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| Page - 1 | | | | | |
| **AEROBIC CAPACITY ASSESSMENT** | | | | | |
| Aerobic capacity during bed mobility task, transfer task,ADL and IADL task | | | | Text area | |
| Aerobic Capacity during standarized test includes ergometry,step test,2,3,6,12 mint walk test, graded exercise test, treadmill test,w/c test | | | | Text area | |
| Cardiovascular and pulmonary signs and symptoms related to increase oxygen demand | * Blood pressure | Text box | * breath abd voice sounds | | Text box |
| * Heart rate | Text box | * cyanosis | | Text box |
| * Rhythm | Text box | * gas exchange | | Text box |
| * Sounds | Text box | * respiratory pattern | | Text box |
| * Angina | Text box | * rate | | Text box |
| * Claudication | Text box | * Rhythm | | Text box |
| * exertion Scale | Text box | * Oximetry | | Text box |
| Identified Problems : text area | | | | | |
| * When the check box is selected only then the text box will be active of the particular option * While printing the final report only the fields with active check box will be printed | | | | | |

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| Form - 2 | |
| **Anthropometric Assessment** | |
| Body composition assessment includes body mass index,impedence measure ment,skin fold thickness measurement | Text area |
| Body dimension includes girth measurement and length measurement | Text area |
| Edema Measurement includes girth,palpation,scales,volume | Text area |
| Identified Problems : text area | |

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| Form - 3 | |
| **SKIN AND CIRCULATORY ASSESSMENT INCLUDES ARTERIAL/VENOUS/LYMPHATIC SYSTEM** | |
| Physiological response to position change | Text area |
| Peripheral venous, arterial and lymphatic circulation assessment, skin colour and nail changes. | Text area |
| Presence of bruits, abnormal heart sounds, rate or rhytm,vital signs at rest | Text area |
| Identified Problems : text area | |

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| Form - 4 | | | |
| **AROUSAL,ATTENTION AND COGNITIVE ASSESSMENT** | | | |
| ATTENTION | | NORMAL | IMPAIRED |
| FOCUSSED | | NORMAL | IMPAIRED |
| SUSTAINED | | NORMAL | IMPAIRED |
| SELECTIVE | | NORMAL | IMPAIRED |
| ALTERNATING | | NORMAL | IMPAIRED |
| ORIENTATION | | NORMAL | IMPAIRED |
| ABILITY TO RECOGNISE TIME PERSON PLACE | | NORMAL | IMPAIRED |
| CONSCIOSNESS | COMA | NORMAL | IMPAIRED |
| MOTIVATION TO PARTICIPATE | | NORMAL | IMPAIRED |
| COMMUNICATION | | NORMAL | IMPAIRED |
| PROBLEM SOLVING | | | |
| PREPARATION | | NORMAL | IMPAIRED |
| PRODUCTION | | NORMAL | IMPAIRED |
| JUDGEMENT | | NORMAL | IMPAIRED |
| SHORT TERM MEMORY | | | |
| MINI MENTAL TEST | | NORMAL | IMPAIRED |
| Identified Problems : text area | | | |
| * NORMAL, IMPARED, COMA are the three buttons. * Only one button can be selected & can be active at a time. The button selected will be active and other will be de-active. * Once the button is selected it will glow or the colour will change. | | | |

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| Form - 5 | | |
| **CRANIAL AND PERIPHERAL NERVE ASSESSMENT INCLUDES REFLEX AND SENSORY ASSESSMENT** | | |
| Cranial Nerve Examination | | |
| Olfactory | NORMAL | IMPAIRED |
| Optic | NORMAL | IMPAIRED |
| Occulomotor | NORMAL | IMPAIRED |
| Trochlear | NORMAL | IMPAIRED |
| Trigeminal | NORMAL | IMPAIRED |
| Abducens | NORMAL | IMPAIRED |
| Olfactory | NORMAL | IMPAIRED |
| Optic | NORMAL | IMPAIRED |
| Occulomotor | NORMAL | IMPAIRED |
| Trochlear | NORMAL | IMPAIRED |
| Trigeminal | NORMAL | IMPAIRED |
| Abducens | NORMAL | IMPAIRED |
| PERIPHERAL NERVE EXAMINATION | | |
| Text area | | |
| Identified Problems : text area | | |

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| Form - 6 | | | |
| **CRANIAL AND PERIPHERAL NERVE ASSESSMENT INCLUDES REFLEX AND SENSORY ASSESSMENT** | | | |
| **DEEP TENDON REFLEX AND SUPERFICIAL REFLEX EXAMINATION** | | Text area | |
| **SOMATOSENSORY ASSESSMENT** | | | |
| Discriminative Touch | Touch awareness | NORMAL | IMPAIRED |
| Touch Localization | NORMAL | IMPAIRED |
| Bilateral Touch(sensory extinction) | NORMAL | IMPAIRED |
| Touch Pressure Threshold | NORMAL | IMPAIRED |
| Two point discrimination | NORMAL | IMPAIRED |
| Pain | Sharp | NORMAL | IMPAIRED |
| Dull | NORMAL | IMPAIRED |
| Proprioception | Vibration | NORMAL | IMPAIRED |
| Joint Position | NORMAL | IMPAIRED |
| Joint motion | NORMAL | IMPAIRED |
| Stereognosis | NORMAL | IMPAIRED |
| Temperature | Hot | NORMAL | IMPAIRED |
| Cold | NORMAL | IMPAIRED |
| Identified Problems : text area | | | |
| * NORMAL, IMPARED are the two buttons. * Only one button can be selected & can be active at a time. The button selected will be active and other will be de-active. * Once the button is selected it will glow or the colour will change. | | | |

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| Form - 7 | | | | |
| **POSTURAL ASSESSMENT** | | | | |
| SEGMENTAL ALIGNMENT | | | | |
| FEET | * Hammer toes | * Hallux valgus | * Low ant arch | * Ant foot varus |
| * Pronated | * supinated | * Flat Long arch | * Pigeon toes |
| * Medial Rotation | * Lat rotation | * Knock Knees |  |
| KNEE | * Hyperextension | * Flexion | * Bowlegs | * Tibial torsion |
| PELVIS | * Leg in postural adduction | * Rotation | * Tilt | * Deviation |
| LOWBACK | * Lordosis | * Flat Back | * Kyphosis | * Operation |
| UPPER BACK | * Kyphosis | * Flat UP back | * Scaulae abducted | * Scalulae Elevated |
| THORAX | * Depressed chest | * elevated chest | * Rotation | * Deviation |
| SPINE | * Total curve | * Lumbar | * Thoracic | * Cervical |
| ABDOMEN | * Protruding | * Scars |  |  |
| SHOULDER | * Low | * High | * Forward | * Med Rotated. |
| Head | * Forward | * Torticollis | * Tilt | * Rotation |
| Identified Problems : text area | | | | |

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| Form - 8 | | | | |
| **GAIT ASSESSMENT** | | | | |
|  | ANKLE | KNEE | HIP | TRUNK |
| HEEL STRIKE TO  FOOT FLAT | * FOOT SLAP | * KNEE HYPEREXTENSION | * EXCESSIVE FLEXION | * Lateral trunk lean |
| * TOES FIRST |  | * LIMITED FLEXION | * backward trunk lean |
| * FOOT FLAT |  |  | * forward trunk lean |
| FOOT FLAT TO MID STANCE | * EXCESSIVE POSITIONAL | * KNEE HYPER EXTENSION | * LIMITED HIP EXTENSION |  |
| * PLANTAR FLEXION |  | * INTERNAL ROTATION |  |
| * HEEL LIFT IN MID STANCE |  | * EXTERNAL ROTATION |  |
| * EXCESSIVE DORSIFLEXION |  | * ABDUCTION |  |
| * TOE CLAWING |  | * ADDUCTION |  |
| HEEL OFF  TO TOE OFF | * NO ROLL OFF |  |  |  |
| * Insufficient transfer of EXCESSIVE KNEE FLEXION |  |  |  |
| * weight from lateral heel to medial forefoot |  |  |  |
| ACCELERATION TO  MID SWING | * TOE DRAG EXCESSIVE KNEE FLEXION |  | * CIRCUMDUCTION |  |
| * VARUS | * LIMITED KNEE FLEXION | * HIP HIKING |  |
|  | * LIMITED KNEE FLEXION | * EXCESSIVE HIP FLEXION |  |
| Identified Problems : text area | | | | |

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| Form - 9 | | | | | | | |
| **POSTURALCONTROL OR BALANCE ASSESSMENT** | | | | | | | |
| 1.FUNCTIONAL PERFORMANCE TEST AND MEASURES | | | | | | Score | |
|  | A.GET UP AND GO TEST | | | | | Text box | |
|  | B.FUNCTIONAL REACH TEST | | | | | Text box | |
|  | C. TINETTI,S TEST | | | | | Text box | |
|  | D.BERG BALANCE TEST | | | | | Text box | |
| 2.MOTOR STRATEGY LEVEL TEST | | | | | | | |
|  | A.ALIGNMENT IN SITTING AND STANDING | | | | | Text box | |
|  | B. MOVEMENT STRATEGIES IN SITTING AND STANDING | | | | | Text box | |
| 3.SENSORY STRATEGY LEVEL ASSESSMNET | | | | | | | |
|  | CLINICAL TEST FOR SENSORY INTERACTION IN BALANCE (CTSIB) | | |  | | Text box | |
| 4.FACTORS IMPACTED ON NORMAL POSTURAL CONTROL INCLUDES | | | | | | | |
|  | COGNITIVE IMPAIRMENT | | |  | | Text box | |
|  | MUSCULOSKELETAL IMPAIRMENT | | |  | | Text box | |
|  | NEUROMUSCULAR IMPAIRMENT | | |  | | Text box | |
|  | PERCEPTUAL IMPAIRMENT | | |  | | Text box | |
| SITTING | | | | STANDING | | | |
| Small movement | | NORMAL | IMPARED | Ankle strategy | NORMAL | | IMPARED |
| Large movement | | NORMAL | IMPARED | Hip strategy | NORMAL | | IMPARED |
|  | |  |  | Stepping strategy |  | |  |
| **Identified Problems: text area** | | | | | | | |

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| Form - 10 | | | | | |
| **MOTOR FUNCTION ASSESSMENT INCLUDES MOTOR CONTROL AND MOTOR LEARNING** | | | | | |
| MUSCLE TONE | | * **IMPARED** | | * **NORMAL** | * **N/A** |
| * If Selected Impared a dropdown will be activated. | | | | **Drop down content:**   1. HYPERTONE 2. HYPOTONE 3. RIGIDITY | |
| Abnormal muscle tone assessment by Modified Ashworth Scale(MAS) | * 0= NO increasenin muscle tone | | | 1=Slight increase in muscle tone ,manifested by a slight catch and release or by minimal resistance at the end of the range of motion when the affected parts is moved in flexion and extension. | |
| * 1+= Slight increase in muscle tone, manifested by a catch followed by minimal resistance throughout the remainder (less than half) of the range of motion(ROM). | | | * 2=More marked increase in muscle tone through most of range of motion but affected parts easily moved. | |
| * 3= Considerable increase in muscle tone ,passive movement difficult | | | 4= Afeected parts rigid in flexion or extension. | |
| COORDINATION TEST | * Finger to nose | | | * tapping hands | |
| * Finger to therapist finger | | | * tapping foot | |
| * Pronation supination | | | * Alternate heel to knee | |
| * rebound test | | | * heel to toe | |
| * heel to shin | | |  | |
| INVOLUNTORY MOVEMENT ASSESSMENT | * DYSTONIA | | * TREMOR | * CHOREIFORM AND ATHETOID MOVEMENT | |
| Identified Problems: text area | | | | | |

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| Form - 11 | | | | | |
| **MANUAL MUSCLE STRENGTH AND ROM ASSESSMENT** | | | | | |
|  |  | NARMAL VALUE/BASE LINE STATUS | | Score | Strength |
| HIP | FLEXION/FLEXORS | 0-120 | | Text box | Dropdown & Select for each  Dropdown options:  Range from -5 to +5 |
| EXTENSION/EXTENSORS | 0-20 | | Text box |
| ABDUCTION/ABDUCTORS | 0-45 | | Text box |
| ADDUCTION/ADDUCTORS | 0-45 | | Text box |
| EXTERNAL ROTATION | 0-45 | | Text box |
| EXTERNAL ROTATORS |  | | Text box |
| INTERNAL ROTATION | 0-30 | | Text box |
| INTERNAL ROTATORS |  | | Text box |
| KNEE | FLEXION | 0-145 | | Text box |
| EXTENSION | 145-0 | | Text box |
| STRAIGHT LEG RAISE | 0-90 | | Text box |
| ANKLE | DORSIFLEXION/FLEXORS | 0-20 | | Text box |
| PLANTERFLEXION/FLEXORS | 0-50 | | Text box |
| INVERSION/INVERTORS | 0-15 | | Text box |
| EVERSION/EVERTORS | 0-20 | | Text box |
| **POSTURAL ASSESSMENT CONT'D** | | | | | |
| TEST FOR FLEXIBILITY AND MUSCLE LENGTH | | | | | |
| FORWARD BENDING | | * Normal | * Restricted | | |
| BACKWARD BENDING | | * Normal | * Restricted | | |
| HAMSTRING | | * Normal | * Restricted | | |
| GASTROSOLEUS | | * Normal | * Restricted | | |
|  | |  |  | | |
|  | | Left | Right | | |
| ARM OVERHEAD ELEVATION | | Text box for each | Text box for each | | |
| HIP FLEXORS | |
| Tensor Fascia lata | |
| Trunk Extension | |
| TRUNKLAT FLEXION | |
|  | | | | | |
| MUSCLE STRENGTH TESTS | | LEFT | RIGHT | | |
| MID TRAPEZIUS | | Dropdown & Select: (0-5)  Form each muscle | Dropdown & Select: (0-5)  Form each muscle | | |
| LOWER TRAPEZIUS | |
| BACK EXTENSORS | |
| GLUTEUS MEDIUS | |
| GLUTEUS MAXIMUS | |
| HAMSTRINGS | |
| HIP FLEXORS | |
| UPPER TRUNK FLEXORS | |
| LOWER TRUNK FLEXORS | |
| Identified Problems: text area | | | | | |

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| Form - 12 | | | | | |
| **PAIN ASSESSMENT** | | | | | |
| ONSET OF PAIN | Text box | | | | |
| LOCATION OF PAIN | * RADIATING | * LOCALIZED | | | * DIFFUSE |
| severity of pain | Dropdown & select | | | | |
| 0 : No pain | | | 7-9 : Very Severe pain | |
| 1-3 : Mild pain | | | 10 : Worst pain possible | |
| 4-6 : Severe pain | | |  | |
| Frequency and duration of pain | Text area | | | | |
| NIGHT PAIN | * YES | | * NO | | |
| Aggravating and releiving factor of pain | Text area | | | | |
| Pattern of joint involvement  Effects of tx | Text area | | | | |
| Joint irritability Progress of pain Worse problem Related signs and symprtoms | Text area | | | | |
| Joint stiffness Abnormal sensation | Text area | | | | |
| Muscle spasm | Text area | | | | |
| **Identified Problems: text area** | | | | | |

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| Form - 13 | | | |
| **ENVIRONMENTAL,HOME AND WORK BARRIER ASSESSMNET** | | | |
| ENVIRONMENTAL BARRIERS  (Dropdown & select) | 0 No barrier | FACILITATORS ASSESSMNET  (Dropdown & select) | 0 No facilitator |
| 1 Mild barriers | +1 Mild facilitator |
| 2 Moderate barriers | +2 Moderate facilitator |
| 3 Severe barriers | +3 Severe facilitator |
| 4 Complete barriers | +4 Complete facilitator |
| * Individual attitudes of immediate family members | | | Text box |
| * Individual attitudes of friends | | | Text box |
| * Individual attitudes of personal care providers and | | | Text box |
| * personal assistants | | | Text box |
| * Individual attitudes of health professionals | | | Text box |
| * Societal attitudes | | | Text box |
| * Social norms, practices and ideologies | | | Text box |
| Identified Problems: Text area | | | |

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| Form - 14 | | | |
| **ORTHOTIC AND PROSTHETIC ASSESSMENT** | | | |
| ORTHOTIC ASSESSMENT | | | |
| TYPE OF DEVICE: | | | |
| * ALIGNMENT AND FITTING OF ORTHOSIS | Text box | * movement analysis with and without device | Text box |
| * Patinet ability and care of the device | Text box | * Functional effect and benefits of use of the device | Text box |
| * Level of safety of the devices | Text box |  | Text box |
| PROSTHETIC ASSESSMENT | | | |
| TYPE OF PROSTHESIS: | | | |
| * ALIGNMENT AND FITTING OF PROSTHESIS | Text box | * movement analysis with and without device | Text box |
| * Patinet ability and care of the device | Text box | * Functional effect and benefits of use of the device | Text box |
| * Level of safety of the devices | Text box |  |  |
| ADAPTIVE EQUIPMENT ASSESSMENT | | | |
| TYPE OF DEVICE | | | |
| * ALIGNMENT AND FITTING OF ORTHOSIS | Text box | * movement analysis with and without device | Text box |
| * Patinet ability and care of the device | Text box | * Functional effect and benefits of use of the device | Text box |
| * Level of safety of the devices | Text box |  |  |
| **Identified Problems: text area** | | | |

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| Form - 15 | | |
| **JOINT INTEGRETY AND MOBILITY ASSESSMNET** | | |
| APPREHENSION TEST | NEGATIVE | POSITIVE |
| COMPRESSION AND DISTRACTION TEST | NEGATIVE | POSITIVE |
| DRAWER TEST | NEGATIVE | POSITIVE |
| GLIDE TEST | NEGATIVE | POSITIVE |
| IMPINGEMENT TEST | NEGATIVE | POSITIVE |
| PALPATION | NEGATIVE | POSITIVE |
| SHEAR TESTS | NEGATIVE | POSITIVE |
| VALGUS AND VARUS STRESS TEST | NEGATIVE | POSITIVE |
| **Identified Problems: text area** | | |

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| Form - 16 | | | |
| **VENTILATION,RESPIRATION AND GAS EXCHANGE** | | | |
|  |  | WNL | NA |
| CHEST WALL AND RELATED STRUCTURES | Text box |  |  |
| PHONATION | Text box |  |  |
| PULMONARY RELATED SYMPTOMS | Text box |  |  |
| PULMONARY VITAL SIGNS | Text box |  |  |
| THORACOABDOMINAL VENTILATORY PATTERNS | Text box |  |  |
| PRESENCE AND LEVEL OF CYANOSIS | Text box |  |  |
| Ability to clear and protect airways | Text box |  |  |
| Gas exchange and oxygen level/transport | Text box |  |  |
| pulmonary function and ventilatory mechanism | Text box |  |  |
| BREATH AND VOICE SOUNDS | Text box |  |  |
| **Identified Problems: text area** | | | |

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| Form - 17 | | | | | | | | |
| **WOUND ASSESSMENT** | | | | | | | | |
| Location: (text box) | Pressure Ulcer: | | | Stage: | | | Thickness of Non-Pressure Ulcer: | |
| Size: | Depth: | | | Tunneling: | | | Undermining: | |
| Necrotic Tissue: \_\_\_\_% | Slough: \_\_\_\_% | | | Granulation Tissue: \_\_\_\_% | | | Epitheliazation in Process? \_\_\_\_\_ | |
| Exudate | | | | | | | | |
| Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | Color: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Odor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| PAIN | | | | | | | | |
| * In Wound site? | | | | * In Surrounding Tissue? | | | | |
| Describe surrounding tissue: | Text area | | | | | | | |
| Signs of infection | | | | | | | | |
| * Erythema | * Induration | | | | * Cellulitis | | | * Tenderness |
| * Uncharacteristic odor | * Increased Exudate | | | | * Edema | | | * Increased Heart Rate |
| * Bpm | * High blood pressure | | | | * Other | | |  |
| Presence of Pressure Recucing / Relieving Devices | | | | | | | | |
| * Bed | | | * Wheelchair | | | | * Other | |
| Describe device in place: | | | Text area | | | | | |
| Positioning Concerns: | Text area | | | | | | | |
| Dressing to be used: | Text area | | | | | | | |
| Barriers to Progress: | Text area | | | | | | | |
| Identified Problems: text area | | | | | | | | |