

Subject's IMACS Number _____ Date of Assessment (mm/dd/yy) _____ Assessment number _____

Time _____ Assessor _____ Dominant limb - UE ____ LE ____

TIMED UP AND GO FUNCTIONAL TEST

TUG - Test 1: Functional Testing <i>Time to complete (s)</i>			
Did the patient use hands or armrests to stand?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Gait Aid used?			
	Left	Right	None
Cane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AFO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constraints on Performing the Test (Check all that apply):			
Unable to perform the test due to severe weakness		<input type="checkbox"/>	
Limitation of ROM		<input type="checkbox"/>	
Used Alternate test Position		<input type="checkbox"/>	
Subject fatigued with testing		<input type="checkbox"/>	
Poor effort		<input type="checkbox"/>	
Pain		<input type="checkbox"/>	
Other (Specify) _____		<input type="checkbox"/>	

TUG - Test 2: Functional Testing <i>Time to complete (s)</i>			
Did the patient use hands or armrests to stand?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Gait Aid used?			
	Left	Right	None
Cane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AFO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constraints on Performing the Test (Check all that apply):			
Unable to perform the test due to severe weakness		<input type="checkbox"/>	
Limitation of ROM		<input type="checkbox"/>	
Used Alternate test Position		<input type="checkbox"/>	
Subject fatigued with testing		<input type="checkbox"/>	
Poor effort		<input type="checkbox"/>	
Pain		<input type="checkbox"/>	
Other (Specify) _____		<input type="checkbox"/>	

Seat height: _____ inches

Comments: _____

Final Score: Average of Test 1 and Test 2: _____

Subject's IMACS Number _____ Date of Assessment (mm/dd/yy) _____ Assessment number _____

Time _____ Assessor _____ **Dominant limb - UE** ____ **LE** ____

Instructions:

- **Test:** This test measures the time it takes for a patient to stand up from a seated position, walk 10 feet, return to the chair, and sit down. This test has been validated in adult myositis patients.
- **Equipment needed:** You will need a chair with a straight back and no armrests, a stopwatch, a tape measurer to measure 10 feet from the chair, a piece of tape to mark a spot on the ground, and any walking aid the patient normally uses (e.g., cane, walker, etc.). The chair used for testing should have a straight back and no armrests. The seat height of the chair should allow the patient's feet to rest flat on the ground with thighs at a 90-degree angle. The recommended seat height of the chair is generally 16 to 18 inches for an adult person of average height.
- Patient is instructed to walk at a comfortable pace, turn at the mark, walk back to the chair and sit down.
- The patient may use customary walking aids (e.g., cane, walker) only if they normally use them for walking. Record the use of walking aids on the form, and the same assistive devices should be used for each test.
- The patient should perform the test without using their hands or the chair's armrests to stand up. However, if the patient cannot get up from the chair without assistance, allow them to use their hands or armrests. Record the use of hands or armrests on the form.
- The patient will complete this test twice, with a 2-minute rest in between.
- The assessor may conduct a practice run with the patient. Provide one practice trial before measurements are recorded
- If the assessor or patient feels that the test was **not** performed to the best of their ability, they may choose to repeat it and discard the previous test results.

References:

- 1- Podsiadlo D, Richardson S. The timed "Up & Go": a test of basic functional mobility for frail elderly persons. J Am Geriatr Soc. 1991 Feb;39(2):142-8. doi: 10.1111/j.1532-5415.1991.tb01616.x. PMID: 1991946.
- 2- Berntsen KS, Tollisen A, Schwartz T, Kirkhus E, Aaløkken TM, Lund MB, Flatø B, Sjaastad I, Sanner H. Submaximal exercise capacity in juvenile dermatomyositis after longterm disease: The contribution of muscle, lung, and heart involvement. J Rheumatol. 2017 Jun;44(6):827-834. doi: 10.3899/jrheum.160997. PMID: 28365577.
- 3- Saygin D, Oddis CV, Dzanko S, Koontz D, Moghadam-Kia S, Ardalan K, Coles TM, Aggarwal R. Utility of patient-reported outcomes measurement information system (PROMIS) physical function form in inflammatory myopathy. Semin. Arthritis Rheum. 2021 Jun;51(3):539-546. doi: 10.1016/j.semarthrit.2021.03.018. PMID: 33894634.
- 4- Saygin D, et al. Performance of sit-to-stand, timed-up-and-go and six minute walk tests in the home and office setting. Clin. Exper. Rheum. 2023; 41: 429.