



CYCLE Pilot RCT #141 Plate #050

Last Study Day

Patient ID 1 (site #) (patient #)

Patient Initials F L

ICU DISCHARGE: STRENGTH AND FUNCTION (Form 9)

Not Done, Ax combined with 3 Days Post-ICU Discharge Ax Form 9A (Please complete 3 Days Post-ICU Discharge Ax Form 9A) Assessor Initials (F, L) Assessor blinded? No Yes

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 done

Test Date (dd/mm/yyyy) 2 0 1

MUSCLE	RIGHT		LEFT		MUSCLE	RIGHT		LEFT	
	SCORE	Reason # not done	SCORE	Reason # not done		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 0 people Bed Armrests used? 30 Second Sit to Stand
 Reason # not done 1 person Chair No Yes (# of sit to stand repetitions completed in 30 seconds)
 2 people

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"/> <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.

2 Minute Walk Test Test Date (dd/mm/yyyy) 2 0 1
 Reason # not done

Quads Strength (N) Test Date (dd/mm/yyyy) 2 0 1
 Reason # not done

Distance: metres (1 metre = 3.28 feet)

Amount of assistance: 0 people 1 person 2 people

Gait aid used: 1 = None 2 = Cane or crutches 3 = Walker 4 = Other (specify)

Trial	RIGHT	Reason # not done	LEFT	Reason # not done
1.	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/>
2.	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/>
3.	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/>

Comments: _____