Recommended schedule of assesments for patients with MPS $VI^{\scriptscriptstyle 1}$

Imaging study	Initial assessments	Every 3 months	Every 12 months	As clinically indicated ^a
Confirmation of MPS VI	•			
Medical history ^b	•		•	
Physical examination	•		•	
Neurologic examination	•		•	
Height, weight	•		•	
Head circumference ^c	•		•	
Tanner stage ^d	•		•	
Photographs	•			•
Endurance ^e				
12-minute walk test	•		•	
3-minute stair climb	•			
Ophthalmology				
Visual acuity	•		•	
Corneal examination	•		•	
Gundoscopic examination	•		•	
ntraocular pressure	•		•	
Refraction	•		•	
Ludiomotus				
Audiometry				
Cardiology				
Echocardiogram	•		•	
Electrocardiogram	•		•	
Blood pressure	•		•	
Electrophysiology				
Nerve conduction ^f	•			•
Pulmonary function				
Forced vital capacity, forced expiratory volume n 1 second, maximum voluntary ventilation ^g				
Sleep study				•
Imaging studies				
Hip films ^h	•			•
Skeletal survey	•			•
Flex/ext radiograph of cervical spine				•
MRI of brain and spine ⁱ	•			•
Laboratory assessments				
aGAG levels	•		•	
Supplemental assessments for patients				
on ERT ⁱ			Yearly after	
Гotal anti-ASB antibody ^k	•	•	24 months	

Adapted from Giugliani, *Pediatrics*, 2007.

Abbreviations: MPS, mucopolysaccharidosis; MRI, magnetic resonance imaging; uGAG, urinary glycosaminoglycan.

- ^a "As clinically indicated" generally means every 2 to 3 years depending on the rate of disease progression and clinical symptoms.
- ^bFor infants, more frequent examinations are necessary.
- ^c Monitored until head growth has stopped.
- $^{\rm d}$ Continue assessments until pubertal maturation is completed.
- ^e Endurance-testing paradigm before and after Enzyme replacement therapy (ERT): distance walked in 12 minutes (or 6-minute walk test per American Thoracic Society guidelines, but preferably same minute length as completed in previous test); number of stairs climbed in 3 minutes.

- ^fMedian nerve conduction measured to evaluate carpal tunnel syndrome.
- $^{\rm g}$ Pulmonary function tests are to include forced vital capacity, forced expiratory volume in 1 second, and maximum voluntary ventilation.
- ^hAnteroposterior and "frog-leg" lateral views of pelvis.
- iMRI of brain and spinal cord may require sedation or general anesthesia depending on patient age and cooperation. General anesthesia carries substantial risk for patients with MPS VI.
- ^j For patients on ERT, results should be obtained at baseline, then at months 3, 6, 12, 18, and 24, and then yearly.
- ^kAnti-ASB antibody testing is only available for US patients enrolled in the clinical surveillance program.