*TeleCIMT*

*Therapist Pack*

**Contents page**

**Page**

|  |  |
| --- | --- |
| ***Phase 1:*** TeleCIMT screen | 3 |
| ***Phase 2:*** TeleCIMT assessment | 5 |
| ***Phase 3:*** Preparation  Keeping safe: your mitt removal list | 9 |
| Tasks I want to practice during my TeleCIMT program | 10 |
| ‘Mitt on’ and ‘Mitt off’ routine activities | 12 |
| Daily schedule  TeleCIMT participant contract  TeleCIMT supporter contract | 14  15  16 |
| ***Phase 4:*** Intervention  Suggested structure for telehealth sessions  TeleCIMT Therapist daily review forms  ***Phase 5:*** Evaluation and after-CIMT planning  After TeleCIMT goals and action plan  Additional note:  Review the TeleCIMT checklist to follow a step by step TeleCIMT program plan. Provide participants and supporters with the ‘Preparation Pack’ prior to the TeleCIMT assessment. Fill out and send the participant ‘Program pack’ after their preparation session prior to the program starting. | 17  18  33 |

**Essential screening criteria** Score “Yes” for ALL essential criteria to continue with screen **Yes No**

|  |  |  |
| --- | --- | --- |
| 1. Can the participant / supporter complete video calls from home, or be helped to do so? |  |  |
| 1. Does the participant have **active** finger extension (minimum 10 degrees) and wrist extension (minimum 20 degree)?   QUICK TEST: Can they pick up AND release a washcloth from a table with their affected hand only (3 x in 1 minute) |  |  |
| 1. Does the participant use their stronger arm in place of their weaker arm in everyday tasks? |  |  |
| 1. Are the participant and supporter motivated to engage in intensive upper limb therapy? |  |  |
| 1. Is there access to full medical history and is the participant free from any medical issues which could prevent them from safely participating in an intensive 3 week therapy program? |  |  |
| 1. Is the participant free of any marked cognitive difficulties which may affect their safety judgement?   If no, do they have a supporter who could manage safety aspects of the TeleCIMT program, with therapist support? |  |  |

**Screening criteria to consider** *Provide TeleCIMT information leaflet*. *Use appendix 1 to assist with decision-making if ‘yes’ answered to following:*

|  |  |  |
| --- | --- | --- |
| 1. Does the participant experience **extreme fatigue** currently? |  |  |
| 1. Does the participant have significant **pain** which prevents them from engaging in ADLs? |  |  |
| 1. Does the participant have a **falls history** or describe being often unsteady on their feet? |  |  |
| 1. Does the participant have any significant **mental or emotional health difficulties**? |  |  |
| 1. Does the participant have any **communication needs**? |  |  |

**TeleCIMT screen decision:**

|  |  |  |
| --- | --- | --- |
| Having been informed about the TeleCIMT program requirements, do the participant and supporter understand what is required of them and consent to participate in the program? |  |  |

**Therapist name and profession:**

**Signature:**       **Date:**

**Appendix 1: Further screening questions for consideration**

**Extreme fatigue**

|  |
| --- |
| * The TeleCIMT program is likely to build participant stamina but consider scenarios where they need to avoid becoming too fatigued * Can the therapist modify the program to build in regular rest breaks or can the program be spread over more weeks? * Does the participant understand the time and effort requirements of the program and think they can cope? |

**Pain**

|  |
| --- |
| Some participants may complain of pain prior to a CIMT program, possibly due to prolonged immobility of the arm or more complex reasons. Identification of pain alone should not exclude someone from the program; increasing use may not worsen it and could even improve it.   * Follow your organisation’s pain management protocols * If deemed suitable for participation, consider if tasks can be modified, rest periods taken to allow participation within pain limits. |

**Mobility**

|  |
| --- |
| * Consider how to deliver the program to reduce the risk of falls e.g. complete all tasks in sitting or standing & mitt off for all mobility |

**Mental and emotional health**

|  |
| --- |
| If the participant has a history of significant mental health issues, check whether they and their supporter:   * Understand that the program can be frustrating at times and may bring about negative emotions * Recognise when more serious mental health symptoms are triggered, or are at risk of being triggered * Have known strategies which can be put in place during the program to help if they become triggered * Are aware there are core strategies to reduce frustration (provided in the program preparation pack) |

**Communication**

|  |
| --- |
| Consider how the program can be adapted to suit the specific communication needs of the participant. For example:   * Use less of the paperwork to read and fill out / using phone calls for feedback * Could the supporter take the lead on communication between the participant and therapist * Identify what the participant / supporter think the most useful communication strategies are for them |

|  |
| --- |
| TeleCIMT assessment Affected Arm: L  / R  Dominant Arm: L  / R |

*This assessment should be completed in addition to your full initial neurological assessment.*

**Visual Analogue Scales (VAS)**

How would you rate the following, in relation to using your **weaker arm**, over the last week?

|  |
| --- |
| **Pain 0  1  2  3  4  5  6  7  8  9  10**  **No pain**  **Pain as bad as you have ever experienced** |
| **Confidence 0  1  2  3  4  5  6  7  8  9  10**  **Very confident**  **Not confident at all** |
| **Percentage of use 0  10  20  30  40  50  60  70  80  90  100**  **during the day (%)** |

Comments:

**Goal setting**

|  |
| --- |
| **Identification of goals** *(see page 4 if alternative goal setting measure is used)*  *Participant’s expectations / what they would like to achieve by the end of the TeleCIMT program:* |

**Functional assessment: identifying movements which need to improve**

*Observe and video the following four functional tasks; assess the movements with the most potential to improve and those with the most deficit. Ascertain baseline abilities, changing task set up where required.*

*If further assessment is required to ascertain level of function or impairment, observe additional functional tasks; relate these to participant goals and use to guide treatment.*

|  |  |  |
| --- | --- | --- |
| **Task** | **Movements that need to improve**  **Record movement analysis and establish baseline abilities for each task.**  **Include any changes made to task set up to make task more achievable.** | **Time taken to complete task** |
| 1. **Turn on and off a light via switch on wall** |  |  |
| 1. **Wipe down a surface with a cloth** |  |  |
| 1. **Pick up a drinking cup:** |  |  |
| 1. **Use a fork or spoon for eating** |  |  |
| 1. **For participant’s main goal:** |  |  |
| **Additional tasks**  ***(optional)***  See ‘TeleCIMT additional assessment items’ list for participants assessed over video call. |  |  |

**Motor Activity Log (MAL)**

*Following completion of the 30 item MAL, enter the mean score for each scale of the MAL below:*

|  |
| --- |
| **Mean Amount of use (AoU):**       **/5 Mean Quality of Movement (QoM):**       **/5** |

**Participant safety whilst wearing the mitt**

|  |  |
| --- | --- |
| **Assessment** | **Comment** |
| **Is the participant able to remove their mitt independently within 1 minute?** |  |
| **If applicable, is participant safe walking on a level surface using their stick with their mitted hand?**  *If not, the mitt must be removed every time participant walks with the stick.* |  |
| **Assess dynamic balance in function where applicable** *e.g. is participant safe carrying an object in their weaker hand whilst walking?* |  |
| **Is the participant’s home environment suitable for a TeleCIMT program?** *Consider: required physical space; minimising distractions; potential safety hazards. Ensure required home risk assessments are completed in accordance with your organisation’s policies.* |  |
| |  | | --- | |  |   **Discuss activities on the program the participant must remove their mitt for safety reasons. Ensure the participant and / or supporter understand this requirement#** |  |

*#Consider further risk assessment where there are any concerns regarding participant or supporter understanding of program safety. Use strategies for remembering safety information. e.g. visual reminders.*

**Assessment summary and conclusions:**

|  |
| --- |
|  |

**Outcome measure scores pre and post program**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Outcome Measure*** | **Pre Program**  **Date:** | **Post Program**  **Date:** | **Follow up**  **Date:** |
| *Essential:*  *Motor Activity Log (MAL)* | *AoU:*       */5*  *QoM:*       */5* | *AoU:*       */5*  *QoM:*       */5* | *AoU:*       */5*  *QoM:*       */5* |
| *Visual Analogue Scale* | | | |
| Pain (0-10) |  |  |  |
| Confidence (0-10) |  |  |  |
| Percentage of use:  0-100% |  |  |  |
| *Self- report outcome measures e.g. Stroke Impact Scale, DASH* | | | |
|  |  |  |  |
|  |  |  |  |
| *Functional or other upper limb outcome measures e.g. MAS-UL, Nine-hole peg test, Chedoke, Box & Block* | | | |
|  |  |  |  |
|  |  |  |  |
| *Goal setting outcome measure e.g. GAS, COPM* | | | |
|  |  |  |  |

**Therapist name & profession:**

**Therapist signature:**       **Date:**



**Keeping safe: your mitt removal list**

There will be times during the program when you will need to remove your mitt for your own safety. **Safety is always the top priority.**

If appropriate, your therapist may assess your safety whilst wearing the mitt for:

* Carrying objects in your weaker arm whilst walking
* Taking the mitt off by yourself (usually this should be within 1 minute)
* Walking with a stick.

For your safety whilst wearing your mitt on the program, the following tasks **are NOT permitted**:

* Going up and down the stairs indoors
* Going up and down outdoor steps e.g. in the garden
* Walking with an aid e.g. a walking frame
* Drinking a hot drink from a standard mug
* Pouring boiling water from a kettle
* Injections / taking medications
* Ironing
* Driving
* Taking hot food out of the oven / microwave
* Using a sharp knife or small implement e.g. chopping/peeling
* Using electric DIY tools such as drills etc.
* Handling any type of hot object which may burn you

It may be deemed safe for you to carry out some of these tasks as your program progresses. **However, this will require separate assessment and agreement from your therapist first.**

**NEVER USE YOUR WEAKER HAND IF YOU THINK YOUR**

**SAFETY COULD BE AFFECTED IN ANYWAY.**

*The above information has been reviewed, discussed, and agreed between the TeleCIMT participant, their supporter and you, the therapist. Through conversation, the participant and / or supporter demonstrate good understanding/ awareness of how to minimise risk during the program whilst using the mitt:*

**Therapist name and profession:**

**Signature:**       **Date:**

**Tasks I want to practice on my TeleCIMT program**

Use the list below to go around the rooms in your house and outdoor space with your supporter. Think of at least 3 tasks in each area that you would like to try to do with your weaker arm, whilst your stronger hand is in the mitt. These tasks should include fun activities such as hobbies and interests, as well as daily tasks which are relevant and motivating to you. Your therapist will review this list with you.

|  |  |
| --- | --- |
| **Room / Area** | **Tasks I would like to try with my weaker arm** |
| **Outdoor / Garden Areas**  e.g. pegging out washing, potting plants, brushing your pet, valeting/washing the car, playing catch with a tennis ball |  |
|  |
|  |
|  |
| **Living Room**  e.g. hoovering/ vacuuming, playing cards, dusting CD rack, flicking through a favourite magazine |  |
|  |
|  |
|  |
| **Bathroom**  e.g. wiping down the sink, mirror or shower screen, rinsing and squeezing out a flannel/face washer, putting lipstick on |  |
|  |
|  |
|  |
| **Bedroom**  e.g. opening drawers and taking clothes out, making the bed, throwing washing into a laundry basket |  |
|  |
|  |
|  |
| **Kitchen**  e.g. wiping down surfaces, emptying the dishwasher, arranging flowers |  |
|  |
|  |
|  |
| **Utility/Laundry**  e.g. folding washing, loading or unloading the washing machine or dryer |  |
|  |
|  |
|  |
| **Dining Area**  e.g. setting the table, pushing chairs under the table, folding serviettes, making a centre piece for the table |  |
|  |
|  |
|  |
| **Office Space**  e.g. tidying your desk, using your computer (typing, using mouse, playing a game), using stationary such as hole-punch/stapler |  |
|  |
|  |
|  |

**Therapist name and profession:**       **Signature:**       **Date:**

**‘Mitt on’ and ‘Mitt off’ routine activities**

Below is a list of common routine activities you are likely to do during the program whilst wearing your mitt, outside of structured training time. **The aim is to keep the mitt on for as many routine activities as possible**. However, some may prove too difficult. This is when your supporter will either step in to be your other hand, or you will remove your mitt.

Go through the list below with your supporter and decide which tasks you will try by yourself with your mitt on, which tasks you’ll receive help with and which tasks you will remove your mitt for. You will discuss this further with your therapist before starting your program. The list is not exhaustive and can change as you progress. If some tasks are difficult, suggestions to make the task more achievable have been outlined in red.

|  |  |  |  |
| --- | --- | --- | --- |
| **Routine Daily Activities** | **Mitt on - no help** | **Mitt on - with help** | **Mitt off** |
| **Handling your clothes during toileting**  Can you use clothes with elastic waist bands? |  |  |  |
| **Cleaning yourself during toileting** |  |  |  |
| **Dressing / undressing**  Consider which clothes are more manageable to put on / take off |  |  |  |
| **Showering / bathing / washing hair**  You can take your mitt off but still complete these tasks without using your stronger arm. Consider what would make the task more manageable e.g. sitting on a bath board, using a washcloth. |  |  |  |
| **Shaving** |  |  |  |
| **Eating with cutlery at breakfast**  Can you use built-up cutlery? |  |  |  |
| **Drinking a cold drink**  Can you use a sports bottle or mug with a lid? |  |  |  |
| **Drinking a warm (not hot) drink in a safe drink holder**  Can you use a sports bottle or mug with a lid? |  |  |  |
| **Brushing your teeth**  An electric toothbrush can make the task more manageable |  |  |  |
| **Cutting up food** |  |  |  |
| **Eating with cutlery at lunch** |  |  |  |
| **Eating with cutlery at dinner** |  |  |  |
| **Eating food with your fingers** |  |  |  |
| **Opening a jar or bottle / Unscrewing a lid** |  |  |  |
| **Opening soft and hard plastic packaging e.g. food** |  |  |  |
| **Putting on / taking off shoes**  Do you have slip-on shoes, shoes without laces, or shoes with velcro straps? |  |  |  |
| **Putting on / removing coats and jumpers**  Can you wear looser clothing for ease? |  |  |  |
| **Additional tasks identified by you and your therapist** | | | |
|  |  |  |  |
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**Therapist name and profession:**       **Signature:**       **Date:**

|  |  |  |  |
| --- | --- | --- | --- |
| **TIME** | **ACTIVITY** | **MITT ON** | **MITT OFF** |
| 07:30am |  |  |  |
| 08:00am |  |  |
| 08:30am |  |  |
| 09:00am |  |  |
| 09:30am |  |  |
| 10.00am |  |  |  |
| 10.30am |  |  |
| 11.00am |  |  |
| 11.30am |  |  |
| 12.00pm |  |  |  |
| 12.30pm |  |  |
| 1.00pm |  |  |
| 1.30pm |  |  |
| 2.00pm |  |  |  |
| 2.30pm |  |  |
| 3.00pm |  |  |
| 3.30pm |  |  |
| 4.00pm |  |  |  |
| 4.30pm |  |  |
| 5.00pm |  |  |
| 5.30pm |  |  |
| 6.00pm |  |  |  |

**Daily TeleCIMT Schedule**

**Therapist name and profession:**       **Signature:**       **Date:**

**t**

**TeleCIMT participant contract**

I       (name of participant) have been provided with and read the TeleCIMT Preparation Pack describing the various elements of my TeleCIMT program.

By marking the following boxes with an ‘x’, I understand and agree that the TeleCIMT program involves me:

|  |  |
| --- | --- |
| Wearing a mitt on my stronger arm as a reminder to use my weaker arm for 6 hours per day, for 5 days a week, for 3 weeks. |  |
| Making a big effort to use my weaker armas much as possible during mitt-wearing hours, as long as it is safe to do so. |  |
| Practising using my weaker hand in structured training tasks for a total of 2 hours per day. |  |
| Undertaking tasks that are challenging and difficult to do, but that by carrying out these tasks it will help the program work. |  |

I understand and agree that I will:

|  |  |
| --- | --- |
| Not wear the mitt during activities with my weaker arm if my safety could be affected. |  |
| Not use my weaker arm if my safety could be affected in any way. |  |
| Not undertake activities on my ‘mitt removal list’. |  |
| Receive help from my supporter in certain essential daily living tasks whilst wearing the mitt, as agreed with my therapist. |  |
| Provide regular feedback to my therapist on how I’m feeling about the program, any difficulties and my general progress. |  |
| To make a plan for on-going use of my weaker arm after my TeleCIMT program, with support from my therapist. |  |

I have been given details of who to contact during the TeleCIMT program and am aware that I can withdraw from the program at any time without it impacting on future therapy care.

**Signature of participant:**       **Name of TeleCIMT therapist:**

**Name of participant:**       **Date:**      

**Date:**

**TeleCIMT supporter contract**

I       (name of TeleCIMT supporter), have agreed to support       (name of TeleCIMT participant) during their TeleCIMT program. I have been provided with and read the TeleCIMT Preparation Pack describing the various elements of the program.

By marking the following boxes with an ‘x’, I understand and agree that the TeleCIMT program involves

      (name of participant):

|  |  |
| --- | --- |
| Wearing a mitt on their stronger arm as a reminder to use their weaker arm for 6 hours per day, for 5 days a week, for 3 weeks. |  |
| Making a big effort to use their weaker armas much as possible during mitt wearing hours, as long as it is safe to do so. |  |
| Undertaking tasks that are challenging and difficult to do, but that by carrying out these tasks it will help the program work. |  |

I understand that I will need to:

|  |  |
| --- | --- |
| Be available during mitt wearing times throughout the full 3 weeks of the program to maximise safety and support for the participant. |  |
| Provide physical help with agreed tasks that       (*name of participant*) can currently do independently but will not be able to do when they wear the mitt. |  |
| Provide help, support and encouragement to continue with the program even when it appears difficult and frustrating. |  |

I have been given details of who to contact during the TeleCIMT program and am aware that       can withdraw from the program at any time without it impacting on future therapy care.

**Signature of supporter:**

**Name of supporter:**      

**Date:**

**Name of TeleCIMT therapist:**      

**Date:**

**One-hour TeleCIMT therapy session – suggested format**

The one-hour therapy sessions via video call with the participant are an excellent opportunity for you as a therapist to monitor how the program is going, problem solve with the participant and progress the program forward. Most importantly however, the sessions are an opportunity to highlight and celebrate successes with the participant and supporter, and motivate them to continue with the program.

The exact content of the hour session will vary depending on the participant but we have created a table of suggested timings and activities to carry out in the one hour therapy session, particularly for therapists new to CIMT.

|  |  |
| --- | --- |
| **1-hour therapy**  **video call**  **elements** | **Recommended activities** |
| Therapist review form  (10 mins) | * Complete form with participant/supporter as a prompt for the rest of the session. Look for the positives within the form with the aim of making the participant feel good! |
| Task practice  (15 mins) | * Observe any tasks that are causing difficulties. Simplify/adapt the task if necessary – problem solve together. * If tasks are too easy, discuss and where possible observe progressions. Add to tasks to create a bank of 15-20 tasks if not yet achieved. If time allows, observe new tasks. * Praise and celebrate all achievements. |
| Shaping practice  (20 mins) | * Observation of progressions for shaping tasks in those tasks where improvements have been made over 10 trials. * Ensure progressions are achievable and that the environmental set up produces the movement desired. * Model for the supporter yourself demonstrating the task over the call, providing encouragement through the task, offering suggestions on how to improve on the task and celebrating results with them. * If progressions are not being added, observe a couple of trials of each current shaping task. * If the participant is struggling with a task, observe simplifications/ adaptations to make the trial more ‘do-able’. * Add and observe new shaping tasks if necessary, to create the desired bank of 8-10 tasks. |
| Homework  (5 mins) | * As per the therapist review form, observe any activities that are causing issues. Problem solve together. * Add to homework activities if becoming too easy. Consider adding homework to anyone who is recording themselves as ‘not very active’ during mitt wearing time and currently not doing homework. |
| Daily living with the mitt  (10 mins) | * Observe any activities that are causing difficulties where possible, problem solve together, encourage the participant to take the lead in problem solving as the program progresses. * If recording themselves as ‘not very active’ consider adjusting the daily schedule |

**TeleCIMT therapist review form: additional guidance on use**

**How many hours did you wear your mitt for yesterday?**

**How active were you during mitt wearing time?** Very active  Active  Not very active

Comments on mitt wear:

If participant reports low levels of activity during daily living with the mitt, consider how to increase their activity levels during these hours. Adjust the Daily TeleCIMT schedule if required.

**What were the highlights?**

Encourage participant to identify what went well and focus on multiple achievements made the previous day.

**Tell me about task practice yesterday**

Encourage participant to consider ways they could progress ‘easy’ tasks to increase the level of challenge (remember to adjust 1 parameter at a time). Problem-solve how difficult tasks could be made more achievable

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Task practice** | | **Difficult** | **Manageable** | **Easy** | **Progressed?** |
| *No.* | *Description* | *Please tick as appropriate* | | | |
| e.g. ‘3’ | Potting plants |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Tell me about shaping practice yesterday**

Any task where the average score increases consistently should be progressed in its level of challenge.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Shaping practice** | | **Average score**  **1-5** | **Average score**  **6-10** | **Progressed?** |
| *No. / Description* | *First score / time* |  | | |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**What shaping and task practice activities will you work on next?**

**How many homework tasks did you practice yesterday / today?**

Consider introducing new tasks or increasing the challenge of tasks. Ensure participant records down tasks to practice.

**What were the challenges? How did you overcome them?**

Explore any additional concerns e.g. mitt adherence, safety considerations, pain\*, fatigue etc. Acknowledge any frustrations/difficulties and provide positive encouragement for persisting with program. If participant is persistently low in confidence / mood, consider adjusting program to increase their level of achievement. Consider any challenges experienced by the supporter’s role on the program and discuss ways to problem-solve difficulties.

**Therapist name and profession:**       **Signature and date:**

\*Some muscle soreness/aches can be expected due to the intensity of the program. If the participant reports dull pain or muscle ache/fatigue, consider adjustment to practice regime structure and/or program duration or changing activities/tasks. If the participant reports new or persistent sharp pain consider ceasing or pausing the program until further investigations are completed, in line with your organisation’s protocols/policies.

**TeleCIMT therapist review form**

**Date:**       **Program Day:**

**How many hours did you wear your mitt for yesterday?**

**How active were you during mitt wearing time?** Very active  Active  Not very active

Comments on mitt wear:

**What were yesterday’s program highlights?**

**Tell me about your task practice yesterday**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Task practice** | | **Difficult** | **Manageable** | **Easy** | **Progressed?** |
| *No.* | *Description* | *Please tick as appropriate* | | | |
| e.g. ‘3’ | Potting plants |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Tell me about your shaping practice yesterday**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Shaping practice** | | **Average score**  **1-5** | **Average score**  **6-10** | **Progressed?** |
| *No. / Description* | *First score / time* |  | | |
|  |  |  |  |  |
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|  |  |  |  |  |

**What shaping and task practice activities will you work on next?**

**How many homework tasks did you practice yesterday / today?**

**What were the challenges? How did you overcome them?**

**Therapist name and profession:**       **Signature and date:**

**TeleCIMT therapist review form**

**Date:**       **Program Day:**

**How many hours did you wear your mitt for yesterday?**

**How active were you during mitt wearing time?** Very active  Active  Not very active

Comments on mitt wear:

**What were yesterday’s program highlights?**

**Tell me about your task practice yesterday**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Task practice** | | **Difficult** | **Manageable** | **Easy** | **Progressed?** |
| *No.* | *Description* | *Please tick as appropriate* | | | |
| e.g. ‘3’ | Potting plants |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Tell me about your shaping practice yesterday**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Shaping practice** | | **Average score**  **1-5** | **Average score**  **6-10** | **Progressed?** |
| *No. / Description* | *First score / time* |  | | |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**What shaping and task practice activities will you work on next?**

**How many homework tasks did you practice yesterday / today?**

**What were the challenges? How did you overcome them?**

**Therapist name and profession:**       **Signature and date:**

**TeleCIMT therapist review form**

**Date:**       **Program Day:**

**How many hours did you wear your mitt for yesterday?**

**How active were you during mitt wearing time?** Very active  Active  Not very active

Comments on mitt wear:

**What were yesterday’s program highlights?**

**Tell me about your task practice yesterday**

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| --- | --- | --- | --- | --- | --- |
| **Task practice** | | **Difficult** | **Manageable** | **Easy** | **Progressed?** |
| *No.* | *Description* | *Please tick as appropriate* | | | |
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**Tell me about your shaping practice yesterday**

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| **Shaping practice** | | **Average score**  **1-5** | **Average score**  **6-10** | **Progressed?** |
| *No. / Description* | *First score / time* |  | | |
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**After TeleCIMT goals and action plan 1**

You have made a huge investment in the recovery of your arm by attending and completing the TeleCIMT program. It is important to continue this process. You are encouraged to continue to practice using only your weaker arm in everyday activities for at least 30 minutes per day, every day. You may wish to continue practising some of the activities you have worked on in shaping or task practice or as part of homework, or you may wish to select new activities to try.

Continuing to use your weaker arm in everyday life is the key to long term recovery. Take time to think about the sort of things that might help to build on the recovery you have seen and keep the focus on your arm in the longer term. E.g. I would like to: practice new tasks, learn to type using both hands on the keyboard, join a gym and work on my arm strength.

|  |  |
| --- | --- |
| WHAT I will achieve with my arm over the next 3 months | HOW I will achieve these goals |
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| WHAT I will achieve with my arm over the next 6 months | HOW I will achieve these goals |
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| WHAT I will achieve with my arm by this time next year | HOW I will achieve these goals |
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| Therapist comments: |  |

Adapted from Meharg, A., & Kings, J. (2015). *How to do Constraint-Induced Movement Therapy: A practical guide* (J. Goodman & S. Robinson Eds.). United Kingdom: Harrison Training. Available from: <https://www.harrisontraining.co.uk/>

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