

Examiner's Assessment Start Page

Raine ID

(DOB:)
Aged years

Today's date

/ /
Day Month Year

Examiner

Time

Place

Room Temp

 °C

Contraindications

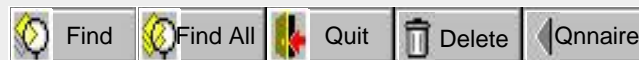
Yes No

Diagnosed condition

Injury

Illness

[Go to Examiner's Review Page](#)



Start
Assessment



1. Physiological Measurements

Blood Pressure Measurement

Arm circumference Instrument: State:

Minutes	Blood Pressure	HR
0	<input type="text"/> / <input type="text"/> mm Hg	<input type="text"/>
2	<input type="text"/> / <input type="text"/> mm Hg	<input type="text"/>
4	<input type="text"/> / <input type="text"/> mm Hg	<input type="text"/>
6	<input type="text"/> / <input type="text"/> mm Hg	<input type="text"/>
8	<input type="text"/> / <input type="text"/> mm Hg	<input type="text"/>
10	<input type="text"/> / <input type="text"/> mm Hg	<input type="text"/>
Average	/ mm Hg	

Sphygmocor done Sphyg time Sphyg temp Liver ultrasound done Echotexture Echo penetration Clarity of blood vessels

2. Anthropometric Measurements

	School	ICHR	Average
Height	<input type="text"/>	<input type="text"/>	metres
Weight	<input type="text"/>	<input type="text"/>	kgs

Body Mass Index:

	1	2	Average
Waist girth	<input type="text"/>	<input type="text"/>	cm
Hip	<input type="text"/>	<input type="text"/>	cm

Waist-Hip Ratio:

	1	2	Average
Biacromial	<input type="text"/>	<input type="text"/>	cm
Triceps Skinfold	<input type="text"/>	<input type="text"/>	mm
Subscapular Skinfold	<input type="text"/>	<input type="text"/>	mm
Abdominal Skinfold	<input type="text"/>	<input type="text"/>	mm
Suprailiac Skinfold	<input type="text"/>	<input type="text"/>	mm

ID:

(DOB:)

3. MAND

Preferred Hand

Total

Scaled
score

1. Beads in Box (# placed in 30 seconds)

Right

Left

2. Beads on Rod (# cylinders placed in 30 seconds)

Eyes Open

Eyes Closed



3. MAND

Preferred Hand

Total

Scaled score

3. **Finger Tapping** (Observations for a 10 second interval with each hand)

A. Rhythm of tapping

- 4. Even, consistent rhythm of tapping
- 2. Disruption of rhythm once or twice, but regains consistent tapping
- 1. Erratic, non-rhythmic tapping

B. Extraneous hand movements

- 4. Moves only index finger, fist remains closed
- 2. Extraneous movement of thumb
- 1. Extraneous movement of thumb and other fingers

C. Overflow of movement in arm

- 4. Wrist or forearm remains stationary while tapping
- 2. Occasional (once or twice) movement of wrist or forearm to 'assist' tapping
- 1. Frequent (three or more) movements of wrist or forearm to 'assist' tapping

D. Complete distance

- 4. Index finger moves the complete distance between base and suspended rubber band
- 2. Occasional (once or twice) incomplete movement between base and rubber band
- 1. Frequent (three or more) incomplete movements of index finger between base and rubber band

E. Number of complete finger taps in ten seconds

Do not count incomplete movements or contact made by movements of wrist or forearm

RIGHT LEFT

RIGHT	LEFT



ID:

(DOB:)

3. MAND

Preferred Hand

Total

Scaled
score

4. Nut and Bolt (# seconds to complete task)

Large

Small

3. MAND

Preferred Hand

Total Scaled score

5. **Rod Slide** (Observations during movement of the right and left hands)

A. Impulsive-jerky movements (changes in rate of speed)

- 4. Continuous even slide
- 2. Changes in slide motion; obvious deviation in speed
- 1. Changes in slide motion; obvious deviation in speed with erratic and impulsive movement

B. Distractibility

- 4. Attended to task without distraction (eyes remained focused on bead during slide)
- 2. Distracted by extraneous stimuli (eyes shifted from focus once during slide)
- 1. Distracted by extraneous stimuli (eyes shifted from focus two or more times during slide)

C. Head-body shifting

- 4. Head and body remain stationary while the eyes track the bead; the movement of the eyes parallels the movement of the bead
- 2. Limited tracking movement of eyes with turning of head or partial shifting of body to follow the bead
- 1. Simultaneous shifting of body while tracking the bead; the body or head, rather than the eyes, shifts past the midline

D. Extraneous body movements

- 4. Body posture relaxed and stationary; moves only the arm performing the task
- 2. Extraneous movement of other arm or legs once during the task
- 1. Extraneous movement of other arm or legs two or more times during the task

E. Speed of movement (up to 30 seconds)

Record the time taken to move the bead the full distance across the rod. The maximum possible score for each hand is 30 seconds. When the speed of movement is 5 seconds or less, record a score of '1' for each of the behavioural observations above (A, B, C, and D)

RIGHT	LEFT

The individual stands approximately one foot away from the rod slide and the height of the rod is at waist level



ID:

(DOB:)

3. MAND

Preferred Hand

Total

Scaled
score

6. Hand Strength (Best of two trials with each hand)

	Right	Left
Trial 1	<input type="text"/>	<input type="text"/>
Trial 2	<input type="text"/>	<input type="text"/>



3. MAND

Preferred Hand

Total

Scaled score

7. **Finger-Nose-Finger** (Allow a 10 second interval to observe each trial)

EYES OPEN		EYES CLOSED	
RIGHT	LEFT	RIGHT	LEFT

A. Arm movement

- 4. Smooth, direct arm movement
- 2. Somewhat irregular or wavy arm movement
- 1. Confused and jerky arm movement

B. Index finger on the extended hand

- 4. Held steady
- 2. Slight tremor or swaying
- 1. Marked tremor or swaying

C. Contact points

- 4. Contact points at top of nose and tip of extended index finger
- 2. Missed contact point at either tip of nose or tip of index finger
- 1. Missed contact points at *both* tip of nose and tip of index finger

D. Bending of elbow (gradual movement inward)

- 4. Holds arm fully extended
- 2. Slight bend at elbow (less than 30°)
- 1. Noted bend at elbow (more than 30°)

E. Indenting

- 4. Lightly touches tip of extended index finger and end of nose
- 2. Noted pushing of tip of extended index finger or presses in end of nose once or twice
- 1. Noted pushing in of tip of extended index finger or presses in the end of nose three or more times



3. MAND

Preferred Hand

Total

Scaled score

8. **Jumping**

Body movements are rated according to an overall impression of typical performance as observed during all three jumps

A. Spring

- 4. An even spring into the air from both feet
- 2. An awkward spring into the air; predominant use of one leg to spring
- 1. Clumsy spring; limited ability to spring off the floor

B. Use of arms

- 4. Arms assist with slight spring forward and return to sides
- 2. Arms move limply with limited assistance
- 1. Arms held rigidly; are not used to assist

C. Trunk balance

- 4. Landing stable; centre of gravity midline (remains in place)
- 2. Landing unstable but able to regain balance
- 1. Landing unstable; takes step backward or forward or uses hands to prevent falling

D. Landing with knees flexed

- 4. Smooth landing on both feet simultaneously with slight bending of knees to absorb the fall
- 2. Somewhat stiff landing; limited use of knee bend
- 1. Stiff landing with stiff knees; jars the body when landing

E. Distance of jump

The distance score recorded is the farthest jump of the three attempts (inches)



3. MAND

Preferred Hand

Total

Scaled score

9. Heel-Toe Walk (Individual walks a distance of 10 feet)

A. Arms/body sway

- 4. Both hands remain on hips
- 2. Removed one hand from hip
- 1. Removed both hands from hips

B. Feet

- 4. Retained both feet on tape line
- 2. Foot altered from line once or twice (when less than half the tape is covered, the foot is considered off)
- 1. Foot altered from line three or more times

C. Heel to toe distance

- 4. Heel positioned within once inch of toe
- 2. Heel positioned greater than once inch from toe once or twice
- 1. Heel positioned greater than once inch from toe three or more times

D. Progression

- 4. Smooth forward walk
- 2. Slight pauses in forward movement
- 1. Shifting of weight backward and forward while walking

E. Parallel placement

- 4. Both feet kept parallel to the tape line
- 2. Steps correctly, but then rotates foot to an angle (20° or more) with the line
- 1. Steps at an angle (20° or more) with the line

FORWARD BACKWARD



ID:

(DOB:)

3. MAND

Preferred Hand

Total Scaled score

10. Standing on One Foot (# seconds up to 30)

	Eyes Open	Eyes Closed
RIGHT	<input type="text"/>	<input type="text"/>
LEFT	<input type="text"/>	<input type="text"/>



ID:

(DOB:)

3. MAND

Preferred Hand

Total

Scaled
score

11. **Ball Bounce** (# bounces in 15 seconds)

Right

Left



ID:

(DOB:)

4. Back Muscle Endurance

Total

Time in position until sagging to 15° from horizontal plane

(time in total seconds calculated)

minutes

AND

(if endurance is 0 then please enter 0 in seconds field)

seconds

4b. Squat Endurance

Total

(time in total seconds calculated)

minutes

AND

(if endurance is 0 then please enter 0 in seconds field)

seconds

ID:

(DOB:)

5. Posture Assessment



1. STANDING
2. SITTING
3. SITTING LOOKING DOWN
4. SITTING SLUMP
5. SITTING EXTENDED

6. Cardiovascular Endurance Test

Blood Pressure - Cycle Ergometer - Baseline

Exercise time
 Exercise temp

/ mm Hg HR: Instrument: State:

3 MINUTE WARM-UP ON CYCLE ERGOMETER

Blood Pressure - Cycle Ergometer - Exercise

Cycling Technique

Stage/Time	Resistance	HR
FIRST STAGE (1 min)	<input type="text"/>	<input type="text"/>
FIRST STAGE (2 min)		<input type="text"/>
SECOND STAGE (3 min)	<input type="text"/>	<input type="text"/>
SECOND STAGE (4 min)		<input type="text"/>
THIRD STAGE (5 min)	<input type="text"/>	<input type="text"/>
THIRD STAGE (6 min)		<input type="text"/>

Blood Pressure - Cycle Ergometer - Post-Exercise

	Blood Pressure	HR	State
1.	<input type="text"/> / <input type="text"/> mm Hg	<input type="text"/>	<input type="text"/>
2.	<input type="text"/> / <input type="text"/> mm Hg	<input type="text"/>	<input type="text"/>
3.	<input type="text"/> / <input type="text"/> mm Hg	<input type="text"/>	<input type="text"/>
4.	<input type="text"/> / <input type="text"/> mm Hg	<input type="text"/>	<input type="text"/>
5.	<input type="text"/> / <input type="text"/> mm Hg	<input type="text"/>	<input type="text"/>
6.	<input type="text"/> / <input type="text"/> mm Hg	<input type="text"/>	<input type="text"/>



7. Australian Fitness Education Award

A. Curl-up

Number of correctly performed curls (0-60)

B. Sit and Reach

Distance of reach (cm)

Right cm

Left cm

Both cm

C. Shoulder Stretch

Able to touch fingertips behind back (Y/N)

Right Yes No

Left Yes No

D. Basketball Throw

Distance of throw (metres)

 metres

ID:

, (), aged (DOB:)

3. MAND SUMMARY

MAND Done

Preferred Hand

Total

Scaled Score

Go to	1.	Beads in Box (# placed in 30 seconds)		
Go to	2.	Beads on Rod (# cylinders placed in 30 seconds)		
Go to	3.	Finger Tapping		
Go to	4.	Nut and Bolt (# seconds to complete task)		
Go to	5.	Rod Slide		
Go to	6.	Hand Strength (best of two trials with each hand)		
Go to	7.	Finger-Nose-Finger		
Go to	8.	Jumping		
Go to	9.	Heel-Toe Walk		
Go to	10.	Standing on One Foot (# seconds up to 30)		

Sum of scaled scores

NDI SCORE

NDI STD Dev

Average NDI



Examiner's Post-Assessment Review

Raine ID number , aged yrs (DOB:)

Today's date

Examiner

ASSESSMENT SUMMARY

Reason not Completed

- | | | | | |
|--------------------------------------|-----|--|--------------------------|----------------------|
| <input type="button" value="Go to"/> | 1. | Physiological Measurements | <input type="checkbox"/> | <input type="text"/> |
| | | Sphygmocor | <input type="checkbox"/> | <input type="text"/> |
| | | Liver ultrasound | <input type="checkbox"/> | <input type="text"/> |
| <input type="button" value="Go to"/> | 2. | Anthropometric Measurements | <input type="checkbox"/> | <input type="text"/> |
| <input type="button" value="Go to"/> | 3. | MAND <input type="button" value="Score MAND"/> | <input type="checkbox"/> | <input type="text"/> |
| <input type="button" value="Go to"/> | 4a. | Back Muscle Endurance | <input type="checkbox"/> | <input type="text"/> |
| <input type="button" value="Go to"/> | 4b. | Squat Endurance | <input type="checkbox"/> | <input type="text"/> |
| <input type="button" value="Go to"/> | 5. | Posture Assessment | <input type="checkbox"/> | <input type="text"/> |
| <input type="button" value="Go to"/> | 6. | Cardiovascular Endurance Test | <input type="checkbox"/> | <input type="text"/> |
| <input type="button" value="Go to"/> | 7. | Australian Fitness Education Award | <input type="checkbox"/> | <input type="text"/> |

Contraindications Yes No Diagnosed condition Injury Illness

Comments

