**Arm Support Installation Visit**

**Patient Name:**  xxx

**Medical Record #:** xxx

**Date of Evaluation:**  xxx

**Reason for Visit:** Installation, training, and evaluation for use of newly acquired arm support device.

**Description of arm support:** Patient received a make and model mechanical/powered arm support today which is attached to their wheelchair/can be mounted to a table. It is used to support their right/left forearm. The device is designed to allow the user to eliminate the weight of their arm (zero gravity) which provides the ability to lift their arm to accomplish functional activities they cannot do without assistance.

**Testing:** The following tests were performed to provide both objective and subjective measurements of patient capabilities without and with the arm support.

**Range of Motion with Goniometer**

|  |  |
| --- | --- |
|  | **Active Range of Motion** (in Degrees) |
| **Movement** | **Without Arm Support** | **With Arm Support** |
| Shoulder flexion |  |  |
| Shoulder extension |  |  |
| Shoulder internal rotation |  |  |
| Shoulder external rotation |  |  |
| Shoulder abduction |  |  |
| Shoulder adduction |  |  |
| Elbow flexion |  |  |
| Elbow extension |  |  |

**BBT - Box and Blocks Test**

|  |  |  |
| --- | --- | --- |
|  | **Without Arm Support** | **With Arm Support** |
| Number of blocks moved from one side of the box to the other in 60 seconds |  |  |

**Examples of Patient Objectives:**

* Eating without assistance
* Drinking from a glass with straw
* Brushing teeth
* Combing hair
* Shaving
* Applying makeup
* Washing face
* Using hair dryer
* Using a cell phone
* Adjusting glasses
* Using light switch or thermostat
* Opening drawer or cabinet

 **FIM (Functional Independence Measurement) Score**

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

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 |  |  |

**Functional Checklist:**

User demonstrates ability to direct caregiver in correctly positioning their upper extremity in the arm trough.

User can direct caregiver in removing and replacing arm support on wheelchair mount or can do it without assistance.

User demonstrates understanding of use of arm support and can identify all functions on arm support controller (if equipped).

User understands objectives and how to complete them.

User can move throughout their environment without limitation from arm support.

**Recommendations**

xxx

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Therapist Name                                                             Date