

RECOMMENDED SCHEDULE OF ASSESSMENTS IN PATIENTS WITH MORQUIO A SYNDROME*

Assessment	At Diagnosis	Follow-up Frequency	As Needed
Medical history	X	Every visit	
Physical examination	X	Every visit	
Upper limb function • Standardized function test	X	Annually	
Hips and lower extremities • Hips/pelvis: radiograph • Lower extremities: radiograph	X X		X X
Spine/spinal cord compression • Plain radiograph • MRI • CT scan	X X	Every 1–3 years Annually	X
Cardiac function • ECG • Echocardiogram • Heart rate	X X X	Every 1–3 years Every 2–3 years Annually	X X
Respiratory function • Lung function • Breathing capacity • Ability to exercise • Overnight sleep study	X X X X	Annually Annually Annually Annually	
Neurological function • Neurological exam	X	Every visit (minimally every 6 months)	
Ophthalmological function • Vision assessment • Evaluate eye shape irregularities	X X		X X
Hearing • Hearing assessment	X	Annually	
Dental evaluation • Evaluation of oral health by dentist	X	Annually	
Endurance • 6MWT • Timed 25-foot walk	X X	Annually Annually	X X
Growth • Height and length • Weight • Head circumference (infants ≤3 years) • Pubertal stage (age 9 until mature)	X X X X	Every visit Every visit Every visit Every visit	
Disease burden • Pain assessment • QoL questionnaire • Functional test • Activities of daily living questionnaire	X X X X	Every 6 months Annually Annually Annually	
Evaluation by physiotherapist	X	Annually	X

*Adapted from the American Journal of Genetics International Guidelines for the Management and Treatment of Morquio A Syndrome.