Kinesis QTUG™
Mobility and Falls Risk Assessment Technology
Evidence Base
Introduction
Kinesis QTUG™ is an evidence-based technology for the assessment of falls risk, frailty and mobility. Based on the standard Timed Up and Go test, QTUG™ employs body-worn sensors and machine learning algorithms and is based on 10 years of peer reviewed research.

Our technology uses advanced wearable sensors suitable for the objective assessment of gait and mobility, measurement of response to rehabilitation and treatment and well as screening for falls risk, mobility impairment and frailty.

It is intended for use by a health or social care worker in assessing the mobility and falls risk of an older adult. QTUG™ uses body-worn inertial sensors along with questionnaire data to objectively assess movement. It produces a validated falls risk score (known as the falls risk estimate) as well as a frailty score (known as the frailty estimate). In addition, it tracks clinical risk factors, provides a detailed 71 parameter gait and mobility assessment which provides an indication of the source of falls risk (through comparison against a large reference data set) as well as advice on intervention to prevent falls.

Regulatory
QTUG™ is a Class I medical device, registered under the Medical Device Directive (MDD), notified body: Health Products Regulatory Authority (HPRA, Ireland. Kinesis are also registered as a medical device manufacturer with the FDA in the USA, in Canada with Health Canada and in Australia with the Therapeutic Goods Administration. Kinesis products are compliant with the EU General Data Protection Rules (GDPR) for storage of personal information and with the US HIPAA privacy laws.

Economic evidence
To assess cost-effectiveness, an exploratory economic model was developed by School of Health and Related Research (ScHARR) at the University of Sheffield. According to this model screening with QTUG produces more Quality Adjusted Life Years (QALYs) and cost-savings than paper-based assessments and if falls-risk screening was sought by clinicians, QTUG should be considered rather than the manual assessment for people aged 65 to 89.

QTUG™ Features:
- Validated statistical prediction of Falls Risk and Frailty.
- Precise measurement of patient’s performance both pre and post rehabilitation or intervention.
- Comprehensive mobility assessment based on the Timed Up & Go test.
- Colour-coded comparison of patient to population across 71 parameters.
- Portable solution that is suitable for use in home and in the community.
- Real-time reporting; generates detailed results at the point and time of assessment.
- Ability to integrate with 3rd party Electronic Health Record (EHR) systems.
- Usability – quick and easy to use; can be administered by a broad range of health/care workers.

Evidence
Kinesis products have been shown to be Valid, Reliable and Accurate in measuring Gait and Mobility, as well as assessing Falls and frailty in older adults.

The following is a brief summary of the evidence supporting the product:

- QTUG produces more Quality Adjusted Life Years (QALYs) and cost-savings than paper-based assessments and if falls-risk screening was sought by clinicians. Results also suggested that a falls prevention care pathway had a higher probability of being cost-effective when screening and falls prevention interventions were utilised in a population aged 75 to 89. 
- QTUG™ has been validated both prospectively (N=226) and cross-sectionally (N=748), and has been shown to provide an accurate measure of falls risk in older adults. 
- In a comparison against standard measures (the time to complete TUG test and the Berg balance scale), QTUG has been shown to be significantly more accurate in assessing risk of falls.
- Mobility parameters derived using Kinesis QTUG™ have been shown to provide reliable measurement of gait and mobility in: patients with multiple sclerosis (MS), Parkinson’s disease (PD), older adults and healthy controls.
- A study of 399 older adults showed that QTUG™ provides a robust and reliable estimate of patient’s frailty state as defined using the Fried frailty phenotype.
- A study of 38 MS patients and 33 controls showed that that mobility parameters derived from MS patients while completing the TUG test are reliable, are associated with disease state in MS and may have utility in screening for early stage MS. QTUG has also been to be a more sensitive measure than UPDRS Part III for assessing the effect of exercise intervention on functional mobility in people with early-to-moderate stage PD.
• A longitudinal study of patients with Parkinson’s disease found that QTUG™ predicts falls in PD within 3 months of assessment. In addition, results showed that mobility parameters obtained using QTUG showed excellent inter-session reliability for assessment of patients with PD. QTUG has also been used to examine the effect of Deep Brain Stimulation (DBS) on mobility and falls risk in persons with PD.

• The inertial sensor algorithms contained in Kinesis QTUG™ have been validated against gold standards (optical motion capture system, forceplate and GAITRite) for assessment of temporal and spatial gait parameters in normal and pathological gait as well as treadmill running.

• Mobility parameters derived using Kinesis QTUG™ have been shown to be strongly linked to Minimum Ground Clearance (MGC), which is strongly linked to risk of falls in older adults.

• A longitudinal study of 189 older adults showed that the change in mobility parameters obtained using QTUG™ measured two years after baseline assessment are associated with cognitive decline in older adults.

• A study of 119 older adults showed that changes in QTUG parameters were strongly associated with decline in balance as measured using the Berg Balance Scale (BBS).

• A study of 16 participants examined the use of QTUG in assessing recovery in patients post hip fracture. QTUG was found to be a sensitive measure for assessing changes in functional mobility between admission and discharge for hip fracture patients. QTUG may also be useful for assessing falls risk and frailty at discharge post hip fracture surgery.

References

• 1 Grace Coakley, and Dara Meldrum, 'Quantitative Timed up and Go to Measure Falls Risk and Frailty Levels in Elderly Patients Post Hip Fracture', *Age and Ageing*, 45 (2016), ii13–ii56.


• 21 Erin Smith, Lorcan Walsh, Julie Doyle, Barry Greene, and Catherine Blake, 'The Reliability of the Quantitative Timed up and Go Test (Qtug) Measured over Five Consecutive Days under Single and Dual-Task Conditions in Community Dwelling Older Adults', *Gait & Posture*, 43 (2016), 239-44.