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| Date of Assessment: | | Time: |
| Chief Complaint: | | |
| Present Condition: | Social/Family History  Previous therapy (dates and outcome): | |
| Past Medical History: | Birth History/Developmental stage(preinjury/illness):  Born at:  ☐ NVD ☐ Assisted VD  ☐ Elective LSCS ☐ Emergency LSCS  Reason: | |
| |  |  |  |  | | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | Patients will be formally reassessed at:   |  |  | | --- | --- | | * The completion of the recommended number of treatment sessions as per care plan. * The patient reaches maximum therapeutic benefit, * Patient changed condition (presents with an exacerbation in symptoms and /or a new complaint * The patient Has a gap in treatment greater than 3 months and more. | * Self-referrals will be reassessed at the completion of 4 weeks, or when the patient reaches maximum therapeutic benefit, whichever occurs first. * All maintenance care, supportive care, and long-term care patients will be reassessed, or referred if there is an exacerbation in symptoms or a change in clinical status. | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | PAIN ASSESSMENT(*Refer to THHC-035 Pain management)* | | | | | Intensity score: |  | Pain scale used: | Wong-Baker Faces FLACC CRIES  Visual Numeric Pain Scale | | Type (character): | | Location: | | | | |
| A screenshot of a cell phone  Description automatically generatedSee the source image | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Reflex Screening | | | | | | | Reflex | Positive | Negative | Reflex | Positive | Negative | | Startle reflex |  |  | Rooting reflex |  |  | | Walking reflex |  |  | Parachute reaction |  |  | | Asymmetrical tonic neck reflex |  |  | Tendon reflexes |  |  | | | |

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| Range of Movement and Muscle Strength | | | | | | | | |
| Joint/Movement | Normal ROM | PROM | | AROM | | | Muscle Strength | |
| L | R | L | R | | L | R |
| Shoulder Flexion | 0-180° |  |  |  |  | |  |  |
| Shoulder extension | 0-60° |  |  |  |  | |  |  |
| Shoulder Abduction | 0-180° |  |  |  |  | |  |  |
| Shoulder Adduction | 0-30° |  |  |  |  | |  |  |
| Shoulder Internal Rotation | 0-95° |  |  |  |  | |  |  |
| Shoulder External Rotation | 0-80° |  |  |  |  | |  |  |
| Elbow Flexion | 0-150° |  |  |  |  | |  |  |
| Elbow Extension | 0 |  |  |  |  | |  |  |
| Pronation | 0-80° |  |  |  |  | |  |  |
| Supination | 0-80° |  |  |  |  | |  |  |
| Wrist flexion | 0-80° |  |  |  |  | |  |  |
| Wrist extension | 0-80° |  |  |  |  | |  |  |
| Hip Flexion | 0-120° |  |  |  |  | |  |  |
| Hip Extension | 0-30° |  |  |  |  | |  |  |
| Hip Abduction | 0-45° |  |  |  |  | |  |  |
| Hip Adduction | 0-30° |  |  |  |  | |  |  |
| Hip Internal Rotation | 0-30° |  |  |  |  | |  |  |
| Hip External Rotation | 0-60° |  |  |  |  | |  |  |
| Knee Flexion | 0-135° |  |  |  |  | |  |  |
| Knee Extension | 0 |  |  |  |  | |  |  |
| Dorsiflexion | 0-30° |  |  |  |  | |  |  |
| Plantarflexion | 0-45° |  |  |  |  | |  |  |
| Inversion | 0-35° |  |  |  |  | |  |  |
| Eversion | 0-15° |  |  |  |  | |  |  |
| Neck Flexion | 0-45° |  |  |  |  | |  |  |
| Neck Extension | 0-45° |  |  |  |  | |  |  |
| Neck Side Flexion | 0-45° |  |  |  |  | |  |  |
| Neck Rotation | 0-60° |  |  |  |  | |  |  |
| Trunk Flexion | 0-80°, 10 cm |  |  |  |  |  | |  |
| Trunk Extension | 0-20-30° |  |  |  |  |  | |  |
| Trunk Rotation | 0-45° |  |  |  |  | |  |  |
|  |  |  |  |  |  | |  |  |
| Quotation For Muscle Testing According to Manual Muscle Testing Oxford Scale  0 No contraction present  1 Contraction visible without movement  2 Movement possible without gravity or incomplete against gravity  3 Movement possible against gravity into the fullest available range  4 Movement possible against gravity and an added moderate resistance  5 Muscle functions normally | | | | | | | | |

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| Muscle Tone | | | | | |
| Upper Limb | | | Lower Limb | | |
| Muscles | R | L | Muscles | R | L |
| Shoulder |  |  | Hip |  |  |
| Elbow |  |  | Knee |  |  |
| Wrist |  |  | Ankle |  |  |
| Fingers |  |  | Foot |  |  |
| Trunk |  |  |  |  |  |
| Comments: |  | | Comments: |  | |
| **Quotation For Muscle Tone According to Modified Ashworth Scale:**  0 No increase in tone  1 Slight increase in tone giving a catch when limb is moved  2 More marked increase in tone  3 Considerable increase in tone – passive movement difficult  4 Limb rigid  Write in case of hypotonic (flaccidity) | | | | | |

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| Special Test: |

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| Postural Control Balance | | | |
| Head & Neck Control | Good | Fair | Poor |
| Static Balance Sitting |  |  |  |
| Dynamic Balance Sitting |  |  |  |
| Static Balance Standing |  |  |  |
| Dynamic Balance Sitting |  |  |  |

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| --- | --- | --- | --- |
| Coordination | | | |
| Upper Limbs | Good | Fair | Poor |
| Lower Limbs | Good | Fair | Poor |

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| **Gross Motor Development Sequences** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Task** | | | | | | **0** | **1** | **2** | | **3** | **NT** | | | **Task** | | | | | **0** | | **1** | **2** | | **3** | **NT** | |
| Stomach lifts head | | | | | |  |  |  | |  |  | | | Stands alone well | | | | |  | |  |  | |  |  | |
| Roll over:  Right  Left  Both | | | | | |  |  |  | |  |  | | | Stoops and recovers | | | | |  | |  |  | |  |  | |
| Pull to sit, no head lag | | | | | |  |  |  | |  |  | | | Walks holding on to furniture | | | | |  | |  |  | |  |  | |
| Sits, head steady | | | | | |  |  |  | |  |  | | | Walking | | | | |  | |  |  | |  |  | |
| Can creep | | | | | |  |  |  | |  |  | | | Walks up steps | | | | |  | |  |  | |  |  | |
| Sits without support | | | | | |  |  |  | |  |  | | | Walks down steps | | | | |  | |  |  | |  |  | |
| Gets to sitting | | | | | |  |  |  | |  |  | | | Kicks ball forward:  Right  Left  Both | | | | |  | |  |  | |  |  | |
| Crawling | | | | | |  |  |  | |  |  | | | Throws ball over head | | | | |  | |  |  | |  |  | |
| Kneeling | | | | | |  |  |  | |  |  | | | Balances on one foot  Right  Left  Both | | | | |  | |  |  | |  |  | |
| Half kneeling | | | | | |  |  |  | |  |  | | | Jumps in place | | | | |  | |  |  | |  |  | |
| Pulls self to stand | | | | | |  |  |  | |  |  | | | Pedals tricycle | | | | |  | |  |  | |  |  | |
| Stands holding on | | | | | |  |  |  | |  |  | | | Broad jumps | | | | |  | |  |  | |  |  | |
| Scoring Key: 0 = Does not initiate 1 = Initiates 2 = Partially completes 3 = Completes NT = Not tested | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Using Aids or Orthoses | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aid | | | | | | | | | | | | | | Orthosis | | | | | | | | | | | | |
| Rollator or pusher | | | | | | | | |  | | | | | Hip control | | | | | | | | |  | | | |
| Walker | | | | | | | | |  | | | | | Knee control | | | | | | | | |  | | | |
| Crutches | | | | | | | | |  | | | | | Ankle-foot control | | | | | | | | |  | | | |
| None | | | | | | | | |  | | | | | None | | | | | | | | |  | | | |
| Other (specify): | | | | | | | | |  | | | | | Other (specify): | | | | | | | | |  | | | |
| Initial assessment and impression: | | | | |  | | | | | | | |  | Reassessment and impression: | | | | | |  | | | | | |  |
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| Short term goals (timeframe): | | | |  | | | | | | | | |  | Long term goals (timeframe): | | | |  | | | | | | | |  |
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| Diagnostic test results: | | | | | |  | | | | | | |  | |
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| Problem List: | | | 1. | |  | | | | | | |  | |
|  | | | 2. | |  | | | | | | |  | |
|  | | | 3. | |  | | | | | | |  | |
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| Plan of Care | | | | | | | | | | | | | | |
| Treatment | | | | | | | | Initial Treatment Plan | | | | | | |
| Treatments per week: | | | | | | | | Stretching Exercise | | | | | | |
| Upper extremities:  Right  Left  Both | | | | | | |
| Recommended treatment length: | | | | | | | | Finger  Wrist  Forearm  Elbow Shoulder | | | | | | |
| Lower extremities:  Right  Left  Both | | | | | | |
| Hip:  Flexor  Abductor  Adductor | | | | | | |
| Re-evaluation date: | | | | | | | | Knee:  Flexor  Extensor | | | | | | |
| Ankle:  Dorsiflexor  Planter flexor  Invertor  Evertor | | | | | | |
| Recommendations and restrictions: | | | | | | | | Strengthening Exercise | | | | | | |
|  |  | | | | | |  | Upper extremities:  Right  Left  Both | | | | | | |
|  |  | | | | | |  | Finger grip  Wrist extensor  Forearm  Elbow Shoulder | | | | | | |
|  |  | | | | | |  | Lower extremities:  Right  Left  Both | | | | | | |
|  |  | | | | | |  | Hip extensor Hip adductor Quadriceps Hamstrings Ankle | | | | | | |
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| Co-manage: | | | | | | | |  |  | | | |  | |
| Speech and language | | | | | | | |  |  | | | |  | |
| Occupational therapy | | | | | | | |  |  | | | |  | |
| Chiropractor | | | | | | | |  |  | | | |  | |
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| Prognosis: | |  | | | | | | | | | | |  | |
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| Notes: | |  | | | | | | | | | | |  | |
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Discharge Summary *(Brief Summary of Functional Abilities at Discharge)*

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Therapist’s Name: Employee Id: Signature:­­\_\_\_\_\_\_\_\_\_