**Phase 1: TeleCIMT screening**

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| **Screening phase** | **Description** | **Therapist (T) Therapy Assistant (TA)** | **Initials /**  **Date Completed** |
| Screening session | TeleCIMT screen completed | T |  |
|  | TeleCIMT information leaflet provided to participant / supporter | T  TA |  |

**Phase 2: TeleCIMT assessment**

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| **Assessment phase** | **Description** | **Therapist (T) Therapy Assistant (TA)** | **Initials /**  **Date Completed** |
| Pre-assessment | Participant ‘Preparation pack’ sent to participant / supporter **at least 1 week prior** to assessment session | T  TA |  |
| Ensure consent gained from participant / supporter for sharing videos and photos with service | T  TA |  |
| **Prior to assessment, ensure** **all participants and supporters**:   * read through the ‘Preparation pack’ and watch all related educational videos in their own time * complete ‘Tasks I want to practice on my TeleCIMT program’ sheet (in ‘Preparation pack’) | T  TA |  |
| **If assessment will be via video call,** therapist to first:   * organise CIMT mitt for participant (where possible) * request participant / supporter to send in videos of 4 functional tasks (see ‘TeleCIMT assessment’) * send ‘Additional TeleCIMT assessment items’ list to participant / supporter to gather items if required | T  TA |  |
| Assessment  session | TeleCIMT Assessment form completed including Motor Activity Log (MAL) | T |  |
| ‘Keeping Safe: Your Mitt Removal List’ from ‘Preparation pack’ discussed through with participant / supporter | T |  |
| Post session | Self-report outcome measure questionnaires sent to participant via post, email etc. (where applicable) | T  TA |  |
| Participant provided with / has access to suitable mitt for program | T |  |

**Phase 3: TeleCIMT program preparation**

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| **Preparation phase** | **Description** | **Therapist (T) Therapy Assistant (TA)** | **Initials /**  **Date Completed** |
| Preparation  session | Forms discussed / agreed with participant / supporter on video call (from the ‘Preparation pack’)\*:   * ‘Keeping safe: your mitt removal list’ (if further discussion warranted after assessment session) * ‘Tasks I want to practice on my TeleCIMT program’ * ‘Mitt on / mitt off activities’ * ‘TeleCIMT daily schedule’   \*therapist versions of these can be put directly into participant’s clinical notes (find in ‘Preparation phase’ on website) | T |  |
| Method and frequency of participant program feedback agreed e.g. Google Drive; video calls, phone calls | T |  |
| TeleCIMT therapy session dates / times agreed with participant / supporter | T |  |
| Post session  (therapist preparation) | Therapist to fill in participant ‘Program pack’  \*ensure initial information on shaping practice score sheets are filled out | T |  |
| Any required equipment sent to participant | T  TA |  |
| Completed participant ‘Program pack’ sent to participant / supporter **at least 3 days prior** to start of program\*  \*paperwork can be separated into a folder if printed out, for ease of use | T  TA |  |

**Phase 4: TeleCIMT intervention**

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| **Intervention**  **phase** | **Description** | **Therapist / Therapy Assistant** | **Initials /**  **Date Completed** |
| Set-up Session | Therapist to run through ALL of participant ‘Program pack’ with participant and supporter | T |  |
| Participant and supporter contracts discussed, agreed, signed and sent back to therapist | T |  |
| Therapist sets up:   * Task practice   + - run through task practice list     - observe set up of a few chosen tasks * Shaping practice – participants / supporters are able to:   + - independently set up of 4 – 5 shaping tasks and complete 1x time trial of each     - complete 10x time trials **of 1 shaping** task / fill out shaping practice score sheet | T |  |
| Weekly therapy sessions & daily feedback | From day 3-4: introduction of Homework if appropriate | T |  |
| Participant provides DAILY program feedback to therapist for at least first half of program   * + - participant to use ‘Daily diary and feedback’ sheet from the ‘Program pack’     - therapist can use ‘TeleCIMT programme review form’ for clinical notes | T  TA |  |
| Therapy sessions 2 x weekly to include review of (therapist can use ‘TeleCIMT programme review’ form:   * ‘Shaping practice’ (Complete set up of remaining shaping tasks in first week of programme) * ‘Task practice’ * ‘Homework’ * ‘Daily living with the mitt’ * Complete administration of the Quality of Use Scale of the MAL at least once weekly | T  T |  |
| Midway review session: ‘Half-way there’ certificate provided | T  TA |  |

**Phase 5: TeleCIMT evaluation and post-program plan**

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| **Evaluation phase** | **Description** | **Therapist (T) Therapy Assistant (TA)** | **Initials /**  **Date Completed** |
| **Evaluation Session** | Participant’s end-program videos of initial functional tasks / discussed | T  TA |  |
| Any outcome measures completed, including self-report questionnaires and Motor Activity Log | T |  |
| Feedback to client on outcome measures | T |  |
| Participant provided with final ‘Certificate of achievement’ (includes repetitions / hours achieved) | T  TA |  |
| **Post-TeleCIMT program planning**  (Plan ongoing weaker arm use) | End programme goal review | T |  |
| Completion of ‘After-CIMT Plan’, including 30 minutes daily of weaker-arm only practice | T  TA |  |
| TeleCIMT program ‘Feedback questionnaire’ | T  TA |  |

**Therapist name and profession:**

**Signature:**       **Date:**