Summary of CYCLE RCT Outcome Measures Practice

Name:

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

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

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

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