## Quick reference card 1: History-taking

<table>
<thead>
<tr>
<th>Patient's demand and motivation</th>
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<tbody>
<tr>
<td>Nature and course of the disease</td>
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<tr>
<td>Participation problems</td>
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<tr>
<td>Impairments in functions and limitations in activities</td>
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<td></td>
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<tr>
<td>Body posture</td>
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<tr>
<td>Balance</td>
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<tr>
<td>Reaching and grasping</td>
</tr>
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<td>Gait</td>
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</table>

### Physical activity

- Frequency and duration per week compared to the Dutch Standard of Healthy Moving (at least 30 min/day for 5 days a week); when having doubts: use the LASA Physical Activity Scale (IAPS) |

### Risk to fall

- Fall incidents and near fall incidents (use the questionnaire History of Falling); fear to fall; if patients had near misses the past year: use the Falls Efficacy Scale (IAPS) |

### Co-morbidity

- Pressure sores; osteoporosis and mobility-limiting disorders such as arthritis, rheumatoid arthritis, heart failure and COPD |

### Treatment

- Current treatment (among others, medication and outcome) and earlier (allied) medical treatment type and outcome |

### Other factors

- Mental factors: ability to concentrate; memory; depression; feeling isolated and lonely; being fearful; anger; concern for the future |
- Personal factors: Insight into the disease; socio-cultural background; attitude (among others, with regard to work); coping (among others, the perception of the limitations and possibilities, the patient's solutions with regard to the limitations) |
- External factors: Attitudes, support and relations (of, among others, partner, primary care physician, employer); accommodation (among others, interior, kind of home); work (content, circumstances, conditions, and relations) |

### Expectations

- Expectations of the patient with regard to prognosis; goal and course of the treatment; treatment outcome; need for information, advice and coaching |

## Quick reference card 2: Physical examination

### Physical examination

#### Expressing itself in reduced:
- Mobility of joints: thoracic spinal column, cervical spinal column, other joints, namely: |
- Muscle length: calf muscles, hamstrings, other muscles, namely: |
- Muscle strength: trunk extensors, knee extensors, knee flexors, plantar flexors of the ankle, other muscles, namely: |
- Control of respiration, physical condition |

#### Problems with:
- Sitting down (chair) |
- Rising from a chair |
- Rising from the floor |
- Getting in and out of bed |
- Rolling over in bed |
- Getting in or out a car |

#### Expressing itself in:
- Generalized flexion while sitting |
- Generalized flexion while standing |
- Generalized flexion while walking |
- Generalized flexion while lying |
- No possibility of active correction of posture |
- Pain (especially in neck, back) |

#### Problems with:
- Reaching |
- Grasping |
- Moving objects |

#### Expressing itself in:  
- Standing (eyes open / closed) |
- Rising from a chair |
- Turning while standing |
- Walking |
- Bending forward |
- Dual tasking: 2 × motor activities |
- Dual tasking: cognitive + motor activity |
- Freezing |
- Reaching and grasping |

#### Possibly expressing itself in:
- Falls |

#### Balance

#### Freezing can be provoked:
- By starting to walk |
- During walking |

### Causes:
- Dual tasking: cognitive + motor activity |
- Doorway |
- Obstacles (e.g. chairs) |
- Other, namely |

## Measures for identification and evaluation

- Patient Specific Complaints |
- Global perceived effect |
- Lasa Physical Activity Questionnaire |
- Six-minute walk test |
- Parkinson Activity Scale |
- Timed Up and Go test |
- No specific measuring instrument advised |
- Timed Up and Go test |
- Retropulsion test |
- Falls Efficacy Scale |
- Falls diary |
- Questionnaire History of Falling |
- Parkinson Activity Scale |
- Timed Up and Go test |
- Freezing of Gait questionnaires |
- Ten-meter walk test |
Therapeutic process

Quick reference card 3: Specific treatment goals

<table>
<thead>
<tr>
<th>Stimulation of activities</th>
<th>Goal</th>
<th>Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transfers</td>
<td>Perform transfers (more) independently</td>
<td>Practice transfers by using cognitive movement strategies and on/off cues for movement initiation</td>
</tr>
<tr>
<td>Body posture</td>
<td>Conscious normalization of body posture</td>
<td>Practice relaxed and coordinated moving; providing feedback and advice</td>
</tr>
<tr>
<td>Reaching and grasping</td>
<td>Improve reaching and grasping, and manipulating and moving objects</td>
<td>Practice reaching and grasping by using cues and cognitive movement strategies</td>
</tr>
<tr>
<td>Balance</td>
<td>Improve balance during activities</td>
<td>Practice balance, train muscle strength (see prevention of falls)</td>
</tr>
<tr>
<td>Gait</td>
<td>Improve walking (independently); the objective is to increase the (comfortable) walking speed; however, safety comes first</td>
<td>Practice walking by using cues for initiation and continuation of walking, give instruction and train muscle strength and trunk mobility</td>
</tr>
</tbody>
</table>

Prevention

<table>
<thead>
<tr>
<th>Stimulation of activities</th>
<th>Goal</th>
<th>Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inactivity</td>
<td>Preserve or improve physical condition</td>
<td>Provide information on the importance of moving and playing sports, training of physical capacity: muscle strength (with the emphasis on trunk and leg muscles); aerobic capacity; and joint mobility (among others thoracic kyphosis, axial rotation, and length of muscles of calf and hamstrings)</td>
</tr>
<tr>
<td>Pressure sores</td>
<td>Prevention of pressure sores</td>
<td>Give advice and adjust the patient’s body posture in bed or wheelchair (possibly in consultation with an occupational therapist); (supervised) active exercises to improve cardiovascular condition and prevention of contractures</td>
</tr>
<tr>
<td>Falls</td>
<td>Decrease or prevent falls</td>
<td>List possible causes of falls by means of falls diary; provide information and advice; train strength, body posture, coordination and balance, attuned to the cause of problems with maintaining balance and the increased falls risk; decrease the fear to fall, (if necessary) provide hip protectors</td>
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</tbody>
</table>