

## D-MT05: Timed Up and Go (TUG) Test

### Scope and objectives of clinical task

This CTI will enable the Allied Health Assistant (AHA) to:

- safely and effectively administer the Timed Up and Go (TUG) test and record the results.

#### VERSION CONTROL

Version: 2.1

Endorsed: (Professional)	Statewide Directors of Physiotherapy	Date approved:	25/06/2020
Approved: (Operational)	Chief Allied Health Officer, Allied Health Professions' Office of Qld.	Date approved:	3/09/2020
Document custodian:	Chief Allied Health Officer, Allied Health Professions' Office of Qld.	Review date:	3/09/2023
Acknowledgements:	Sunshine Coast Hospital and Health Service		

The CTI reflects best practice and agreed process for conduct of the task at the time of approval and should not be altered. Feedback, including proposed amendments to this published document, should be directed to AHPOQ at: [allied\\_health\\_advisory@health.qld.gov.au](mailto:allied_health_advisory@health.qld.gov.au).

This CTI should be used under a delegation framework implemented at the work unit level. The framework is available at:

<https://www.health.qld.gov.au/ahwac>

Please check <https://www.health.qld.gov.au/ahwac/html/clintaskinstructions.asp> for the latest version of this CTI.

© State of Queensland (Queensland Health) 2017



This work is licensed under a Creative Commons Attribution Non-Commercial No Derivatives 3.0 Australia licence. This work is licensed under a Creative Commons Attribution Non-Commercial No Derivatives 3.0 Australia licence. In essence, you are free to copy and communicate the work in its current form for non-commercial purposes, as long as you attribute Queensland Health and authoring unit listed above, and abide by the licence terms. You may not alter or adapt the work in any way. To view a copy of this licence, visit <http://creativecommons.org/licenses/by-nc-nd/3.0/au/deed.en>.

For further information contact Allied Health Professions' Office of Queensland, PO Box 2368, Fortitude Valley BC QLD 4006, email [allied\\_health\\_advisory@health.qld.gov.au](mailto:allied_health_advisory@health.qld.gov.au), phone (07) 3328 9298. For permissions beyond the scope of this licence contact: Intellectual Property Officer, Queensland Health, GPO Box 48, Brisbane Qld 4001, email [ip\\_officer@health.qld.gov.au](mailto:ip_officer@health.qld.gov.au), phone (07) 3328 9862.

#### Disclaimer

Queensland Health has made every effort to ensure that the information in this resource, at the time of distribution, is correct. The information in this resource will be kept under review and future publications will incorporate any necessary amendments.

The information in this resource does not constitute clinical advice and should not be relied upon as such in a clinical situation. The information is provided solely on the basis that readers will be responsible for making their own assessment of the matters presented herein and readers are advised to verify all relevant representations, statements and information. Specialist advice in relation to the application of the information presented in this publication must be sought as necessary to ensure the application is clinically appropriate.

In no event, shall Queensland Health be liable (including negligence) for any claim, action, proceeding, demand, liability, costs, damages, expenses or loss (including without limitation, direct, indirect, punitive, special or consequential) whatsoever brought against it or made upon it or incurred by Queensland Health arising out of or in connection with a person's use of information in this publication



# Requisite training, knowledge, skills and experience

## Training

- Completion of CTI D-WTS01 When to stop.
- Mandatory training requirements relevant to Queensland Health/Hospital and Health Service (HHS) clinical roles are assumed knowledge for this CTI.
- Completion of the following Queensland Health allied health assistant training modules (or corresponding units of competency in HLT43015 Certificate IV in Allied Health Assistance) or equivalent work-based learning:

- Assist with physiotherapy treatments and interventions.

Access the module/s at: <https://www.health.qld.gov.au/ahwac/html/ahassist-modules>

## Clinical knowledge

- The following content knowledge is required by an AHA delivering this task:
  - understand the purpose of a TUG test including protocols used in the local service e.g. comfortable walking speed, fast walking speed, with a manual task and with a cognitive task.
  - the testing protocol for a TUG test including set up, method, scoring and documentation requirements.
  - describe the basic elements of walking and common abnormalities with specific focus on those relevant to the client population in the local service e.g. freezing, limping, shuffling, lack of knee extension.
- The knowledge requirements will be met by the following activities:
  - completing the training program/s (listed above).
  - reviewing the Learning Resource.
  - receiving instruction from an allied health professional in the training phase.

## Skills or experience

- The following skills or experience are not identified in the task procedure but support the safe and effective performance of the task and are required by an AHA delivering this task:
  - competence in facilitating or supervising the use of walking aids relevant to the clinical area e.g. four-wheeled walker, hopper frame, walking stick.
  - experience and confidence in facilitating client movement and positioning.
  - competent use of medical equipment to measure clinical observation relevant to the clinical e.g. blood pressure, heart rate, oxygen saturation, pain scale etc.

## Safety & quality

### Client

- The AHA will apply CTI D-WTS01 When to stop at all times.
- In addition, the following potential risks and precautions have been identified for this clinical task and should be monitored carefully by the AHA during the task:
  - as this test is routinely used to examine a client's risk of falls, standby assistance of the client is required.

### Equipment, aids and appliances

- The chair used during the task must be in good working order and in a stable position i.e. will not move/slip during standing up and sitting down. The safe working limit of the chair used in the task must be suitable for the client. The recommended chair height is 44-46 centimetres (cm) with arm rests (67cm height). If a non standard chair is used, details should be recorded e.g. seat height, safe working load. A different chair height may be required for the task due to client limitations or restrictions e.g. total hip replacement precautions, pain. The same chair should be used for subsequent TUG tests.
- Appropriate footwear should be worn during the task i.e. enclosed, well-fitting shoes with good traction.

### Environment

- Ensure the test area is free of trip hazards and obstacles with minimal distractions e.g. environment free of pedestrian traffic and ward demands.

## Performance of clinical task

### 1. Delegation instructions

- Receive the delegated task from the health professional.
- The delegating allied health professional should clearly identify parameters for delivering the clinical task to the specific client, including any variance from the usual task procedure and expected outcomes. This may include:
  - the TUG test type e.g. comfortable walking speed, with a manual task.
  - the client's usual walking ability including the use and type of walking aids and assistance required e.g. standby assistance, need for cueing.
  - any deficits or restrictions to walking including if a specific turning direction is required, weight bearing limits (partial, non-weight bear), or problems with proprioception, pain, neglect, vestibular symptoms, blood pressure (including postural drop), vision, behaviour or communication.
  - additional monitoring requirements including expected limits e.g. blood pressure, respiratory rate.
  - any variations to the standard testing conditions e.g. chair height, test location.
  - for a repeat TUG test, any additional requirements to replicate testing conditions e.g. timing of the test to coincide with rehabilitation or medication regimen for pain or other symptoms.

## 2. Preparation

- Chair
- Stopwatch
- Floor marker
- Tape measure (if floor is not pre-marked).

## 3. Introduce task and seek consent

- The AHA introduces him/herself to the client.
- The AHA checks three forms of client identification: full name, date of birth, **plus one** of the following: hospital unit record (UR) number, Medicare number, or address.
- The AHA describes the task to the client. For example:
  - “We will complete a mobility assessment task with you today called the Timed Up and Go Test. This test will assess your ability to stand up from a chair, walk three meters to the marker, turn around and walk back to sit in the chair”.
- The AHA seeks informed consent according to the Queensland Health Guide to Informed Decision-making in Health Care, 2<sup>nd</sup> edition (2017).

## 4. Positioning

- The client’s position during the task should be:
  - sitting comfortably in a standard chair with back resting on the back of the chair, feet flat on the floor and arms on the arm rests. If the client uses a mobility aid this should be positioned for easy access e.g. four-wheeled walker in front or walking stick beside the client.
- The AHA’s position during the task should be:
  - in a position to observe for safety and provide instruction.
  - if the delegation instruction includes providing stand-by assistance, the AHA should stand to one side and slightly behind the client. The AHA should avoid impeding the client’s walking whilst turning. The AHA should be close enough to provide hands-on assistance for balance if required. Note: if hands-on assistance is required, the test will be ceased.

## 5. Task procedure

- Explain and demonstrate (where applicable) the task to the client.
- Check the client has understood the task and provide an opportunity to ask questions.
- The task comprises the following steps.
  1. The client should have one practice run of the test prior to the definitive assessment.
  2. Begin with the client sitting correctly in the chair.
  3. Instruct the client in the test protocol using standard wording - see Learning resource. Inform the client that the timing starts on the command “GO” and the timer is stopped when the client is seated with their back against the back of the chair.
  4. Confirm that the client understands the test protocol and is ready to commence.
  5. Provide the command “GO” and start the timer. The client may use their arms to stand up, if they wish.
  6. Observe the client standing up and walking. Note any movement problems including freezing, wide base of support, shuffling, loss of balance. See Safety and quality.

7. Stop the timer when the client is seated with their back against the back of the chair.
  8. Record the time.
- During the task:
    - provide feedback and correct errors in the performance of the task including:
      - during the practice run, provide education on the testing protocol to enhance performance e.g. ‘sit with your back against the back of the chair’, ‘walk to the marker before turning’. If the client is performing a comfortable walking speed test and appears to be rushing or hurrying in an effort to have a low time score, re-instruct the client to walk at a comfortable and safe speed. If the client is performing a cognitive task test and ceases counting, prompt the client to keep counting. Feedback should not be provided during the definitive assessment.
      - confirming that the client walks the required three metres (to the mark on the floor) as part of the practice test. Ensure the client can see the marker and provide verbal cueing to reinforce marker location.
      - there are no time limits to the test. The client may stop and rest. If physical assistance is needed at any time during the assessment, such as assisting the client to stand up from the chair safely, stabilising the client in standing or when walking, or providing a chair for symptom relief (pain, dizziness), the task should be ceased and the test is scored as “unable to complete”.
    - monitor for adverse reactions and implement appropriate mitigation strategies as outlined in the “Safety and quality” section above including CTI D-WTS01 When to stop.
  - At the conclusion of the task:
    - encourage feedback from the client on the task.
    - provide summary feedback to client, emphasising positive aspects of performance e.g. the time taken.
    - ensure the client is comfortable and safe.

## 6. Document

- Document the outcomes of the task in the clinical record, consistent with relevant documentation standards and local procedures. Include observation of client performance, expected outcomes that were and were not achieved, and difficulties encountered, or symptoms reported by the client during the task.
- For this task, the following specific information should be presented:
  - time required to complete the TUG test (including the protocol name).
  - observations of the client’s performance, expected outcomes that were and were not achieved, and difficulties encountered or symptoms reported by the client during the task.
  - the test conditions including use of alternative seating, mobility aid, medication regimen timing etc.
  - specifically note any physical assistance required when walking or when moving from sit to stand (with a corresponding score of “unable to complete” the test).

## 7. Report to the delegating health professional

- Provide comprehensive feedback to the health professional who delegated the task.

## References and supporting documents

- Hofheinz M, Schusterschitz C (2010). Dual task interference in estimating the risk of falls and measuring change: a comparative, psychometric study of four measurements. *Clinical Rehabilitation*. 24: 831-842.
- Mathias S, Nayak US, Isaacs B. (1986). Balance in elderly patients: the “Get-up and Go” test. *Arch Phys Med Rehabilitation*. 14(6):387–389.
- Podsiadlo D, Richardson S. (1991). The Timed “Up & Go”: a test of basic functional mobility for frail elderly persons. *Journal American Geriatric Society*. 39(2):142–148.
- Queensland Health (2018). Clinical Task Instruction D-WTS01 When to stop. Available at: <https://www.health.qld.gov.au/ahwac/html/clintaskinstructions.asp>
- Queensland Health (2017). Guide to Informed Decision-making in Health Care (2<sup>nd</sup> edition). Available at: [https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0019/143074/ic-guide.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0019/143074/ic-guide.pdf)
- Shumway-Cook A, Brauer S, Woollacott M. (2000). Predicting the probability for falls in community-dwelling older adults using the Timed Up and Go test. *Physical Therapy*. 80(9):896–903.
- Shirley Ryan AbilityLab (2020). Timed Up And Go. [online] Available at: <https://www.sralab.org/rehabilitation-measures/timed-and-go>
- Stroke Engine (2020). Timed Up and Go test. Available at: [http://www.strokeengine.ca/indepth/tug\\_indepth/](http://www.strokeengine.ca/indepth/tug_indepth/).

# Assessment: performance criteria checklist

## D-MT03: Timed Up and Go (TUG) Test

**Name:**

**Position:**

**Work Unit:**

Performance criteria	Knowledge acquired	Supervised task practice	Competency assessment
	Date and initials of supervising AHP	Date and initials of supervising AHP	Date and initials of supervising AHP
Demonstrates knowledge of fundamental concepts required to undertake the task.			
Obtains all required information from the delegating health professional, and seeks clarification if required, prior to accepting and proceeding with the delegated task.			
Completes preparation for the task including ensuring the environment and required equipment are appropriately prepared and positioned for completion of the assessment task.			
Introduces self to the client and checks client identification.			
Describes the purpose of the delegated task and seeks informed consent.			
Positions self and client appropriately to complete the task and ensure safety.			
<p>Delivers the task effectively and safely as per delegated instructions and CTI procedure.</p> <p>a) Clearly explains the task, checking the client's understanding.</p> <p>b) Ensures the client is positioned correctly in an appropriate chair and has all required equipment e.g. footwear, mobility aid etc.</p> <p>c) Provides instruction to the client, and demonstration if required/indicated.</p> <p>d) Allows a practice attempt prior to the definitive test. Corrects any misunderstandings or errors during the practice.</p> <p>e) Times the client completing the task.</p> <p>f) Documents results appropriately, including any non-standardised testing conditions, gait abnormalities.</p> <p>g) During the task, maintains a safe clinical environment and manages risks appropriately.</p> <p>h) Provides feedback to the client on performance during and at completion of the task.</p>			
Documents the outcomes of the task in the clinical record, consistent with relevant documentation standards and local procedures.			

Provides accurate and comprehensive feedback to the delegating health professional.			
---	--	--	--

**Comments on the local service model:**

The AHA has been trained and assessed as competent to deliver the following TUG tests:

- Comfortable walking
- Fast walking
- Manual task
- Cognitive task

**Comments:**

Record of assessment competence:

Assessor name:	Assessor position:	Competence achieved: / /
----------------	--------------------	--------------------------

Scheduled review:

Review date: / /
------------------

## D-MT05: Timed Up and Go (TUG) Test: Learning resource

The Timed Up and Go test is an assessment of balance commonly used to evaluate functional mobility in community dwelling, older adults (70-84 years old). It can also be used as a screening tool to assist clinicians to assess clients' falls risk in either inpatient or community client populations. The TUG is a measure of both gait and balance. Correlation has been identified between the time to complete the TUG and a client's independence in transfer tasks involved in activities of daily living, balance (as measured with the Berg Balance Scale) and speed of mobility, as required for safe community ambulation.

### Required reading

- Physiopedia (2020). Gait. Available at: <http://www.physio-pedia.com/Gait>
- Queensland Health (n.d.). Compendium of clinical measures for community rehabilitation. Timed Up-and-Go Test (p37). Available at: <https://sites.temple.edu/rwiseowls/files/2013/10/compendium-of-clinical-measures-for-community-rehabilitation.pdf>
- If planned use includes TUG with manual or cognitive tasks, the AHA is required to read p. 833 sub-sections titled Timed Up and Go with manual task (TUGMan) and Timed Up and Go with cognitive dual task (TUGcog) in:
  - Hofheinz M, Schusterschitz C (2010). Dual task interference in estimating the risk of falls and measuring change: a comparative, psychometric study of four measurements. Clinical Rehabilitation. 24: 831-842. Available in research gate at: <https://www.researchgate.net/>

### Optional reading

- American College of Rheumatology (2015). Timed UP and GO (TUG). Available at: <http://www.rheumatology.org/I-Am-A/Rheumatologist/Research/Clinician-Researchers/Timed-Up-Go-TUG>  
Include sub-sections on Administration, Scoring, Psychometric Information, Comments and Critique.

### Required viewing

- Centres for Disease Control and Prevention (CDC) (2015). The Timed Up and Go (TUG) test. Available at: [https://www.youtube.com/watch?v=BA7Y\\_oLEIGY](https://www.youtube.com/watch?v=BA7Y_oLEIGY)

Note: Additional reading/training may be required if the AHA is working in a specific clinical area with gait abnormalities or equipment needs that are not included in the resources listed above.

### **Example recording form QH Employee only**

- Outcome measures: Timed Up and Go test. Children's Health Queensland Hospital and Health Service. Available at: <http://qhps.health.qld.gov.au/childrenshealth/resources/clinforms/docs/255120.pdf>