilateral

* Categories with the same symbol have been combined into a single category.

TRIAL #1

ex 1
Number of Steps: _____
Number of Seconds: _____ 0 _____

- ex 2
Limp:
- None
 - Limp, waddle, or side to side head sway

Armswing:

V1SWABN

RIGHT

LEFT

- ex 2
- Normal (can see daylight)
 - Reduced (arm moves/no daylight)
 - Immobile (arm does not move)
 - Cane

TRIAL #2

ex 1
Number of Steps _____
Number of Seconds _____ 0 _____

- ex 2
Foot Swing:
- Step foot passes stance foot
 - Step length equals foot length
 - Step foot does not pass stance foot

ex 2
Shuffle:

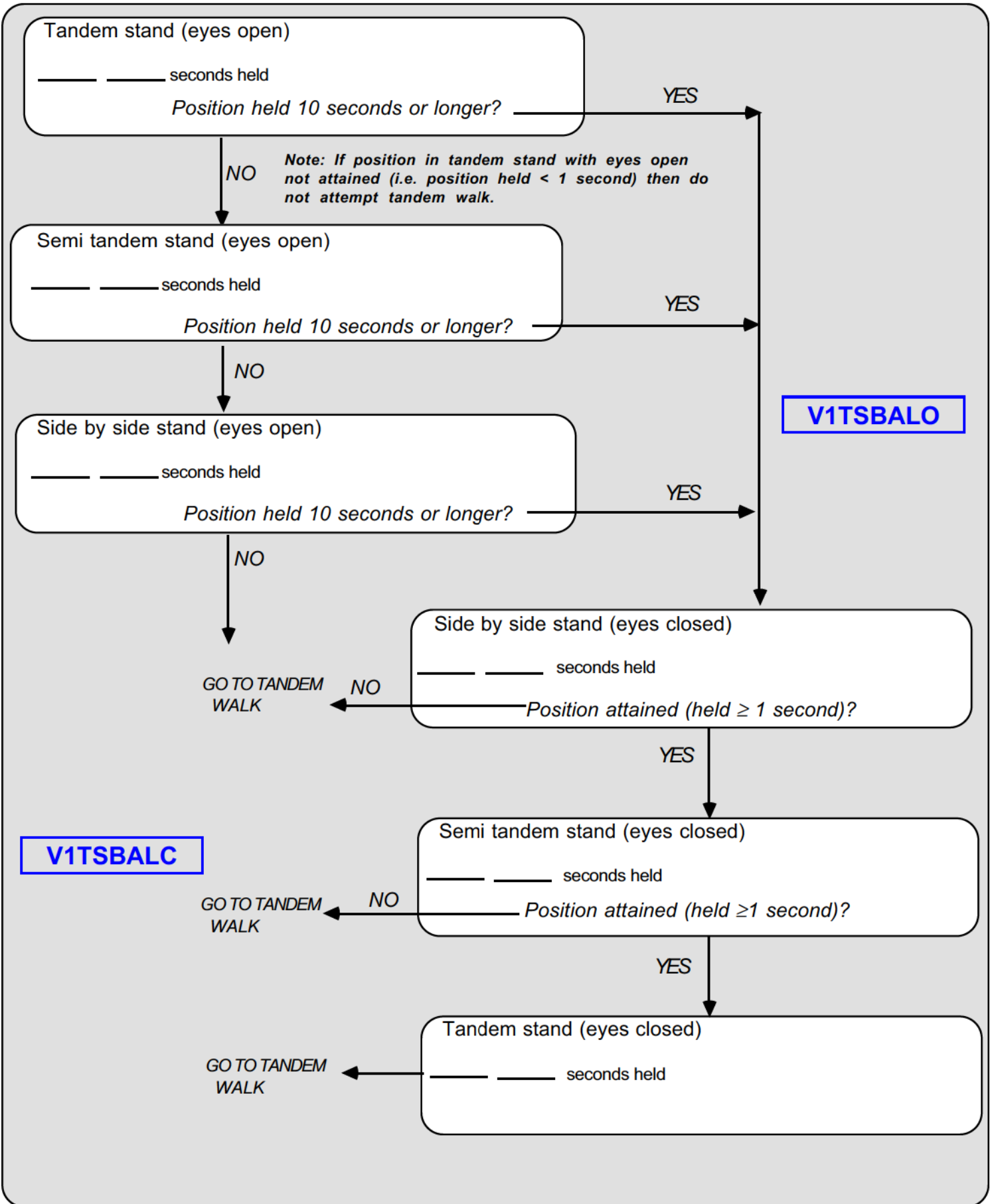
- Feet clear floor
- Feet don't clear floor or shuffles

V1GTABN

V1STPLGT

V1WLKSPD

TANDEM STAND (NO AIDS) AND TANDEM WALK



Tandem Walk:

**DO ONLY IF POSITION ATTAINED (HELD \geq 1 SECOND) IN
TANDEM STAND WITH EYES OPEN**

Aids: none used
 cane (discourage use)
 did not attain position in tandem stand,
eyes open
 attempted but unable
 did not attempt/refused

ex 1

Time to complete course (to nearest second) **V1TWTM**
No. of touches of examiner or wall
Holds on most or all of the way? yes no
Completes half or more of course? yes no
V1HAFWAY

ex 2

No. of steps off line (entire foot not touching
or steps with cane)
No. of steps not touching heel and toe

V1TANERR

V1TNERR2

ANTHROPOMETRIC MEASURES/STRENGTH/BLOOD PRESSURE

Weight: _____ kg
 Height: _____ cm

Girths:
 Waist Girth: _____ cm
 Hip Girth: _____ cm

Grip strength: Right: _____ kg
 Left: _____ kg
V1GRPASY
V1GRPAVG
V1GRPMAX

Muscle Strength (Examiner ID # _____)

Have you ever had a stroke or injury that has made one side weaker than the other?

V1HWK

- No → proceed with right side only
- Yes → test right and left sides, all three positions

Test	Distance (nearest cm)	Force	Overcome subject's resistance?
RIGHT SIDE			
V1KNETRQ Knee extension (sitting)	_____ cm	V1RKNEKG V1RKAVG kg	V1RKRES <input type="checkbox"/> yes <input type="checkbox"/> no
V1TRITRQ Triceps	_____ cm	V1TRMAXR V1TRAVGR kg	V1TRRS <input type="checkbox"/> yes <input type="checkbox"/> no
V1HIPTRQ Hip abduction	_____ cm	V1HRFC V1HMAXR kg	V1HRRS <input type="checkbox"/> yes <input type="checkbox"/> no

IF INDICATED:

LEFT SIDE	Force	Overcome subject's resistance?
Knee extension (sitting)	V1TRAVGL _____ kg	<input type="checkbox"/> yes <input type="checkbox"/> no
Triceps	V1TRMAXL _____ kg	V1TLRS <input type="checkbox"/> yes <input type="checkbox"/> no
Hip abduction	V1HLFC _____ kg	V1HLRS <input type="checkbox"/> yes <input type="checkbox"/> no
	V1HMAXL	