

Protocol ID: _____

Study Name: _____

Site: _____

Event Name: _____

Event Date: _____

Study Subject ID: _____

Interviewer Name: _____

Interview Date: _____

BLSA Proprioception - Ver. 1.0**Section Title: Proprioception****Instructions:**

Date Completed

☐ Blank

Tester ID

Examiner Note:**Step 1: Preparing test**

Make sure Power is 'Off' for the system

Seating participant as figure 1 (make sure they can rotate 10 degrees for plantar flexion and dorsiflexion)

Align left and right pedals

"Turn On" the system (Pedal positions in this point will be set for the home position)

Closing eyes of participants (Using cover blinding)

Turn on Proprioception soft

Click 'Home' and run the soft to set home position

Step 2: Begin test by order in soft (BLSA_Proprioception_text_vi)

Status of Proprioception Test: ☐ Not attempted ☐ Attempted [Click to deselect entry](#)

Reason test not performed:

- ☐ Not enough time/not scheduled
- ☐ No examiner available
- ☐ Technical/equipment problem
- ☐ Cognitively impaired
- ☐ Unable to stand/walk
- ☐ Examiner felt unsafe
- ☐ Participant refused
- ☐ Other Physical problems
- ☐ Lower limb amputations
- ☐ Lower limb braces ambulatory
- ☐ Severely limited ankle range of motion (<10 _tmplitem="7" degree dorsiflexion or plantar flexion)
- ☐ Unable to follow directions

Accuracy in threshold test: ☐ All Correct ☐ Partially Correct [Click to deselect entry](#)

If Partially Correct:

- ☐ Threshold 1
- ☐ Threshold 2
- ☐ Threshold 3
- ☐ Threshold 4

Comments: