PŘÍLOHY

Příloha č. 1: Berg Balance Scale

Berg Balance Scale

	TO STANDING TIONS: Please stand up. Try not to use your hand for support. able to stand without using hands and stabilize independently able to stand independently using hands able to stand using hands after several tries needs minimal aid to stand or stabilize needs momental aid to stands to stand
	IG UNSUPPORTED TIONS: Please stand for two minutes without holding on. able to stand safely for 2 minutes able to stand 2 minutes with supervision able to stand 30 seconds unsupported needs several tries to stand 30 seconds unsupported unable to stand 30 seconds unsupported
SITTING	t is able to stand 2 minutes unsupported, score full points for sitting unsupported. Proceed to item #4. WITH BACK UNSUPPORTED BUT FEET SUPPORTED ON FLOOR OR ON A STOOL TIONS: Please sit with arms folded for 2 minutes. able to sit safely and securely for 2 minutes able to sit 2 minutes under supervision able to sit 30 seconds able to sit 10 seconds unable to sit 10 seconds unable to sit without support 10 seconds
	IG TO SITTING TIONS: Please sit down. sits safely with minimal use of hands controls descent by using hands uses back of legs against chair to control descent sits independently but has uncontrolled descent needs assist to sit
	RS TIONS: Arrange chair(s) for pivot transfer. Ask subject to transfer one way toward a seat with armrests and one way seat without armrests. You may use two chairs (one with and one without armrests) or a bed and a chair. able to transfer safely with minor use of hands able to transfer safely definite need of hands able to transfer with verbal cuing and/or supervision needs one person to assist needs two people to assist or supervise to be safe
	IG UNSUPPORTED WITH EYES CLOSED TIONS: Please close your eyes and stand still for 10 seconds. able to stand 10 seconds safely able to stand 10 seconds with supervision able to stand 3 seconds unable to keep eyes closed 3 seconds but stays safely needs help to keep from falling
	IG UNSUPPORTED WITH FEET TOGETHER TIONS: Place your feet together and stand without holding on. able to place feet together independently and stand I minute safely able to place feet together independently and stand I minute with supervision able to place feet together independently but unable to hold for 30 seconds needs help to attain position but able to stand 15 seconds feet together needs help to attain position and unable to hold for 15 seconds

Berg Balance Scale continued...

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REACHING FORWARD WITH OUTSTRETCHED ARM WHILE STANDING INSTRUCTIONS: Lift arm to 90 degrees. Stretch out your fingers and reach forward as far as you can. (Examiner places a ruler at the end of fingertips when arm is at 90 degrees. Fingers should not touch the ruler while reaching forward. The recorded measure is the distance forward that the fingers reach while the subject is in the most forward lean position. When possible, ask subject to use both arms when reaching to avoid rotation of the trunk.) () 4 can reach forward confidently 25 cm (10 inches) () 2 can reach forward 12 cm (5 inches) () 2 can reach forward 5 cm (2 inches) reaches forward but needs supervision loses balance while trying/requires external suppo PICK UP OBJECT FROM THE FLOOR FROM A STANDING POSITION INSTRUCTIONS: Pick up the shoe/slipper, which is in front of your feet. () 4 able to pick up slipper safely and easily () 3 able to pick up slipper but needs supervision unable to pick up but reaches 2-5 cm(l-2 inches) from slipper and keeps balance independently unable to pick up and needs supervision while trying unable to try/needs assist to keep from losing balance or falling) 2 TURNING TO LOOK BEHIND OVER LEFT AND RIGHT SHOULDERS WHILE STANDING needs supervision when turning needs assist to keep from losing balance or falling TURN 360 DEGREES INSTRUCTIONS: Turn completely around in a full circle. Pause. Then turn a full circle in the other direction. () 4 able to turn 360 degrees safely in 4 seconds or less () 2 able to turn 360 degrees safely one side only 4 seconds or less () 2 able to turn 360 degrees safely but slowly () 1 needs close supervision or verbal cuing () 0 needs assistance while turning PLACE ALTERNATE FOOT ON STEP OR STOOL WHILE STANDING UNSUPPORTED INSTRUCTIONS: Place each foot alternately on the step/stool. Continue until each foot has touched the step/stool four times. () 4 able to stand independently and safely and complete 8 steps in 20 seconds able to stand independently and complete 8 steps in > 20 seconds able to complete 4 steps without aid with supervision able to complete > 2 steps needs minimal assist ()1 needs assistance to keep from falling/unable to try STANDING UNSUPPORTED ONE FOOT IN FRONT INSTRUCTIONS: (DEMONSTRATE TO SUBJECT) Place one foot directly in front of the other. If you feel that you cannot place your foot directly in front, try to step far enough ahead that the heel of your forward foot is ahead of the toes of the other foot. (To score 3 points, the length of the step should exceed the length of the other foot and the width of the stance should approximate the subject's normal stride width.) able to place foot tandem independently and hold 30 seconds able to place foot ahead independently and hold 30 seconds able to take small step independently and hold 30 seconds needs help to step but can hold 15 seconds loses balance while stepping or standing STANDING ON ONE LEG SI ANDING ON ONE LEG INSTRUCTIONS: Stand on one leg as long as you can without holding on. () 4 able to lift leg independently and hold > 10 seconds () 3 able to lift leg independently and hold 5-10 seconds () 2 able to lift leg independently and hold ≥ 3 seconds () 1 tries to lift leg unable to hold 3 seconds but remains standing independently. unable to try of needs assist to prevent fall TOTAL SCORE (Maximum = 56)

Příloha č. 1: zdroj - http://www.aahf.info/pdf/Berg Balance Scale.pdf

Příloha č. 2: MiniBESTest

Mini-BESTest: Balance Evaluation Systems Test © 2005-2013 Oregon Health & Science University. All r	ights reserved.
ANTICIPATORY	SUB SCORE: /6
1. SIT TO STAND Instruction: "Cross your arms across your chest. Try not to u against the back of the chair when you stand. Please stand L(2) Normal: Comes to stand without use of hands and stabilis (1) Moderate: Comes to stand WITH use of hands on first att (0) Severe: Unable to stand up from chair without assistance	up now." tes independently. empt.
 2. RISE TO TOES Instruction: "Place your feet shoulder width apart. Place your toes. I will count out loud to 3 seconds. Try to hold this pose (2) Normal: Stable for 3 s with maximum height. (1) Moderate: Heels up, but not full range (smaller than where (0) Severe: ≤ 3 s. 	•
	ips. Lift your leg off of the ground behind you without touching o anding on one leg as long as you can. Look straight ahead. Lift
Left: Time in Seconds Trial 1:Trial 2: (2) Normal: 20 s. (1) Moderate: < 20 s. (0) Severe: Unable. To score each side separately use the trial with the longest tim	Right: Time in Seconds Trial 1:Trial 2: (2) Normal: 20 s. (1) Moderate: < 20 s. (0) Severe: Unable
To calculate the sub-score and total score use the side [left or	
REACTIVE POSTURAL CONTROL 4. COMPENSATORY STEPPING CORRECTION- FORWAR	SUB SCORE: /6
Instruction: "Stand with your feet shoulder width apart, arms forward limits. When I let go, do whatever is necessary, inclu (2) Normal: Recovers independently with a single, large st (1) Moderate: More than one step used to recover equilibri (0) Severe: No step, OR would fall if not caught, OR falls statements. Compensatory Stepping Correction-BACKWA Instruction: "Stand with your feet shoulder width apart, arms backward limits. When I let go, do whatever is necessary, inc.	ding taking a step, to avoid a fall." ep (second realignment step is allowed). m. pontaneously. ARD at your sides. Lean backward against my hands beyond your
 (2) Normal: Recovers independently with a single, large ste (1) Moderate: More than one step used to recover equilibria (0) Severe: No step, OR would fall if not caught, OR falls specified. 	pp. um.
6. COMPENSATORY STEPPING CORRECTION- LATERAL Instruction: "Stand with your feet together, arms down at you let go, do whatever is necessary, including taking a step, to a Left	r sides. Lean into my hand beyond your sideways limit. When I
(2) Normal: Recovers independently with 1 step (crossover or lateral OK).	(2) Normal: Recovers independently with 1 step (crossover or lateral OK).
Moderate: Several steps to recover equilibrium. Severe: Falls, or cannot step. Use the side with the lowest score to calculate sub-score and the score and the score are score.	(1) Moderate: Several steps to recover equilibrium.(0) Severe: Falls, or cannot step.
SENSORY ORIENTATION	SUB SCORE: /6
7. STANCE (FEET TOGETHER); EYES OPEN, FIRM SURF Instruction: "Place your hands on your hips. Place your feet t and still as possible, until I say stop." Time in seconds: (2) Normal: 30 s. (1) Moderate: < 30 s. (0) Severe: Unable.	ACE ogether until almost touching. Look straight ahead. Be as stable

8. STANCE (FEET TOGETHER); EYES CLOSED, FOAM SURFACE

Instruction: "Step onto the foam. Place your hands on your hips. Place your feet together until almost touching. Be as stable and still as possible, until I say stop. I will start timing when you close your eyes.

Time in seconds:

(2) Normal: 30 s.

(1) Moderate: < 30 s. (0) Severe: Unable

9. INCLINE- EYES CLOSED

Instruction: "Step onto the incline ramp. Please stand on the incline ramp with your toes toward the top. Place your feet shoulder width apart and have your arms down at your sides. I will start timing when you close your eyes."

Time in seconds.

- (2) Normal: Stands independently 30 s and aligns with gravity.
- (1) Moderate: Stands independently <30 s OR aligns with surface.
- (0) Severe: Unable.

DYNAMIC GAIT SUB SCORE: /10

10. CHANGE IN GAIT SPEED

Instruction: "Begin walking at your normal speed, when I tell you 'fast', walk as fast as you can. When I say 'slow', walk very

- (2) Normal: Significantly changes walking speed without imbalance.
- (1) Moderate: Unable to change walking speed or signs of imbalance
- (0) Severe: Unable to achieve significant change in walking speed AND signs of imbalance.

11. WALK WITH HEAD TURNS - HORIZONTAL

Instruction: "Begin walking at your normal speed, when I say "right", turn your head and look to the right. When I say "left" turn your head and look to the left. Try to keep yourself walking in a straight line."

- (2) Normal: performs head turns with no change in gait speed and good balance.
- (1) Moderate: performs head turns with reduction in gait speed.
- (0) Severe: performs head turns with imbalance.

12. WALK WITH PIVOT TURNS

Instruction: "Begin walking at your normal speed. When I tell you to 'turn and stop', turn as quickly as you can, face the opposite direction, and stop. After the turn, your feet should be close together.

(2) Normal: Turns with feet close FAST (≤ 3 steps) with good balance.

- (1) Moderate: Turns with feet close SLOW (≥4 steps) with good balance.
- (0) Severe: Cannot turn with feet close at any speed without imbalance.

13. STEP OVER OBSTACLES

Instruction: "Begin walking at your normal speed. When you get to the box, step over it, not around it and keep walking."

- (2) Normal: Able to step over box with minimal change of gait speed and with good balance.(1) Moderate: Steps over box but touches box OR displays cautious behavior by slowing gait.
- (0) Severe: Unable to step over box OR steps around box.

14. TIMED UP & GO WITH DUAL TASK [3 METER WALK]

Instruction TUG: "When I say 'Go', stand up from chair, walk at your normal speed across the tape on the floor, turn around, and come back to sit in the chair.

Instruction TUG with Dual Task: "Count backwards by threes starting at . When I say 'Go', stand up from chair, walk at your normal speed across the tape on the floor, turn around, and come back to sit in the chair. Continue counting backwards the entire time.

seconds: Dual Task TUG: seconds

- (2) Normal: No noticeable change in sitting, standing or walking while backward counting when compared to TUG without Dual Task.
- (1) Moderate: Dual Task affects either counting OR walking (>10%) when compared to the TUG without Dual Task.

(0) Severe: Stops counting while walking OR stops walking while counting.

When scoring item 14, if subject's gait speed slows more than 10% between the TUG without and with a Dual Task the score should be decreased by a point.

TOTAL SCORE: ___

Příloha č.2: zdroj - http://www.bestest.us/files/7413/6380/7277/MiniBEST revised final 3 8 13.pdf

Příloha č. 3:MSWS – 12

Tyto otázky se týkají omezení Vaší chůze způsobené roztroušenou sklerózou (RS) **během posledních dvou týdnů.** U každého prohlášení prosím zakroužkujte tu odpověď, která nejlépe odpovídá Vašemu stupni omezení. Zodpovězte prosím VŠECHNY otázky, i když se některé mohou zdát podobné ostatním nebo i když Vám připadají irelevantní.

POKUD VŮBEC NEJSTE SCHOPNI CHODIT, ZAŠKRTNĚTE PROSÍM TENTO RÁMEČEK A NEODPOVÍDEJTE NA ŽÁDNÉ OTÁZKY

Nakolik během posledních dvou týdnů Vaše onemocnění (RS)	Vůbec ne	Málokdy	Mírně	Hodně	Extremně
1. u Vás vyvolalo nutnost používat podporu při chůzi uvnitř budovy (např.přidržování se nábytku, hole, atd.)?	1	2	3	4	5
2. u Vás vyvolalo nutnost používat podporu při chůzi venku (přidržování se, používání hole, atd)?	1	2	3	4	5
3. omezilo Vaši schopnost běhat?	1	2	3	4	5
4 <u>. ztížilo stání</u> při provádění činností?	1	2	3	4	5
5. omezilo Vaši schopnost <u>chodit</u> po schodech nahoru a dolů?	1	2	3	4	5
6. omezilo Vaši <u>rovnováhu</u> při stání nebo chůzi?	1	2	3	4	5
7. omezilo Vaši <u>schopnost chodit</u> ?	1	2	3	4	5
8. zvýšilo Vaše <u>úsilí</u> potřebné k chůzi?	1	2	3	4	5
9. ovlivnilo, jak snadno chodíte?	1	2	3	4	5
10. způsobilo, že se musíte soustředit na chůzi?	1	2	3	4	5
11. omezilo, jak daleko jste schopen/schopna dojít?	1	2	3	4	5
12. <u>zpomalilo</u> Vaši chůzi?	1	2	3	4	5

Příloha č. 3: zdroj - archiv RS centra Neurologické kliniky 1. LF v Praze

Příloha č. 4:FES – I

Česká verze Falls Efficacy Scale International (FES-I)

FES-I

Chtěli bychom vám položit několik otázek týkajících se vašich obav z možného pádu. Odpovídejte prosím podle toho, jak konkrétní činnost obvykle vykonáváte. Pokud v současnosti tuto činnost neděláte (například pro vás nakupuje někdo jiný), odpovězte prosím tak, jak byste se obával (obávala) pádu, kdybyste dělal (dělala) tuto činnost. Pro každou z následujících činností prosím označte odpověď, která je nejblíže vašemu mínění o obavě z pádu při dané činnosti.

		Vůbec nemám obavy	Trochu se obávám	Dost se obávám	Velmi se obávám
1	Domácí uklízení (např. zametání, luxování, utírání prachu)				
2	Oblékání nebo svlékání				
3	Příprava jednoduchého jídla				
4	Koupání nebo sprchování				
5	Běžné nakupování				
6	Vstávání ze židle nebo sedání				
7	Chůze po schodech				
8	Procházka v okolí bydliště				
9	Dosahování věcí nad hlavou, nebo na zemi				
10	Spěšná chůze ke zvonícímu telefonu, aby nepřestal zvonit				
11	Chůze po kluzkém povrchu (např. mokrém nebo zledovatělém)				
12	Návštěva přátel nebo příbuzných				
13	Chůze v davu lidí				
14	Chůze po nerovném povrchu (např. kamenitém, nezpevněném chodníku)				
15	Chůze do, nebo ze svahu				
16	Návštěva společenské akce (například náboženské, rodinné setkání, návštěva klubu)				

http://www.muni.cz/research/publications/958071

FES-I translated to Czech by Zdenko Reguli and Lenka Svobodová from Yardley L, Todd C, Beyer N, Hauer K, Kempen G, Piot-Ziegler C. Development and initial validation of the Falls Efficacy Scale International (FES-I). Age and Ageing. 2005. 34 614-619.doi: 10.1093/ageing/afi196

Příloha č. 4: zdroj - https://sites.manchester.ac.uk/fes-i/wp-content/uploads/sites/11/2018/03/FES-I-Czech.pdf

Příloha č. 5: MFIS

Přečtěte si prosím následující tvrzení a vyberte číslo, které nejlépe vyjadřuje, jak často, jste měli během posledního měsíce pocit, že Vás v následujících situacích únava negativně ovlivnila. Prosím zodpovězte všechny otázky.

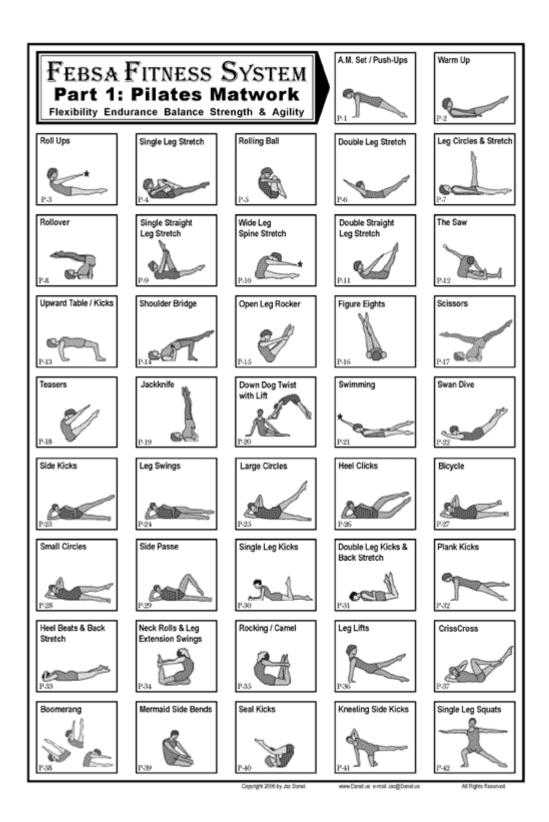
Kvůli únavě jsem během posledního měsíce pociťoval/a, že...

Kvůli únavě jsem během posledního	NIKDY	MÁLOKDY	NĚKDY	ČASTO	VŽDY
1. Jsem méně čilý/á.	0	1	2	3	4
Mám obtíže udržet pozornost delší dobu.	0	1	2	3	4
3. Nejsem schopen/a myslet jasně.	0	1	2	3	4
4. Jsem nemotorný/á a nekoordinovaný/á.	0	1	2	3	4
5. Jsem zapomětlivý/á.	0	1	2	3	4
6. Musel/a jsem si rozvrhnout tempo při fyzických aktivitách.	0	1	2	3	4
 Jsem méně motivován/a k činnostem, které vyžadují fyzickou námahu. 	0	1	2	3	4
 Jsem méně motivován/a účastnit se společenských aktivit. 	0	1	2	3	4
 Jsem omezená ve vykonávání aktivit mimo domov. 	0	1	2	3	4
 Mám potíže s udržením fyzického výkonu po delší dobu. 	0	1	2	3	4
11. Mám potíže s rozhodováním.	0	1	2	3	4
12. Jsem méně motivován/a k činnostem, které vyžadují přemýšlení.	0	1	2	3	4
Pociťuji svalovou slabost.	0	1	2	3	4
14. Necítím se po fyzické stránce v pořádku.	0	1	2	3	4
 Mám potíže s dokončením úkolů, které vyžadují přemýšlení. 	0	1	2	3	4
16. Mám obtíže uspořádat myšlenky při provádění domácích prací nebo v zaměstnání.	0	1	2	3	4
17. Jsem méně schopná provést úkoly, které vyžadují fyzickou námahu.	0	1	2	3	4
18. Mé myšlení je zpomalené.	0	1	2	3	4

19. Mám potíže se	0	1	2	3	4
soustředěním.					
20. Mé fyzické aktivity jsou	0	1	2	3	4
omezené.					
21. Potřebují odpočívat častěji	0	1	2	3	4
nebo delší dobu.					

Příloha č. 5: zdroj - archiv RS centra Neurologické kliniky 1. LF v Praze

Příloha č. 6: Schematické zobrazení Pilates cviků



Příloha č. 6: zdroj - http://allyogapositions.com/pilates-exercise-list.html