DATE_____ START TIME_____ END TIME_____NAME_____

PAIN LEVEL_____(0-10) PAIN LOCATION_____

PAIN INTERVENTION PAIN MEDS GIVEN___DESIRES NO MEDS_____
NURSE CONTACTED___REPOSITIONED_____

WHAT BROUGHT YOU TO THE HOSPITAL _____

_____

WHAT IS YOUR GOAL WHILE YOU ARE IN THE
HOSPITAL_____

ARE YOU MARRIED OR SINGLE. WHO DO YOU LIVE WITH?_____

DO YOU HAVE A GOOD SUPPORT SYSTEM ?_____

HOMEMAKING RESPONSIBILITIES I DEP WHO HELPS_____

BILL PAYING I DEP WHO HELPS_____

MEDICATION MANAGEMENT I DEP WHO HELPS_____

MODE OF TRANSPORTATION _____

OCCUPATION- F/T P/T WHAT TYPE_____

IF YOU DON'T WORK ARE YOU ON DISABILITY? _____

ACL LEVEL _____

WHAT ARE SOME THINGS YOU DO FOR FUN? _____

HOW WELL DO YOU COPE WITH STRESS_____

HOW WELL DO YOU SPEAK UP FOR YOURSELF, SAY NO , AND ASK FOR WHAT

YOU NEED? _____

IS THERE ANYTHING ELSE WE NEED TO WORK ON WHILE YOU ARE HERE?

Eval

* Introduce Self + OT

EOB

ROM

Shd flex, ext, abd Int rot / ext rot sup/pro elbow

MMT

Shd flex, ext, add, abd, elbow, wrist

Finger opposition

Sensation

proprioception

Test legs if needed

Eat
Groom
Dress
Bath
Toilet

Live with?

House? Steps? Rails? Pets inside?

Med Equip?

PLOF

Hobbies

O + A x 4? Day? year? where are you? why here?

Goals?

EMIE Inc
Occupational Therapy
Phone 870.919.3141
Fax 870.930.9336

OCCUPATIONAL THERAPY EVALUATION

Name:
DOB:
Age:
Date:
Dx:
Evaluator:
PCP:

Background/History:

_____ is a _____ year _____ month old female who currently attends _____. She is being (evaluated/re-evaluated) this date to assess current level of functioning as to fine motor skill development, visual motor integration, and sensory processing skills to ascertain the need for occupational therapy services.

Medical history:_____
_____

ASSESSMENTS

Standardized Tests Administered:

Peabody Developmental Motor Scales (PDMS) is a comprehensive evaluation of fine motor skills. It is used to determine a child's level of development, skills not yet developed, and to aid in treatment planning. _____'s fine motor development was assessed through four skills including grasping, hand use, eye-hand coordination, and manual dexterity. _____ received a basal age level of _____ months and a ceiling age level of _____ months. Her score for fine motor age equivalency reflects _____ months, a _____ month delay. _____'s scores were compared to a _____ month normative group and are as follows:

Skill	Raw Score	Percentile	Standard Deviation
A. Grasping			
B. Hand Use			
C. Eye-Hand Coordination			
D. Manual Dexterity			
Total Score:			

Peabody Developmental Motor Scales – 2 (PDMS-2) - The PDMS-2 was designed to assess the motor skills in children from birth through 6 years of age. Two fine motor subtests were administered. The Grasping subtest measures a child's ability to use his or her hands. It begins with the ability to hold an object with one hand and progresses to actions involving the controlled use of the fingers of both hands. The Visual-Motor Integration subtest measures a childs ability to use his or her visual perceptual skills to perform complex eye-hand coordination tasks, such as reaching and grasping for an object, building with blocks, and copying designs. _____ scored an overall Z-score of _____ and overall percentile rank of _____.

Subtest	Raw Score	Age Equivalence	Percentile	Standard Score
Grasping				
Visual-Motor Integration				

Bruininks-Oseretsky Test of Motor Proficiency (BOMP) - The Bruninks-Oseretsky Test of Motor Proficiency (BOMP) is an individually administered test that assesses motor functioning of children 4 ½ to 14 ½ years of age. Each of the items is designed to assess an important aspect of motor development. The Fine Motor Composite provides an index of the ability to use the small muscles of the lower arm and hand effectively. Results are as follows:

Sub-Test	Point Score	Standard Score	Age-Equivalence
Upper-Limb Coordination			
Response Speed			
Visual-Motor Control			
Upper Extremity Speed and Dexterity			

Fine Motor Summary
Standard Score=
Percentile Rank=

Bruininks-Oseretsky Test of Motor Proficiency Second Edition (BOT-2)- The Bruninks-Oseretsky Test of Motor Proficiency Second Edition measures gross and fine motor skills of individuals from age 4 through 21.

- The Fine Motor Precision subtest consists of activities that require precise control of finger and hand movement. The object is to draw, fold, or cut within a specified boundary.
- The Fine Motor Integration subtest requires the examinee to reproduce drawings of various geometric shapes that range in complexity from a circle to overlapping pencils.
- The Manual Dexterity subtest uses goal directed activities that involve reaching, grasping, and bimanual coordination with small objects. Emphasis is placed on accuracy. However, the items are timed to more precisely differentiate levels of dexterity.
- The Upper Limb Coordination subtest consists of activities designed to measure visual tracking with coordinated arm and hand movement.
- The Bilateral Coordination subtest measures the motor skills involved in playing sports and many educational games. The tasks require body control, and sequential and simultaneous coordination of the upper and lower limbs.

Results are as follows:

Sub-Test	Point Score	Scaled Score	Z-Score	Age-Equivalence
Fine Motor Precision				
Fine Motor Integration				
Manual dexterity				
Upper Limb Coordination				
Bilateral Coordination				

Fine Motor Control:	Standard Score:	Z-Score:
Manual Coordination:	Standard Score:	Z-Score:

Developmental Test of Visual Motor Integration (VMI) - The Developmental Test of Visual Motor Integration (Beery VMI) is a developmental sequence of geometric forms to be copied with paper and pencil. The Beery VMI is designed to assess the extent to which individuals can integrate their visual and motor abilities. This test also has an optional visual component and a motor component to allow VMI results to be compared with these isolated skills. Results are as follows:

Section	Raw Score	Standard Score	Percentile	Age Equivalence
VMI				
Visual				
Motor				

Pediatric Evaluation Disability Inventory (PEDI) is a comprehensive clinical evaluation that samples key functional capabilities and performances in children ages 6 months to 7.5 years. The PEDI is primarily designed for the functional evaluation of young children, however it can also be used to evaluate older children whose functional capabilities fall below those expected of 7.5-year-old children with no disabilities. Results are as follows:

	Functional Skills – Self Care	Social Functioning	Caregiver Assistance
Raw Score			
Standard Score			
Standard Deviation			

Comments:_____

Short Sensory Profile Revised: Results are as follows:

Section	Section Raw Score Total	Typical Performance	Probable Difference	Definite Difference
Tactile Sensitivity				
Taste/Smell Sensitivity				
Movement Sensitivity				
Under responsiveness/ Seeks Sensation				
Auditory Filtering				
Low Energy/Weak				
Visual/Auditory Sensitivity				
Total				

Comments:_____

Modified Ashworth Scale:

0=No increase in muscle tone.
1=Slight increase in muscle tone, manifested by a catch and release or by minimal resistance at the end range of motion when the part is moved in flexion or extension, abduction or adduction, etc.
1+ =Slight increase in muscle tone, manifested by a catch, followed by minimal resistance throughout the remainder (less than half) of the ROM.
2=More marked increase in muscle tone through most of the ROM, but the affected part is easily moved.
3=Considerable increase in muscle tone, passive movement is difficult.
4=Affected part is rigid in flexion or extension (abduction or adduction, etc.)
_____ received a ____ when assessed with the Modified Ashworth Scale. This indicates *(description from above).*

CLINICAL OBSERVATION

Musculoskeletal:

Bilateral upper extremity AROM and PROM were noted to be within functional limits. Scapular (symmetry/asymmetry) was noted. Proximal stability appears to be (good/fair/poor) (with bilateral scapular winging). Upper extremity and trunk muscle tone is (normal, low end of normal range, flaccid, hypertonic). General upper extremity strength is (below average, average, age appropriate).

Functional Upper Extremity Use:

_____ is (right/left) hand dominant. (She exhibits emerging (R/L) hand dominance.) (She has not yet developed consistent hand dominance.) While writing, she uses a (tripod, modified tripod, quadropod, pronated, fisted, _____ grasp pattern. Grip strength appears to be (average/below average). She utilizes whole (hand/arm) movements due to poor (distal finger control/dynamic finger control) while (writing/coloring). She is able to snip with scissors, cut a sheet of paper in half, cut a 6" line, cut a circle, and cut a square. She is unable to snip with scissors, cut a sheet of paper in half, cut a 6" line, cut a circle, cut a square. _____ is able to catch a 3", 6", 10" ball from 5, 10 feet away.

Visual Motor Integration: (Preschool)

_____ is able to copy pre-writing figures including (directional strokes, a circle, cross, square, and diagonal lines). _____ is unable to copy pre-writing figures including (directional strokes, circle, cross, square, and diagonal lines). She writes her name with _____. (She is unable to write her name.) When asked to draw a person, she provides a sample consisting of _____ recognizable parts. _____ completes a (4, 6, 9, 12) piece interlocking puzzle independently. She is able to point to _____ body parts independently. She is able to recognize _____ shapes.

Visual Motor Integration: (School Age)

_____ is able to copy geometric figures including a (circle, cross, square, diamond, triangle, those with overlapping components). _____ is unable to copy geometric figures including a (circle, cross, square, diamond, triangle, those with overlapping components). She writes her name with _____. (She is unable to write her name.) When asked to write the alphabet, she provides a sample consisting of _____. (She has difficulty tracing/coloring within designated boundaries due to poor visual motor control.) _____ is able to draw a person consisting of _____ parts with (correct/incorrect) body scheme.

Sensorimotor:

Transferred (with/without) difficulty to and from her (classroom/therapy room). She (makes/does not make) appropriate eye contact with the therapist. Visual tracking skills are (age appropriate, difficult to assess due to _____). _____ participates in tactile, vestibular, and proprioceptive sensorimotor activities (with/without) behaviors that indicate difficulty in the area of sensory processing.

Attention to task is appropriate for age in a room relatively free of distractions.
_____ requires (occasional, frequent, constant) redirection to task in a room relatively free of distractions.

Activities of Daily Living

Skill	Proficiency				
UE Dressing	Independent	Max A	Mod A	Min A	Dependent
LE Dressing	Independent	Max A	Mod A	Min A	Dependent
Tying Shoe	Independent	Max A	Mod A	Min A	Dependent
Button 1"	Independent	Max A	Mod A	Min A	Dependent
Unbutton 1"	Independent	Max A	Mod A	Min A	Dependent
Button ½"	Independent	Max A	Mod A	Min A	Dependent
Unbutton ½"	Independent	Max A	Mod A	Min A	Dependent
Snaps	Independent	Max A	Mod A	Min A	Dependent
Zipper	Independent	Max A	Mod A	Min A	Dependent
Finger Foods	Independent	Max A	Mod A	Min A	Dependent
Use of eating utensils	Independent	Max A	Mod A	Min A	Dependent
Handwashing	Independent	Max A	Mod A	Min A	Dependent