**Arm Support Follow up Visit**

Patient Name:  xxx

Medical Record #: xxx

Date of Evaluation:  xxx

**Reason for Visit:** Evaluation and training for use of arm support device. Training involved therapist-directed and supervised use of the arm support to reach objectives. This included proper arm movement exercises, repetitive arm movement training, maximizing range of motion, and review of patient progress toward meeting objectives since last visit.

**Range of Motion with Goniometer**

|  |  |  |
| --- | --- | --- |
|  | **Active Range of Motion** (in Degrees) | |
| **Movement** | **Last Visit** | **This Visit** |
| Shoulder flexion |  |  |
| Shoulder extension |  |  |
| Shoulder internal rotation |  |  |
| Shoulder external rotation |  |  |
| Shoulder abduction |  |  |
| Shoulder adduction |  |  |
| Elbow flexion |  |  |
| Elbow extension |  |  |

**BBT - Box and Blocks Test**

|  |  |  |
| --- | --- | --- |
|  | **Last Visit** | **This Visit** |
| Number of blocks moved from one side of the box to the other in 60 seconds |  |  |

**FIM (Functional Independence Measurement) Score**

|  |  |  |
| --- | --- | --- |
| **Patient Objective** | **FIM score** | **Current Assessment** |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |

Functional Independence Measure (FIM) Scale:

7 – Complete Independence – (Timely, Safely)

6 – Modified Independence (Device)

5 – Supervision only (Subject 100%)

4 – Minimal Assistance (Subject 75% or more)

3 – Moderate Assistance (Subject 50% or more)

2 – Maximal Assistance (Subject 25% or more)

1 – Total Assistance

**COPM - Canadian Occupational Performance Measure**

on a scale of 1 (low) to 10 (high)

|  |  |  |
| --- | --- | --- |
| **Patient Objective** (same list as FIM score objectives) | **Performance Score** (from user) | **Satisfaction Score** (from user) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| SCORING: Add score total for each column and divide by number of Objectives |  |  |

**Recommendations**

xxx

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Therapist Name                                                             Date