What is required by potential joint assessors?

It is expected that any person proposed as a joint assessor in a trial would have **already extensive training in the basics of performing a joint exam** and apply a standard approach to the physical exam of the joint system with the following specifics:

for each joint all possible movements will be examined (e.g. measurement of hip extension), temporomandibular motion will be assessed by measurement of inter-incisor distance (normal for subjects at least 5 years old is ≥ 4 cm) and lumbar spine flexion will be measured by marks placed at the upper end of the gluteal cleft and then 10 cm superior to that while the child is standing erect.

The subject is then asked to forward flex as far as possible keeping the legs straight (normal for subjects at least 5 years old will be ≥ 15 cm between the 2 marks). Separate exams should be done for "joint tenderness" and "pain on motion". Although these measures may be consolidated into a single item on the case report form (CRF), each should be evaluated separately in the patient.

All assessments of pain on motion or limitation of motion should be done with passive, not active, motion.

The greatest variation among examiners is seen in the assessment of joint swelling. The demonstration exams should provide in-depth (preferably hands-on) practice in assessing joint swelling. At best, these procedures will decrease but will most certainly not eliminate differences in joint assessments between different examiners**.**

It is expected that, with rare exceptions, for a given subject in the trial all joint assessments will be performed by the same joint assessor.

To receive further information, contact Fondazione PRINTO Staff at info@fondazione-printo.it