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Online™

# Study of Osteoporotic Fractures (SOF)

## Study Collection Forms

### **Visit 3**

### **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.

### V3 EXAMINATIONS

<b>WEIGHT</b>	<b>HEIGHT</b>
_____ Kgs.	_____ cm.

**Grip Strength**

Kilograms pulled

Right	Left
<b>V3GRPRAV</b> kg	<b>V3GRPLAV</b> kg

**V3GRPAVG**

**V3GRPMAX**

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 quickly?

**V3PROB**  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)**

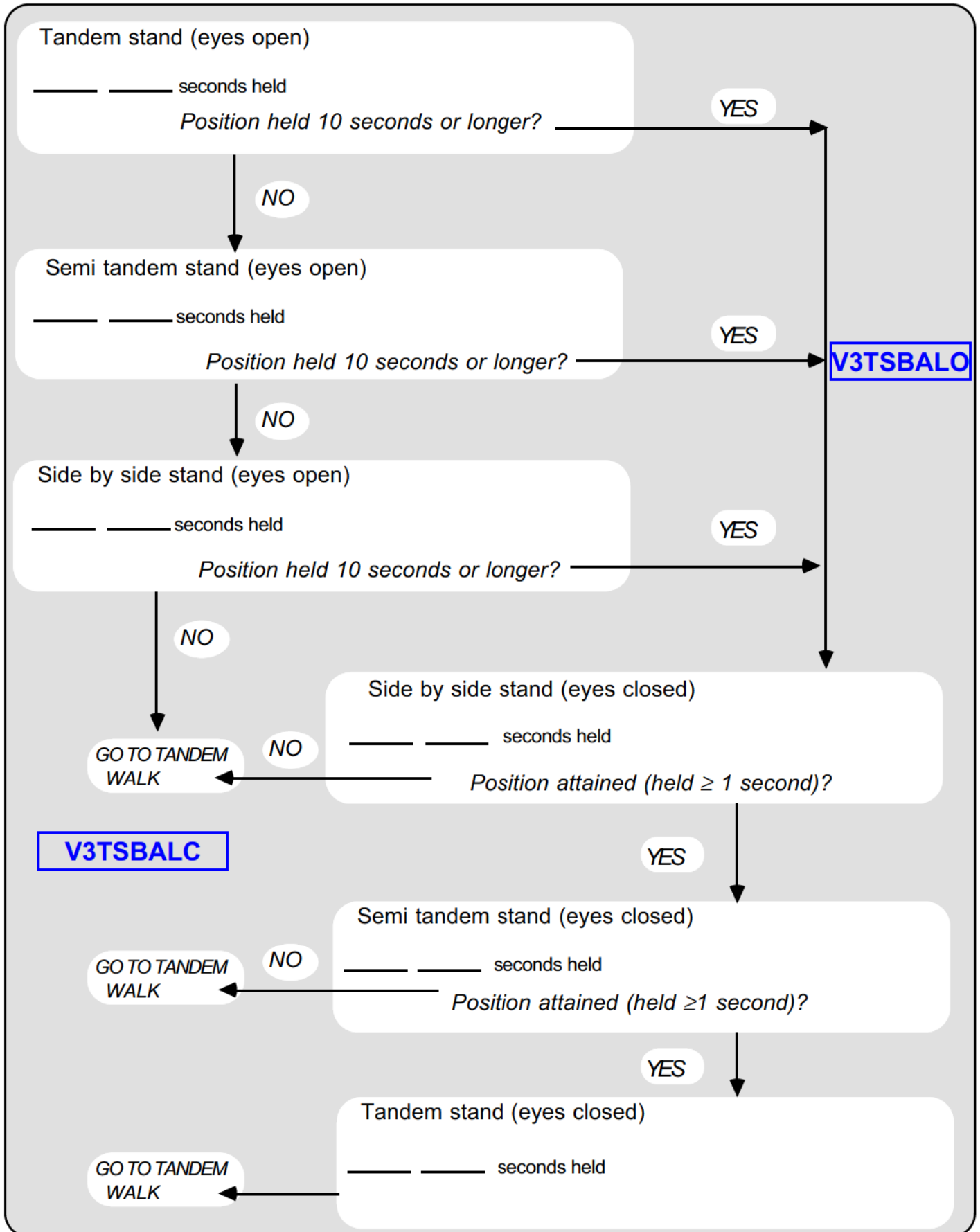
**V3CHR** Armuse:

<input type="checkbox"/> 5 times w/o using arms at all	<input type="checkbox"/> attempted, but unable to stand up once without help
<input type="checkbox"/> 5 times, uses arms part of time	<input type="checkbox"/> attempted but unable to complete 5 stands without help
<input type="checkbox"/> 5 times, uses arms all of time	<input type="checkbox"/> did not attempt (refused)

Time: **V3CHRTM** . \_\_\_\_\_ seconds to complete 5 stands

**V3STDARM**

# TANDEM STAND



### TANDEM WALK

Aids: **V3WAID**

- none used
- cane (discourage use)
- did not attempt/refused
- attempted but unable

ex 1

Time to complete course (to nearest second) **V3TWTM** \_\_\_\_\_

No. of touches of examiner or wall \_\_\_\_\_

Holds on most or all of the way?  yes  no

Completes course? **V3TWCC**

- Yes, all the way
- No, more than half
- No, less than half

ex 2

No. of steps off line (entire foot not touching or steps with cane) \_\_\_\_\_

**V3TANERR**

No. of steps not touching heel and toe \_\_\_\_\_

**V3TNERR2**

### GAIT

Aid used:

- no aid **V3GAID**
- straight cane
- quad cane
- walker
- crutch
- did not attempt/refused
- attempted but unable

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

#### Usual Pace

Trial 1

Number of steps \_\_\_\_\_

Number of Seconds \_\_\_\_\_

Trial 2

Number of steps \_\_\_\_\_

Number of Seconds \_\_\_\_\_

**V3STPLGT**

**V3WLKSPD**

#### Rapid Pace

Number of steps \_\_\_\_\_

Number of Seconds \_\_\_\_\_

**V3RSTPLT**

**V3RWKSPD**

# MUSCLE STRENGTH

## TRICEPS STRENGTH

Examiner ID # \_\_\_\_\_

Stroke or injury that has left one side weaker than the other ? (face page)

- V3HWK**  No → proceed with right side only  
 Yes → test right and left sides

	Force	Overcome subject's resistance?		
		Yes	No	
RIGHT SIDE	_____ kg	<input type="checkbox"/>	<input type="checkbox"/>	<b>V3TRRS</b>
<b>V3TRMAXR</b>	_____ kg	<input type="checkbox"/>	<input type="checkbox"/>	
<b>V3TRAVGR</b>	_____ kg	<input type="checkbox"/>	<input type="checkbox"/>	
LEFT SIDE, if indicated	_____ kg	<input type="checkbox"/>	<input type="checkbox"/>	<b>V3TLRS</b>
<b>V3TRMAXL</b>	_____ kg	<input type="checkbox"/>	<input type="checkbox"/>	
<b>V3TRAVGL</b>	_____ kg	<input type="checkbox"/>	<input type="checkbox"/>	

## QUADRICEPS

- Do you have an aneurism in your brain?  
 In the past four weeks, have you been hospitalized for a heart attack or myocardial infarction?
- Neither     MI    If yes to either, then don't do this test. ("Don't know" is considered a "No".)  
 Aneurism     Both

Lever arm setting \_\_\_\_\_

Length of lever arm \_\_\_\_\_ cm (Port)

Trial 1

Trial 2

RIGHT: peak	_____	<b>V3QRAVG</b>	_____ lbs	peak	<b>V3QRMAX</b>	_____ lbs
avg	_____	<b>V3QRAAVG</b>	_____ lbs	avg	<b>V3QRAMAX</b>	_____ lbs
<hr/>						
LEFT: peak	_____	<b>V3QLAVG</b>	_____ lbs	peak	<b>V3QLMAX</b>	_____ lbs
avg	_____	<b>V3QLAAVG</b>	_____ lbs	avg	<b>V3QLAMAX</b>	_____ lbs

**V3QMAXA**

**V3QAVGA**

**V3QRLMAX**

**V3QLRAVG**

# REACTION TIME

STROKE, INJURY, OR MASTECTOMY THAT HAS LEFT ONE ARM OR LEG WEAKER OR CLUMSIER THAN THE OTHER? (See face page.)

**V3CLUM**  YES

NO

Which side? (face page)

- Right → Test LEFT side
- Left → Test RIGHT side
- Both → Test a) "better" or b) dominant side
- Opposing hand/foot → Test "normal" hand and foot

Dominant side (face page)

- Right → Test RIGHT side
- Left → Test LEFT side
- Ambidextrous → Test right side

In the past 24 hours, have you used any medication to help you sleep, or relax, or for anxiety of nerves, such as Valium, Xanax, Librium, Elavil, Dalmane, and others?

**V3M24**

- Yes  No  DK

**HAND V3RTHAND**

- Rt  Refused
- Lt  Unable to test hand
- Missing

**FOOT V3RTFOOT**

- Rt  Refused
- Lt  Unable to test foot
- Missing

Trial #	Delay	Response time	Total time	Delay	Response time	Total time
1	5 sec	V3HRTAVG	V3HTTAVG	5 sec	V3FRTAVG	V3FTTAVG
2	3 sec	V3HRTSTD	V3HTTSTD	4 sec	V3FRTSTD	V3FTTSTD
3	3 sec	V3HRTCVCV	V3HTTCVCV	2 sec	V3FRTCVCV	V3FTTCVCV
4	4 sec	V3HRAV	V3HTAV	2 sec	V3FRAV	V3FTAV
5	2 sec	V3HRST	V3HTST	1 sec	V3FRST	V3FTST
6	5 sec	V3HRCVCV	V3HTCVCV	4 sec	V3FRCVCV	V3FTCVCV
7	2 sec	-----	-----	1 sec	-----	-----
8	1 sec	-----	-----	3 sec	-----	-----
9	1 sec	-----	-----	5 sec	-----	-----
10	4 sec	-----	-----	3 sec	-----	-----