Summary of CYCLE RCT Outcome Measures Practice

Name:

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| **Muscle Strength – MRC Score** |
| **Date Completed** | **Patient initials** | **Comments** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |

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| **Physical Function Test for ICU** |
| **Date Completed** | **Patient initials** | **Comments** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |

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| **30-Second Sit To Stand** |
| **Date Completed** | **Patient initials** | **Comments** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |

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| **2 Minute Walk Test** |
| **Date Completed** | **Patient initials** | **Comments** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |