### Electronic Rehabilitation Performance Report

### Initial Evaluation

**Patient Information:**

* **Name:** {Name}
* **Patient ID:**  {Patient\_ID}
* **Date of Birth:**  {Date\_of\_Birth}
* **Gender:** {Gender}
* **Hand dominance:** {Hand\_Dominance}
* **Diagnosis:** {Diagnosis}
* **Referring Clinician:**  {Referring\_Clinician}
* **Rehabilitation Start Date:** {Rehabilitation\_Start\_Date}

### Patient initial hand Assessment (apply once )

* **Symptoms (Please check all that apply with scoring (1 to 10)):**

Muscle Weakness: {Muscle\_Weakness}

Muscle Paralysis: {Muscle\_Paralysis}

Muscle Spasticity: {Muscle\_Spasticity}

Loss of Coordination: {Loss\_of\_Coordination}

Tremors: {Tremors}

Reduced Range of Motion: {Reduced\_Range\_of\_Motion}

Sensory Loss: {Sensory\_Loss}

Pain: {Pain}

Hand function impairment: {Hand\_function\_impairment}

* **Muscle Testing Score:** {Muscle\_Testing\_Score}
* **Frequency of session:** {Number\_of\_Sessions} **per week**
* **Expected date of discharge from treatment:** { Discharge\_Date }
* **Past Medical History:** {Medical\_History}

### FES Parameters (each session)

**Stimulation Settings:**

* **Waveform:** {Waveform}
* **Pulse Frequency:** {Pulse\_Frequency}
* **Pulse Intensity:** {Pulse\_Intensity}
* **Pulse Width:** {Pulse\_Width}

### Feedback Glove Readings (each session)

**Hand Movement Analysis:**

1. **Target Movement: Cup Holding**

* **Movement Angle:** {Movement\_ Angle\_cup}
* **Accuracy:** {Accuracy\_cup}
* **Feedback:**  {Feedback\_cup}
* **Parameters adjustment Required:** {is\_adjustment\_Required\_cup}
* **Additional Notes:** {Additional\_Notes\_cup}

1. **Target Movement: Pen Holding**

* **Movement Angle:** {Movement\_ Angle\_pen}
* **Accuracy:** {Accuracy\_pen}
* **Feedback:** {Feedback\_pen}
* **Parameters adjustment Required:** {is\_adjustment\_Required\_pen}
* **Additional Notes:** {Additional\_Notes\_pen}

1. **Target Movement: Key Holding**

* **Movement Angle:** {Movement\_ Angle\_key}
* **Accuracy:** {Accuracy\_key}
* **Feedback:** {Feedback\_key}
* **Parameters adjustment Required:** {is\_adjustment\_Required\_key}
* **Additional Notes:** {Additional\_Notes\_key}

1. **Target Movement: Ball Holding**

* **Movement Angle:** {Movement\_ Angle\_ball}
* **Accuracy:** {Accuracy\_ball}
* **Feedback:** {Feedback\_ball}
* **Parameters adjustment Required:** {is\_adjustment\_Required\_ball}
* **Additional Notes:** {Additional\_Notes\_ball}

1. **Target Movement: Bottle Holding**

* **Movement Angle:** {Movement\_ Angle\_bottle}
* **Accuracy:** {Accuracy\_bottle}
* **Feedback:** {Feedback\_bottle}
* **Parameters adjustment Required:** {is\_adjustment\_Required\_bottle}
* **Additional Notes:** {Additional\_Notes\_bottle}

### Treatment and Progress (each session)

**Session Overview:**

| Session Date | Stimulation Protocol | Target Movements | Session Duration | Performance Feedback | Clinician Notes |
| --- | --- | --- | --- | --- | --- |
| {Session\_Date} | {Stimulation\_Protocol} | {Target\_Movements} | {Session\_Duration} Min | {Performance\_Feedback} | {Clinician\_Notes} |

* **Next** **Session Date:** {Next\_Session\_Date}

### 

### Clinician Assessment

**Overall Progress:**

* **Improvements Observed:** {Improvements\_Observed**}**
* **Challenges Noted:** {Challenges\_Noted}
* **Side effects:** {Side\_effects}
* **Next Steps in Therapy:** {Next\_Steps\_in\_Therapy}

**Recommendations:**

* **Continue Current Protocol:** {Continue\_Current\_Protocol}
* **Adjust Stimulation Settings:** {Adjust\_Stimulation\_Settings}

**New Settings:** {New\_Settings}

* **Increase Session Frequency:** {Increase\_Session\_Frequency}
* **Introduce New Exercises:** {Introduce\_New\_Exercises}

**Details:** {Details}

### Patient Feedback

* **The experience during the session was satisfying:** {experience\_satisfying}
* **The therapy was comfortable:** {comfortable\_therapy}
* **The experience during the session was painful:** {session\_painful}
* **The hand function was improved:** {hand\_improved}

**Additional Comments: {**Additional\_Comments}

### Final Evaluation

**Final Progress:**

* **Quality of life Improved:** {Quality\_of\_ life\_Improved}
* **Long-Term Goals Achieved:** {Long\_Term\_Goals\_Achieved}
* **Remaining Challenges:** {Remaining\_Challenges}

**Future Recommendations:**

* **Continue Home Exercises:**  {Continue\_Home\_Exercises}
* **Further Clinical Sessions Needed:**  {Further\_Clinical\_Sessions\_Needed}
* **Additional Therapies Suggested:** {Additional\_Therapies\_Suggested}