PT

## Quaid e Azam Rangers Special Children School

## **Physiotherapy Assessment Form**

| C.P Down syndro   | ome Autistic                         |
|---|--------------------------------------|
| Muscular Dystrophy  | Physical Disability                  |
| Other   |                                      |
| Name:   |                                      |
| Father Name:  |                                      |
| Age:  | Gender: Contact #:                   |
| Date of Assessment:   | Address:                             |
| Birth History:  |                                      |
| Attendant during the labor     Doctor / hospital Delivery                         | None/Trained/Untrained/Midwife/Nurse |
| Place of Birth  | Siblings:                            |
| Family History:   |                                      |
| Cousin Marriage / Outsider Blood Group: General Health: Any Disability in family: |                                      |
| Present Complain:   |                                      |
| History of Pregnancy:   |                                      |
| Length of pregnancy   |                                      |
| December 181- west 1/Dect Mature  |                                      |

| Detail of birth/After Birth  |                             |
|--|-----------------------------|
| Child had any breathing problem during or after birth?   |                             |
| Baby Position  | Normal/Transvers lie/Breech |
| Pregnancy  | Normal/Forceps/ "C" Section |
| Medical Information:   |                             |
| lame of Gp and pediatrician  | 4                           |
| Medication:  |                             |
| lness/Epilepsy   |                             |
| Allergies  |                             |
| Child had any of the following tests? MRI, CAT, EEG, ECG, X-RAY)   |                             |
| Sund-11-1  |                             |
| Surgical Intervention ,  |                             |
| Wilestone:   |                             |
| Milestone:   |                             |
| Wilestone: Cry Neck Control  |                             |
| Milestone: Cry Neck Control  |                             |
| Wilestone: Cry Neck Control Sitting Crawling Standing  |                             |
| Milestone: Cry Neck Control Sitting Crawling tanding Valking   |                             |
| Wilestone: Cry Neck Control Sitting Crawling Standing Valking poke first word  |                             |
| Wilestone: Cry Neck Control Sitting Crawling tanding Valking poke first word owl bladder control   |                             |
| Milestone:  Cry  Neck Control  Sitting  Crawling  Standing  Valking  poke first word  Sowl bladder control  ensory Motor Function:                       |                             |
| Milestone:  Cry  Neck Control  Sitting  Crawling  tanding  Valking  poke first word  owl bladder control  ensory Motor Function:  • Tactile              |                             |
| Milestone:  Cry  Jeck Control  Sitting  Crawling  tanding  Valking  poke first word  owl bladder control  ensory Motor Function:  • Tactile  • Auditory  |                             |
| Milestone:  Cry Neck Control Sitting Crawling Standing Valking poke first word owl bladder control ensory Motor Function:  • Tactile                     |                             |
| Milestone:  Cry  Meck Control  Sitting  Crawling  Standing  Valking  poke first word  owl bladder control  ensory Motor Function:  • Tactile  • Auditory |                             |
| Milestone:  Cry  Meck Control  Sitting  Crawling  Standing  Valking  poke first word  owl bladder control  ensory Motor Function:  • Tactile  • Auditory |                             |

Taste and Smell \_\_\_\_\_\_

## cognition:

- Response to external Environment
- Perception (Size, Color and Shape)

## Physical Assessment

Contracture or Deformity:

Muscle Tone:

### Muscle Strength & Range of Motion:

- Upper limbs
- Lower Limbs

# Strength ROM

### Sitting:

- Floor Sitting
- High Sitting
- Squat Sitting

### Posture:

- Lordosis
- Kyphosis
- Scoliosis
- · Other

#### Gate:

- Broad
- Narrow
- Other

### Mobility:

- · Wheel chair
- Special Support
- Independent Walk
- Other

| Treatment Plan: Long Term Goal:  Short Term Goal:  Recommendation:  Consultant Physiotherapy Gul e Zahra Zaidi |                  |                     |
|--|------------------|---------------------|
| Short Term Goal:  Recommendation:  Consultant Physiotherapy  | Treatment Plan:  |                     |
| Recommendation:  Consultant Physiotherapy  | Long Term Goal:  |                     |
| Recommendation:  Consultant Physiotherapy  |                  |                     |
| Recommendation:  Consultant Physiotherapy  | Short Term Goal: |                     |
| Consultant Physiotherapy   |                  |                     |
| Consultant Physiotherapy   |                  |                     |
|  | Recommendation:  |                     |
|  |                  |                     |
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| File No.  |
|---|
| RANGERS SPECIAL CHIL  |
| Physical Assersment working scale for musels form.  Ashworth wo diffy scale for motions of strength.  |
| Physical Assessment criteria.  Ashworth modify scale for muscle tone.  Ashworth for grange of motional strength.  Goniometer for grange of muscle strength.  Manual muscle tests for muscle strength.  (PT) |
| Branch  |
| Head  |
| Subject   |
|   |