# **Assessment Overview**

## Assessment Area

ICF Domain: Body Functions Subcategory: Functions and Structures of the Cardiovascular, Haematological,

Immunological and Respiratory Systems

You Will Need

### Length:

10-20 min + warm-up (depending on number of tests administered) **Equipment:** Arm ergometer Optional: computer and software **Scoring:** Peak power: highest average power for any 5s period Mean power: average power over 30s

Relative peak power: peak power standardized by body mass Anaerobic fatigue: percentage decline in power output time Anaerobic capacity: total work done in 30s Scoring can be computerized or manual.

# Assessment Interpretability

# Minimal Clinically Important Statistical Error Typical Values Not established in SCI Not established in SCI Mean (Peak/Mean) Scores:<br/>C5 Group:<br/>53.9-57.0W / 31.7-31.9W<br/>C6 Group:<br/>121.7-119.7W / 70.3-72.3W<br/>C7 Group:<br/>203.4-206.8W / 134.2-138.2W<br/>(Jacobs et al., 2005; N=45, complete cervical<br/>SCI, mean time since injury = 8.2-10.6 years)

## Summary

Wingate Anaerobic Test (WAnT) assesses muscle power by 30-second maximal effort trials on a leg or arm ergometer. Arm WAnT has been used in persons with paraplegia to compare to performance of upper limb anaerobic tasks such as transferring in and out of the car and 26m wheelchair sprints.

While not developed for use specifically in the SCI population, the WAnT is the only standardized test to monitor upper extremity strength and power. Most assessments look at aerobic function rather than anaerobic tasks. It is also a well-established protocol that has been used in many populations so comparisons are possible.

The test is relatively easy and inexpensive to administer with the appropriate equipment; however, the initial expenditure is significant.

# Availability

Available for free here: http://www.brianmac.co.uk/want.htm

Languages: English

Validity	Reliability
Not established in SCI	Test-retest Reliability:No significant differences between 2 trials in $P_{peak}$ , $P_{mean}$ , $P_{min}$ and anaerobic fatigue.Between trial r <sup>2</sup> for $P_{peak} = 0.92$ Between trial r <sup>2</sup> for $P_{mean} = 0.94$
	(Jacobs et al., 2003; N=43, 33 male, paraplegic; T2-T12 SCI; mean (SD) time since injury = 8.1 (7.1) years)
	Between trial $r^2$ for $P_{peak}$ : C5 group = 0.95 C6 group = 0.98 C7 group = 0.93 Between trial $r^2$ for $P_{mean}$ : C5 group = 0.98 C6 group = 0.98 C6 group = 0.96 C7 group = 0.88 (Jacobs et al., 2005; N=45, motor-complete SCI, injury levels C5-C7, mean (SD
	time since injury = C5 group: 8.1(7.1); C6 group: 10.0(7.2), C7 group: 10.6(7.4 years)

# Responsiveness

Floor/Ceiling Effect: Effect Size: Not established in SCI Not established in SCI

Number of studies reporting responsiveness data: 0