|  |
| --- |
| 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**    **Pain as bad as you have ever experienced**  **No pain** |
| **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:** | **End 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* | | | |
|  |  |  |  |
| Reobservation of MAL functional tasks or goals:  Time taken to complete: |  |  |  |

**Therapist name & profession:**

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