Name of Instrument: **Multi-Directional Reach Test**  
Author: Roberta A. Newton

**Contact Info:**  
**Name:** Roberta A. Newton  
Department of Physical Therapy  
Temple University  
3307 North Broad Street  
Philadelphia, PA  19140  
**Address:**  
**Phone:**  
**Fax:**  
**E-mail:** rnewton@astro.temple.edu

**Privacy Use Cost:** $  
**Public Use Cost:** $

**Year Developed:** 2000

**Where to obtain Instrument:**  
- Contact author

**Description of the Instrument**  
- The Multi-Directional Reach Test (MDRT) is a valid tool for measuring the limits of stability as derived by reach in four directions.  
- Participants performed maximal reaches with the outstretched arm forward (FR), to the right (RR), to the left (LR), and leaning backward (BR), with feet flat on the floor.  
- Reach was measured by participant’s total hand excursion along a yardstick affixed to a telescoping tripod. Reach is measured in inches.  
- Multiple regression analysis examining activity level, fear of falling, health status, and hall history revealed that activity level contributed to the scores in the forward, right, and left directions. Fear of falling, as measured by the Fear of Falling Index, contributed significantly to scores in the backward direction.

**Form of instrument:**  
- Questionnaire/ Survey  
- Hazard/Risk Assessment Tools

**Method of delivery:**  
- In-person interview/assessment

**Relevance to injury/ Percentage of the instrument specific to injury**  
- To assess risk of falling to the side and backward.

**Time to administer or complete the instrument**
Methods of data analyses:
- Quantitative

Setting/sample instrument used in:
- 254 community-dwelling older adults from senior centers or residential housing centers located in North Philadelphia.

Was it pilot tested? No

Pilot test sample:

Reliability Measures
- Interclass correlation for the MDRT were FR=0.942, BR=0.929, RR=0.0926, and LR=0.0947.
- Cronbach’s alpha, a measure of internal consistency of the test instrument, was 0.842.

Validity Measures

Reference

Other References

Keywords: falls, stability, elderly, seniors, reach.