

Central Lancashire Online Knowledge (CLoK)

Title	Development of the Occupational Therapy Stroke Arm and Hand Record: An Upper Limb Treatment Schedule
Type	Article
URL	https://clock.uclan.ac.uk/28250/
DOI	##doi##
Date	2014
Citation	Jarvis, Kathryn orcid iconORCID: 0000-0001-5963-7346, Reid, Gaynor, Edelstyn, Nicola and Hunter, Susan (2014) Development of the Occupational Therapy Stroke Arm and Hand Record: An Upper Limb Treatment Schedule. <i>British Journal of Occupational Therapy</i> , 77 (3). pp. 126-133. ISSN 0308-0226
Creators	Jarvis, Kathryn, Reid, Gaynor, Edelstyn, Nicola and Hunter, Susan

It is advisable to refer to the publisher's version if you intend to cite from the work. ##doi##

For information about Research at UCLan please go to <http://www.uclan.ac.uk/research/>

All outputs in CLoK are protected by Intellectual Property Rights law, including Copyright law. Copyright, IPR and Moral Rights for the works on this site are retained by the individual authors and/or other copyright owners. Terms and conditions for use of this material are defined in the <http://clock.uclan.ac.uk/policies/>

Occupational Therapy Stroke Arm & Hand Treatment Record (OT-STAR)

Name: _____ **NHS No.:** _____ **Date of Birth:** _____
Hand Dominance: right left both (please circle) **Date of Session:** _____
Therapist's Name: _____ **Duration of Session:** _____ **No. of Staff:** _____

Body Structure and Function

Postural set:

JOINTS/ BONES	<input type="checkbox"/> Re-alignment of joints & bones	<input type="checkbox"/> Compression	<input type="checkbox"/> Distraction
MUSCLE	<input type="checkbox"/> Cognitively reducing tone <input type="checkbox"/> Strengthening	<input type="checkbox"/> Mobilising muscles & soft tissue <input type="checkbox"/> Electrical stimulation	<input type="checkbox"/> Re-alignment of muscles
MOVEMENT	<input type="checkbox"/> Supporting/guiding/assisting an action <input type="checkbox"/> Facilitation of movement <input type="checkbox"/> Passive movements <input type="checkbox"/> Positioning of UL	<input type="checkbox"/> Stabilising aspect of UL to enable movement <input type="checkbox"/> Weight transfer in UL <input type="checkbox"/> Sensory in-put/priming	<input type="checkbox"/> Consideration of body to enable UL movement.
SENSORY	<input type="checkbox"/> Proprioception <input type="checkbox"/> Stereognosis interventions	<input type="checkbox"/> Temperature <input type="checkbox"/> Desensitisation techniques	<input type="checkbox"/> Touch & texture
COMBINED	<input type="checkbox"/> Massage <input type="checkbox"/> Retrograde massage/effleurage	<input type="checkbox"/> Weight-bearing	<input type="checkbox"/> Provision of orthoses. Give details:
OTHER	Please state:		

Activity

Postural set:

MOTOR & SENSORY COMPONENTS OF FUNCTION			
<input type="checkbox"/> Dexterity & fine motor skills	<input type="checkbox"/> Grasp & release	<input type="checkbox"/> Reach & grasp	<input type="checkbox"/> Push & pull
<input type="checkbox"/> Polishing	<input type="checkbox"/> Working to place UL in activity	<input type="checkbox"/> Remedial activities (motor)	<input type="checkbox"/> Hand-washing-exfoliation
<input type="checkbox"/> Bilateral interventions	<input type="checkbox"/> CIMT/mCIMT	<input type="checkbox"/> FES	<input type="checkbox"/> Mirror use
<input type="checkbox"/> Imagery/visualisation	<input type="checkbox"/> Mirror therapy	<input type="checkbox"/> Working on functional task components	<input type="checkbox"/> Other, state:
COGNITIVE COMPONENTS OF FUNCTION			
<input type="checkbox"/> Conceptualisation of goal	<input type="checkbox"/> Increasing attention to task	<input type="checkbox"/> Increasing attention to UL	<input type="checkbox"/> Remedial activities (cognition)
<input type="checkbox"/> Use of unaffected UL to gain feeling of movement	<input type="checkbox"/> Use of grading to moderate complexity of task	<input type="checkbox"/> Strategies to reinforce therapy	<input type="checkbox"/> Other, please state:

Participation (circle occupational performance area of focus below)

Self-care (PADL)	IADL	Work	Leisure	Education	Social participation
------------------	------	------	---------	-----------	----------------------

Work on a specific function, state which:

Support required: Supervision Verbal prompts Assistance Facilitation Independent

Activity undertaken: Bilaterally Unilaterally-left hand Unilaterally-right hand

Compensation for lost function	<input type="checkbox"/> Equipment provision (including practice of equipment) State equipment:
	<input type="checkbox"/> Teaching of alternative techniques, state techniques taught:
	<input type="checkbox"/> Adaptation, state adaptations made to environment:
	<input type="checkbox"/> Functional othoses, state which:

Other

Psychosocial	Details:	
Advice & education	verbal/written/pictorial	Details:
Homework & practice	verbal/written/pictorial	Details:

Key: (m)CIMT- (modified) constraint induced movement therapy FES-functional electrical stimulation UL-upper limb

