



CYCLE Pilot RCT #141 Plate #052

Last Study
Day Patient ID 1
(site #) (patient #)Patient Initials
F L**3 DAYS POST-ICU DISCHARGE: STRENGTH AND FUNCTION (Form 9A)**☐ Not Done, Ax combined with Hospital Discharge Ax Form 11 (Please complete Hospital Discharge Ax Form 11) 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;
5 = Missed at 3 days post-ICU discharge

STRENGTH☐ Reason # not doneTest Date (dd/mm/yyyy) 2 0 1

RIGHT				LEFT				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="checkbox"/>		<input type="text"/> /5	<input type="checkbox"/>			Hip Flexion	<input type="text"/> /5	<input type="checkbox"/>		<input type="text"/> /5	<input type="checkbox"/>		
Shoulder Abduction	<input type="text"/> /5	<input type="checkbox"/>		<input type="text"/> /5	<input type="checkbox"/>			Knee Extension ^P	<input type="text"/> /5	<input type="checkbox"/>		<input type="text"/> /5	<input type="checkbox"/>		
Elbow Flexion	<input type="text"/> /5	<input type="checkbox"/>		<input type="text"/> /5	<input type="checkbox"/>			Ankle Dorsiflexion	<input type="text"/> /5	<input type="checkbox"/>		<input type="text"/> /5	<input type="checkbox"/>		
Wrist Extension	<input type="text"/> /5	<input type="checkbox"/>		<input type="text"/> /5	<input type="checkbox"/>										

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"/> <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)

☐ Reason # not done 2 0 1 **Quads Strength (N)**

Test Date (dd/mm/yyyy)

☐ Reason # not done 2 0 1 Distance: metres (1 metre = 3.28 feet)Amount of assistance: ☐ 0 people ☐ 1 person ☐ 2 peopleGait 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="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
2.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
3.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>

Comments: _____