Alberta Infant Motor Scale

(AIMS)

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Constructed to measure the motor development of infants aged___to ___ months.

Only valid in the identification of delays _____of testing; the long-term predictive validity of the AIMS in identifying future delays is still unknown

Constructed by Piper and associates to measure gross motor maturation in infants from birth through independent walking.

Objectives of the AIMS

1. To identify infants whose motor performance is delayed or aberrant relative to a_____group.

2. To provide information to the clinician and parent (s) about the motor activities the infant has _____, those _____, and those not in the infant's repertoire.

3. To measure motor performance over time or before and after _____.

4. To measure changes in motor performance that are quite small and thus not likely to be detected using more traditional motor measures.

5. To act as an appropriate research tool to assess the efficacy of _____for infants with motor disorders.

Appropriate Use of the AIMS

Can be used for the identification of motor delays in all infants, 18 months or younger.

Can be used for evaluation of motor development over time in all infants, 18 months or younger, except those with _____patterns of movement.

The focus of the assessment is on the evaluation of the sequential development of _____control relative to four postural positions: supine, prone, sitting, and standing.

AIMS

Intentionally designed as an observational assessment tool, thereby requiring _____handling of an infant by the examiner.

Evaluators

The AIMS may be performed by _____professional who has a background in infant motor development and an understanding of the essential components of movement as described for each AIMS item.

Time Requirements

_____is required to complete the entire assessment.

If unable to complete the assessment in one session, the remaining items may be readministered at any time up to_____after the original assessment.

Materials Needed

Examining table for younger infants; (0 to 4 months)

Mat or carpeted area for older infants; the mat should be _____ enough that it does not impede the infant's ability to move

_____appropriate for ages 0 to 18 months

A stable wooden bench or chair to observe some of the pull to stand, standing, and cruising items in the standing subscale.

AIMS score sheet and graph

Setting

The assessment may be done in a clinic or _____.

A warm, quiet room is desirable.

Examination should be conducted on an examining table for the young infant and on a mat or carpeted areas after 4 months of age.

Infant's State

Whenever possible, the infant should be_____for the assessment.

An infant who is anxious about removing clothes may be assessed wearing a diaper and shirt.

The infant should be awake, active, and content during the assessment.

Parent Involvement

The_____should be present during the assessment and should undress the infant.

It the infant is anxious, the parent may comfort and position the infant.

Prompting

Certain items require positioning or physical prompting; these items are clearly specified in their descriptions.
Otherwise,_____ should be minimized.

Visual and auditory prompts may be used as required.

Toys may be employed to encourage or motivate the infant to move and explore the environment.

The examiner may interact and play with the infant to encourage a response, but_____of a movement should be avoided.

Sequencing of the Assessment

Examiner discretion and _____are used to determine the starting point on the scale for each infant.

Although the infant must be assessed in each of the four positions, the assessment does not have to follow any particular_____.

One item set does not have to be completed before observing the infant in another position.

Items from the four subscales are observed as the infant moves naturally in and out of the four positions.

Test Type

The AIMS is criterion-referenced with normed _____ranks to allow for the determination of where an individual stands on the ability or trait being measure compared with those in the reference group.

Content

Test includes 58 items organized into four positions. The distribution of these items is as follows: 21 prone, 9 supine, 12 sitting, and 16 standing.

Each item describes three aspects of motor performance-_____, posture, and _____movements.

Scoring

1. Identify the least mature "observed" item in each position.

2. Identify the most mature "observed" item in each position.

The items between these two items are considered to be the infant's

_____.

3. Score each item in the "window" as either "observed" or "not observed".

4. Credit 1 point to each item below the least mature "observed" item.

5. Credit 1 point to each item observed within the infant's "window".

6. Sum the points to obtain a _____score.

7. Sum the four positional scores to compute a total AIMS score.

Reliability and Validity

The original sample consisted of 506 (285 males, 221 females) normal infants, _____from birth through 18 months.

Interrater reliability of 0.99 and a test-retest reliability of 0.99

Correlation coefficients reflecting concurrent validity with the Bayley and Peabody scales were determined to be r = .98 and r = .97, respectively.

Arthritis Impact Measurement Scales 2 (AIMS2-SF)

During the past four weeks …	All Days	Most Days	Some Days	Few Days	No Days
1. How often were you physically able to drive a car or use public transportation?	☐	☐	☐	☐	☐
2. How often were you in a bed or chair for most of the day?	☐	☐	☐	☐	☐
3. Did you have trouble doing vigorous activities such as running, lifting heavy objects, or participating in strenuous sports?	☐	☐	☐	☐	☐
4. Did you have trouble either walking several blocks or climbing a few flights of stairs?	☐	☐	☐	☐	☐
5. Were you unable to walk unless assisted by another person or by a cane, crutches or walker?	☐	☐	☐	☐	☐
6. Could you easily write with a pen or pencil?	☐	☐	☐	☐	☐
7. Could you easily button a shirt or blouse?	☐	☐	☐	☐	☐
8. Could you easily turn a key in a lock?	☐	☐	☐	☐	☐
9. Could you easily comb or brush your hair?	☐	☐	☐	☐	☐
10. Could you easily reach shelves that were above your head?	☐	☐	☐	☐	☐
11. Did you need help to get dressed?	☐	☐	☐	☐	☐
12. Did you need help to get out of bed?	☐	☐	☐	☐	☐
13. How often did you have severe pain from your arthritis?	☐	☐	☐	☐	☐
14. How often did your morning stiffness last more than one hour from the time you woke up?	☐	☐	☐	☐	☐
15. How often did your pain make it difficult for you to sleep?	☐	☐	☐	☐	☐
16. How often have you felt tense or high strung?	☐	☐	☐	☐	☐

17. How often have you been bothered by nervousness or your nerves?	☐	☐	☐	☐	☐
18. How often have you been in low or very low spirits?	☐	☐	☐	☐	☐
19. How often have you enjoyed the things you do?	☐	☐	☐	☐	☐
20. How often did you feel like a burden to others?	☐	☐	☐	☐	☐
21. How often did you get together with friends or relatives?	☐	☐	☐	☐	☐
22. How often were you on the telephone with close friends or relatives?	☐	☐	☐	☐	☐
23. How often did you go to a meeting of a church, club, team, or other groups?	☐	☐	☐	☐	☐
24. Did you feel that your family or friends were sensitive to your personal needs?	☐	☐	☐	☐	☐

If you are unemployed, disabled, or retired, stop here.

25. How often were you unable to do any paid work, house work or school work?	☐	☐	☐	☐	☐
26. On the days you did work, how often did you have to work a shorter day?	☐	☐	☐	☐	☐

The Bath Ankylosing Spondylitis Patient Global Score (BAS_G)

Please place a vertical mark on the scale below to indicate the effect your disease has had on your well-being over the **last week**

NONE _____ VERY SEVERE

Harris Score for Evaluating Arthritis of the Hip

Overview:

The Harris score was developed to assess patients with traumatic arthritis of the hip. It can be used to follow patients over time and to help plan management including the timing for surgical intervention. It can be used to assess patients before and after surgery to determine improvement.

Evaluation:

• parameters relevant to the severity of the arthritis are assessed during the history and physical examination

• if a concurrent disease is present that causes symptoms which overlap with those of arthritis (distance walked etc.) the answer should indicate the component expected from the severity of the arthritis

Parameter	Finding	Points
pain	none or ignores it	44
	slight occasional no compromise in activities	40
	mild pain no effect on average activities rarely moderate pain with unusual activity may take aspirin	30
	moderate pain tolerable but makes concessions to pain; some limitations of ordinary activity or work; may require occasional pain medicine stronger than aspirin	20
	marked pain with serious limitation of activities	10
	totally diabled crippled pain in bed bedriddent	0

Class	Parameter	Finding	Points
gait	limp	none	11
		slight	8
		moderate	5
		severe	0
	support	none	11
		cane for long walks	7

		cane most of the time	5
		one crutch	3
		two canes	2
		two crutches	0
		not able to walk	0
	distance walked	unlimited	11
		6 blocks	8
		2-3 blocks	5
		indoors only	2
		bed and chair	0
activities	stairs	normally without using railing	4
		normally using a railing	2
		in any manner	1
		unable to do stairs	0
	shoes & socks	with ease	4
		with difficulty	2
		unable	0
	sitting	comfortably in ordinary chair one hour	5
		on a high chair for one-half hour	3
		unable to sit comfortably in any chair	0
	enter public transportation		1

Absence of Deformity	**All of the following must be present**	**4 points**
	less than 30° fixed flexion contracture	
	less than 10° fixed adduction	
	less than 10° fixed internal rotation in extension	
	limb-length discrepancy less than 3.2 centimeters	

Degree of Motion	Range	Values	Index Factor
flexion	0 - 45°	0 - 45	1.0
	45 - 90°	0 - 45	0.6
	90-110°	0 - 20	0.3
abduction	0-15°	0 - 15	0.8
	15-20°	0 - 5	0.3
	> 20°		0
external rotation in extension	0-15°	0 - 15	0.4
	> 15°		0
internal rotation in extension	any		0
adduction	0-15°	0 - 15	0

overall rating for range of motion =

= (SUM ((value) * (index factor))) * 0.05

Trendelenburg Test	Record As:
	positive
	level
	neutral

Harris score =

= (pain value) + (limp value) + (support value) + (distance walked value) + (stairs value) + (shoes value) + (sitting value) + (public transportation value) + (absence of deformity value) + (range of motion value)

Interpretation:

- maximum points 100 (pain 44 function 47 absence of deformity 4 range of motion 5)

- goal is to have a value as close to 100 as possible

References:

Harris WH. Traumatic arthritis of the hip after dislocation and acetabular fractures: Treatment by mold arthroplasty. J Bone Joint Surg. 1969; 51A: 737-755.

Rheumatoid and Arthritis Outcome Score RAOS

Today's date: _____/_____/_____ Date of birth: _____/_____/_____

Name: _____

INSTRUCTIONS: This survey asks for your view about problems related to your hips, knees and/or feet. This information will help us keep track of how you feel about your hip, knee and/or foot problems and how well you are able to do your usual activities.
Answer every question by ticking the appropriate box, only one box for each question. If you are unsure about how to answer a question, please give the best answer you can.

Symptoms

These questions should be answered thinking of your hip, knee and foot symptoms during the **last week**.

S1. Do you have swelling in your hip, knee or foot?

Never	Rarely	Sometimes	Often	Always
☐	☐	☐	☐	☐

S2. Do you feel grinding, hear clicking or any other type of noise when your hip, knee or foot moves?

Never	Rarely	Sometimes	Often	Always
☐	☐	☐	☐	☐

S3. Does your hip, knee or foot catch or hang up when moving?

Never	Rarely	Sometimes	Often	Always
☐	☐	☐	☐	☐

S4. Can you straighten your hip, knee or foot fully?

Always	Often	Sometimes	Rarely	Never
☐	☐	☐	☐	☐

S5. Can you bend your hip, knee or foot fully?

Always	Often	Sometimes	Rarely	Never
☐	☐	☐	☐	☐

Stiffness

The following questions concern the amount of joint stiffness you have experienced in your hip/knee/foot during the **last week**. Stiffness is a sensation of restriction or slowness in the ease with which you move your hip, knee or foot joint.

S6. How severe is your hip, knee or foot joint stiffness after first wakening in the morning?

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

S7. How severe is your hip, knee or foot stiffness after sitting, lying or resting **later in the day**?

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

Pain

P1. How often do you experience hip, knee or foot pain?

Never	Monthly	Weekly	Daily	Always
☐	☐	☐	☐	☐

How much hip, knee or foot pain have you experienced the **last week** during the following activities?

P2. Twisting/pivoting on your hip, knee or foot (dancing, ball games, etc.)

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

P3. Straightening hip, knee or foot fully

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

P4. Bending hip, knee or foot fully

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

P5. Walking on flat surface

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

P6. Going up or down stairs

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

P7. At night while in bed

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

P8. Sitting or lying

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

P9. Standing upright

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

Function, daily living

The following questions concern your physical function. By this we mean your ability to move around and to look after yourself. For each of the following activities please indicate the degree of difficulty you have experienced in the **last week** due to your hip, knee or foot.

A1. Descending stairs

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

A2. Ascending stairs

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

For each of the following activities please indicate the degree of difficulty you have experienced in the **last week** due to your hip, knee or foot.

A3. Rising from sitting

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

A4. Standing

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

A5. Bending to floor/pick up an object

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

A6. Walking on flat surface

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

A7. Getting in/out of car

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

A8. Going shopping

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

A9. Putting on socks/stockings

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

A10. Rising from bed

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

A11. Taking off socks/stockings

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

A12. Lying in bed (turning over, maintaining leg position)

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

A13. Getting in/out of bath

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

A14. Sitting

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

A15. Getting on/off toilet

None	Mild	Moderate	Severe	Extreme
☐	☐	☐	☐	☐

For each of the following activities please indicate the degree of difficulty you have experienced in the **last week** due to your hip, knee or foot.

A16. Heavy domestic duties (moving heavy boxes, scrubbing floors, etc)

None	Mild	Moderate	Severe	Extreme
□	□	□	□	□

A17. Light domestic duties (cooking, dusting, etc)

None	Mild	Moderate	Severe	Extreme
□	□	□	□	□

Function, sports and recreational activities

The following questions concern your physical function when being active on a higher level. The questions should be answered thinking of what degree of difficulty you have experienced during the **last week** due to your hip, knee or foot.

SP1. Squatting

None	Mild	Moderate	Severe	Extreme
□	□	□	□	□

SP2. Running

None	Mild	Moderate	Severe	Extreme
□	□	□	□	□

SP3. Jumping

None	Mild	Moderate	Severe	Extreme
□	□	□	□	□

SP4. Twisting/pivoting on your affected leg (dancing, ball games, etc)

None	Mild	Moderate	Severe	Extreme
□	□	□	□	□

SP5. Kneeling

None	Mild	Moderate	Severe	Extreme
□	□	□	□	□

Quality of Life

Q1. How often are you aware of your hip, knee or foot problem?

Never	Monthly	Weekly	Daily	Constantly
□	□	□	□	□

Q2. Have you modified your life style to avoid potentially damaging activities to your legs?

Not at all	Mildly	Moderately	Severely	Totally
□	□	□	□	□

Q3. How much are you troubled with lack of confidence in your hip/knee/foot?

Not at all	Mildly	Moderately	Severely	Extremely
□	□	□	□	□

Q4. In general, how much difficulty do you have with your hip/ knee/foot?

None	Mild	Moderate	Severe	Extreme
□	□	□	□	□

Thank you very much for completing all the questions in this questionnaire.

Short Musculoskeletal Function Assessment

Instructions

We are interested in finding out how you are managing with your injury or arthritis this week. We would like to know about any problems you may be having with your daily activities because of your injury or arthritis.

Please answer each question by putting a check in the box corresponding to the choice that best describes you.

These questions are about how much difficulty you may be having this week with your daily activities because of your injury or arthritis.

	Not at All Difficult	A Little Difficult	Moderately Difficult	Very Difficult	Unable To Do
1. How difficult is it for you to get in or out of a low chair?	☐	☐	☐	☐	☐
2. How difficult is it for you to open medicine bottles or jars?	☐	☐	☐	☐	☐
3. How difficult is it for you to shop for groceries or other things?	☐	☐	☐	☐	☐
4. How difficult is it for you to climb stairs?	☐	☐	☐	☐	☐
5. How difficult is it for you to make a tight fist?	☐	☐	☐	☐	☐
6. How difficult is it for you to get in or out of the bathtub or shower?	☐	☐	☐	☐	☐
7. How difficult is it for you to get comfortable to sleep?	☐	☐	☐	☐	☐
8. How difficult is it for you to bend or kneel down?	☐	☐	☐	☐	☐
9. How difficult is it for you to use buttons, snaps, hooks, or zippers?	☐	☐	☐	☐	☐
10. How difficult is it for you to cut your own fingernails?	☐	☐	☐	☐	☐
11. How difficult is it for you to dress yourself?	☐	☐	☐	☐	☐
12. How difficult is it for you to walk?	☐	☐	☐	☐	☐
13. How difficult is it for you to get moving after you have been sitting or lying down?	☐	☐	☐	☐	☐
14. How difficult is it for you to go out by yourself?	☐	☐	☐	☐	☐
15. How difficult is it for you to drive?	☐	☐	☐	☐	☐

16. How difficult is it for you to clean yourself after going to the bathroom?	☐	☐	☐	☐	☐
17. How difficult is it for you to turn knobs or levers (for example, to open doors or to roll down car windows)?	☐	☐	☐	☐	☐
18. How difficult is it for you to write or type?	☐	☐	☐	☐	☐
19. How difficult is it for you to pivot?	☐	☐	☐	☐	☐
20. How difficult is it for you to do your usual physical recreational activities, such as bicycling, jogging, or walking?	☐	☐	☐	☐	☐
21. How difficult is it for you to do your usual leisure activities, such as hobbies, crafts, gardening, card-playing, or going out with friends?	☐	☐	☐	☐	☐
22. How much difficulty are you having with sexual activity?	☐	☐	☐	☐	☐
23. How difficult is it for you to do light housework or yard work, such as dusting, washing dishes, or watering plants?	☐	☐	☐	☐	☐
24. How difficult is it for you to do heavy housework or yard work, such as washing floors, vacuuming, or mowing lawns?	☐	☐	☐	☐	☐
25. How difficult is it for you to do your usual work, such as a paid job, housework, or volunteer activities?	☐	☐	☐	☐	☐

These next questions ask how often you are experiencing problems this week because of your injury or arthritis.

	None of the Time	A Little of the Time	Some of the Time	Most of the Time	All of the Time
26. How often do you walk with a limp?	☐	☐	☐	☐	☐
27. How often do you avoid using your painful limb(s) or back?	☐	☐	☐	☐	☐
28. How often does your leg lock or give-way?	☐	☐	☐	☐	☐
29. How often do you have problems with concentration?	☐	☐	☐	☐	☐
30. How often does doing too much in one day affect what you do the next day?	☐	☐	☐	☐	☐
31. How often do you act irritable toward those around you (for example, snap at people, give sharp answers, or criticize easily)?	☐	☐	☐	☐	☐
32. How often are you tired?	☐	☐	☐	☐	☐
33. How often do you feel disabled?	☐	☐	☐	☐	☐
34. How often do you feel angry or frustrated that you have this injury or arthritis?	☐	☐	☐	☐	☐

These questions are about how much you are bothered by problems you are having this week because of your injury or arthritis.

	Not at All Bothered	A Little Bothered	Moderately Bothered	Very Bothered	Extremely Bothered
35. How much are you bothered by problems using your hands, arms, or legs?	☐	☐	☐	☐	☐
36. How much are you bothered by problems using your back?	☐	☐	☐	☐	☐
37. How much are you bothered by problems doing work around your home?	☐	☐	☐	☐	☐
38. How much are you bothered by problems with bathing, dressing, toileting, or other personal care?	☐	☐	☐	☐	☐
39. How much are you bothered by problems with sleep and rest?	☐	☐	☐	☐	☐
40. How much are you bothered by problems with leisure or recreational activities?	☐	☐	☐	☐	☐

41. How much are you bothered by problems with your friends, family, or other important people in your life?	☐	☐	☐	☐	☐
42. How much are you bothered by problems with thinking, concentrating, or remembering?	☐	☐	☐	☐	☐
43. How much are you bothered by problems adjusting or coping with your injury or arthritis?	☐	☐	☐	☐	☐
44. How much are you bothered by problems doing your usual work?	☐	☐	☐	☐	☐
45. How much are you bothered by problems with feeling dependent on others?	☐	☐	☐	☐	☐
46. How much are you bothered by problems with stiffness and pain?	☐	☐	☐	☐	☐