

Osteo-Circuit Assessment Procedure and Suggested Time Frame

Prior to Assessment

1. **Send Pre-Assessment Questionnaire**
 - Ensure patient completes and returns the questionnaire before their appointment.
 - If a patient needs to attend clinic to complete it ask to come 30 minutes early.
2. **Provide Preparation Instructions**
 - Advise on appropriate attire, to eat prior, no caffeine, alcohol or smoking
 - Request Bone Mineral Density report either brought in or emailed.
3. **Send Reminder Email**
 - Confirm the appointment time.
 - Repeat preparation instructions.
4. **Prepare Tracking Log and Folder with handouts.**
 - Retrieve the tracking log appropriate for the patient's age.
 - Put in handouts (What is Right, What is Risky and Top Five Things to Know)
5. **Set Up Assessment Space**
 - Measure gym space for gait speed and Timed Up and Go (TUG) test, Backwards walk
 - Ensure the correct chair height for assessment.

Assessment Procedure (*1 hour*)

1. Introduction & Informed Consent (10 minutes)

- Welcome the patient and orient them to the clinic (if it is their first visit).
- Explain the purpose of the assessment:
 - An assessment to determine exercises for their program.
 - Tests will be explained before being performed.
 - They can refuse any test at any time for any reason.
 - The assessment does not focus on detailed evaluations of specific body parts.
- Ask if they have any other expectations or questions before proceeding.

2. Review of Questionnaire (10 minutes)

- Discuss relevant medical history but avoid extensive details on medication/nutrition.).
- If necessary, note topics for future discussion or printed handouts.
- Support patient questions while maintaining assessment flow.

3. Objective Testing (40 minutes)

General Observations: Take note of natural movements (e.g., sitting-to-standing, bending, removing shoes, getting on and off plinth).

Vital Signs

- Measure **Blood Pressure (BP)** and **Heart Rate (HR)**:
 - Ask if they know their normal BP.
 - Ensure correct cuff size and proper positioning (legs uncrossed, no talking).

Anthropometric Measurements

- **Height & Weight:**
 - Ask if they know their values and be sensitive to possible height loss.
 - Explain potential variations in height measurements when different people are measuring their height.

Posture & Mobility (Standing)

1. **Postural Observation** – Identify any rounded shoulders, forward head posture, scoliosis, feet abnormalities
2. **Active Range of Motion (ROM) – Neck & Shoulders:**
 - Advise against forced movement.
3. **Scratch Test – Shoulder Mobility Assessment**
4. **Rib-to-Pelvis Distance Measurement**
5. **Occiput-to-Wall Test**
 - If unable to touch, consider kyphotic measurement in a future visit.
 - Explain additional testing may be needed.
6. **Foot Assessment**
 - Ask about foot issues (e.g., pain, previous injuries).
 - Observe for arch collapse, bunions, hammer toes.

Supine & Prone Assessments

- **Supine Position:**
 - Check comfort level (ask patient about pillow use for pain, vertigo, tingling).
 - Assess **hip ROM, Straight Leg Raise (SLR), and shoulder flexion** (observe for compensation like arching back).
- **Prone Position:**
 - Assess **upper back lift strength** (place pillow under ribs).
 - Perform **20-second hold test** to check quality of movement

Physical Performance Measures (PPMs) Note quality of movement during testing. Stop if there are compensations.

1. **Grip Strength**
2. **Gait Speed Assessment: Normal and Fast**
3. **Single-Leg Stance (SLS)** (if less than 10 seconds: do feet together, semi-tandem and tandem stance)
4. **Five Chair Stands.** (if easy: consider 30 second chair stand at reassessment)

5. **30-Second Biceps Curl**
 6. **Four-Square Step Test**
 7. **Backwards 3-meter walk**
 8. **Timed Loaded Stance Test** (caution if history of shoulder pain)
 9. **Functional Reach Test**
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4. Education & Next Steps (Last 10 Minutes)

Patient Education

- Ask what they know about **exercise and osteoporosis**.
- Explain the importance of **avoiding spinal flexion** due to bone structure:
 - Emphasize that the front part of the vertebra is softer and more vulnerable.
 - Advise against **sit-ups, crunches, or bending forward**.
- Provide a handouts

Exercise Planning & Prescription

1. **Determine Preferred Exercise Setting:**
 - One-on-one, class, home, or gym setting.
 2. **Introduce Postural & Movement Cues:**
 - **“Breastbone Up”** cue – encourage patient to think of personal reminders (cues)
 - **Hip Hinge with Pole:**
 - Provide real-life examples (e.g., brushing teeth, emptying dishwasher).
 - Offer visual aids and a demonstration video if available.
 3. **Discuss Next Steps:**
 - Complete treatment prescription.
 - Ask if they have a **resistance band at home** and, if so, request they bring it to the next visit.
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End of Assessment

- Ensure the patient understands the next steps.
- Answer any final questions.
- Schedule the next appointment if not already arranged.

This structured process ensures a thorough yet efficient assessment, balancing clinical evaluation with patient education and program planning.