

**AWARD NUMBER: W81XWH-18-1-0815**

**TITLE: The Mobility Toolkit: Electronically Augmented Assessment of Functional Recovery Following Lower-Extremity Trauma**

**PRINCIPAL INVESTIGATOR: Stephen Sims, MD**

**CONTRACTING ORGANIZATION: The Charlotte-Mecklenburg Hospital Authority  
d/b/a Carolinas HealthCare System**

**REPORT DATE: 10/05/2022**

**TYPE OF REPORT: Annual Report**

**PREPARED FOR: U.S. Army Medical Research and Materiel Command  
Fort Detrick, Maryland 21702-5012**

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# REPORT DOCUMENTATION PAGE

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<b>7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES)</b>  The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas HealthCare System 1000 Blythe Blvd. Charlotte, NC 28203		<b>8. PERFORMING ORGANIZATION REPORT</b>
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**14. ABSTRACT**

**Background:** The proposed effort directly involves the development and validation of standardized measures to objectively assess and improve rehabilitative outcomes, including multi-extremity trauma following neuromusculoskeletal injury. It involves the direct application of the Mobility Toolkit Project, which is a HIPAA-compliant, web-accessible, cloud-based application for data acquisition and quantitative analysis of performance-based measures (PBMs) in multiple wide-spread clinic and therapy settings. The proposed effort addresses the feasibility of data collection in clinical settings and describing the recovery trajectories for lower-extremity injuries in active duty and civilian orthopaedic trauma patients.

**Objective/Hypothesis:** The purpose of this study is to (1) evaluate implementation in multiple clinical centers in the context of a large orthopaedic research consortium; (2) generate normative data for patients with lower extremity articular injuries and non-injured controls; and (3) to identify thresholds that indicate risk for diminished long-term function and complications.

**Specific Aims:** The specific aims are to (1) Determine the feasibility and burden of implementing the Mobility Toolkit in a clinical setting, in the context of a large, multi-center research consortium, (2) Establish normative data for adult patients with articular injuries (proximal tibia, pilon, ankle fracture and ankle fracture-dislocation, hind foot) as well as a cohort of non-injured adults, and (3) Identify thresholds that indicate risk for diminished long-term function and select complications (eg, malunion, hardware failure, range of motion complications). In addition, an exploratory aim 4 is to develop algorithms to translated AHRS data for additional physical performance measures selected by the Protocol Committee made up of orthopaedic surgeons, physical medicine and rehabilitation physicians, and physical therapists.

**Study Design:** The proposed study will prospectively enroll and follow 350 patients aged 18-55 with lower-extremity injuries. Each of the study sites will be provided with the Mobility Toolkit clinical data acquisition systems which consists of a tablet computer Bluetooth-paired with inertial sensor package for capturing patient kinematic data. Sites are also provided with internet access to the cloud-based Mobility Toolkit central site analytics and user database which allows real-time data analysis and report transmission back to the data acquisition site. During these visits, participants will also be asked to complete the PROMIS Physical Function and Mobility and Pain Interference subscales and provide information about physical therapy they have received. Data regarding injury related complications will be obtained from medical records. Instrumented assessment using the AHRS will also be conducted on 150 non-injured adults matched to the injured cohort on age and gender. These individuals will be assessed once. After completing the assessments, non-injured participants will be asked to complete a brief health questionnaire as well as the PROMIS assessments. Data collected on injured patients and non-injured controls will form the bases for reports that plot recovery trajectories the year following injury with respect to key gait parameters that may be adversely affected by injury. These reports will allow clinicians to compare patient progress to other patients with similar injuries and relative to non-injured adults.

**Military Benefit:** Lower-extremity injuries, ranging from simple to complex, are common during both war and peacetime and represent a significant portion of unfitting conditions and those qualifying for medical discharge. The opportunity to objectively measure rehabilitation following lower-extremity injury and to establish trajectories of recovery for specific injury patterns would represent a significant advance in the measurement of patient outcomes. Expected recovery trajectories for specific injuries are particularly important when one considers the cost to train and retain active duty personnel. The ability to predict with some certainty expected outcomes and times to final outcome would significantly affect fitness decisions on a patient by patient basis. The information will be used to aid in *targeting physical therapy resources and interventions to specific variables documented to impede physical performance*, improve return to duty and duration of time spent away from the unit.

**15. SUBJECT TERMS**

<b>16. SECURITY CLASSIFICATION OF:</b>			<b>17. LIMITATION OF ABSTRACT</b>	<b>18. NUMBER OF PAGES</b>	<b>19a. NAME OF RESPONSIBLE PERSON</b>
<b>a. REPORT</b> Unclassified	<b>b. ABSTRACT</b> Unclassified	<b>c. THIS PAGE</b> Unclassified			<b>19b. TELEPHONE NUMBER</b> (include area code)
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## TABLE OF CONTENTS

	<u>Page</u>
1. Introduction	5
2. Keywords	5
3. Accomplishments	5
4. Impact	15
5. Changes/Problems	16
6. Products	17
7. Participants & Other Collaborating Organizations	19
8. Special Reporting Requirements	20
9. Appendices	21

1. **INTRODUCTION:** *Narrative that briefly (one paragraph) describes the subject, purpose and scope of the research.*

The Mobility Toolkit (MTK) is a single chest mounted device that utilizes inertial measurement units (IMUs) to assess gait quality. The purpose of this project is to test the implementation of the Mobility Toolkit in multiple trauma centers around the country and generate normative data on lower-extremity injuries common among military and civilian patients. The long-term goal is for this to be a clinical tool for evaluating recovery progress. This study is an important first step in establishing feasibility and in creating a normative set against which patient progress can be measured.

2. **KEYWORDS:** *Provide a brief list of keywords (limit to 20 words).*

Articular Injuries, Long-Term Function, Feasibility, Normative Data

3. **ACCOMPLISHMENTS:** *The PI is reminded that the recipient organization is required to obtain prior written approval from the awarding agency grants official whenever there are significant changes in the project or its direction.*

**What were the major goals of the project?**

*List the major goals of the project as stated in the approved SOW. If the application listed milestones/target dates for important activities or phases of the project, identify these dates and show actual completion dates or the percentage of completion.*

**Major Tasks:**

**Task 1: Study Initiation**

- Finalize protocol (month 6)
- Develop case report forms (month 6)
- Program and pilot test REDCap (month 6)
- Obtain initial IRB approval at JHU (MCC), CMC (PI site) and HRPO (month 6)
- Distribute approved protocol and obtain IRB approval at all participating sites
- Develop training material for research coordinators (month 6)
- Train and certify sites to begin screening and enrolling patients (month 12)

**Task 2: Enroll and Follow Patients**

- Enroll injured patients at all participating centers (month 27)
- Enroll non injured patients at two participating centers (month 27)
- Follow injured patients for one year (month 39)
- Generate and distribute monthly data queries to monitor data quality (month 39)

**Task 3: Data Analysis and Dissemination**

- Develop final data files and conduct analysis (month 42)
- Facilitate focus groups of ortho trauma surgeons and physical therapists to get feedback on Mobility Tool Kit reports (month 44)
- Write final report for peer reviewed publication (month 48)

Site Specific Progress:

**TOTAL PROTOCOLS: 12** Note: A single master Human Subject Research Protocol will be required to complete the Statement of Work. This protocol will be approved at Johns Hopkins Bloomberg School of Public Health, as well as the USAMRAMC HRPO. Once approval has been obtained, each of the 11 other sites participating in this research will obtain IRB approval. In total, the protocol will be reviewed by 12 IRBs, plus the USAMRAMC HRPO. Future iterations of this report will reflect the status of the protocols at these sites as they are submitted and approved.

**PROTOCOL (1 of 12 total): Johns Hopkins Bloomberg School of Public Health**

**Protocol [HRPO Assigned Number]:** [E00324.1a]

Title: The Mobility Toolkit: Electronically Augmented Assessment of Functional Recovery following Lower-Extremity Trauma (Master Protocol)

Target required for clinical significance: 300 injured participants and 150 non-injured volunteers

(Two sites will be enrolling non-injured volunteers and that will begin next year. We will report on each sites progress of the injured participants.)

Target approved for clinical significance: N/A

**Submitted to and Approved by:**

- Submitted to JHSPH IRB
- Approved by JHSPH IRB 6/5/2019
- Submitted to DoD HRPO
- Approved by DoD HRPO 8/19/2019
- JHSPH Continuing Review Approval: 4/23/20

**Status:**

- (i) Number of subjects recruited/original planned target: N/A  
Number of subjects screened/original planned target: N/A  
Number of patients enrolled/original planned target: N/A  
Number of patients completed/original planned target: N/A

- (ii) Report amendments submitted to the IRB and USAMRMC HRPO for review:  
JHSPH IRB approval on 6/15/20 for a protocol amendment to conduct some research activities remotely (e.g. consent; follow-up) due to COVID if needed.

- (iii) Adverse event/unanticipated problems involving risks to subjects or others and actions or plans for mitigation:  
None

**PROTOCOL (2 of 12 total): Carolinas Medical Center**

**Protocol [HRPO Assigned Number]:** E00324.1b

Title: The Mobility Toolkit: Electronically Augmented Assessment of Functional Recovery following Lower-Extremity Trauma

Target required for clinical significance: 38

Target approved for clinical significance: N/A

**SUBMITTED TO AND APPROVED BY:**

- Submitted to local IRB 7/20/19
- Approved by local IRB 8/20/2019
- Submitted to HRPO 9/9/2019
- Approved by HRPO 9/17/2019
- Certified by the Coordinating Center 11/27/2019

**STATUS:**

- (i) Number of subjects recruited/original planned target: N/A  
 Number of subjects screened/original planned target: 598  
 Number of patients enrolled/original planned target: 103 consented 11 pending adjudication, 7 adjudicated ineligible)  
 Number of patients completed/original planned target: 18
- (ii) Report amendments submitted to the IRB and USAMRMC HRPO for review:  
 None.
- (iii) Adverse event/unanticipated problems involving risks to subjects or others and actions or plans for mitigation:  
 None.

**PROTOCOL (3 of 12 total): University of Texas Health Science Center, Houston**

**Protocol [HRPO Assigned Number]:** E00324.1c

*Title: The Mobility Toolkit: Electronically Augmented Assessment of Functional Recovery following Lower-Extremity Trauma*

Target required for clinical significance: 38

Target approved for clinical significance: N/A

**SUBMITTED TO AND APPROVED BY:**

- Submitted to local IRB 7/3/2019
- Approved by local IRB 8/26/019
- Submitted to HRPO 8/27/2019
- Approved by HRPO 9/17/2019
- Certified by the Coordinating Center 3/10/20

**STATUS:**

- (i) Number of subjects recruited/original planned target: N/A  
 Number of subjects screened/original planned target: 472  
 Number of patients enrolled/original planned target: 68 consented (10 pending adjudication, 1 adjudicated ineligible)  
 Number of patients completed/original planned target: N/A
- (ii) Report amendments submitted to the IRB and USAMRMC HRPO for review:  
 None.
- (iii) Adverse event/unanticipated problems involving risks to subjects or others and actions or plans for mitigation:

None.

**PROTOCOL (4 of 12 total): Mission Hospital**

**\*This site is no longer participating in this study**

**Protocol [HRPO Assigned Number]: E00324.1d**

*Title: The Mobility Toolkit: Electronically Augmented Assessment of Functional Recovery following Lower-Extremity Trauma*

Target required for clinical significance: 38

Target approved for clinical significance: N/A

**SUBMITTED TO AND APPROVED BY:**

- Submitted to local IRB 7/1/2019
- Approved by local IRB 7/18/2019
- Submitted to HRPO 9/4/2019
- Approved by HRPO 10/11/2019
- Certified by the Coordinating Center pending:

**\*\*This site is no longer participating in the study**

**STATUS:**

- (i) Number of subjects recruited/original planned target: N/A  
Number of subjects screened/original planned target: N/A  
Number of patients enrolled/original planned target: N/A  
Number of patients completed/original planned target: N/A

- (ii) Report amendments submitted to the IRB and USAMRMC HRPO for review:  
None.

- (iii) Adverse event/unanticipated problems involving risks to subjects or others and actions or plans for mitigation:  
None.

**PROTOCOL (5 of 12 total): University of Maryland, R Adams Cowley Shock Trauma Center**

**Protocol [HRPO Assigned Number]: E00324.1f**

*Title: The Mobility Toolkit: Electronically Augmented Assessment of Functional Recovery following Lower-Extremity Trauma*

Target required for clinical significance: 38

Target approved for clinical significance: N/A

**SUBMITTED TO AND APPROVED BY:**

- Submitted to local IRB 7/25/2019
- Approved by local IRB 10/23/2019
- Submitted to HRPO 11/01/2019
- Approved by HRPO 2/25/2020
- Certified by the Coordinating Center 3/16/2021

**STATUS:**

- (i) *Number of subjects recruited/original planned target: N/A*  
*Number of subjects screened/original planned target: 197*  
*Number of patients enrolled/original planned target: 25 consented (9 pending adjudication, 0 adjudicated ineligible)*  
*Number of patients completed/original planned target: N/A*

- (ii) Report amendments submitted to the IRB and USAMRMC HRPO for review:  
None.

- (iii) Adverse event/unanticipated problems involving risks to subjects or others and actions or plans for mitigation:  
None.

**PROTOCOL (6 of 12 total): Vanderbilt Medical Center**

**Protocol [HRPO Assigned Number]:** E00324.1e

*Title: The Mobility Toolkit: Electronically Augmented Assessment of Functional Recovery following Lower-Extremity Trauma*

Target required for clinical significance: 38

Target approved for clinical significance: N/A

**SUBMITTED TO AND APPROVED BY:**

- *Submitted to local IRB 7/17/19*
- *Approved by local IRB 10/21/2019*
- *Submitted to HRPO 10/21/2019*
- *Approved by HRPO 11/01/2019*
- *Certified by the Coordinating Center 12/13/2019*

**STATUS:**

- (i) *Number of subjects recruited/original planned target: N/A*  
*Number of subjects screened/original planned target: 133*  
*Number of patients enrolled/original planned target: 13 (3 pending adjudication, 0 adjudicated ineligible)*  
*Number of patients completed/original planned target: 1*

- (ii) Report amendments submitted to the IRB and USAMRMC HRPO for review:  
None.

- (iii) Adverse event/unanticipated problems involving risks to subjects or others and actions or plans for mitigation:  
None.

**PROTOCOL (7 of 12 total): University of Kentucky**

**Protocol [HRPO Assigned Number]:** E00324.1g

*Title: The Mobility Toolkit: Electronically Augmented Assessment of Functional Recovery following Lower-Extremity Trauma*

Target required for clinical significance: 38

Target approved for clinical significance: N/A

**SUBMITTED TO AND APPROVED BY:**

- *Submitted to local IRB 7/25/19*
- *Approved by local IRB 9/30/19*
- *Submitted to HRPO 10/30/2019*
- *Approved by HRPO 12/20/2019*
- *Certified by the Coordinating Center 2/20/2020*

**STATUS:**

- (i) *Number of subjects recruited/original planned target: N/A*  
*Number of subjects screened/original planned target: 80*  
*Number of patients enrolled/original planned target: 54 consented (4 pending adjudication, 5 adjudicated ineligible)*  
*Number of patients completed/original planned target: 5*
- (ii) Report amendments submitted to the IRB and USAMRMC HRPO for review:  
None.
- (iii) Adverse event/unanticipated problems involving risks to subjects or others and actions or plans for mitigation:  
None.

**PROTOCOL (8 of 12 total): Washington University, Barnes Jewish Hospital**

**\*This site is no longer participating in this study**

**Protocol [HRPO Assigned Number]: E00324.1i**

*Title: The Mobility Toolkit: Electronically Augmented Assessment of Functional Recovery following Lower-Extremity Trauma*

Target required for clinical significance: 38

Target approved for clinical significance: N/A

**SUBMITTED TO AND APPROVED BY:**

- *Submitted to local IRB 07/01/2019*
- *Approved by local IRB 12/2019*
- *Submitted to HRPO 01/07/2020*
- *Approved by HRPO 4/03/2020*
- *Certified by the Coordinating Center pending*

**\*\*This site is no longer participating in the study.**

**STATUS:**

- (i) *Number of subjects recruited/original planned target: N/A*  
*Number of subjects screened/original planned target: N/A*

*Number of patients enrolled/original planned target: 0/38*  
*Number of patients completed/original planned target: N/A*

(ii) Report amendments submitted to the IRB and USAMRMC HRPO for review:  
None.

(iii) Adverse event/unanticipated problems involving risks to subjects or others and actions or plans for mitigation:  
None.

**PROTOCOL (9 of 12 total): San Antonio Military Medical Center**

**Protocol [HRPO Assigned Number]:** E00324.1h

*Title: The Mobility Toolkit: Electronically Augmented Assessment of Functional Recovery following Lower-Extremity Trauma*

Target required for clinical significance: 38

Target approved for clinical significance: N/A

**SUBMITTED TO AND APPROVED BY:**

- *Submitted to local IRB 9/1/2019*
- *Approved by local IRB 12/06/2019*
- *Submitted to HRPO 1/6/2020*
- *Approved by HRPO 2/19/20*
- *Certified by the Coordinating Center 4/15/21*

**STATUS:**

(i) *Number of subjects recruited/original planned target: N/A*  
*Number of subjects screened/original planned target: 204*  
*Number of patients enrolled/original planned target: 15 consented (9 pending adjudication, 0 adjudicated ineligible)*  
*Number of patients completed/original planned target: N/A*

(ii) Report amendments submitted to the IRB and USAMRMC HRPO for review:  
None.

(iii) Adverse event/unanticipated problems involving risks to subjects or others and actions or plans for mitigation:  
None.

**PROTOCOL (10 of 12 total): Walter Reed Military Medical Center**

**Protocol [HRPO Assigned Number]:**

*Title: The Mobility Toolkit: Electronically Augmented Assessment of Functional Recovery following Lower-Extremity Trauma*

Target required for clinical significance: 38

Target approved for clinical significance: N/A

**SUBMITTED TO AND APPROVED BY:**

- *Submitted to local IRB 2/6/2020*

- *Approved by local IRB pending*
- *Submitted to HRPO pending*
- *Approved by HRPO pending*
- *Certified by the Coordinating Center pending*

**STATUS:**

- (i) *Number of subjects recruited/original planned target: N/A*  
*Number of subjects screened/original planned target: N/A*  
*Number of patients enrolled/original planned target: N/A*  
*Number of patients completed/original planned target: N/A*

- (ii) Report amendments submitted to the IRB and USAMRMC HRPO for review:  
 None.

- (iii) Adverse event/unanticipated problems involving risks to subjects or others and actions or plans for mitigation:  
 None.

**PROTOCOL (11 of 12 total): Womack Army Medical Center**

**Protocol [HRPO Assigned Number]:**

*Title: The Mobility Toolkit: Electronically Augmented Assessment of Functional Recovery following Lower-Extremity Trauma*

Target required for clinical significance: 38

Target approved for clinical significance: N/A

**SUBMITTED TO AND APPROVED BY:**

- *Submitted to local IRB 1/17/20*
- *Approved by local IRB pending*
- *Submitted to HRPO pending*
- *Approved by HRPO pending*
- *Certified by the Coordinating Center pending*

**STATUS:**

- (i) *Number of subjects recruited/original planned target: N/A*  
*Number of subjects screened/original planned target: N/A*  
*Number of patients enrolled/original planned target: N/A*  
*Number of patients completed/original planned target: N/A*

- (ii) Report amendments submitted to the IRB and USAMRMC HRPO for review:  
 None.

- (iii) Adverse event/unanticipated problems involving risks to subjects or others and actions or plans for mitigation:  
 None.

**PROTOCOL (12 of 12 total): Wake Forest Baptist Health**

**Protocol [HRPO Assigned Number]:**

*Title: The Mobility Toolkit: Electronically Augmented Assessment of Functional Recovery following Lower-Extremity Trauma*

Target required for clinical significance: 38

Target approved for clinical significance: N/A

**SUBMITTED TO AND APPROVED BY:**

- *Submitted to local IRB 5/12/21*
- *Approved by local IRB pending*
- *Submitted to HRPO pending*
- *Approved by HRPO pending*
- *Certified by the Coordinating Center pending*

**STATUS:**

- (i) *Number of subjects recruited/original planned target: N/A*  
*Number of subjects screened/original planned target: N/A*  
*Number of patients enrolled/original planned target: N/A*  
*Number of patients completed/original planned target: N/A*

- (ii) Report amendments submitted to the IRB and USAMRMC HRPO for review:  
None.

- (iii) Adverse event/unanticipated problems involving risks to subjects or others and actions or plans for mitigation:  
None.

**What was accomplished under these goals?**

*For this reporting period describe: 1) major activities; 2) specific objectives; 3) significant results or key outcomes, including major findings, developments, or conclusions (both positive and negative); and/or 4) other achievements. Include a discussion of stated goals not met. Description shall include pertinent data and graphs in sufficient detail to explain any significant results achieved. A succinct description of the methodology used shall be provided. As the project progresses to completion, the emphasis in reporting in this section should shift from reporting activities to reporting accomplishments.*

**Specific Aims:** (1) Determine the feasibility and burden of implementing the Mobility Toolkit in a clinical setting, in the context of a large, multi-center research consortium. (2) Establish normative data for adult patients with articular injuries (proximal tibia, pilon, ankle fracture and ankle fracture-dislocation, hind foot) as well as a cohort of non-injured adults (3) Identify thresholds that indicate risk for diminished long-term function and select complications (eg, malunion, hardware failure, range of motion complications).

**Major Activities:** Enrollment concluded September 30, 2022. At this time, 1,684 patients were screened, and 278 patients consented to participate in the study. Of the 278 patients who consented, 13 were determined by the adjudication committee to be ineligible and were withdrawn; 46 patients are pending adjudication to confirm eligibility 5 patients were withdrawn as late refusals and 15 patients were enrolled prior to the COVID shut down and could not be followed leaving 198 eligible and enrolled patients. If all patients pending adjudication are eligible, this brings the total number enrolled to 244 (81% of our original goal). As we will need an additional year to complete follow up and data analysis, we requested an 18 month no cost extension.

The study team also developed procedures and data collection forms to collect mobility toolkit assessments on non-injured controls which will be completed later this year.

**What opportunities for training and professional development has the project provided?**

*If the project was not intended to provide training and professional development opportunities or there is nothing significant to report during this reporting period, state “Nothing to Report.”*

*Describe opportunities for training and professional development provided to anyone who worked on the project or anyone who was involved in the activities supported by the project. “Training” activities are those in which individuals with advanced professional skills and experience assist others in attaining greater proficiency. Training activities may include, for example, courses or one-on-one work with a mentor. “Professional development” activities result in increased knowledge or skill in one’s area of expertise and may include workshops, conferences, seminars, study groups, and individual study. Include participation in conferences, workshops, and seminars not listed under major activities.*

All sites have had the opportunity to be trained in Mobility Toolkit data collection remotely.

**How were the results disseminated to communities of interest?**

*If there is nothing significant to report during this reporting period, state “Nothing to Report.”*

*Describe how the results were disseminated to communities of interest. Include any outreach activities that were undertaken to reach members of communities who are not usually aware of these project activities, for the purpose of enhancing public understanding and increasing interest in learning and careers in science, technology, and the humanities.*

N/A

**What do you plan to do during the next reporting period to accomplish the goals?**

*If this is the final report, state “Nothing to Report.”*

*Describe briefly what you plan to do during the next reporting period to accomplish the goals and objectives.*

We plan to complete patient follow up, complete data collection on non injured adults for comparison and complete data analysis.

- 4. IMPACT:** *Describe distinctive contributions, major accomplishments, innovations, successes, or any change in practice or behavior that has come about as a result of the project relative to:*

**What was the impact on the development of the principal discipline(s) of the project?**

*If there is nothing significant to report during this reporting period, state “Nothing to Report.”*

*Describe how findings, results, techniques that were developed or extended, or other products from the project made an impact or are likely to make an impact on the base of knowledge, theory, and research in the principal disciplinary field(s) of the project. Summarize using language that an intelligent lay audience can understand (Scientific American style).*

N/A

**What was the impact on other disciplines?**

*If there is nothing significant to report during this reporting period, state “Nothing to Report.”*

*Describe how the findings, results, or techniques that were developed or improved, or other products from the project made an impact or are likely to make an impact on other disciplines.*

N/A

*If there is nothing significant to report during this reporting period, state “Nothing to Report.”*

*Describe ways in which the project made an impact, or is likely to make an impact, on commercial technology or public use, including:*

- *transfer of results to entities in government or industry;*
- *instances where the research has led to the initiation of a start-up company; or*
- *adoption of new practices.*

N/A

*If there is nothing significant to report during this reporting period, state “Nothing to Report.”*

*Describe how results from the project made an impact, or are likely to make an impact, beyond the bounds of science, engineering, and the academic world on areas such as:*

- *improving public knowledge, attitudes, skills, and abilities;*
- *changing behavior, practices, decision making, policies (including regulatory policies), or social actions; or*
- *improving social, economic, civic, or environmental conditions.*

N/A

- 5. CHANGES/PROBLEMS:** *The PD/PI is reminded that the recipient organization is required to obtain prior written approval from the awarding agency grants official whenever there are significant changes in the project or its direction. If not previously reported in writing, provide the following additional information or state, “Nothing to Report,” if applicable:*

**Changes in approach and reasons for change**

*Describe any changes in approach during the reporting period and reasons for these changes. Remember that significant changes in objectives and scope require prior approval of the agency.*

Nothing to report.

**Actual or anticipated problems or delays and actions or plans to resolve them**

*Describe problems or delays encountered during the reporting period and actions or plans to resolve them.*

Nothing to report.

**Changes that had a significant impact on expenditures**

*Describe changes during the reporting period that may have had a significant impact on expenditures, for example, delays in hiring staff or favorable developments that enable meeting objectives at less cost than anticipated.*

Nothing to report.

**Significant changes in use or care of human subjects, vertebrate animals, biohazards, and/or select agents**

*Describe significant deviations, unexpected outcomes, or changes in approved protocols for the use or care of human subjects, vertebrate animals, biohazards, and/or select agents during the reporting period. If required, were these changes approved by the applicable institution committee (or equivalent) and reported to the agency? Also specify the applicable Institutional Review Board/Institutional Animal Care and Use Committee approval dates.*

**Significant changes in use or care of human subjects**

Nothing to report.

**Significant changes in use or care of vertebrate animals**

N/A

**Significant changes in use of biohazards and/or select agents**

Nothing to report.

**6. PRODUCTS:** *List any products resulting from the project during the reporting period. If there is nothing to report under a particular item, state “Nothing to Report.”*

- **Publications, conference papers, and presentations**

*Report only the major publication(s) resulting from the work under this award.*

**Journal publications.** *List peer-reviewed articles or papers appearing in scientific, technical, or professional journals. Identify for each publication: Author(s); title; journal; volume; year; page numbers; status of publication (published; accepted, awaiting publication; submitted, under review; other); acknowledgement of federal support (yes/no).*

Nothing to report.

**Books or other non-periodical, one-time publications.** Report any book, monograph, dissertation, abstract, or the like published as or in a separate publication, rather than a periodical or series. Include any significant publication in the proceedings of a one-time conference or in the report of a one-time study, commission, or the like. Identify for each one-time publication: author(s); title; editor; title of collection, if applicable; bibliographic information; year; type of publication (e.g., book, thesis or dissertation); status of publication (published; accepted, awaiting publication; submitted, under review; other); acknowledgement of federal support (yes/no).

Nothing to report.

**Other publications, conference papers and presentations.** Identify any other publications, conference papers and/or presentations not reported above. Specify the status of the publication as noted above. List presentations made during the last year (international, national, local societies, military meetings, etc.). Use an asterisk (\*) if presentation produced a manuscript.

Nothing to report.

**Website(s) or other Internet sites** List the URL for any Internet site(s) that disseminates the results of the research activities. A short description of each site should be provided. It is not necessary to include the publications already specified above in this section.

Nothing to report.

### **Technologies or techniques**

Identify technologies or techniques that resulted from the research activities. Describe the technologies or techniques were shared.

The CMC team has developed a stand-alone app for Mobility Toolkit data collection that has been tested at their site and at University of Kentucky.

### **Inventions, patent applications, and/or licenses**

Identify inventions, patent applications with date, and/or licenses that have resulted from the research. Submission of this information as part of an interim research performance progress report is not a substitute for any other invention reporting required under the terms and conditions of an award.

Nothing to report.

### Other Products

Identify any other reportable outcomes that were developed under this project. Reportable outcomes are defined as a research result that is or relates to a product, scientific advance, or research tool that makes a meaningful contribution toward the understanding, prevention, diagnosis, prognosis, treatment and /or rehabilitation of a disease, injury or condition, or to improve the quality of life. Examples include:

- data or databases;
- physical collections;
- audio or video products;
- software;
- models;
- educational aids or curricula;
- instruments or equipment;
- research material (e.g., Germplasm; cell lines, DNA probes, animal models);
- clinical interventions;
- new business creation; and
- other.

Nothing to report.

## 7. PARTICIPANTS & OTHER COLLABORATING ORGANIZATIONS

### What individuals have worked on the project?

Provide the following information for: (1) PDs/PIs; and (2) each person who has worked at least one person month per year on the project during the reporting period, regardless of the source of compensation (a person month equals approximately 160 hours of effort). If information is unchanged from a previous submission, provide the name only and indicate “no change”.

<b>Personnel at METRC/JHU</b>	<b>Role and Contribution to the Project</b>	<b>Calendar Months</b>
Renan Castillo	MCC PI; oversees scientific management	0.09
Lisa Reider	MCC Co-PI; oversees scientific management and management of coordinating center activities	0.03
Elizabeth Wysocki	MCC Project Director (replaces Andrea Deluca effective 03/01/20); manages overall study timeline, communication with sites, and regulatory reporting	0.00

Manisha Kumar	MCC Finance Manager; manages the subagreements and financials for MCC and participating centers	0.00
TBD	MCC Data Analyst; will oversee database management for the study.	0.00
Elias Weston-Farber	Data Manager (replaces Andre Hackman) ; oversees REDCap programming and data reporting	0.00
Jiawei Bai	Biostatistician; responsible for analyzing the MTK output	0.11
Jacek Urbanek	Biostatistician; responsible for developing an analysis plan for the study and overseeing Dr. Bai in analyzing the MTK output	0.11

**Has there been a change in the active other support of the PD/PI(s) or senior/key personnel since the last reporting period?**

*If there is nothing significant to report during this reporting period, state “Nothing to Report.”*

*If the active support has changed for the PD/PI(s) or senior/key personnel, then describe what the change has been. Changes may occur, for example, if a previously active grant has closed and/or if a previously pending grant is now active. Annotate this information so it is clear what has changed from the previous submission. Submission of other support information is not necessary for pending changes or for changes in the level of effort for active support reported previously. The awarding agency may require prior written approval if a change in active other support significantly impacts the effort on the project that is the subject of the project report.*

Nothing to report.

**What other organizations were involved as partners?**

*If there is nothing significant to report during this reporting period, state “Nothing to Report.”*

Nothing to report.

**8. SPECIAL REPORTING REQUIREMENTS**

**COLLABORATIVE AWARDS:** *For collaborative awards, independent reports are required from BOTH the Initiating Principal Investigator (PI) and the Collaborating/Partnering PI. A duplicative report is acceptable; however, tasks shall be clearly marked with the responsible PI and research site. A report shall be submitted to <https://ers.amedd.army.mil> for each unique award.*

**QUAD CHARTS:** *If applicable, the Quad Chart (available on <https://www.usamraa.army.mil>) should be updated and submitted with attachments.*

- 9. APPENDICES:** *Attach all appendices that contain information that supplements, clarifies or supports the text. Examples include original copies of journal articles, reprints of manuscripts and abstracts, a curriculum vitae, patent applications, study questionnaires, and surveys, etc.*