**TeleCIMT assessment: additional information**

**Prior to the TeleCIMT assessment**

The TeleCIMT assessment is not a substitute for a full initial neurological assessment, which should be carried out prior to the TeleCIMT assessment. You are required to know about your participant’s cognition, vision, perception and mobility to screen for safety and eligibility for the TeleCIMT program.

Upper limb (UL) assessment of impairments is desirable prior to the TeleCIMT assessment if possible, including assessment of strength, range of movement, co-ordination, dexterity, sensation and tone.

Prior assessment of the participant’s physical and social environment is required, as per any home rehabilitation program, to ascertain safety and logistics. Assessment of the home environment could be conducted by means of a short video sent in by the supporter to allow observation of the home environment, including outdoor areas. Where applicable, particular consideration should be given to the participant’s home environment for washing during daily living with the mitt (even though the mitt would not actually be worn). This is to minimize slips risks or balance issues by introducing a non-slip mat, providing a bath board or considering different options for washing. If participants are to walk outdoors whilst using the mitt on the program, outdoor areas should be observed during function where possible.

**The aim of the TeleCIMT assessment**

1. Understanding the participant’s baseline functional abilities / level of UL impairments.
2. Understanding the participant’s perception of their abilities in functional tasks and comparing this to what is observed in function.
3. Understanding how the participant can be best set up to cope on the TeleCIMT program during daily living with the mitt e.g. eating / drinking / toileting. This is particularly at the start of the program where the level of difficulty using the weaker arm is more pronounced.
4. For the therapist to be able to transfer information about the participant’s baseline level of functional and movement abilities when creating shaping and task practice.
5. Understanding the participant’s baseline level of ability using a range of objects in function. This can be helpful information when setting up tasks in both unstructured and structured training time (particularly shaping practice).

**How long will it take to complete a TeleCIMT assessment?**

TeleCIMT assessment should take around 1 hour to complete. This will vary depending on:

* Whether prior assessments / intervention have already occurred for the participant.
* Whether there will be any face-to-face contact with the participant for the assessment process, or if assessment will be completely remote (using videos and video calls).
* If existing outcome measures and assessments are used.
* The participant’s level of ability.
* Your level of CIMT experience.

**Functional Assessment**

There are four suggested functional assessment activities on the TeleCIMT assessment form, all taken from the Motor Activity Log. Assessing the participant attempting these four activities **prior to administration of the MAL** (see section ‘The Motor Activity Log’ for more information) should provide an overview of:

1. a broad range of UL movement skills i.e. reach, gross grasp, release and fine-motor grip, in-hand manipulation and dexterity skills.
2. the level the participant can achieve various common functional movements (which are also utilized across multiple other daily tasks and activities).

The movements assessed for in these four tasks are ‘transferable’ movements i.e. movements which can be applied across multiple tasks and activities throughout the program. Gaining an understanding of the participant’s baseline level of these movements will help when setting up tasks, both during and outside of structured training. You should consider the set-up of each of the four tasks, as well as any changes or adaptations to objects used, to make them more achievable or challenging. Understanding the level the participant operates at doing these tasks will help when designing the intervention plan i.e. shaping and task practice TeleCIMT schedule. This applies not only to the four specific MAL tasks the participant is assessed on, but to all tasks requiring similar movement skills.

For example, a participant struggling with reaching a higher light switch, may be directed to try a lower switch and you may investigate if there are any appropriately placed cupboards for the participant to reach up to in their home. Asking the participant to wipe down a vertical surface may be appropriate to increase the challenge if they find wiping a horizontal surface easy. Changing parameters of the task will assist you in understanding the right level to initially pitch training tasks at during intervention. Remember to ensure challenging tasks, or parts of them, are achievable.

**The Motor Activity Log**

The Motor Activity Log (MAL) is a structured interview intended to show the participant’s perception of how much, and how well, they use their affected UL in daily life. It has been used extensively in CIMT research and is a common tool used in CIMT clinical practice.

The MAL should be administered with each participant (and supporter where possible) during the TeleCIMT assessment. In more traditional use of the MAL (as per the manual), the therapist asks the participant to pantomime six chosen MAL activities, to establish a ‘common frame of reference’. This helps the therapist understand the participant’s perception of their ability and compare it to more objective observation of them pantomiming chosen tasks.

During the TeleCIMT assessment, you are suggested to observe participants attempting the four stipulated MAL activities (see ‘Functional Assessment’), instead of pantomiming six chosen activities. This is an adaptation away from the original MAL manual because:

1. The participant will be in their home environment during assessment, using their own objects in their own space, instead of in a clinical environment.
2. To minimize assessment time, allowing you to gain multiple assessment information from four functional tasks, without additional pantomime of six tasks.

**Identifying UL movements which need to improve**

As with all UL assessment, it is important to check for joints with the most deficit, asking participants which movements they most want to improve. In CIMT, this is recommended to inform shaping practice where specific movement problems are targeted for improvement through intensive, repetitive functional exercises (shaping tasks).

This information can be gleaned from the four suggested functional MAL tasks (see section ‘Functional Assessment’) and may be enough without further assessment. However, a more detailed look at impairments may be required, particularly for either lower level participants or very high-level participants. Further assessment of impairments is better done within a functional context, using everyday items / objects which:

1. Relate to the participant’s goals (or which work on movement skills related to goals).
2. Can also be utilised during the TeleCIMT program, or which require similar movements to other objects which may be used during the program.

Gaining an understanding of the objects a participant can use, and how effectively they use them, will help to pitch shaping tasks at the appropriate level. It will also inform the set-up of task practice and routine daily activities outside of structured training time.

**Choosing functional assessment tasks and objects to use in the assessment**

The choice of functional assessment task assessed will depend on what further assessment is required and the items available during assessment. Chosen assessment tasks should relate to the participant’s goals.

In a home CIMT program, where face to face assessment is possible, the therapist can walk around the participant’s home environment to understand their level of functional ability with everyday items and space used. As this is less easy to do on a video call, it is necessary to bring the everyday items to where the participant is assessed over video i.e. the table or a work counter. It is useful to identify the most useful items for participants / supporters to gather prior to the assessment. As a service, you may choose to put together a TeleCIMT assessment kit. Some items may already form other UL assessment kits already used by your service. For participants being assessed solely over video call, they can refer to the ‘Additional TeleCIMT assessment items’ list prior to the assessment date (find this under the ‘Assessment’ section of the Therapist Resources on the TeleCIMT website).

**Mitt wear and minimising risk**

Participants and / or their supporter should know which activities the mitt should be removed for during the program, and should demonstrate good understanding of this in conversation with you. The ‘Keeping safe: my mitt removal list’ from the participant pack is a good resource for them to read before discussing this. If you are unsure whether the participant / supporter will retain advice regarding mitt removal, use the preparation session to further assess their ability to retain safety information previously discussed in the assessment session. Where necessary, you could discuss imaginary scenarios about activities which the mitt should be removed for, to further assess problem-solving ability. The participant and / or supporter should know to remove the mitt in any situation they feel maybe unsafe to wear it, or where they are unsure.

Where the participant cannot retain information regarding the mitt, cannot demonstrate appropriate safety awareness / problem-solving around this or have difficulties physically removing their mitt quickly, their supporter must demonstrate they know they have to be present at all times during mitt-wearing hours.

If neither the participant or supporter remember the listed mitt-removal activities or understand why they should remove the mitt for certain activities, further risk assessment should be completed to ascertain the safety and feasibility of the program. Identify any strategies to help both to remember key information e.g. creating laminated reminders to put around the home.