

FORM 2

THE PATENTS ACT, 1970
(39 of 1970)

COMPLETE SPECIFICATION

(See section 10 and rule 13)

1. TITLE OF THE INVENTION

MODIFIED PORTABLE MODEL FUNCTIONAL REACH TEST TOOL.

2. APPLICANT(S)

(a) NAME-

1) Dr. Shyam D. Ganvir.

NATIONALITY -Indian

ADDRESS -Dr. Vitharao Vikhe Patil Foundations College of Physiotherapy, Ahmednagar- 414111,
Maharashtra, India

2) Dr. Deepti C. Thokal.

NATIONALITY -Indian

ADDRESS -Dr. Vitharao Vikhe Patil Foundations College of Physiotherapy, Ahmednagar- 414111,
Maharashtra, India

3) Dr. Aishwarya Sanjay Sidhaye.

NATIONALITY -Indian

ADDRESS -Dr. Vitharao Vikhe Patil Foundations College of Physiotherapy, Ahmednagar- 414111,
Maharashtra, India

3. PREAMBLE TO THE DESCRIPTION

COMPLETE

The following specification particularly describes the invention
and the manner in which it is to be performed
ATTACHED

4. DESCRIPTION (Description shall start from next page)

ATTACHED

5. CLAIMS (not applicable for provisional specification. Claims should start with the preamble – "I/We claim" on separate page)

ATTACHED

6. DATE AND SIGNATURE (to be given on the last page of specification)

7. ABSTRACT OF THE INVENTION (to be given along with complete specification on the separate page)

ATTACHED

Note:

- *Repeat boxes in case of more than one entry
- *To be signed by the applicant(s) or the authorized registered patent agent
- *Name of the applicant should be given in full, family name in the beginning
- *Complete address of the applicant should be given stating with postal index no. / code, state and country
- *Strike out the column which is/are not applicable

Abstract

Background of the intervention:

The Modified portable model Functional Reach Test tool is a single item test developed as a quick screening for balance problems in community dwelling older adults.

It is also an objective measurement tool for checking dynamic balance and also it predict fall risk in elderly.

The drawback of this tool is there are chances of subjective error. The height differences of individual height may leads to errors in measurements.

Objective intervention: To check and the quick screening of balance problems among elderly population. Easily available and cost effective measuring tool.

Description of intervention: development of instrument:

- The instrument consists of one metal scale which is fixed on the wooden platform for the measurement of the distance, achieved by individual. The wooden base is fixed on metal plate rod, which is having adjustable height levels. The tool is consist of metal handle to which the participant can hold the hand (fist) One transparent sliding plate has been placed with the marking on it for reducing the measurement errors. The whole tool is placed on the movable base, which is having wheels, for easily carrying purposes in community. Wheels were can be stabilized by the breaks for static, fixed position.

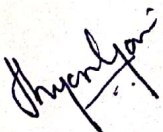
Instructions for the participant:

Position the patient close to the instrument so that he or she may reach forward along the length of the yardstick. The patient is instructed to stand with feet shoulder distance apart then make a fist and raise the arm up so that it's parallel to the floor. At this time, the practitioner takes an initial reading on the yard stick, usually spotting the knuckle of the third metacarpal. The patient is instructed to reach forward along the yardstick without moving the feet. Any reaching strategy is allowed, but the hand should remain in a fist. The practitioner takes a reading on the yardstick of the farthest reach attained by the patient without taking a step. The initial reading is subtracted from the final to obtain the functional reach score.

Method of use of instrument :

Modified portable model Functional Reach Test tool was developed for assessing the risk of falls in community dwelling elderly population. In this measuring tool, we are having adjustable height levels for measuring the static balance in both standing and sitting position. Our modified tool also fixed on the vertical metal stand which is having the base with wheels with breaks. Wheels will help therapist to easily carrying the tool, while measuring on the participant, we can apply the brake.

Interpretation: A score of 6 or less indicates a significant, 6 increased risk for falls. A score between 6-10 inches indicates a moderate risk for falls.



Dr. Shyam D. Ganvir.



Dr. Deepti C. Thokal.



Dr. Aishwarya S. Sidhaye.

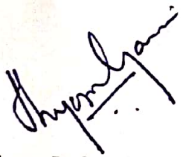
CLAIM

1) We claim that, the device Modified portable model Functional Reach Test tool.

1) The Modified portable model Functional Reach Test tool is a device to measure the risk of falls in elderly population.

2) Modified portable model Functional Reach Test tool was developed for assessing the risk of falls in community dwelling elderly population. In this measuring tool, we are having adjustable height levels for measuring the static balance in both standing and sitting position. Our modified tool also fixed on the vertical metal stand which is having the base with wheels with breaks. Wheels will help therapist to easily carrying the tool, while measuring on the participant, we can apply the brake.

3) The Modified portable model Functional Reach Test tool is a single item test developed as a quick screening for balance problems in community dwelling older adults. It is also an objective measurement tool for checking dynamic balance and also it predict fall risk in elderly. The drawback of this tool is there are chances of subjective error. The height differences of individual height may leads to errors in measurements.



Dr. Shyam D. Ganvir.



Dr. Deepti C. Thokal.



Dr. Aishwarya S. Sidhaye.

FORM 3

THE PATENTS ACT, 1970 (39 of

1970)

and

THE PATENTS RULES, 2003

STATEMENT AND UNDERTAKING UNDER SECTION 8

(See section 8; Rule 12)

1. Name of the applicant(s).

I, Dr. Shyam D. Ganvir, Dr. Deepti C.Thokal,
Dr. Aishwarya Sanjay Sidhaye.
here by declare:

2. Name, address and nationality
of the joint applicant.

(i) that I/We have not made any application for the
same/substantially the same invention outside India
Or
(ii) that I/We who have made this application No. 22/177 dated
alone/jointly
with, made for the same/ substantially
same invention, application(s) for patent in the other
countries, the particulars of
which are given below:

Name of the country	Date of application	Application No.	Status of the application	Date of publication	Date of grant
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India

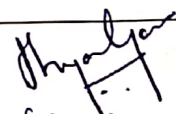


3. Name and address of the
assignee

(iii) that the rights in the application(s) has/have been
assigned to, :

- 1) Dr. Shyam Ganvir,
Street :Dr. Vithalrao Vikhe Patil Foundation's College of
Physiotherapy, M.I.D.C.
City: Ahmednagar State: Maharashtra
Country: India Pin code:414111
- 2) Dr. Deepti Thokal
Street :Dr. Vithalrao Vikhe Patil Foundation College of
Physiotherapy, M.I.D.C
City: Ahmednagar State: Maharashtra
Country: India Pin code:414111
- 3) Dr. Aishwarya Sidhaye
House No. Department of Physiotherapy,
Street :Dr. Vithalrao Vikhe Patil Foundation College of

	Physiotherapy, M.I.D.C City: Ahmednagar State: Maharashtra Country: India Pin code:414111
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	That I/We undertake that upto the date of grant of the patent by the Controller, I/We would keep him informed in writing the details regarding corresponding applications for patents filed outside India within six months from the date of filing of such application. Dated: 22/7/22
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4. To be signed by the applicant or his authorized registered patent agent.	Signature. Dr. Shyam D. Ganvir.  Dr. Deepti Thokal.  Dr. Aishwarya Sanjay Sidhaye. 
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5. Name of the natural person who has signed.	1) Dr. Shyam Ganvir, Street :Dr. Vithalrao Vikhe Patil Foundation's College of Physiotherapy, M.I.D.C. City: Ahmednagar State: Maharashtra Country: India Pin code:414111 2) Dr. Deepti Thokal Street :Dr. Vithalrao Vikhe Patil Foundation College of Physiotherapy, M.I.D.C City: Ahmednagar State: Maharashtra Country: India Pin code:414111 3) Dr. Aishwarya Sidhaye House No. Department of Physiotherapy, Street :Dr. Vithalrao Vikhe Patil Foundation College of Physiotherapy, M.I.D.C City: Ahmednagar State: Maharashtra Country: India Pin code:414111
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	To The Controller of Patents, The Patent Office, at Mumbai.....
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Note.- Strike out whichever is not applicable;

FORM 5
THE PATENTS ACT, 1970 (39 of
1970)
&
The Patents Rules, 2003 DECLARATION
AS TO INVENTORSHIP
[See section 10(6) and rule 13(6)]

1. NAME OF THE APPLICANT(S) Dr . Shyam D. Ganvir. Dr. Deepti Thokal., Dr. Aishwarya Sanjay Sidhaye.
, Dr. Vithalrao Vikhe Patil Foundation's College of Physiotherapy, Ahmednagar

hereby declare that the true and first inventor(s) of the invention disclosed in the complete specification filed in pursuance of my / our application numbered _____ dated _____ is/are

2. INVENTOR(S)

1) **NAME:-** , Dr . Shyam Devidas Ganvir.

NATIONALITY:- INDIAN

ADDRESS: Dr. Vithalrao Vikhe Patil Foundation's College of Physiotherapy, Vilad Ghat, PO: MIDC, Ahmednagar-414111, Maharashtra, India.

2) **NAME:-** Dr. Deepti C. Thokal Dr. Aishwarya Sanjay Sidhaye.

NATIONALITY:- INDIAN

ADDRESS: Dr. Vithalrao Vikhe Patil Foundation's College of Physiotherapy, Vilad Ghat, PO: MIDC, Ahmednagar-414111, Maharashtra, India.

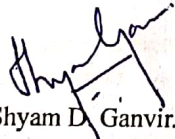
3) **NAME:-** Dr. Aishwarya Sanjay Sidhaye.

NATIONALITY:- INDIAN

ADDRESS: Dr. Vithalrao Vikhe Patil Foundation's College of Physiotherapy, Vilad Ghat, PO: MIDC, Ahmednagar-414111, Maharashtra, India

Dated this

Signature: -



Name of the signatory: - Dr . Shyam D. Ganvir.



Dr. Deepti C. Thokal.



Dr. Aishwarya Sanjay Sidhaye.

Principal
D.V.V.P.F's COPT, Ahmednagar

DECLARATION TO BE GIVEN WHEN THE APPLICATION IN INDIA IS FILED BY THE APPLICANT(S) IN THE CONVENTION COUNTRY: -

The applicant(s) in the convention country hereby declare that our right to apply for a patent in India is by way of assignment from the true and first inventor(s). Dated this

Signature: - Dr. Shyam D. Ganvir.

Dr. Deepti Thokal.

Dr. Aishwarya Sanjay Sidhaye.

Principal
(DVVPF's COPT, Ahmednagar)

I. STATEMENT (to be signed by the additional inventor(s) not mentioned in the application form)

I/We assent to the invention referred to in the above declaration, being included in the complete specification filed in pursuance of the stated application.

Dated this ²⁷ 2022

Signature of the additional inventor(s): - Name: -
Dr. Shyam Devidas Ganvir.
Dr. Vithalrao Vikhe Patil Foundation's College of
Physiotherapy, Vilad Ghat, PO: MIDC,
Ahmednagar-414111, Maharashtra, India.

Dr. Deepti C. Thokal.
Dr. Vithalrao Vikhe Patil Foundation's College of
Physiotherapy, Vilad Ghat, PO: MIDC,
Ahmednagar-414111, Maharashtra, India.

Dr. Aishwarya Sanjay Sidhaye
Dr. Vithalrao Vikhe Patil Foundation's College of
Physiotherapy, Vilad Ghat, PO: MIDC,
Ahmednagar-414111, Maharashtra, India.

To, The Controller of Patents
The Patent Office, at MUMBAI

Note:-

Repeat boxes in case of more than one entry.

To be signed by the applicant(s) or by authorized registered patent agent otherwise mentioned.

Name of the inventor and applicant should be given in full, family name in the beginning.

Complete address of the inventor should be given stating the postal index no./code, state and country.