|  |
| --- |
| 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:*1.
2.
3.
4.
5.
 |

**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:**