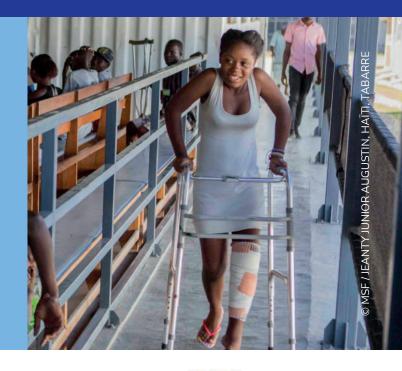
ACTIVITY INDEPENDENCE MEASURE-TRAUMA (AIM-T)

GUIDELINE



















1. MAIN PRINCIPLES 2. SCORING SYSTEM 3. THE MEASURE 4. DESCRIPTION OF THE 12 ACTIVITIES 40 **5. NEEDED MATERIAL**

WHAT:

The Activity Independence Measure - Trauma (AIM-T) is a generic tool to assess patients' capacity in performing daily live mobility activities after trauma, and the necessary material and/or human assistance required. The AIM-T includes 12 activities, divided into three groups: core, lower limbs, and upper limbs subscales. Activities in all three groups are performed for each patient, irrespective of affected body parts.

In line with WHO's International Classification of Functioning, Disability and Health (ICF), a person's functioning and disability are dynamic processes depending on various factors. **The AIM-T contributes to a larger assessment** of functioning accordingly, focusing on basic mobility activities that are relevant across different cultures.

DEVELOPMENT PROCESS:

Initially designed in Afghanistan as a 20-activities score (Gohy et al. 2016), the AIM-T has been shortened removing redundancies. This current AIM-T was further improved in terms of cultural relevance and appropriateness based on patient and staff interviews in Iraq, Burundi and Haiti (Manuscript in writing). Its validity and reliability were additionally tested in different contexts (Manuscript in writing).



WHY?

In countries with low-resources and humanitarian settings, the situation is highly susceptible to change. Any material or human assistance can disappear or be modified from one day to the next. Therefore a person dependent on human or material assistance is more vulnerable. In clinical practice, the AIM-T can provide an overview of the burden of care.

The AIM-T has been developed as a clinical tool, helping health care professionals to measure patients' difficulties and required assistance in daily life activities.

The tool **supports clinical decision making** by identifying individual activity limitations, and allows setting realistic and relevant treatment goals. It also facilitates **inter-disciplinary discussions**, for example during daily rounds or discharge planning. The AIM-T is a clinician-rated tool, intended to **encourage movement** and early mobilization, while respecting medical contraindications. It can also be used as a monitoring tool for project management and to compliment health information systems.

WHO?

The AIM-T can be used with all patients with orthopedic or visceral trauma patients above the age of five who are able to follow basic instructions, irrespective of the location of the injury. Any health care professional working with trauma patients and trained on its use can work with the AIM-T.

WHEN?

In order to help setting treatment priorities and track the evolution of patients' capacity in executing mobility activities, the AIM-T should be performed at least during the initial assessment and at discharge. Intermediary assessments along the continuum of care are encouraged.





SCORING SYSTEM:

PRINCIPLES:

The AIM-T is performed through **direct observation** of a person executing the activities and the necessary assistance, and not the patient's selfperception.

When scoring, always assess the most dependent situation, e.g. by assessing the most affected limb (if both sides are affected), or the component of the activity requiring more assistance. Scoring the most affected limb allows to avoid under-stimulation of the limb and also monitoring improvement over time. However this should not prevent practitioners from teaching compensation mechanisms to patients in parallel.

SCORING:

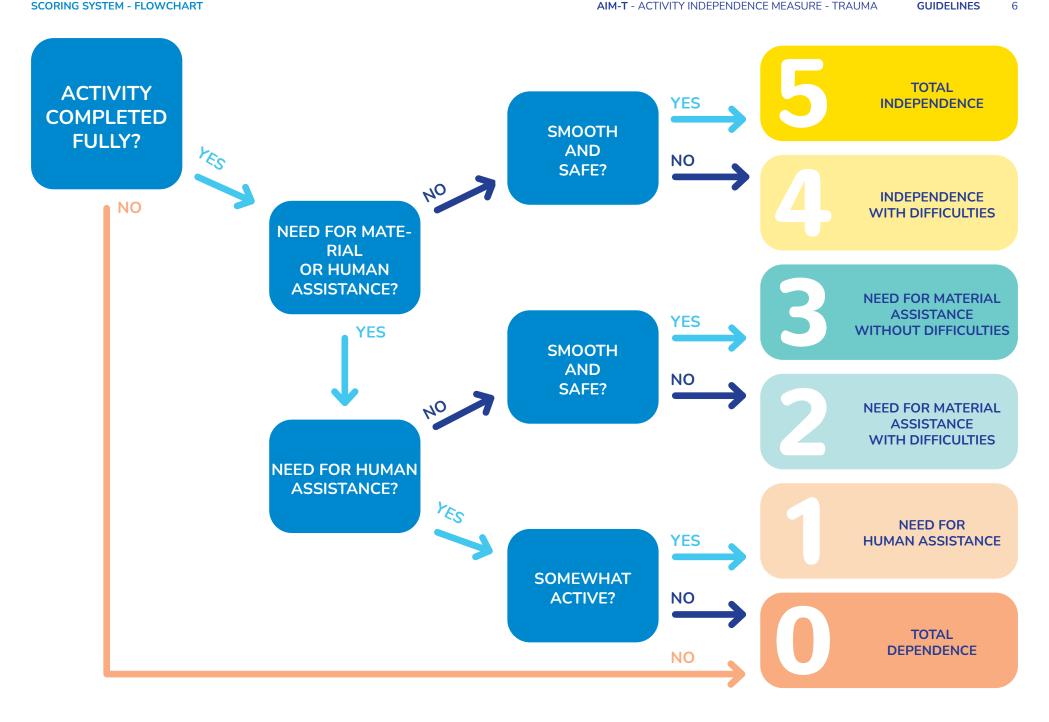
Each activity is scored from 0 to 5, from totally dependent to totally independent. The AIM-T scoring system is based on specific criteria for each scoring level, depending on the type of assistance (human and/or material) needed and the difficulties experienced in performing each activity (see flowchart and description of activities p.6 and p.7). The full score adds up to a value of 0 to 60, with low scores indicating high dependence.

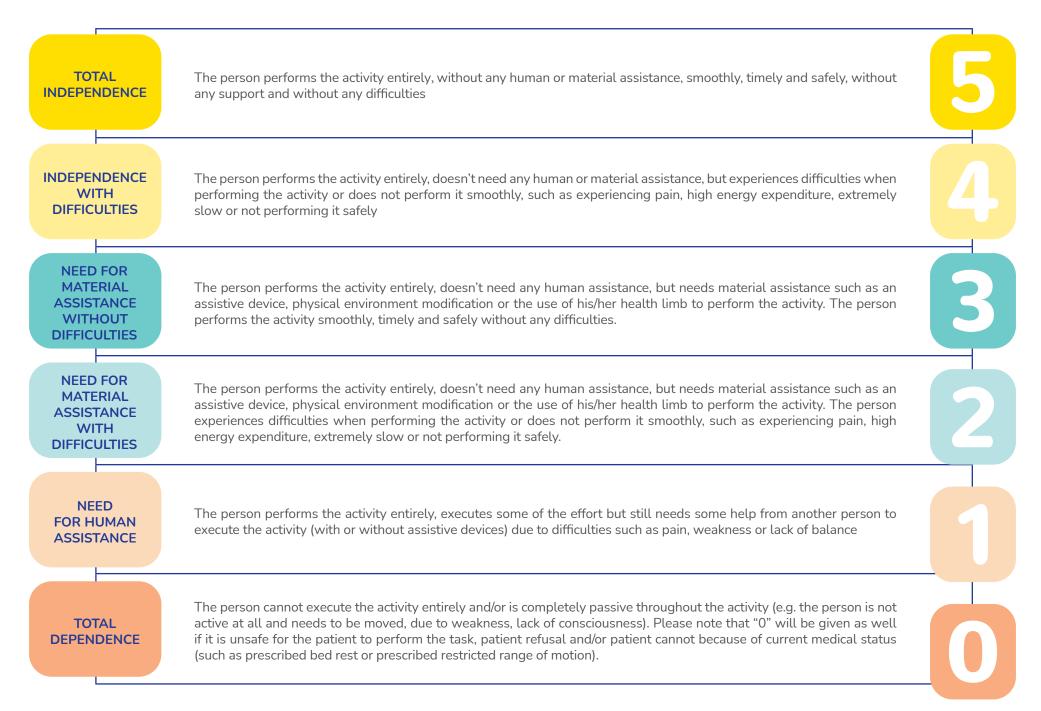
SECURITY:

During the observation, a good positioning of the health care professional is essential to secure the patient while also protecting himself/herself. In addition, the medical prescriptions must be taken into account for each activity (such as general health status, authorized weight bearing and range of motion of the affected limb).

NEEDED MATERIAL:

The 12 AIM-T activities were designed to require minimal material only (14m pathway, stairs/steps, jar/bottle, 5kg object), and alternatives are proposed (see necessary material p.40).





Changing & Maintaining position						
Roll over	0	1	2	3	4	5
Sit up and remain seated for 10 sec.	0	1	2	3	4	5
TOTAL Core subscale				/ 1	.0	

IMB	Changing & Maintaining position						
LOWER LIMB	Stand up and remain standing for 10sec.	0	1	2	3	4	5
	Kneel down and stand up	0	1	2	3	4	5
	WALKING &	MO	VIN	IG			
	Walk/Move around 14m	0	1	2	3	4	5
	Timed 10m walk/move around	0	1	2	3	4	5
	Climb up/down 10 steps	0	1	2	3	4	5
	TOTAL Lower Limb subscale				/ 2	25	

M M M	Fine hand use				
UPPER LIMB	Pick up a small object and manipulate	0 1 2 3 4 5			
J P	Hand and a	arm use			
	Open a bottle/jar	0 1 2 3 4 5			
	Reach back and grasp clothes	0 1 2 3 4 5			
	Reach face and neck	0 1 2 3 4 5			
	Lifting and carr	rying objects			
	Lift and Carry 5kg above shoulder level	0 1 2 3 4 5			
	TOTAL Upper Limb subscale	/25			

0 = total dependence; 1 = need for human assistance; 2 = need for material assistance, with difficulties;

^{3 =} need for material assistance, without difficulties; 4 = independence with difficulties; 5 = total independence

^{*} For timed 10m walk/move: if >12.5 seconds: 0= total dependence; 1 = need for human assistance; if ≤12.5 seconds: 2 = need for material assistance, with difficulties;

^{3 =} need for material assistance, without difficulties; 4 = independence with difficulties; 5 = total independence

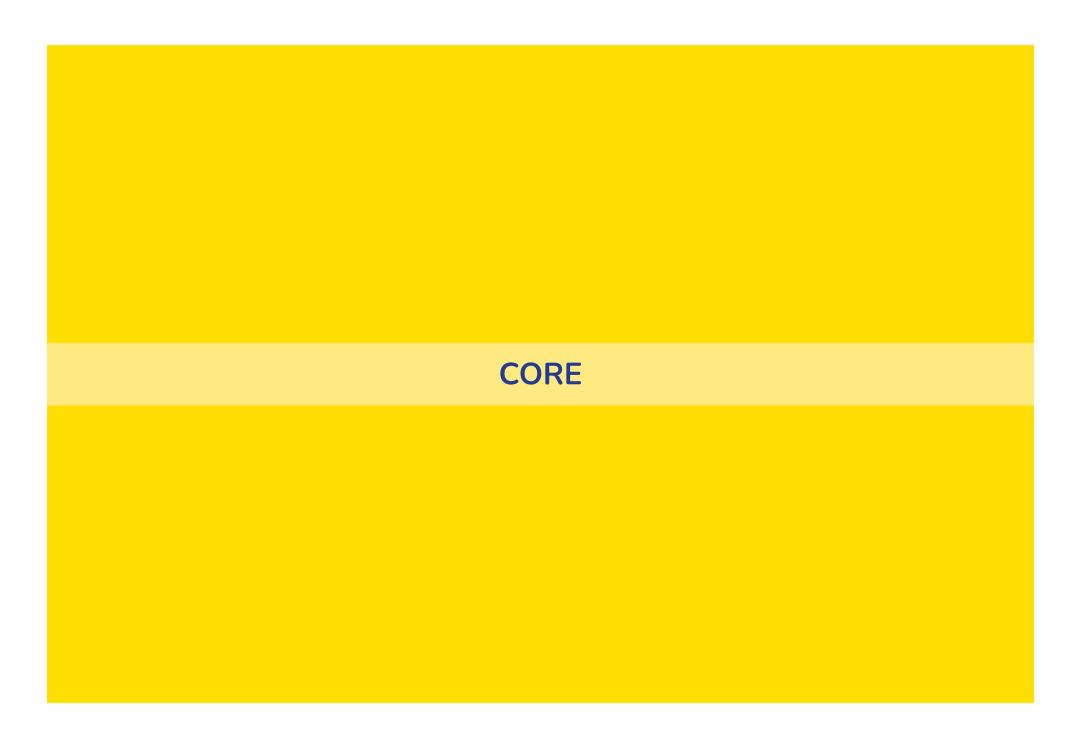
ACTIVITY INDEPENDENCE MEASURE - TRAUMA

In the following section, you will find a description of each of the **12 activities**, vigilance points, clinical and daily applications as well as detailed scoring instructions









11



CORE

1. ROLL OVER



Example of the activity in daily life



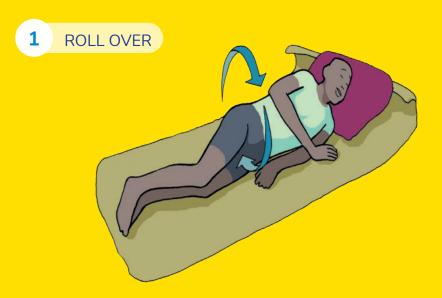
2. SIT UP AND REMAIN SEATED FOR 10 SEC.



Example of the activity in daily life



CORE





Description of the item

- Going from supine to side lying (only one side is assessed), without using arms to pull him/herself into side lying.
- EQUIPMENT NEEDED = any relevant flat surfaces (e.g. bed, floor).



Scoring

- SMOOTHLY AND SAFELY = timely (less than 5 seconds), without any pain, at first attempt and in a smooth manner, without any risk of falling or getting injured.
- MATERIAL ASSISTANCE = using bed-fences, bed-ladder or other piece of furniture, or any assistive devices.
- HUMAN ASSISTANCE = assistance from another person, for example in the initiation or the whole rolling over, or to carry one limb.

Vigilance points



- Verify with the medical team if side lying is authorised on at least one side.
- Look at use of arms to grab bed-fences for example. If possible try encouraging the patient rolling over without using his/ her arms.
- Ensure the patient is fully on his/her side (e.g. freeing pressure from back of head, whole back, both buttocks, back of legs, including heels).





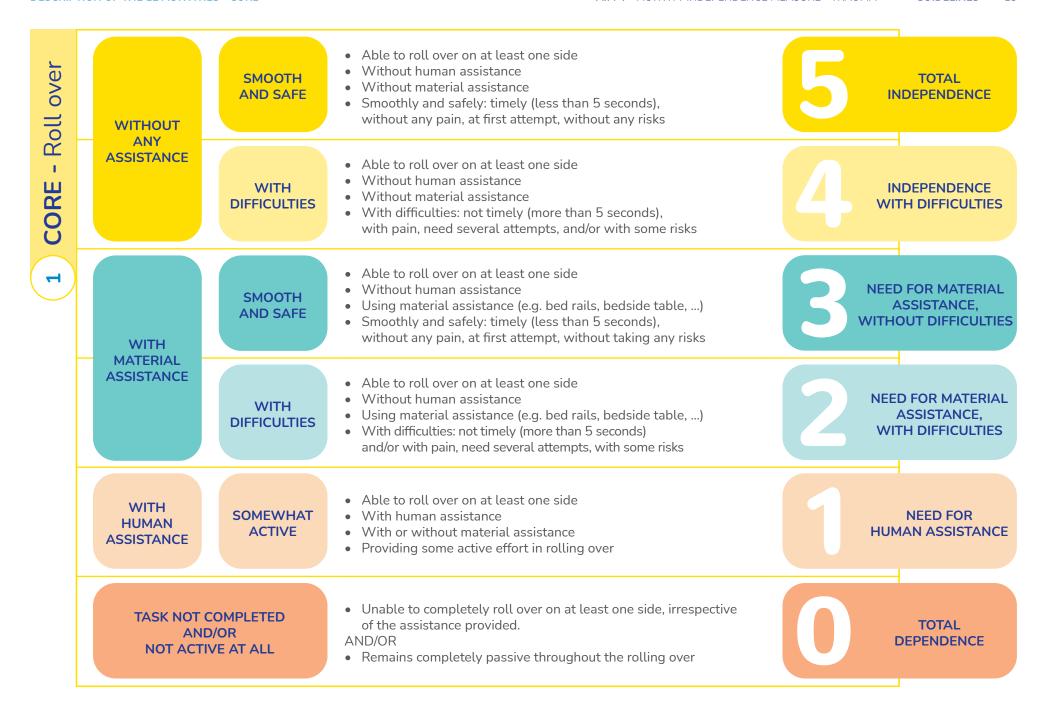




Allowing bed mobility, to reach out for bedside table or to facilitate washing and toileting.

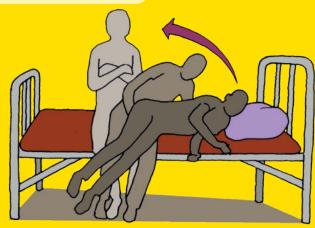






2 SIT UP AND REMAIN SEATED FOR 10 SEC.





Description of the item

- Going from supine to sitting (on the edge of bed) AND remain seated 10 seconds, without using arms to remain seated.
- EQUIPMENT NEEDED = any relevant flat surfaces (e.g. bed, floor).



Scoring

- **SMOOTHLY AND SAFELY** = timely (less than 5 seconds to sit up), without any pain, at first attempt and in a smooth manner, without any risk of falling or getting injured.
- MATERIAL ASSISTANCE = using bed-rails, bed-ladder or other piece of furniture (e.g. bedside table), or any assistive devices to sit up and/or remaining seated; or use the arms in sitting position.
- **HUMAN ASSISTANCE** = assistance from another person, for example in the initiation (to lift up from bed) or the whole sitting up, and/or to maintain the sitting position.

Vigilance points



- Verify with the medical team if sitting on the edge of bed is authorised or whether any precaution is required.
- Check that both components of the activity are performed (sitting up AND remain sitting for 10 seconds).
- Look at use of arms when in sitting position: if possible try encouraging the patient to remain seated without using his/her arms.

Clinical and/or daily life relevance



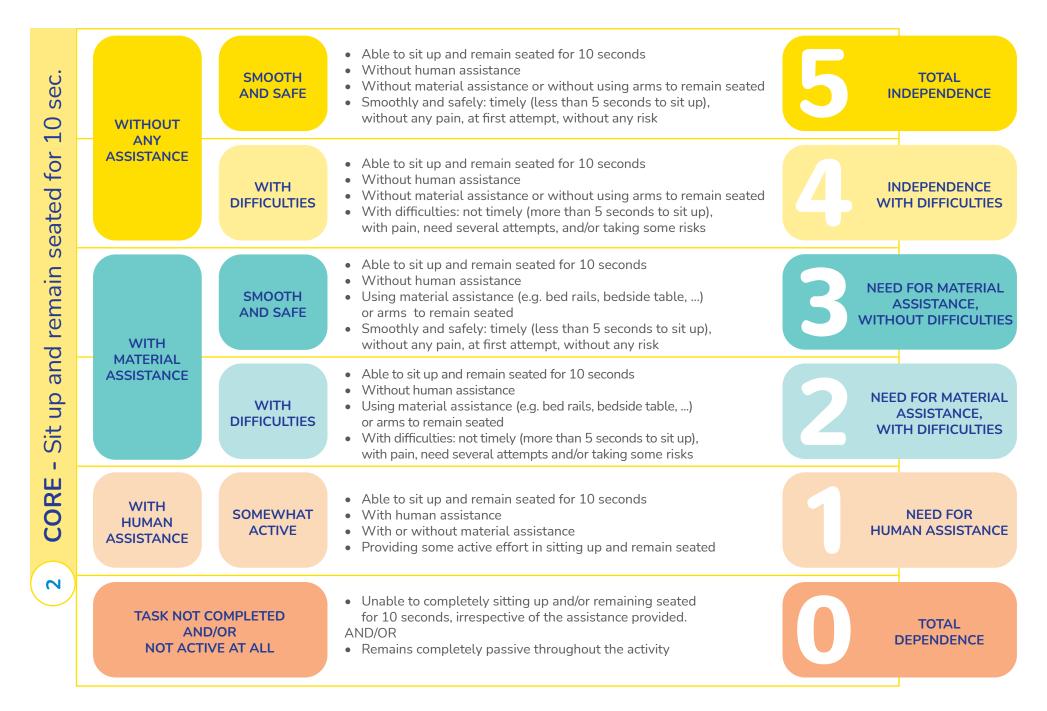
Important in the prevention of orthostatic hypotension, as well as bedsores, deep veinous thrombosis and respiratory infections, as well as testing sitting balance.

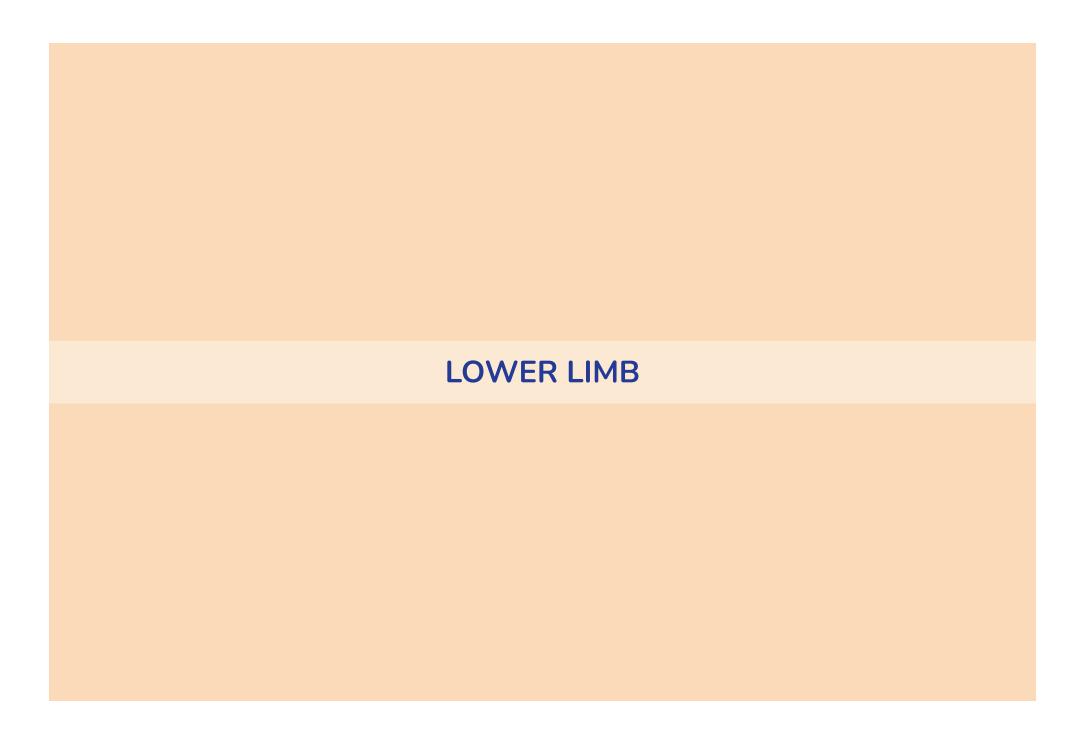
• DAILY LIFE:

Allowing sitting upright activities, such as eating, getting washed and dressed, and also a pre-requisite to be able to get out of bed.









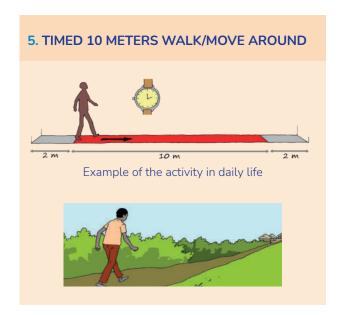


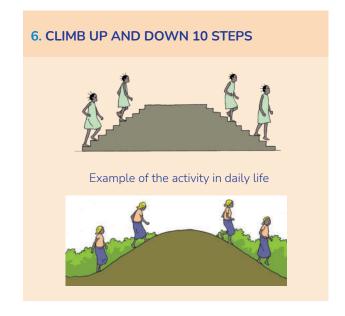


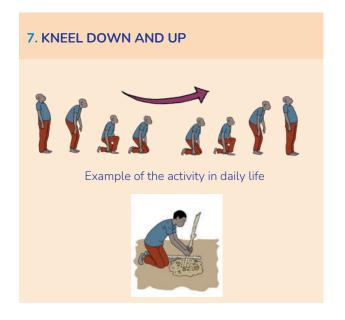
LOWER LIMB





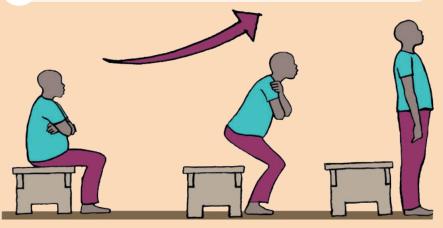






3 STAND UP AND REMAIN STANDING FOR 10 SEC.







Description of the item

- Going from sitting to standing AND remain standing for 10 seconds, without using arms to stand up and/or remain standing.
- EQUIPMENT NEEDED = bed or chair, allowing thighs to be horizontal while seated.



Scoring

- **SMOOTHLY AND SAFELY** = timely (less than 5 seconds to stand up), without any pain, at first attempt and in a smooth manner, without any risk of falling or getting injured.
- MATERIAL ASSISTANCE = using armrests, bedside table or other piece of furniture, or any assistive devices (e.g. crutches, walking frame) or prosthesis and orthosis to stand up and/or remaining standing; or only if able to stand up from an elevated surface (bed or chair, where thighs are not at the horizontal).
- **HUMAN ASSISTANCE** = assistance from another person, for example in the initiation or the whole task of standing up and/or remaining standing.

Vigilance points



- Verify with the medical team if upright position is authorised as well as weight bearing on at least one side.
- Check that both components of the activity are performed (standing up AND remaining standing 10 seconds).
- Look at use of arms to stand up for example; if possible try encouraging the patient to stand up without using his/her arms

Clinical and/or daily life relevance



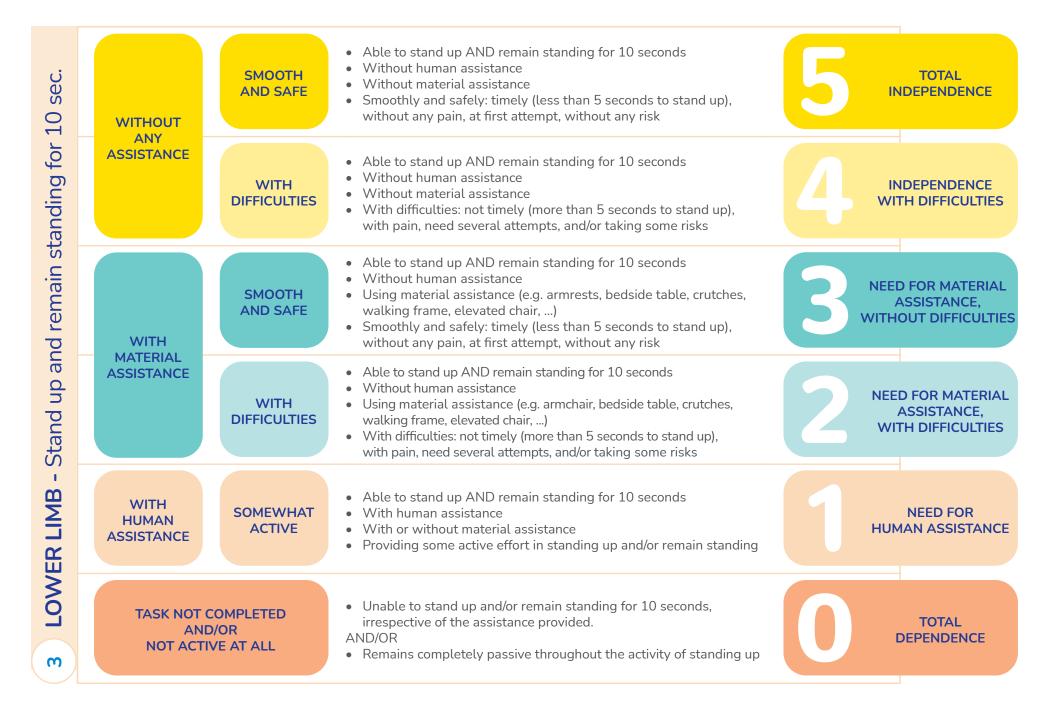
Important for the prevention of complications, such as bedsores, deep veinous thrombosis and respiratory infections as well as testing standing balance.

• DAILY LIFE:

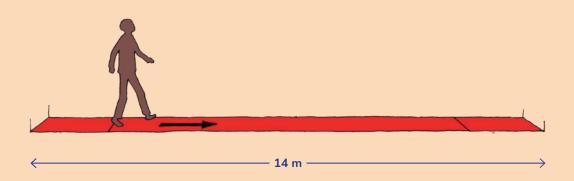
First step for out of bed activities: washing, toileting, eating, and is a prerequisite for walking.













Description of the item

- Walking/Moving around for 14 meters.
- This item is assessed at the same time as "5. Timed 10 meter walk/move around".
- **EQUIPMENT NEEDED** = as much as possible, a place where the patient can walk 14 meters in a straight line without having to turn around.



Scoring

- **SMOOTHLY AND SAFELY** = without any pain and in a smooth manner (e.g. smooth gait, no limping observed), without any risk of falling or getting injured.
- MATERIAL ASSISTANCE = using crutches, wheelchair, cane, walking frame, orthosis, prosthesis,...
- **HUMAN ASSISTANCE** = assistance from another person, for example in helping the beneficiary to keep his/her balance.

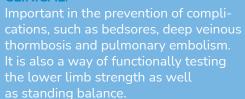
Vigilance points



- Verify with the medical team if upright position is authorised as well as weight-bearing on at least one side.
- Look at use of assistive device and gait pattern (presence of gait alterations).
- If possible and not contra-indicated, try encouraging the patient to walk without assistive device.
- To ensure patient safety, always stay close to the patient.

Clinical and/or daily life relevance



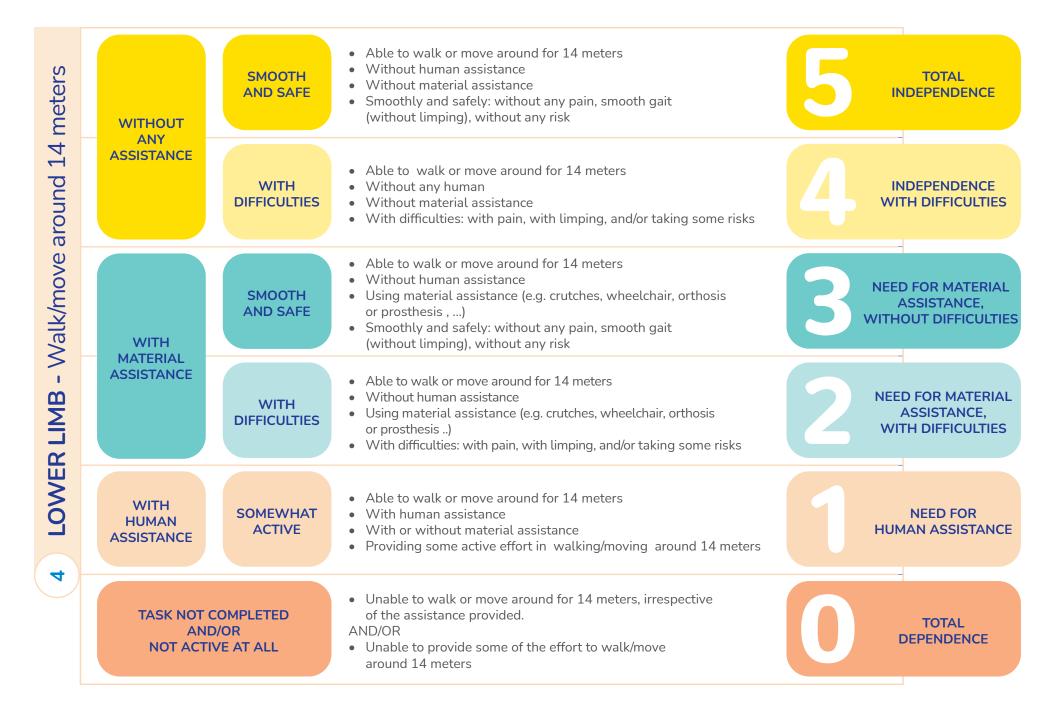




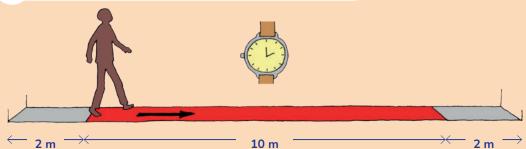
Allowing short walking distance to move around indoors and to reach latrine/bath-room or chair.







TIMED 10 METERS WALK/MOVE AROUND





Description of the item

- Timed observation of the patient walking/moving around for 10 meters, at a comfortable and safe pace (the patient should not be encouraged to walk as quick as possible).
- This item is assessed at the same time as the activity "4. Walk/move around 14 meters", timing the middle 10 meters.
- EQUIPMENT NEEDED = timer, and as much as possible, a place where the patient can walk 14 meters without having to turn around. If it is not possible, add 2 seconds per turn around.



Scoring

- SMOOTHLY AND SAFELY = without any pain and in a smooth manner (e.g. smooth gait, no limping observed), without any risk of falling or getting injured.
- MATERIAL ASSISTANCE = using crutches, wheelchair, cane, walking frame, orthosis, prosthesis.
- HUMAN ASSISTANCE = assistance from another person, for example in helping the patient to keep his/her balance.
- TIME THRESHOLD = if the 10 meters are covered in more than 12.5 seconds.

Vigilance points



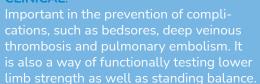
- Verify with the medical team if upright position is authorised as well as weight-bearing on at least one side.
- A specific scoring system is used, where the time threshold of 12.5 seconds is a key determinant.



- Look at use of assistive device and gait pattern (presence of gait alterations).
- If possible and not contra-indicated, try encouraging the patient to walk without assistive device.
- To ensure patient safety, always stay close to the patient.

Clinical and/or daily life relevance



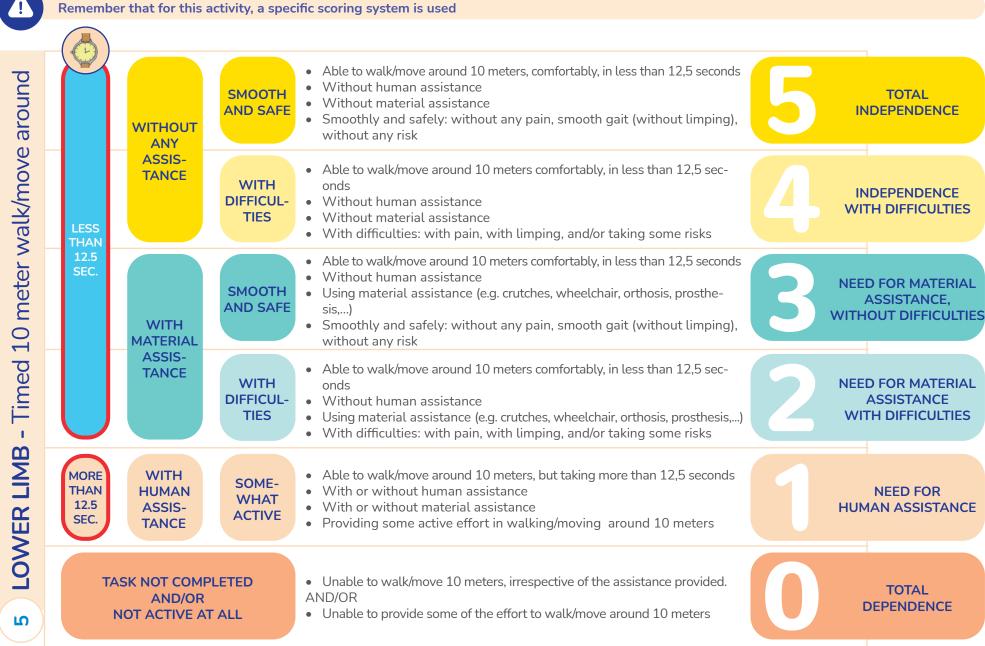


• DAILY LIFE:

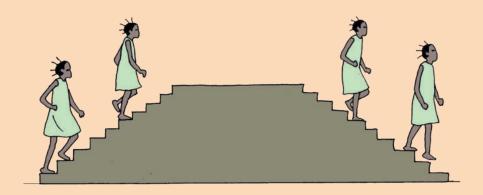
gait speed during such distance can give information on the patient's capacity to walk longer distances (e.g. to go to school or to fetch water).







CLIMB UP AND DOWN 10 STEPS





Description of the item

- Climbing up and down 10 steps.
- EQUIPMENT NEEDED = Steps height should be of 16-20 cm. If there are no stairs available, observe the beneficiary climbing up and down a curb/obstacle 10 times (when assessing the timeliness, add 2 seconds per turn over).



Scoring

- SMOOTHLY AND SAFELY = timely (less than 20 seconds), without any pain, at first attempt and in a smooth manner (e.g. no leg stiffness, waddling or limping observed), without any risk of falling or getting injured.
- MATERIAL ASSISTANCE = using crutches, banister, cane, prosthesis or orthesis.
- HUMAN ASSISTANCE = assistance from another person, for example in securing balance.

Vigilance points



- Verify with the medical team if weight-bearing is authorised as well as hip and knee flexion.
- Note if the person experiences more difficulties on one of the ways (up or down) and score the most difficult one.
- Look at use of arms: if possible and safe, try encouraging the patient climbing up and down without using his/her arms or material assistance.
- Observe the gait pattern (presence of alterations, or use of simple or alternated pattern).
- To ensure patient safety, always stay a few steps down.

Clinical and/or daily life relevance



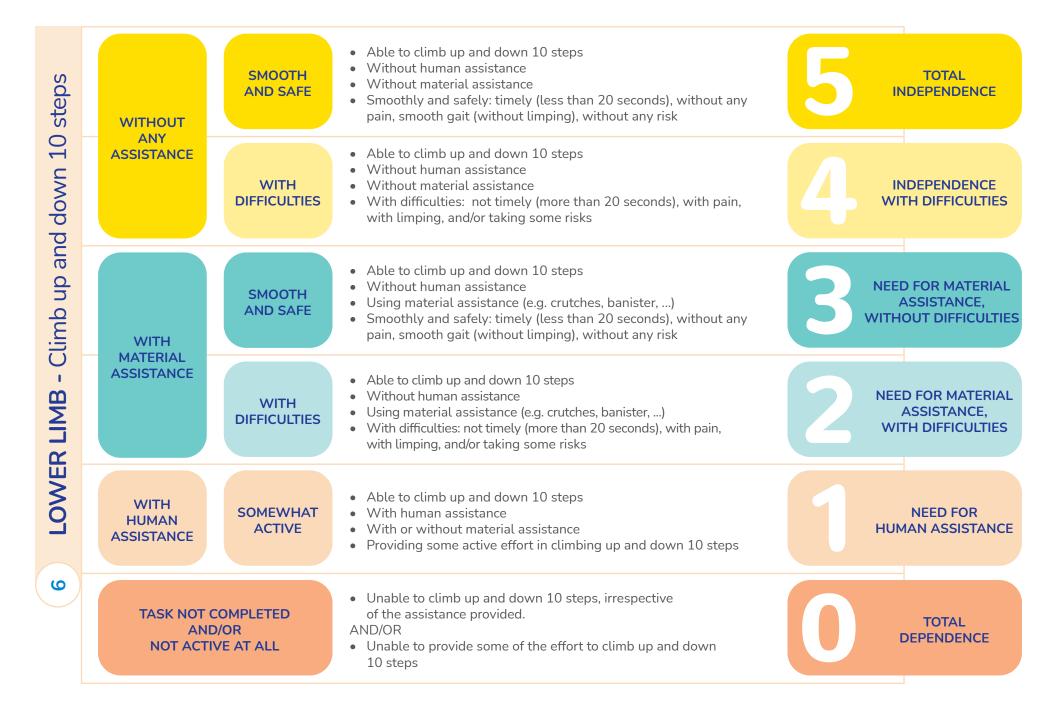
• CLINICAL:

It is a way of functionally testing lower limb strength as well as standing balance.

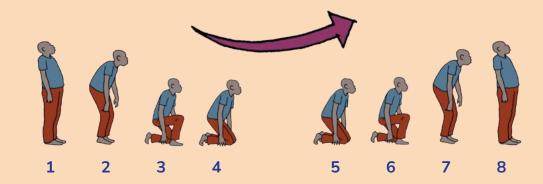
DAILY LIFE:

Related to the patient's capacity to ambulate/circulate outdoors and in the community, in rough terrain, climbing obstacles (e.g.: to get to the field, to fetch water).





7 KNEEL DOWN AND UP





Description of the item

- Kneeling down on the floor, maintaining the kneeling position and standing up. In kneeling, both knees should be flexed.
- **EQUIPMENT NEEDED** = any relevant flat surfaces (e.g. floor). Using a mat is recommended for hygiene purposes.



Scoring

- **SMOOTHLY AND SAFELY** = timely (less than 10 seconds down and up), without any pain, at first attempt and in a smooth manner (e.g. hips and knees are aligned in kneeling), without any risk of falling or getting injured.
- MATERIAL ASSISTANCE = using grab bar (or any piece of furniture) or any assistive devices (crutches, walking frame, ...), prosthesis and orthosis.
- **HUMAN ASSISTANCE** = assistance from another person, for example to help to control the way down or initiate the way up.

Vigilance points



- Verify with the medical team if weight-bearing, as well as hip and knee flexion are authorized, and if both legs can rest on the floor.
- Check that all 3 components of the activity are performed (kneel down, maintain kneeling and stand up), ensuring that both knees and hips are flexed when in kneeling position.
- Look at use of arms: if possible try encouraging the patient to kneel up and down without using his/her arms.
- If the person does not feel comfortable to perform that movement in front of you, a person from the same gender can assist with the assessment.
- To ensure patient safety, always stay close to the patient.

Clinical and/or daily life relevance



It is a way of functionally testing hip and knee flexion and lower limb strength, as well as preventing stiffness.

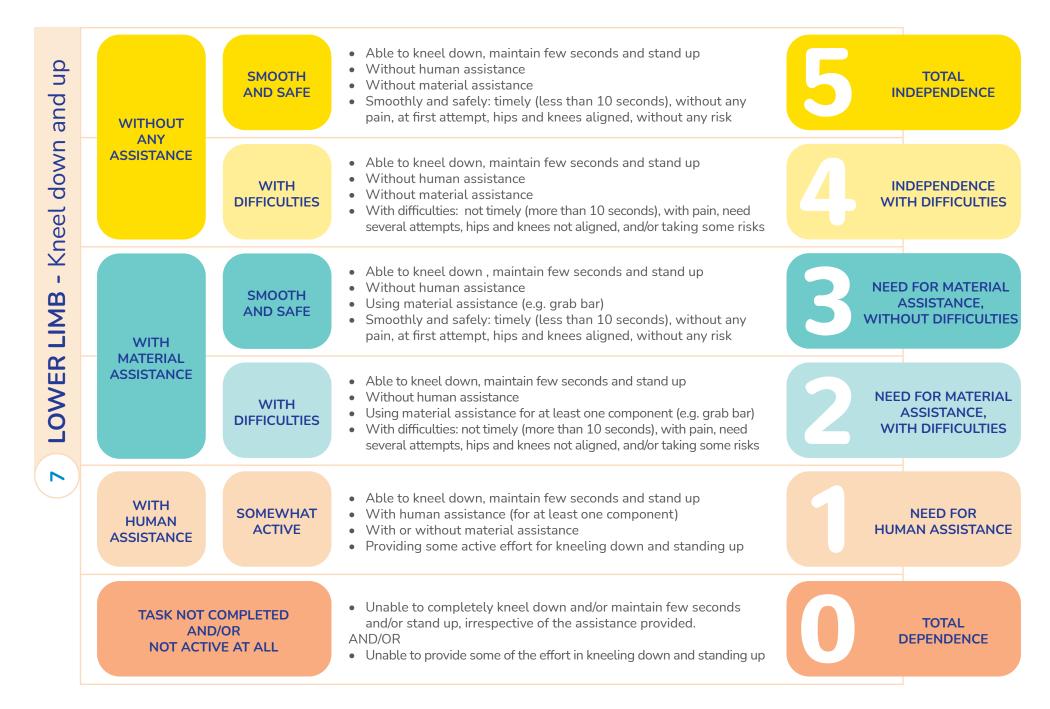
• DAILY LIFE:

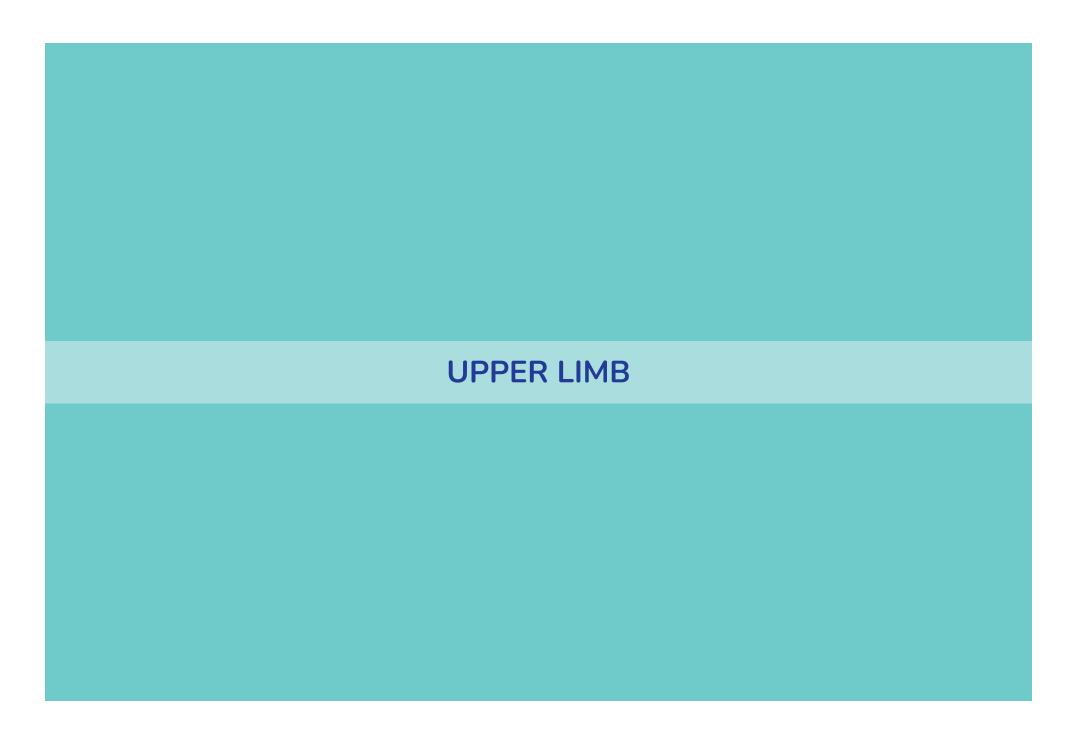
Kneeling may be necessary when sitting on the floor, praying, washing clothes, playing, reaching for a low cupboard, caring for a child or cultivating.





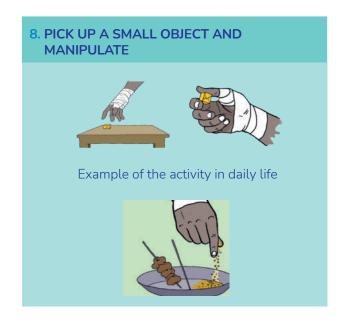




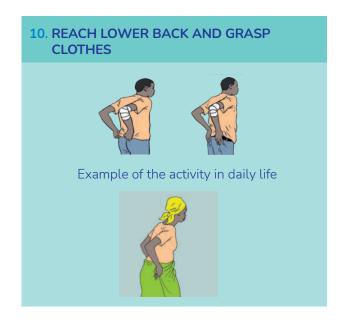




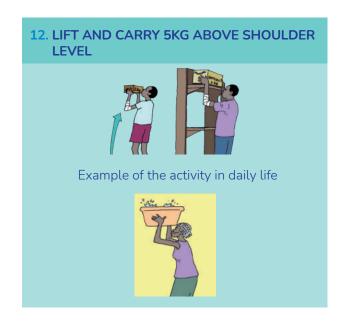
UPPER LIMB











PICK UP A SMALL OBJECT AND MANIPULATE







Description of the item

- Lifting up with fingers a small object placed on a flat surface, and manipulate it, using the most affected limb*
- EQUIPMENT NEEDED = any relevant flat surface and small object weighting less than 50 grams (such as a bottle lid, coins, pencil, small piece of food or any similar object). Please note that this activity can be done sitting or standing.

*Manipulate = using fingers and hands to exert control over, direct or guide something, such as when handling coins or other small objects (ICF definition).



Scoring

- SMOOTHLY AND SAFELY = timely (less than 5 seconds), without any pain, at first attempt and in a smooth manner with precision and without any risk of getting injured.
- MATERIAL ASSISTANCE = using orthosis, prosthesis or grab bar, and/or support from healthy limb (e.g. to stabilise the forearm or wrist).
- HUMAN ASSISTANCE = assistance from another person, for example in stabilizing manually the forearm or wrist.

Vigilance points



- Verify with the medical team if active prehension is authorized on the affected side.
- Look at the effort needed and the movement precision.
- Try different material and shapes (e.g. rough surfaces or square objects).
- Please note that this activity does not include the ability to write.

Clinical and/or daily life relevance





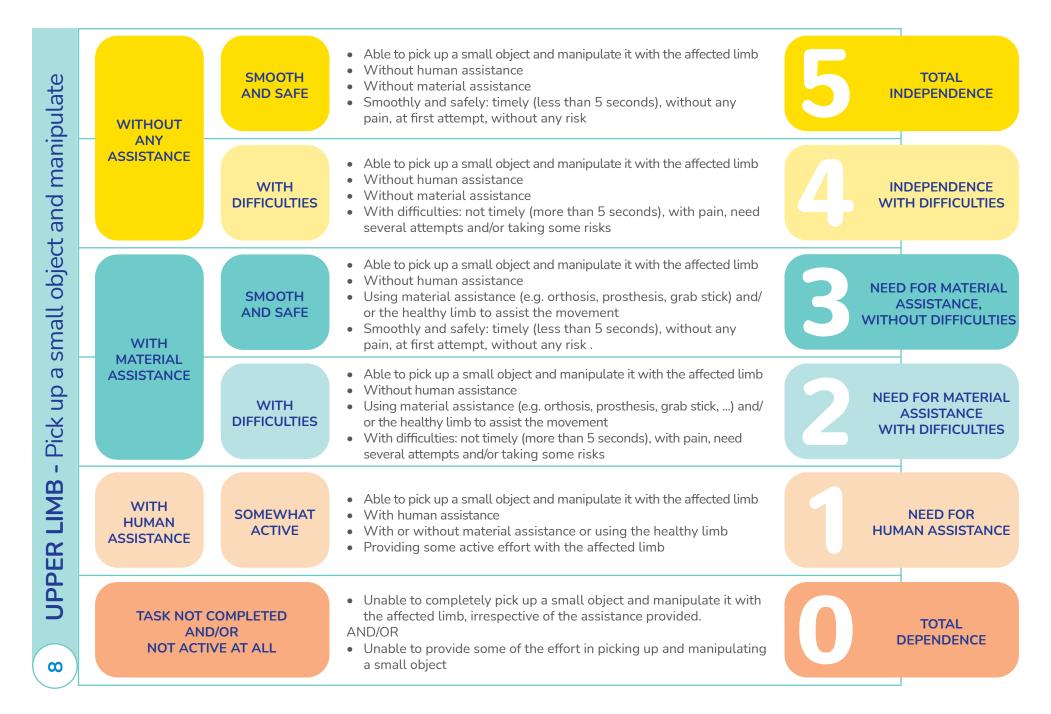
It is a way of functionally testing fine hand use, and prevent stiffness.



Importance in daily life activities such as dressing (closing/opening zips or buttons) and eating with utensils or with fingers.











Description of the item

- Turning a jar or a bottle lid to open it, the most affected hand being the one grabbing the lid and turning it open.
- **EQUIPMENT NEEDED** = any bottle or jar. Please note that this activity can be done sitting or standing.



Scoring

- **SMOOTHLY AND SAFELY** = timely (less than 5 seconds), without any pain, at first attempt and in a smooth manner, with precision, without any risk of getting injured.
- MATERIAL ASSISTANCE = using orthosis, jar opener, towel, glove, and/or when the healthy limb is the one turning the lid (while the affected limb is only stabilising the jar/bottle).
- **HUMAN ASSISTANCE** = assistance from another person, for example in stabilizing manually the forearm, wrist or the jar/bottle.

Vigilance points



- Verify with the medical team if power grip is authorized, on the affected side.
- Look at the effort needed and the movement precision.
- In case of difficulty, try stabilizing the jar/ bottle with the affected limb and opening it with the healthy hand.
- Try different material and shapes (e.g. rough surfaces or lids of different sizes).

Clinical and/or daily life relevance



It is a way of functionally testing power grip, and prevent stiffness in the fingers, and in pro/supination.

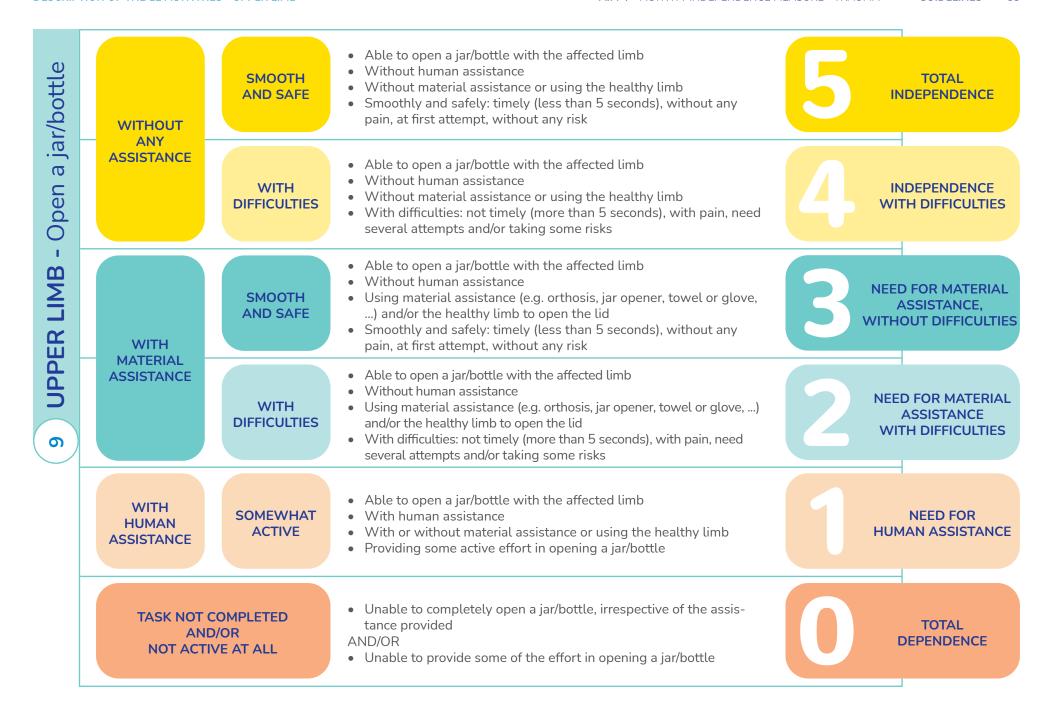


Importance in daily life activities such as when opening a bottle of water, of oil, a medication container, a jar of jam or cream.









10 REACH LOWER BACK AND GRASP CLOTHES







Description of the item

- Reaching and touching his/her lower back and grasp his/her lower body clothes from behind to lift it up (such as pants or skirt), with the affected arm.
- **EQUIPMENT NEEDED** = no equipment needed. Please note that this activity can be done sitting or standing.



Scoring

- **SMOOTHLY AND SAFELY** = timely (less than 5 seconds), without any pain, at first attempt and in a smooth manner, without risk of getting injured.
- MATERIAL ASSISTANCE = using orthosis, prosthesis, dressing sticks, and/or support from healthy limb (e.g. to lead the affected limb towards the lower back)
- **HUMAN ASSISTANCE** = assistance from another person, for example in assisting manually the movement.

Vigilance points



- Verify with the medical team if internal rotation and extension of the shoulder, elbow flexion as well as active finger flexion are authorised, on the affected side.
- Check that both components of the activity are performed (reaching the back AND grasping clothes).
- Look at the effort needed and verify the use of the healthy limb (compared to the affected one).

Clinical and/or daily life relevance



It is a way of functionally testing the shoulder extension and internal rotation, and prevent stiffness.



Importance in daily life activities such as when washing the lower back, carrying goods or a child on the back, donning a pants/skirt or underwear and for perineal care







• Able to reach lower back AND grasp clothes with the affected limb • Without human assistance **SMOOTH** • Without material assistance or without using the healthy limb TOTAL grasp clothes **AND SAFE INDEPENDENCE** to assist • Smoothly and safely: timely (less than 5 seconds), without any WITHOUT pain, at first attempt, without any risk ANY • Able to reach lower back AND grasp clothes with the affected limb **ASSISTANCE** Without human assistance WITH • Without material assistance or without using the healthy limb **INDEPENDENCE DIFFICULTIES** to assist WITH DIFFICULTIES • With difficulties: not timely (more than 5 seconds), with pain, need and several attempts and/or taking some risks • Able to reach lower back and grasp clothes with the affected limb Reach lower back Without human assistance **NEED FOR MATERIAL** • Using material assistance (e.g. orthosis, prosthesis, dressing sticks, **SMOOTH** ASSISTANCE, AND SAFE ...) OR the healthy limb to assist WITHOUT DIFFICULTIES • Smoothly and safely: timely (less than 5 seconds), without any WITH pain, at first attempt, without any risk **MATERIAL** Able to reach lower back and grasp clothes with the affected limb **ASSISTANCE** Without human assistance **NEED FOR MATERIAL** WITH • Using material assistance (e.g. orthosis, prosthesis, dressing sticks, **ASSISTANCE DIFFICULTIES** ...) OR the healthy limb to assist WITH DIFFICULTIES • With difficulties: not timely (more than 5 seconds), with pain, need several attempts and/or taking some risks 1 • Able to reach lower back and grasp clothes with the affected limb LIMB With human assistance WITH **SOMEWHAT** • With or without material assistance or without using the healthy **NEED FOR** HUMAN **ACTIVE** limb to assist **HUMAN ASSISTANCE ASSISTANCE** • Providing some active effort in reaching lower back and grasping UPPER clothes • Unable to completely reach lower back and grasp clothes with the affected limb irrespective of the assistance provided. TASK NOT COMPLETED **TOTAL** AND/OR AND/OR **DEPENDENCE** • Unable to provide some of the effort to reach lower back **NOT ACTIVE AT ALL** and grasp clothes. 10

11 REACH FACE AND NECK





P

Description of the item

- Reaching and touching his/her his/her face AND neck with the most affected limb.
- **EQUIPMENT NEEDED** = no equipment needed. Please note that this activity can be done sitting or standing.



Scoring

- **SMOOTHLY AND SAFELY** = timely (less than 5 seconds), without any pain, at first attempt and in a smooth manner, without any risk of getting injured.
- MATERIAL ASSISTANCE = using orthosis, prosthesis and/or support from healthy limb (e.g. to bring the affected limb towards the face and neck).
- **HUMAN ASSISTANCE** = assistance from another person, for example in stabilizing manually the elbow or guiding the movement.

Vigilance points



- Verify with the medical team if active elbow flexion is authorised on the affected side.
- Check that both components of the activity are performed (reaching the face AND the neck) and that the person reaches all surfaces of neck and face.
- Look at the effort needed and verify the use of the healthy limb (compared to the affected one).

Clinical and/or daily life relevance



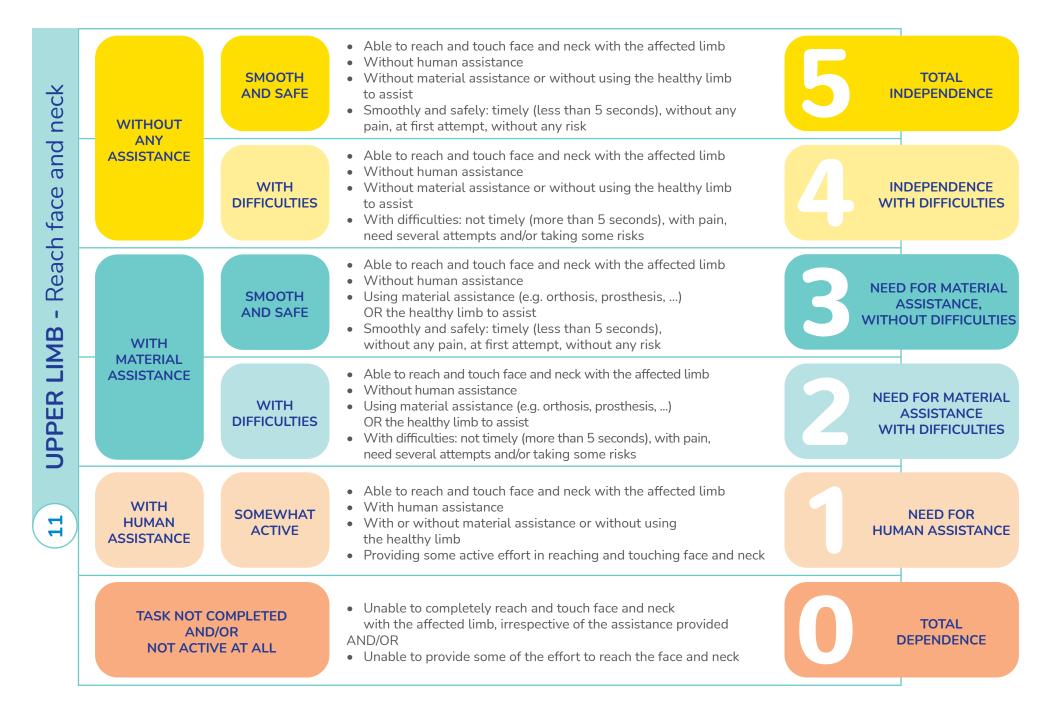
It is a way of functionally testing the elbow flexion and supination, and prevent stiffness.

• DAILY LIFE:

Importance in daily life activities such as when washing face and neck, as well as brushing teeth, drinking and eating.







12 LIFT AND CARRY 5KG ABOVE SHOULDER LEVEL







Description of the item

- Take a 5 kg object from below waist level and lift it above shoulder level, using both arms and hands.
- **EQUIPMENT NEEDED** = an object of 5kg (between 5 and 18 years old, a weight of 2 kg is indicated). Please note that this activity can be done sitting or standing.



Scoring

- **SMOOTHLY AND SAFELY** = timely (less than 10 seconds), without any pain, at first attempt and in a smooth manner without any risk of getting injured.
- MATERIAL ASSISTANCE = using orthosis, prosthesis, and/or if the healthy limb is the one lifting more than half of the weight.
- **HUMAN ASSISTANCE** = assistance from another person, for example in stabilizing manually the shoulder/elbow, taking off some of the weight by lifting the object with the person.

Vigilance points



- Verify with the medical team if active movement with 5kg/2kg load, as well as shoulder flexion above 90° are authorised with the affected limb.
- Try it first without weight
- Look at the effort needed and verify the use of the healthy limb (compared to the affected one).
- Try different material and shapes (e.g. rough surfaces, square or compact object).
- Please note that this task does not include carrying objects on the head or shoulder.

Clinical and/or daily life relevance



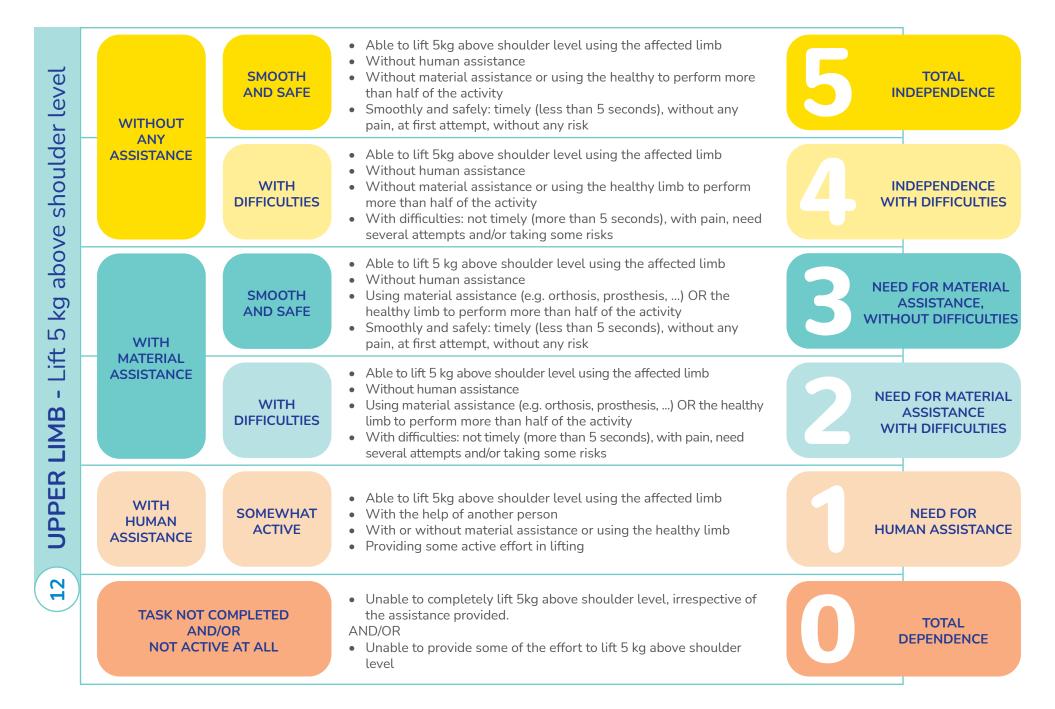
It is a way of functionally testing the overall upper limb strength, and more specifically shoulder flexion, and prevent stiffness.

• DAILY LIFE:

Importance in daily life activities such as when lifting up groceries (e.g. to place on shelf), goods, a child or construction material.







Here is a checklist with the few equipment needed to perform the AIM-T with your patients. Minimum requirements are stated and examples from different contexts are shown.

PICK UP A SMALL

OBJECT AND

MANIPULATE:

Any object weighting less

than 50 grams and being

of small size can be used.

though pay attention to the

safety aspects as well as ease

to grab the object.

WALK/MOVE **AROUND** (14 METERS):

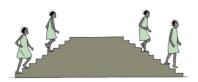
Ideally, use a place where patients can walk 14 meters in a straight line (without having to turn around).

Place 4 markers: at the beginning, after 2, 12 and 14 meters, as indicated in the drawing.

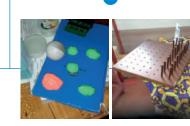
CLIMB UP AND DOWN 10 STEPS:

When available, using a staircase is the easiest, or rehabilitation stairs. Though in inpatient department, this can be replaced by a wooden platform on which the patient can safely climb up and down or foldable stairs.

Steps should have a minimum height of 16 cm. Bear in mind the safety aspects in terms of width and length of steps as well as the platform where patients have to turn around (in case of rehabilitation stairs).







OPFN A JAR/BOTTLE:

Any jar or bottle can be used. but keep in mind that power grip is assessed through this activity. Therefore the lid should allow the hand to grab it.

LIFT 2KG OR 5KG **ABOVE SHOULDER LEVEL:**

Any object or recipient weighting 5 and 2 kg can be used, (bag filled with sand or stones, 5L/2L water jerican, ...) though pay attention to the safety aspects as well as ease to grab the object





















All guideline **resources** such as pocket cards and posters are compiled on an open access platform, which will be updated regularly with new materials. Stay tuned!

https://rise.articulate.com/share/ WdHK1HzyFby57UUzsxQxU4Qx-47E9cq5z#/



Should you have any question or feedbacks, feel free to send an email on this address: b.gohy@hi.org

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Thank you to all of you!



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