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| --- | --- | --- | --- | --- | --- |
| **General Information** | **Patient Name or ID#:** | **Therapist:** | **Date:** | **GMFCS Level (circle):**  I II III IV V | **MACS Level (circle)**  I II III IV V |

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| --- | --- | --- |
| **Session Information** | **Session Duration** (total time in minutes) | **Units Billed** (15 minute increments): |
| **Session Type**: □ Individual □ Group □ Co-Tx **If Co-Tx**: □SLP □ PT □Other | | **Child Effort Rating:**  0-----1-----2-----3-----4-----5-----6 (see p. 2) |
| **Session Participants**: \_\_\_\_ # patients \_\_\_\_ # therapists \_\_\_\_ # family/caregiver | | **Pain** □ Y □ N If yes, list pain level number \_\_\_\_\_\_  **Pain Scale**- circle scale used: Faces FLACC Visual Analog (see p. 3) |
| **Setting:** ☐ Inpatient (acute med)☐ Inpatient (acute rehab) ☐ Inpatient (subacute rehab)  ☐ Outpatient ☐ Early Intervention ☐ School-based ☐ Day Tx Program ☐ Home-based  ☐ Day Care ☐ Residential Facility ☐ Other Community ☐Other | |
| **Factors influencing session**:  □ agitation/behavior □ disinterest □ fatigue □ low arousal  □ inattention □ emotional distress/crying □ medical □ environment |
| **Frequency**: \_\_\_\_\_\_ per week \_\_\_\_\_ per month \_\_\_\_\_ consultative (˂ 1 x month) | |

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| **OT FOCUS AREAS** | **MINS** | **INTERVENTION(S)** | | | | | | |
| Pre-Functional/Preparatory |  |  |  |  |  |  |  |  |
| Bathing |  |  |  |  |  |  |  |  |
| Toileting |  |  |  |  |  |  |  |  |
| Dressing |  |  |  |  |  |  |  |  |
| Grooming |  |  |  |  |  |  |  |  |
| Swallowing/Dysphagia |  |  |  |  |  |  |  |  |
| Self-Feeding |  |  |  |  |  |  |  |  |
| Transfers |  |  |  |  |  |  |  |  |
| Functional Mobility |  |  |  |  |  |  |  |  |
| Care of Personal Devices |  |  |  |  |  |  |  |  |
| Community Mobility, Driving |  |  |  |  |  |  |  |  |
| Shopping |  |  |  |  |  |  |  |  |
| Household Chores |  |  |  |  |  |  |  |  |
| Health Management/fitness |  |  |  |  |  |  |  |  |
| Meal Preparation |  |  |  |  |  |  |  |  |
| Money Management |  |  |  |  |  |  |  |  |
| Emergency Management |  |  |  |  |  |  |  |  |
| Caregiver Management |  |  |  |  |  |  |  |  |
| Communication Management |  |  |  |  |  |  |  |  |
| Rest & Sleep |  |  |  |  |  |  |  |  |
| Play |  |  |  |  |  |  |  |  |
| Leisure |  |  |  |  |  |  |  |  |
| Education/School |  |  |  |  |  |  |  |  |
| Social Participation |  |  |  |  |  |  |  |  |
| Work |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| **INTERVENTIONS** | | **INTERVENTIONS** | | **INTERVENTIONS** | |
| 1. | Assessment/Evaluation | 24. | Ergonomic Intervention | **Mobility Devices** | |
| 2. | Education/Training | **Modalities** | | 42. | Manual Wheelchair |
| 3. | Prescription | 25. | Electrotherapeutic  a-NMES b-TENS | 43. | Power Wheelchair |
| 4. | Fabrication | 44. | Walker |
| 5. | Fitting/Adjustment | 26. | Superficial Thermal  a-Heat b-Cold | 45. | Gait trainer |
| **Neuromuscular** | | 46. | Push Toy |
| 6. | Balance | 27. | Deep Thermal | 47. | Overhead Suspension |
| 7. | Postural Control | 28. | Biofeedback | 48. | Other Mobility |
| 8. | Reaching | **Integumentary** | | **Positioning Devices** | |
| 9. | Fine Motor/Dexterity | 29. | Pressure Relief | 49. | Static seating |
| 10. | UE Motor Control  a-CIMT b-Bimanual c-Other | 30. | Skin Check | 50. | Dynamic Seating |
| **Orthoses** | | 51. | Floor Positioning |
| 11. | Repetitive Task Practice | 31. | Static  a-Fingers b-Thumb c-Wrist  d-Elbow e-Shoulder | 52. | Stander |
| 12. | Facilitation/Handling | 53. | Other Positioning |
| 13. | Oral-Motor Facilitation | **Assistive Technology** | |
| **Musculoskeletal** | | 32. | Dynamic  a-Fingers b-Thumb c-Wrist  d-Elbow e-Shoulder | 54. | Computer Software |
| 14. | Strengthening | 55. | Computer Hardware |
| 15. | Stretching | 56. | Tablet/Mobile Device |
| 16. | Cardiopulmonary | 33. | Serial-Progressive  a-Fingers b-Thumb c-Wrist  d-Elbow | 57. | AAC Device |
| **Sensory-Perceptual** | | 58. | Switches |
| 17. | Visual  a-Perceptual b-Visual-Motor  c-Low vision/CVI d-Oculomotor | 59. | Adapted Toys/Games |
| 34. | Serial Casting  a-Fingers b-Thumb c-Wrist  d-Elbow | 60. | Pictures/schedules |
| **Adapted Equipment** | |
| 18. | Sensory-Processing  a-Registration b-Modulation  c-Discrimination d-Sensory Diet | 61. | Bathing/showering AE |
| 35. | Soft Splint/Neoprene  a-Fingers b-Thumb c-Wrist  d-Elbow | 62. | Toileting AE |
| 63. | Hoyer /Overhead Lift |
| **Cognitive-Behavioral** | | 64. | Other AE |
| 19. | Cognitive Training | 36. | Elbow Immobilizer | **Other AT/Devices** | |
| 20. | Behavior/Emotional Regulation | 37. | TLSO/Trunk Orthosis | 65. | Virtual Reality |
| **Compensatory/Environmental** | | 38. | Elastic Wraps/Suits | 66. | Video Gaming |
| 21. | Compensatory Strategies | 39. | Therapeutic Taping | 67. | Pet-Assisted Therapy |
| 22. | Environmental Modifications | 40. | Neuroprosthesis (FES) | **Modifiers** | |
| 23. | Energy Conservation | 41. | Robotics | AQ | Aquatic Therapy |

**TIPS for completing the OT form**

This form was designed to be inclusive of the possible activities and interventions that OTs could use. We are not suggesting, however, that a clinician should address all of these focus areas or use all of these interventions

**Focus Area**: Select each appropriate focus area and record the time spent on each area with the child in 5-minute increments. Please indicate the approximate time spent in each focus area and for each round the time into 5 minute increments. To determine the focus area, you will need to identify the primary intent of each activity. If the primary emphasis is on two focus areas, then split the time between the two areas.

**Interventions:** Then move to the list of **Interventions to the right** (numbered 01–67). Select all interventions that were performed to achieve the purpose of each selected focus area and write the code numbers of the interventions used within the boxes provided.

**GMFCS Level refers to the Gross Motor Function Classification System expanded and revised which is available at** [**www.canchild.ca**](http://www.canchild.ca)

**MACS level refers to the Manual Abilities Classification System** [**www.mac.nu**](http://www.mac.nu)

**Child Effort Rating** (adapted from Westcott-Mccoy and Linn 2010, Horn 2015): record an overall rating for “Child Effort” across the entire session by circling a number on the visual analogue scale: 0 = child’s behavior during the session(s) was not at all conducive to achieving the service objectives, to 6 = child’s behavior during the session(s) was exceptionally conducive to achieving the service objectives Choose the number that best fits your initial impression.

0= absence of effort

4=above average effort

5=very good effort

6=superior effort

1= minimal effort

2=below average effort

3=Average effort

This scale should reflect the normal distribution of the population, which means that a score of 0 or 6 is uncommon. Most people tend to fall into the categories of 2, 3, and 4 **where 3 would be average effort**. This is not a measure of the patient’s ability. **Choose the number** **that best** fits what you observed the patient DO- not whether s/he did his/her “best”. (Horn 2015)

**This form is adapted by the CPRN OT Workgroup (Claire Morress, Jennifer Dorich, Melissa Eagan, Theresa Golley)** **from**:

Effgen, S., Westcott McCoy, S., Chiarello, L., Jeffries, L., & Bush, H. Physical therapy–related child outcomes in school: An example of practice-based evidence methodology. Pediatr Phys Ther. 2016;28(1): 47–56.

Horn SD, Corrigan JD, Bogner J, Hammond FM, Seel RT, Smout RJ, Barrett RS, Dijkers MP, Whiteneck GG. Traumatic Brain Injury-Practice Based Evidence Study: Design and Patients, Centers, Treatments, and Outcomes. Arch Phys Med Rehabil. 2015 Aug;96(8 Suppl):S178–S196.e15.

Latham NK, Jette DU, Coster W, Richards L, Smout RJ, James RA, Gassaway J, Horn SD. Occupational therapy activities and intervention techniques for clients with stroke in six rehabilitation hospitals. Am J Occup Ther. 2006;60(4):369–378.

McCoy SW , Linn M 2010 Training Manual School - Physical Therapy Interventions for Pediatrics (S-PTIP) Data Form version 4.

FLACC Scale (Extracted from The FLACC: A behavioral scale for scoring postoperative pain in young children, by S Merkel and others, 1997, Pediatr Nurse 23(3), p. 293–297.

**Face, Legs, Activity, Cry, Consolability scale** or **FLACC scale** is a measurement used to assess [pain](https://en.wikipedia.org/wiki/Pain) for [children](https://en.wikipedia.org/wiki/Children) between the ages of 2 months and 7 years or individuals that are unable to communicate their pain. The scale is scored in a range of 0–10 with 0 representing no pain.

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| --- | --- | --- | --- |
| **Criteria** | **Score 0** | **Score 1** | **Score 2** |
| **Face** | No particular expression or smile | Occasional grimace or frown, withdrawn, uninterested | Frequent to constant quivering chin, clenched jaw |
| **Legs** | Normal position or relaxed | Uneasy, restless, tense | Kicking, or legs drawn up |
| **Activity** | Lying quietly, normal position, moves easily | Squirming, shifting, back and forth, tense | Arched, rigid or jerking |
| **Cry** | No cry (awake or asleep) | Moans or whimpers; occasional complaint | Crying steadily, screams or sobs, frequent complaints |
| **Consolability** | Content, relaxed | Reassured by occasional touching, hugging or being talked to, distractible | Difficult to console or comfort |



