#### 1

### Supplementary Data

# A Rating Scale for Gait Evaluation in Cognitive Deterioration (RSGE-CD): Validation Study

Pablo Martínez-Martín<sup>a,b,\*</sup>, Emma Osa-Ruiz<sup>c</sup>, Antonia Gómez-Conesa<sup>d</sup>, Javier Olazarán<sup>a,e</sup> and The RSGE-CD Validation Group<sup>1</sup>

Accepted 20 April 2012

## RATING SCALE FOR GAIT EVALUATION IN COGNITIVE DETERIORATION (RSGE-CD)

#### I. Functional ability

#### 1. Getting out of chair/bed

- 0- Normal
- 1- Somewhat slow and/or with mild difficulty, but completely independent
- 2- Marked slowness and/or difficulty. Can need leaning on any support or partial help to complete the action
- <sup>1</sup>RSGE-CD Validation Group: Laura González Hervias, Nadia Méndez Robles, Irene San Pedro Pérez, and Vanesa Herrero Cano, Multidisciplinary Research Unit, Alzheimer Center Reina Sofia Foundation, Madrid; Andrés López Almela, Javier Cejudo Jiménez, Natividad López Sánchez, and Daniel Angel García, Department of Physiotherapy, School of Medicine, University of Murcia.
- \*Correspondence to: Dr. P. Martínez-Martín, Research Unit, Alzheimer Center Reina Sofía Foundation, C/. Valderrebollo, 5, Madrid 28031, Spain. Tel.: +34 913852200; Fax: +34 913852118; E-mail: pmartinez@fundacioncien.es.

- 3- Completely dependent. Disabled for carrying out these actions.
- 2. Going stairs up and down (do not consider such aspects as fatigue due to lung or heart disease, pain caused by osteoarthritis, etc.).
- 0- Normal
- 1- Somewhat slow and clumsy; could be normal for an older person. Help not needed
- 2- Moderate difficulty, slowness and/or clumsiness. Can need help
- 3- Much help needed and great difficulty or unable to use stairs.

#### 3. Walking

- 0- Normal
- 1- Mild difficulty and/or slowness
- 2- Moderate difficulty and slowness. Help needed in some circumstances
- 3- Great difficulty and slowness. Much help needed for walking some steps or completely disabled for walking.

<sup>&</sup>lt;sup>a</sup>Research Unit, CIEN Foundation-Reina Sofía Foundation, Carlos III Institute of Health, Alzheimer Center Reina Sofía Foundation, Madrid, Spain

<sup>&</sup>lt;sup>b</sup>CIBERNED, CIEN Foundation, Carlos III Institute of Health, Madrid, Spain

<sup>&</sup>lt;sup>c</sup>Multidisciplinary Research Unit, Alzheimer Center Reina Sofía Foundation, Madrid, Spain

<sup>&</sup>lt;sup>d</sup>Department of Physiotherapy, School of Medicine, University of Murcia, Murcia, Spain

<sup>&</sup>lt;sup>e</sup>Department of Neurology, University Hospital Gregorio Marañón, Madrid, Spain

- **4.** *Falling* (Consider what would happen if the subject was walking with his/her resources, including aids [walking stick, supports] but no help by other person/s).
- 0- Never or only accidentally
- 1- Rare falling (less than once per month)
- 2- Occasionally falls (more than once per month, but less than once per week)
- 3- Frequently falls (more than once per week), or cannot walk.

#### SCORE = /12

#### II. Examination

- 5. Rigidity in lower limbs (The subject remains sit down, calm, in a normal posture, with hips and knees flexed 90° and feet together. The examiner, placed laterally, puts the hands on subject's knees, asking the subject to relax as much as possible to allow passive abduction-adduction legs movements, 25–30 cm. of amplitude. Passive flexion-extension of the knees may also be explored).
- 0- Normal
- 1- Mild or hardly detectable rigidity
- 2- Moderate rigidity, but full range of motion is easily achieved
- 3- Severe rigidity. The range of motion is achieved with difficulty or is not achieved at all.
- **6. Arising from chair** (The subject attempts to arise from a straight-back armchair with the seat around 45 cm. high. The hands rest on the proximal thighs, in a natural posture).
- 0- Normal
- 1- Slow, but needs only one attempt for getting up
- 2- Needs several attempts, swinging and/or pushing self up from arms of seat. Does not need help
- 3- Unable to arise without help.
- 7. *Initiation* (The subject stands on foot. He/she has been instructed to start walking immediately after the order to "go").
- 0- Normal
- 1- Slow initiation; takes some more time than normal, but with mild or null difficulty
- 2- Very slow initiation. Start-hesitation. Moderate difficulty.
- 3- Cannot start walking or hardly can initiate walking. Great difficulty.

#### 8. Freezing when walking

- 0- None
- 1- Rare or occasional episodes, very short in duration (<2 s or <5 "short steps"). No falls from freezing
- 2- Frequently present and more lasting episodes (>2 s or >5 "short steps"). Occasionally falls from freezing
- 3- Continuously present; freezing blocks the gait in a very evident way. Frequent falls from freezing or cannot walk.

#### 9. Step length

- 0- Normal
- 1- Shortened steps, although the swing foot passes completely the stance foot
- 2- Moderate/great steps shortening. The swing foot does not pass completely the stance foot
- 3- Short-stepped gait (*marche à petit pas*), each foot being displaced only few centimeters or unable to walk.

#### 10. Arm swinging

- 0- Normal
- 1- Uni- or bilateral decreased arm swing
- 2- Uni- or bilateral absence of arm swing. Arms remain in normal posture
- Absence of arm swing, with arms in flexionadduction.

#### 11. Turns

- 0- 0- Normal
- 1- 1- Somewhat slow and cautious. In 2 phases maximum
- 2- Moderately slow and difficult. Three or more phases are needed
- 3- Great slowness and difficulty, requiring help or supports, or cannot turn at all.

#### 12. Dynamic balance while walking

- 0- Normal
- Occasionally or mildly abnormal. Corrected easily or with minimal support
- 2- Moderately abnormal. Requires support (walking stick or help of a person for walking). Occasionally falls because of this disorder
- 3- Severely abnormal. Hardly can walk or cannot walk at all because of this disorder.

#### 13. Posture

- 0- Normal
- 1- Not quite erect; slightly stooped posture, but could be normal for an older person
- 2- Moderately stooped posture, definitely abnormal. Can be mildly leaning to one side and/or initiate limb flexion
- 3- Severely stooped posture; can be moderately leaning to one side. Posture in marked flexion.
- 14. Postural stability (The examiner is behind the subject, who stands with eyes open and feet slightly apart [around 30 cm.]. The subject is

- instructed to take a step backwards to avoid falling as response to a sudden body displacement produced by a quick, forceful pull [around 7-8 cm.] on the shoulders).
- 0- Normal; recovers with 1 or 2 steps
- 1- Recovers with additional steps, but unaided
- 2- Does not recover. Falls if not caught by the examiner
- 3- Very unstable, tends to fall spontaneously or unable to stand without help.

SCORE = /30