



EUNAAPA – Work Package 4

**Expert Survey on Assessment Instruments  
for Physical Activity and Physical Functioning in Older People**

**National Report Austria**

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## 1. Introduction

One of the overall objectives of the European Network for Action on Ageing and Physical Activity (EUNAAPA) is to give valuable advice concerning the quality of the different ways of assessing physical activity and physical functioning in older people. Therefore the Austrian project team, belonging to the Department of Sport Pedagogy at the University of Vienna, collected information on the use, knowledge and opinion of currently used instruments for assessment on physical activity and physical functioning in older people in our country.

## 2. Selection procedure

According to the operative requirements we sought for a “balanced” selection of experts from different areas in our country.

Our first intention was to get at least two experts at national as well as regional level working in the field of ‘community-dwelling older adults’ and two experts situated in the area of ‘institutionalized older adults’. But the procedure of selection turned out to be quite difficult so that we had to abandon our first intention.

Although the contacted persons willingly gave information, it was difficult to find adequate experts in this field in Austria at all. Especially at national level we were referred to institutions at regional level. The overriding reason given was that institutions on national level generally try to establish basic structures and networks in the area of ageing, physical activity and health. They mainly do public relations, network activities, statistic research and promotion of health related activities for older people. Whereas the knowledge and the use of assessment instruments, as listed in the questionnaire, are not part of their work.

Other contacted persons stated that they are just initialising physical activity programmes for older people but do not use any assessment instruments.

Furthermore people demurred that data will not be kept in confidence and therefore hesitated to take part in the questionnaire.

And at last some contacted persons stated their non-attendance because of the huge number of pages of the questionnaire.

16 questionnaires were sent out at last. On the one hand they were mailed, otherwise a print version was sent out by post. Additionally a letter in our native language was enclosed to inform the experts of the general purpose of the project. To save time for the completion of the comprehensive questionnaires and to get them back on time we wrote an electronic version of the questionnaire which could be executed directly.

After the first deadline had passed at the beginning of March 2007 all experts who did not return the questionnaire by that time were reminded by a telephone call. And we repeated the telephone call one week later.

So in the end the experts who finally filled out the questionnaire belong to various **fields in society** as shown in the table below.



Tab.1. Overview about the Austrian Sample: Experts in the field of ageing.

	Community-dwelling older adults				Institutionalized older adults			
<b>National level</b>	Government 1	Health care/ social care 2	Commer- cial sector 3	Academics/ Professional Education 4	Government 5	Health care/ social care 6	Commer- cial sector 7	Academics/ Professional Education 8
<b>Question- naire No.</b>	<b>No 5</b>		<b>No 3</b>			<b>No 8</b>		
<b>Regional/ local level</b>	Government 9	Health care/ social care 10	Commer- cial sector 11	Academics/ Professional Education 12	Government 13	Health care/ social care 14	Commer- cial sector 15	Academics/ Professional Education 16
<b>Question- naire No.</b>	<b>No 2</b>	<b>No 1</b> <b>No 6</b> <b>No 7</b>				<b>No 4</b>		

### 3. Results

Finally 56,25 % of the originally addressed experts responded. 8 of 9 questionnaires were used for the evaluation. One questionnaire was eliminated because of contradicting answers. As time resources had been very short, there was no further possibility to contact an alternative expert.

The questionnaire was designed for 8 to 12 national experts in the field of physical activity and physical functioning for older people in every associated country. Due to the study design and the interpretation of the collected data we can give several information regarding the knowledge and the use of assessment instruments on physical activity and physical functioning for the elderly in our country. Global or valid conclusions about the situation in Austria cannot be derived from that expert sample.

The evaluation shows that 50% of the 84 listed instruments were stated once 'in use'. But overall, there are only 12,9 % of the maximum responses.

Table 2 gives an overview over those instruments which are common in use. The Barthel-Index as well as the Activities of Daily Living-Index are the most common instruments.



Tab. 2 "Very common" assessment instruments

No.	ASSESSMENT INSTRUMENTS	RESPONSE	VALUATION- "very common"
J1	Activities of Daily Living (ADL) index	5	2
J2	Barthel Index	5	4
C2	6-minutes walking	4	1
E4	One leg stance	4	2
I7	Tinetti Performance-Oriented Mobility Assessment	4	2
J7	Functional Independence Measure (FIM)	4	1
C1	12 minutes walking	3	1
D2	TUG (Timed Up and Go)	3	3
D6	Walking speed 10m	3	1
E5	Tandem stance	3	1
E6	Romberg test	3	2
F1	Hand in neck	3	0
F2	Hand in back	3	0
J11	Lawton Instrumental Activities of Daily Living Scale (IADL)	3	0

Any further comments concerning 'the use of other instruments' are referred to the Austrian Geriatric Basic Assessment which is cited later. And it is the same for the nomination of 'the three most frequently used instruments in our country'.

On the other hand 27,7 % of the 84 listed instruments are 'not in use' at all. As shown in the figure below, the main statement for non-use (53 %) is that the instrument is "not relevant or suitable". But there are 37 % "other reasons" too. In this case the only reason given is that the instrument is not implemented.

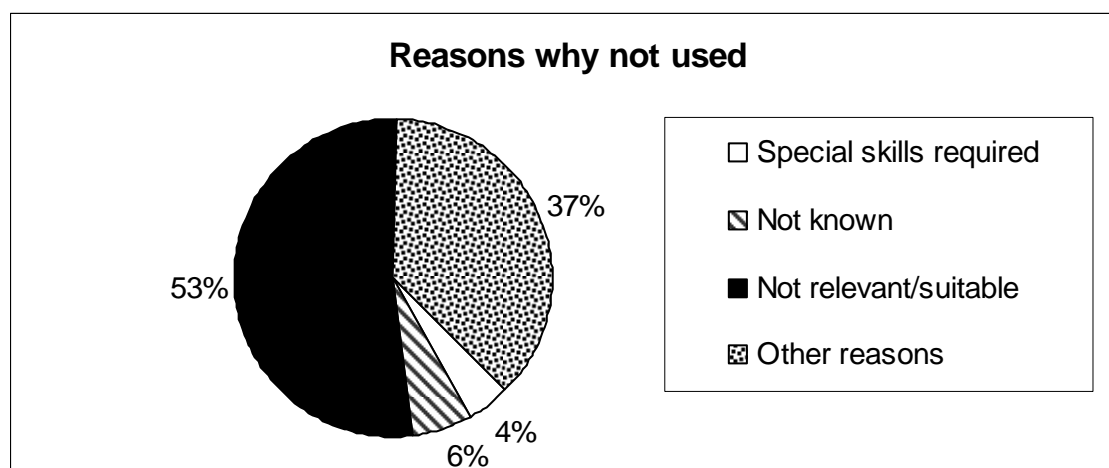


Fig.1. Overview: Reasons why assessment instruments are not 'in use'.



As the evaluation of the collected data indicates, only persons working in the field of health care or social care systems are common with assessment instruments on physical activity and physical functioning for the elderly. This category of professionals mainly includes geriatrics but also other health professionals who work in geriatric centres. And sometimes these instruments are also used for the evaluation of health related programmes for older people by medicines, physiotherapists and psychologists. So only this category of professionals was able to give adequate information, whether an instrument is in use or not.

Governmental experts at national and at regional level stated that they neither know nor use assessment instruments as listed in the questionnaire. Their main tasks are to build up health related structures and networks as well as the promotion of health related activities for older people. But they want to know more about the results of EUNAAPA and they are interested in participating in the following project stages.

It was difficult to find experts in the commercial sector. Only one questionnaire was returned. It was stated that no assessment instruments are known and used.

There are only a few institutions in the area of education for elderly people. We did not receive any questionnaire from this field, neither academic nor professional education.

We think one major reason for this fact is that there is no chair for geriatric at an Austrian university at all. Two chairs for Nursing Science have been established at the University of Vienna and at the University of Graz a few years ago. And there is also a University of Continuing Education at Krems where Nursing Science is taught too.

Only medicines are able to acquire a geriatric diploma at the Austrian Medical Chamber. In this regard they are briefed on geriatric assessment instruments.

In Sport Science there are people who deal with physical activity for elderly people at the University of Vienna and the University of Salzburg. Instruments for assessment on physical activity and physical functioning in older people are not part of the curriculum at the moment. In view of the continuing increase in the percentage of elderly people in Austria and the rising demands to keep elderly more active and healthy there is a lack of academic institutions in this field.

#### **4. Conclusion**

The use of assessment instruments on physical activity and physical functioning for older people is mainly part of geriatric concerns. Especially the Austrian Society for Geriatrics and Gerontology (ÖGGG) together with the Austrian Health Institute (ÖBIG) have developed an own assessment, mainly composed of existing valid instruments (Tab. 3). It consists of the following components:



Tab. 3 Austrian Geriatric Basis Assessment

<b>CATEGORIES</b>	<b>Abbr.</b>	<b>NAME of INSTRUMENT</b>
<b>Autonomy</b>	BI	Barthel Index ( <i>Mahoney &amp; Barthel 1965</i> )
	FIM	Functional Independence Measure ( <i>Granger 1987</i> )
<b>Activities of Daily Living</b>	IADL	Lawton Instrumental Activities of Daily Living ( <i>Lawton &amp; Brody 1964</i> )
	OARS-5	The Older Americans Resources and Services Multidimensional Functional Assessment Questionnaire –IADL ( <i>Fillenbaum 1985</i> )
<b>Nutrition</b>	MNA <sup>TM</sup>	Mini Nutritional Assessment ( <i>Guigoz et al 1994</i> )
	QINS	Questionnaire for Initial Nutritional Screening ( <i>Johnson &amp; Kligmann 1992</i> )
<b>Mobility</b>		Chair-rising-Test ( <i>Guralnik et al 1994</i> )
	TUG	Timed Get-Up & Go-Test ( <i>Podsiadlo &amp; Richardson 1991</i> )
	Tinetti	Tinetti's Performance-Oriented Mobility Assessment ( <i>Tinetti 1990</i> )
		Tandem-Stand ( <i>Guralnik et al 1995</i> )
		Tandem-Walk Performance ( <i>Northridge 1996</i> )
		10 Meter Walking Test ( <i>Butland et al 1982</i> )
		6 Minutes Walking Test ( <i>Butland et al 1982</i> )
<b>Cognition</b>	TFDD	Test zur Früherkennung von Demenzen mit Depressionsabgrenzung ( <i>Ihl &amp; Grass-Kapanke 2000</i> )
	CC-T	Clock Completion-Test ( <i>Shulman et al 1986</i> )
	MMSE	Mini Mental State Examination ( <i>Folstein et al 1975; Rosa et al 1993</i> )
<b>Disposition</b>	GDS	Geriatric Depression Scale ( <i>Yesavage et al 1983</i> )
	DSI	Depression Status Inventory ( <i>Zung &amp; Guy 1976</i> )

Furthermore a benchmarking concept for multidisciplinary geriatric acute care units is demanded and currently under development in Austria. This concept is implemented in the existing online application Healthgate BARS (Benchmarking And Reporting Service), which is already in use for quality management in medicine centres in Germany and Austria.

From our point of view further discussion on the use of assessment instruments in various fields of professionals working with elderly people will be necessary in Austria.