

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

|  |  |
| --- | --- |
| **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)* |
| **Laterality of Brachial Plexus Palsy: (detailed antenatal, postnatal & birth history if new referral)** |

|  |
| --- |
| **Present Recovery & Neurodevelopmental Status:** |
|   |
|  |
|  |
|  |
| **Are Parents involved with Treatment Programme / Home Exercise Programme?** |
|  |
|  |
|  |
|  |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Passive Range of Movement** |  |  |  |  |  |
| Shoulder Abduction-Scapula Stabilised |  | Shoulder Flexion-Scapula Stabilised |  | Supination |  |
| Lat Rot @90 |  | Lateral Rot @ mid |  | Pronation |  |
| Med Rot @90 |  | Elbow Ext |  | Wrist & Finger Ext  |  |

|  |  |  |
| --- | --- | --- |
|  | **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** |
| 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 |  |  |

 ***Neurodevelopmental Alberta Infant Score (Age: 0-18/12)***

|  |  |  |  |
| --- | --- | --- | --- |
| **AIMS** | **Score** | **Motor Window** | **Tasks not Observed** |
| Prone |  |  |  |
| Supine |  |  |  |
| Sitting |  |  |  |
| Standing |  |  |  |
| **Percentile:**  |  | **Overall Score:**  |  |

|  |
| --- |
| **Frequency of Treatment & Progress to date:**  |
|  |
|  |
|  |
|  |
| **Present concerns that you would like addressed at this appointment/ clinical questions:** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**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.***