



CYCLE Pilot RCT #141 Plate #040

Study Day
Ax Initiated
(If Ax initiated after last study day, enter last study day)Patient ID 1
(site #) (patient #)Patient Initials
F L**ICU AWAKENING: STRENGTH AND FUNCTION (Form 7)**☐ Not Done, Ax combined with ICU Discharge Ax Form 9
(Please complete ICU Discharge Ax Form 9) Assessor Initials (F, L)**Reason # not done**1 = Assessor perceives that patient is unable to perform due to safety concerns (e.g. physiological or physical); 2 = Patient or Proxy refusal;
3 = Assessor perceives that patient is likely able to but has a limitation such as pain, lines, amputation, fatigue etc.; 4 = Other assessment prioritized;**STRENGTH**☐ Reason # not doneTest Date (dd/mm/yyyy) 2 0 1

RIGHT					LEFT				
MUSCLE	SCORE	Reason # not done	SCORE	Reason # not done	MUSCLE	SCORE	Reason # not done	SCORE	Reason # not done
Shoulder Flexion ^P	<input type="text"/> /5	<input type="text"/>	<input type="text"/> /5	<input type="text"/>	Hip Flexion	<input type="text"/> /5	<input type="text"/>	<input type="text"/> /5	<input type="text"/>
Shoulder Abduction	<input type="text"/> /5	<input type="text"/>	<input type="text"/> /5	<input type="text"/>	Knee Extension ^P	<input type="text"/> /5	<input type="text"/>	<input type="text"/> /5	<input type="text"/>
Elbow Flexion	<input type="text"/> /5	<input type="text"/>	<input type="text"/> /5	<input type="text"/>	Ankle Dorsiflexion	<input type="text"/> /5	<input type="text"/>	<input type="text"/> /5	<input type="text"/>
Wrist Extension	<input type="text"/> /5	<input type="text"/>	<input type="text"/> /5	<input type="text"/>					

Physical Function Test for ICU

(see also muscle strength shoulder flexion and knee extension)

Test Date (dd/mm/yyyy) 2 0 1**Sit to Stand: Assistance Required^P**☐ Reason # not done☐ 0 people
☐ 1 person
☐ 2 people☐ Bed
☐ ChairArmrests used?
No ☐ Yes ☐

30 Second Sit to Stand

 (# of sit to stand repetitions completed in 30 seconds)**Marching on the Spot: Cadence^P**☐ Reason # not done # steps Time (seconds)Cadence^P (steps/min)**Marching on the spot instructions:** "Once you are in the standing position, we will ask you to march on the spot. We would like you to march on the spot for as long as you can. We are going to record how long you walk for and how many steps you do. The test is designed to record your maximum exercise ability, so it is very important that you march on the spot for as long as you possibly can."

Give standardized encouragement every 10 seconds: "Keep going for as long as you can", "You're doing very well", "Well done". If applicable (ie retest), then: "Last time you performed the test, you marched for . and did . steps."

PFIT Scoring	0	1	2	3	TOTAL	Total PFIT Score <input type="text"/> (0 - 12)
*Shoulder strength (grade)	0,1 or 2	3	4	5	<input type="text"/>	
*Knee strength (grade)	0,1 or 2	3	4	5	<input type="text"/>	
Sit to Stand Assistance	Unable	Assist x2	Assist x1	No Assist	<input type="text"/>	
†Cadence (steps/min)	Unable	>0 - 49	50 - < 80	80+	<input type="text"/>	

^PComponents of the PFIT used for scoring; *If one side is stronger than the other, please use the stronger side for PFIT scoring.

†If the patient marched on the spot for ≥ 180 seconds, they receive the maximum PFIT score (3) for cadence.

Please notify Research Coordinator when Form 7 ICU Awakening: Strength and Function Ax is complete to prepare for IPAT assessment.Date RC notified (dd/mm/yyyy) 2 0 1

Comments: _____