

Local Team Physiotherapy/Occupational Therapy Initial BPP Referral or Progress Report >3

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| --- | --- |
| **Client Name:** | **Date of Assessment:** |
|  |  |
| **Address:** | **Therapists’ Emails:** |
|  |  |
|  |  |
| **DOB:** | **Therapists’ Mobiles:** |
| **Parents’/Guardians’ Emails** | **Parents’/Guardians’ Mobile:** |
| **Local Physiotherapist and Occupational Therapist:** *(name and address)* | |
| **Diagnosis & Level of Brachial Plexus Palsy:** | |

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| --- | --- | --- |
|  | **AMS** | **Toronto** |
| **Gravity Eliminated** | | |
| No contraction | **0** | **0** |
| Contraction, no mvt | **1** | **0.3** |
| <1/2 range | **2** | **0.3** |
| >1/2 range | **3** | **0.6** |
| Full mvt | **4** | **0.6** |
| **Against Gravity** | | |
| <1/2/ range | **5** | **0.6** |
| >1/2 range | **6** | **1.3** |
| Full mvt | **7** | **2** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Active Range of Movement**  *(Observational)* | **AMS** | **Toronto**  **Score** | **PROM** |
| Elbow Flexion |  |  |  |
| Elbow Extension |  |  |  |
| Wrist Extension |  |  |  |
| Thumb Extension |  |  |  |
| Finger Extension |  |  |  |
| **Total Toronto Score** |  | **/10** |  |
| Shoulder Abd |  |  |  |
| Shoulder Flexion |  |  |  |
| Shoulder Adduction |  |  |  |
| Shoulder External Rot @ midline |  |  |  |
| Shoulder Internal Rot @ midline |  |  |  |
| Pronation |  |  |  |
| Supination |  |  |  |
| Wrist Flexion |  |  |  |
| Finger Flexion |  |  |  |
| Thumb Flexion |  |  |  |

**Musculoskeletal Data**:

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| --- | --- |
| Humeral Prominence | Anterior 🞏 Posterior 🞏 Mild 🞏 Mod 🞏 Severe 🞏 |
| Spine Scoliosis-sitting | Yes 🞏 No 🞏 |
| Radial Head Dislocation | Yes 🞏 No 🞏 |

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| --- | --- | --- |
| **Functional Independence Measure (FIM) SCORE** | | |
| Put on a jumper |  | *Fim Scale*  *7 Complete independence*  *6 Modified independence (requires an assistive device or more than reasonable time)*  *5 Supervision (standby cuing or coaxing, or setup of items*  *4 Minimum assistance (<25%)*  *3 Moderate assistance (25% - 50%)*  *2 Maximum assistance (50% - 75%)*  *1 Total assistance (>75%)*  *\* not including top button*  *\*\* including shank*  *\*\*\* lift objects requiring two hands onto shelf above shoulder level* |
| Take off a jumper |  |
| Tuck shirt in |  |
| Put socks on |  |
| Take coat off |  |
| Put trousers on |  |
| Take trousers off |  |
| Buttons own shirt \* |  |
| Pulls up zip \*\* |  |
| Washes hair completely |  |
| Puts hair up in bobbin |  | Comments: |
| Lifts object up with two hands \*\*\* |  |
| Uses knife and fork (>5 yrs only) |  |

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| **Treatment:**  **Frequency of Treatment, Treatment & Progress to date:** |
|  |
| **Present concerns that you would like addressed at this appointment/ clinical questions:** |
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**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*This template report should be used when first referring a client to CRC. It may also be used as a progress report when a client is being reviewed. It is advisable to send the report* ***well before*** *expected appointment date****.***

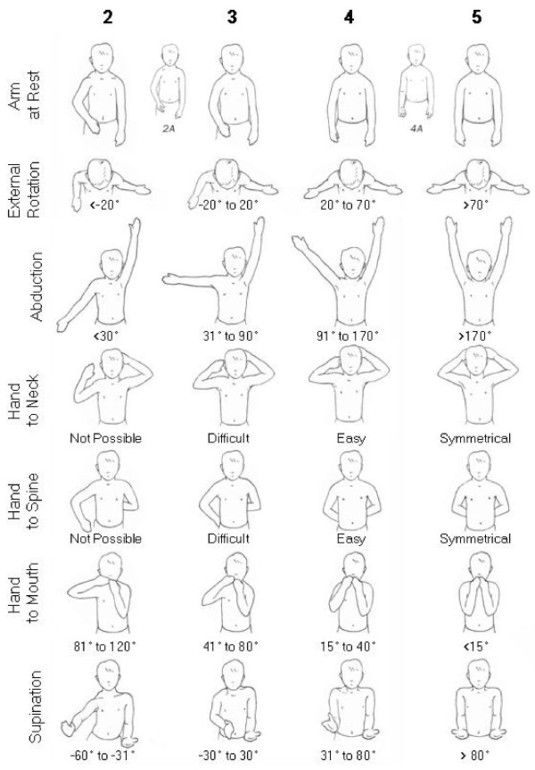
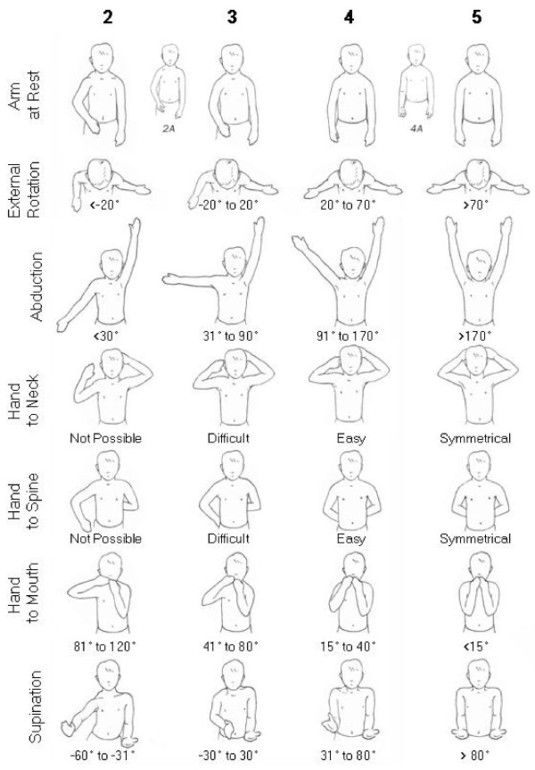
***Please complete as appropriate and do not hesitate to contact the CRC PT/OT Department if you have any queries.***

**Modified Mallet Score Sheet (include photos if consent given)**

Client’s Name: File number:

Therapist’s Name: Date:

Client Name: DOB:



**2**

**3**

**4**

**5**

**Score**

Mallet



Internal

Rotation

***\*Note: Gr 1 = no function***

Mallet Score: / 25 Modified Score: / 40