



OCCUPATIONAL THERAPY SECTION
ADULT EVALUATION FORM

Patient's Name:			Tel No.:		
Age:	Sex:	Civil Status:		Schedule:	
Birthdate:	Contact No.:		Date Referred:		
Address:			Occupation:		
Diagnosis:			Date Referred:		
OT In-Charge			Rehab MD In-Charge:		
() Initial Evaluation		() Re-Evaluation		() In-patient	
				() Out-patient	

GENERAL INFORMATION:

SUBJECTIVE:

Chief Complaint:

History of Present Illness:

Patients Medical History:

- () Hospitalization
- () surgical procedures
- () Traumas/Accidents
- () Others: _____

Medical History:

- () Hypertension
- () Heart dse.
- () DM
- () arthritis

Social History:

- () Alcoholism
- () Smoking
- () high cholesterol diet
- () others _____

Precautions:

Medications:

OBJECTIVE:

Ocular findings

- () facial asymmetry
- () edema
- () shoulder subluxation
- () contracture/ tightness
- () NGT
- () tracheostomy
- () IV tube
- () inflammation
- () tropical changes
- () synergy Pattern
- () assistive/ adaptive devices
- () deformity
- () others _____

Range of Motion:

		Normal Value	PROM	
			R	L
Shoulder	Flex	0-180		
	Ext	0-60		



	Abduction	0-180		
	IR	60-70		
	ER	80-90		
Elbow	Flexion	0-150		
Forearm	Pron.	0-80		
	Sup	0-80		
Wrist	Flex	0-80		
	Ext.	0-70		
	RD	0-20		
	UD	0-30		
Thumb	MP	0-90		
	IP			
Index	MP	0-80		
	DIP	0-100		
	PIP	0-80		
Middle	MP	0-80		
	DIP	0-100		
	PIP	0-80		
Ring	MP	0-80		
	DIP	0-100		
	PIP	0-80		
Little	MP	0-80		
	DIP	0-100		
	PIP	0-80		

Comments on ROM: _____

Muscle Tone: (Modified Ashworth Grading Scale):

	Ashworth Grade
(R) UE	
(R) LE	
(L) UE	
(L) LE	

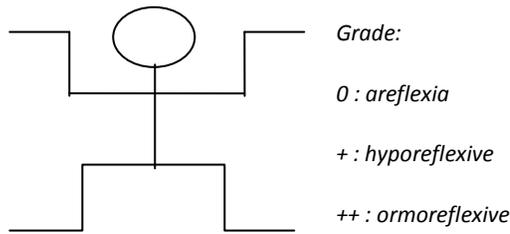
MODIFIED ASHWORTH SCALE (spasticity)
0 no increase in muscle tone
1 slight increase manifested by a catch and release or by minimum resistance at the end of ROM when part is moved
1+ slight increase manifested by catch followed by minimum resistance throughout the remainder (less than half) of ROM
2 more marked increase through most of ROM but affected part is easily moved.
3 considerable increase, passive movement difficult
4 affected parts rigid in flexion or extension



Pathologic Reflex

- Babinski
- Hoffman
- Ankle Clonus
- Wrist Clonus

Deep Tendon Reflex:



Ms. Strength:

		R	L			R	L
Shoulder	Flex			Wrist	Flex		
	Ext				Ext		
	Abd				RD		
	Add				UD		
Elbow	Flex			MCP	Flex		
	Ext				Ext		
Fra.	Pron			IP	Flex		
	Sup				Ext		

MANUAL MUSCLE TESTING SCALE

- 0/5 No palpable contraction
- 1/5 Palpable muscle contraction, no joint movement
- 2-/5 Incomplete range of motion, gravity eliminated
- 2/5 Complete range of motion, gravity eliminated
- 3-/5 Incomplete range of motion, against gravity
- 3/5 Complete range of motion, against gravity, without resistance
- 3+/5 Complete range of motion, against gravity, with minimal resistance
- 4/5 Complete range of motion, against gravity, with moderate resistance
- 5/5 Complete range of motion, against gravity, with maximal resistance

Muscle Bulk :

HAND ASSESSMENT:

Handedness () Right () Left

HAND ASSESSMENT		Handedness: right left		
Gross prehension pattern :		Fine Prehension pattern:		
	Right	Left	Right	Left
Cylindric			Lateral	
Spherical			Tripod	
Hook			Pad to pad	
In-Hand Manipulation skills			Tip to tip	

	(R)	(L)	G assume, maintain and use without any difficulty F+ assume, maintain and use with difficulty F assume, and maintain but cannot use the pattern P only assume pattern A cannot assume, maintain and use
Shifting			
Finger to palm			
Palm to finger			
Simple rotation			
Complex rotation			

Grip strength

Trial	Right	Left	Male	Female
1			G 30 >	20 >
2			F+ 26-29	16-19
3			F 16-25	12-15
ave			P 0.01-15	0.01-11

Pinch strength

	3 jaw chuck	Lateral	Pad
Trial			
1			
2			
3			
AVE			

Dexterity:

Coordination

Right	G	F	P	Left	G	F	P
RGR				RGR			
Eye- hand				Eye- hand			

Comments: _____

Sensory Skills:

TACTILE +/-, I	(R)	(L)	EPICRITIC	(R)	(L)
PROTOPATHIC					
Superficial pain			Touch localization		
Deep pressure			Steteognosis	/5	/5
Light touch			2 pt discrimination		
			Kinesthesia		
			Proprioception		
Temperature			VISUAL +/-, I		
AUDITORY +/-, I			Threat		
Tracking			Tracking		
Localization			Localization		
GRADING FOR LIGHT TOUCH (+)Patient able to recognize and localize (-) patient able to recognize only (0)inability to recognize and localize			GRADING FOR SUPERF. PAIN +S able to identify sharp -S unable to identify sharp S dull is perceived as sharp +D able to identify dull -D unable to identify dull D sharp is perceived as dull		

Comments: _____

Visual- Perceptual Skills:

- ___ R/L Homonymous Hemianopsia
- ___ R/L Unilateral neglect
- ___ Visual Tracking
- ___ Visual Scanning
- ___ Body scheme

- ___ Depth Perception
- ___ Figure ground
- ___ Form Constancy

Cognitive/Communication Skills:

Cognitive	Intact	Impaired	Absent
Memory			
Problem solving			
Orientation			
Judgment			
Decision Making			

Comments: _____

Communication	Remarks
Aphasia	
Dysarthria	
Dysphagia	

Comments: _____

ACTIVITIES OF DAILY LIVING: (FIM)

FUNCTIONAL INDEPENDENCE SCALE			
SELF CARE		SOCIAL COGNITION	
Eating		Social interaction	
Bathing		Problem solving	
Dressing Upper Body		Memory	
Dressing Lower Body		LEVELS 7 Complete Independence (timely, safely) 6 modified independence	NO HELPER
Toileting			
SPHINCTER CONTROL			
Bladder management		MODIFIED DEPENDENCE (5) Supervision (4) Min Assist (subject 75%) (3) moderate assist (subject 50%) COMPLETE DEPENDENCE (2) Maximal assist (subject 25%) (1) Total assist (subject 0%)	HELPER
Bowel management			
MOBILITY (transferring)			
Bed, chair, wheelchair		HELPER	
Toilet			
Tub, shower			
LOCOMOTION			
Walk/wheelchair			
Stairs			
COMMUNICATION			
Comprehension			
Expression			

Comments /Remarks:

FEEDING: _____

BATHING: _____

DRESSING: _____

GROOMING: _____

TOILETING: _____

TOILET TRANSFERS: _____



ASSESSMENT:

- 1.
- 2.
- 3.
- 4.
- 5.

PLAN : Recommend OT management ___x/wk for ___ wks to address:

LTG:

STG:

OT's name and signature