

Upper Limb Treatment Recording Form

Date:.....

Patient ID:.....

Therapist ID:.....

No. physiotherapists used:

No rehab assistants used.....

Est duration of upper limb Rx.....

Aims:

- | | | |
|---|---|--|
| 1. Postural Control <input type="checkbox"/> | 2. Musculo-skeletal range of motion <input type="checkbox"/> | 3. Oedema management <input type="checkbox"/> |
| 4. Alignment <input type="checkbox"/> | 5. Manipulative ability of the hand <input type="checkbox"/> | 6. Sensory ability <input type="checkbox"/> |
| 7. Muscle activity Paretic limb <input type="checkbox"/> | 8. Transport ability of the arm <input type="checkbox"/> | 9. Prevent/ reduce pain <input type="checkbox"/> |
| 10. Muscle activity Non paretic limb <input type="checkbox"/> | 11. Incorporate arm into balance and mobility activity <input type="checkbox"/> | 12. Awareness of 2° complications <input type="checkbox"/> |

Gross position of patient during activities used:

- | | | | |
|--|--|--|---|
| 1. Supine <input type="checkbox"/> | 2. Prone <input type="checkbox"/> | 3. Sidelying on unaffected side <input type="checkbox"/> | 4. Side lying on affected side <input type="checkbox"/> |
| 5. 4-point kneeling <input type="checkbox"/> | 6. 2-point kneeling <input type="checkbox"/> | 7. Unsupported sitting <input type="checkbox"/> | 8. Supported sitting <input type="checkbox"/> |
| 9. Asymmetrical sitting <input type="checkbox"/> | 10. Perch Sitting <input type="checkbox"/> | 11. Standing <input type="checkbox"/> | 12. Prone standing <input type="checkbox"/> |

Setting

- | | | | |
|---------------------------------|----------------------------------|---|------------------------------|
| 1. Gym <input type="checkbox"/> | 2. Ward <input type="checkbox"/> | 3. Hydrotherapy pool <input type="checkbox"/> | 4. Other (please state)..... |
|---------------------------------|----------------------------------|---|------------------------------|

Equipment Used:.....

Treatment Activities.

1. Soft tissue mobilisation

- 1.1 Stroking
- 1.2 Effleurage
- 1.3 Lymph drainage techniques
- 1.4 Petrissage (kneading/wringing/picking-up/rolling)
- 1.5 Specific compression (trigger points)
- 1.6 Myofascial release
- 1.7 Frictions

2. Joint mobilisation

- 1.1 Accessory Movements
- 1.2 Passive Movements
- 1.3 Active Movements

3. Facilitation of muscle activity/movement

- 3.1 Mental Imagery
- 3.2 Patient Generated Cueing
- 3.3 Therapist Generated Cueing
- 3.4 'Hand on' to induce a desired motor response
- 3.5 Active Assisted
- 3.6 Facilitated Arm/Hand Activity from another body part
- 3.7 Restricted use of non-paretic limb

4. Positioning

- 4.1 Side lying hemiplegic side
- 4.2 Side lying non-hemiplegic side
- 4.3 Supine lying
- 4.4 Half lying
- 4.5 Sitting in armchair
- 4.6 Forwards lean sitting
- 4.7 Sitting in wheelchair

5. Specific sensory input

- 5.1 Tactile Stimulation
- 5.2 Proprioceptive Stimulation
- 5.3 Electrical stimulation

6. Splinting techniques

- 6.1 Shoulder support
 - 6.2 Elbow support
 - 6.3 Wrist/hand support
- Splinting material used

7. Exercise to increase strength

- 7.1 Resistance from the therapist
- 7.2 Resistance from body weight
- 7.3 Resistance from equipment
- 7.4 Gravity neutral repetitive movement

8. Balance and mobility incorporating upper limb activity

- 8.1 In, or from, lying
- 8.2 In, or from, kneeling
- 8.3 In, or from, sitting
- 8.4 In, or from, standing
- 8.5 In walking

9. Upper limb functional tasks

- 9.1 Bilateral functional activities
- 9.2 Unilateral reaching activities that are object directed
- 9.3 Unilateral reaching activities that are spatially directed
- 9.4 Dexterity exercises

10. Education for patient and/or carer

- 10.1 To encourage self monitoring of upper limb
- 10.2 Transfers training
- 10.3 Limb handling and positioning skills
- 10.4 Written/ visual/ photo exercise programme

11. Other interventions / techniques

- 11.1 Acupuncture
- 11.2 Ultrasound
- 11.3 Compression