

**THE ATTACHED FORM IS A
SAMPLE OF THE
MOVING TARGET SCREEN.
WE STRONGLY RECOMMEND
TRAINING PRIOR TO USE.
OPTIMAL PATIENT OUTCOMES
REQUIRE ADDITIONAL
INFORMATION REGARDING
EXECUTION AND
INTERPRETATION OF THE MTS.**

FUNCTIONAL STANDARDS FOR OPTIMAL AGING: A MOVING TARGET

This performance-based functional assessment tool identifies potential problems early so they can be addressed using an individualized exercise program prescribed by a PT or OT. It is not intended to serve as a replacement for an individual's regular physical examination or other health services. Each individual who participates in this process does so voluntarily and assumes all risks involved with such participation.

Consent and Release Form

I hereby request to participate in this assessment and release from all claims and liabilities the therapists and organizations involved in the development of this form and in the coordination, sponsorship, and staffing of this assessment. I understand that this assessment is not a substitute for a medical or physical examination. I understand that I must use my best judgment in participating, and I affirm that I have disclosed all information that is material to my participation in this assessment.

I have read this consent and release form and understand its contents.

Signature of Participant

Date

REGISTRATION (Please Print)

Last Name) (First Name) (Middle Initial) Phone Age M / F Sex

Email

GENERAL HEALTH HISTORY

In the last year, how many falls have you had in each category?

Grade 1 Near Fall: Slip, trip or loss of balance (did not hit the floor) _____

Grade 2 Fall to ground or lower level (no medical attention) _____

Grade 3 Fall to ground or lower level (medical attention), not admitted to hospital) _____

Grade 4 Fall to ground or lower level (admitted to hospital) _____

List anything that might affect your ability to exercise such as pain, injury, illness, shortness of breath, depression, etc.

Please list all medical conditions (hypertension, diabetes, etc.) medications and surgeries

Please describe your current exercise program including duration (# min) and frequency (#/wk).

Heart Rate _____ Blood Pressure _____ / _____ O₂ Saturation _____ BMI _____

Test	Reference Standard	Results	Follow Up		Significance of Findings/Comments														
			Yes	No															
Posture																			
Forward Head: Wall Occiput Measure	>0-4cm = poor posture >4cm = fracture risk	Distance _____ cm	<input type="checkbox"/>	<input type="checkbox"/>	Head and upper back posture can contribute to vertebral compression fractures.														
Thoracic Extension: Rib-Pelvis Distance	Rib-Pelvis Distance: < 2 fingers = fracture risk	# of fingers _____	<input type="checkbox"/>	<input type="checkbox"/>															
Flexibility																			
Shoulder: Back Scratch	Risk = Men: < 8 inches Women: < 4 inches	_____ inches	<input type="checkbox"/>	<input type="checkbox"/>	↓ shoulder ROM indicates a potential for ↑ disability.														
Ankle Dorsiflexion (ROM)	Risk of falls = <8° w knee straight or <10° w knee bent	___ degrees R ___ degrees L	<input type="checkbox"/>	<input type="checkbox"/>	↓ ankle ROM can ↑ falls.														
Balance																			
Static Balance (SB): Vestibular Hypofunction	Risk of falls: <10 sec tolerance for head turns	Dizzy or loss of balance at _____ seconds <i>or</i> _____ No symptoms	<input type="checkbox"/>	<input type="checkbox"/>	Inability to move one's head quickly without dizziness or loss of balance can ↑ the risk of falls.														
	Risk of falls: <10 sec tolerance for up/ down head motion	Dizzy or loss of balance at _____ seconds <i>or</i> _____ No symptoms	<input type="checkbox"/>	<input type="checkbox"/>															
SB: One Leg Stand	< 5 sec ↑ risk of falls ≥ 20 sec is normal	L _____ seconds R _____ seconds	<input type="checkbox"/>	<input type="checkbox"/>	Inability to stand on one leg for 5 sec ↑ risk of falls; <20 seconds indicates lower body weakness.														
Dynamic Balance (DB): TUG	<table border="1"> <thead> <tr> <th>Age</th> <th>Seconds</th> </tr> </thead> <tbody> <tr> <td>30-39</td> <td>4.4 sec</td> </tr> <tr> <td>40-49</td> <td>4.6 sec</td> </tr> <tr> <td>50-59</td> <td>4.9 sec</td> </tr> <tr> <td>60-69</td> <td>5.6 sec</td> </tr> <tr> <td>70-79</td> <td>6.7 sec</td> </tr> <tr> <td>80-89</td> <td>7.8 sec</td> </tr> </tbody> </table>	Age	Seconds	30-39	4.4 sec	40-49	4.6 sec	50-59	4.9 sec	60-69	5.6 sec	70-79	6.7 sec	80-89	7.8 sec	_____ seconds	<input type="checkbox"/>	<input type="checkbox"/>	↑ risk of falls if score is more than 14 seconds ≥ 9 seconds was shown to predict disability in the next two years.
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80-89	7.8 sec																		
Tandem Walk eyes open	Risk: ⚠ 2 errors in 2 meters	_____ errors	<input type="checkbox"/>	<input type="checkbox"/>															
eyes closed	Risk: < 5 steps	_____ steps																	
					↑ risk of falls if more than 2 errors in 2 meters eyes open OR inability to take 5 steps eyes closed.														

Test	Reference Standard	Results	Follow Up	Significance of Findings/Comments																																																					
Endurance																																																									
2 Minute Step	<table border="1" data-bbox="428 264 727 527"> <thead> <tr> <th>Age</th> <th>Men</th> <th>Women</th> </tr> </thead> <tbody> <tr><td>60-64</td><td>106</td><td>97</td></tr> <tr><td>65-69</td><td>101</td><td>93</td></tr> <tr><td>70-74</td><td>95</td><td>89</td></tr> <tr><td>75-79</td><td>88</td><td>84</td></tr> <tr><td>80-84</td><td>80</td><td>78</td></tr> <tr><td>85-89</td><td>71</td><td>70</td></tr> <tr><td>90-94</td><td>60</td><td>60</td></tr> </tbody> </table>	Age	Men	Women	60-64	106	97	65-69	101	93	70-74	95	89	75-79	88	84	80-84	80	78	85-89	71	70	90-94	60	60	_____ steps	<input type="checkbox"/> <input type="checkbox"/>	Scoring below ones norms indicates ↓ endurance, which indicates a potential for ↑ disability.																													
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Strength:																																																									
Grip (Dyna-mometer)	<table border="1" data-bbox="396 579 776 1129"> <thead> <tr> <th>AGE</th> <th>HAND</th> <th>MEN (Kg)</th> <th>WOMEN (Kg)</th> </tr> </thead> <tbody> <tr> <td rowspan="2">60-64</td> <td>R</td> <td>40.69</td> <td>24.99</td> </tr> <tr> <td>L</td> <td>34.84</td> <td>20.73</td> </tr> <tr> <td rowspan="2">65-69</td> <td>R</td> <td>41.32</td> <td>22.50</td> </tr> <tr> <td>L</td> <td>34.84</td> <td>18.60</td> </tr> <tr> <td rowspan="2">70-74</td> <td>R</td> <td>34.16</td> <td>22.50</td> </tr> <tr> <td>L</td> <td>29.39</td> <td>18.82</td> </tr> <tr> <td rowspan="2">75-79</td> <td>R</td> <td>33.00</td> <td>21.60</td> </tr> <tr> <td>L</td> <td>31.10</td> <td>19.30</td> </tr> <tr> <td rowspan="2">80-84</td> <td>R</td> <td>30.10</td> <td>17.30</td> </tr> <tr> <td>L</td> <td>27.00</td> <td>17.10</td> </tr> <tr> <td rowspan="2">85-89</td> <td>R</td> <td>25.80</td> <td>17.10</td> </tr> <tr> <td>L</td> <td>25.10</td> <td>15.70</td> </tr> <tr> <td rowspan="2">90-94</td> <td>R</td> <td>18.80</td> <td>15.20</td> </tr> <tr> <td>L</td> <td>18.90</td> <td>14.80</td> </tr> </tbody> </table>	AGE	HAND	MEN (Kg)	WOMEN (Kg)	60-64	R	40.69	24.99	L	34.84	20.73	65-69	R	41.32	22.50	L	34.84	18.60	70-74	R	34.16	22.50	L	29.39	18.82	75-79	R	33.00	21.60	L	31.10	19.30	80-84	R	30.10	17.30	L	27.00	17.10	85-89	R	25.80	17.10	L	25.10	15.70	90-94	R	18.80	15.20	L	18.90	14.80	R _____ kgs of force L _____ kgs of force	<input type="checkbox"/> <input type="checkbox"/>	Scoring below one's norms indicates a potential for ↑ disability and mortality.
AGE	HAND	MEN (Kg)	WOMEN (Kg)																																																						
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60-69	34	20																																																							
70-79	32	19																																																							
Plantarflexors	< 25 times = ↑ fall risk	R _____ L _____	<input type="checkbox"/> <input type="checkbox"/>	Less than the norm is associated with ↑ risk of falling.																																																					
Lower Extremity: Sit to Stand	<table border="1" data-bbox="396 1346 776 1587"> <thead> <tr> <th>Age</th> <th>Men</th> <th>Women</th> </tr> </thead> <tbody> <tr><td>60-64</td><td>17</td><td>15</td></tr> <tr><td>65-69</td><td>16</td><td>15</td></tr> <tr><td>70-74</td><td>15</td><td>14</td></tr> <tr><td>75-79</td><td>14</td><td>13</td></tr> <tr><td>80-84</td><td>13</td><td>12</td></tr> <tr><td>85-89</td><td>11</td><td>11</td></tr> <tr><td>90-94</td><td>9</td><td>9</td></tr> </tbody> </table>	Age	Men	Women	60-64	17	15	65-69	16	15	70-74	15	14	75-79	14	13	80-84	13	12	85-89	11	11	90-94	9	9	_____ times/30 sec <i>or</i> _____ sec/ 5 times Sit to Stand	<input type="checkbox"/> <input type="checkbox"/>	Lower extremity strength can affect walking, daily activity and fall risk. > 10 seconds on the 5 times Sit to Stand has been shown to predict disability within the next 2 years.																													
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Abdominals	Increased risk of back pain: PLANK: <73 seconds <i>or</i> Curl-up: <183 sec (men) < 85 sec (women)	_____ sec _____ sec	<input type="checkbox"/> <input type="checkbox"/>	Plank, Curl up, and Prone hold strengthen the core. Weakness in the core can lead to back problems.																																																					
Back Extension	Increased risk of back pain: Prone hold Men: <208 sec Women: <128 sec	_____ sec	<input type="checkbox"/> <input type="checkbox"/>																																																						

MTS SUMMARY AND RECOMMENDATIONS

Posture

Flexibility

Balance

Endurance

Strength

Additional Comments and Recommendations/Referrals

Therapist signature

Date