**Phase 1: TeleCIMT screening**

|  |  |  |  |
| --- | --- | --- | --- |
| **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**

|  |  |  |  |
| --- | --- | --- | --- |
| **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[ ]  |       |
| Assessmentsession | 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**

|  |  |  |  |
| --- | --- | --- | --- |
| **Preparation phase** | **Description**  | **Therapist (T) Therapy Assistant (TA)** | **Initials /** **Date Completed** |
| Preparationsession | 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**

|  |  |  |  |
| --- | --- | --- | --- |
| **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**

|  |  |  |  |
| --- | --- | --- | --- |
| **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:**