



## Article

# Development of the Occupational Therapy Stroke Arm and Hand Record: An Upper Limb Treatment Schedule

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# 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:

<b>JOINTS/ BONES</b>	<input type="checkbox"/> Re-alignment of joints & bones	<input type="checkbox"/> Compression	<input type="checkbox"/> Distraction
<b>MUSCLE</b>	<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
<b>MOVEMENT</b>	<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.
<b>SENSORY</b>	<input type="checkbox"/> Proprioception <input type="checkbox"/> Stereognosis interventions	<input type="checkbox"/> Temperature <input type="checkbox"/> Desensitisation techniques	<input type="checkbox"/> Touch & texture
<b>COMBINED</b>	<input type="checkbox"/> Massage <input type="checkbox"/> Retrograde massage/effleurage	<input type="checkbox"/> Weight-bearing	<input type="checkbox"/> Provision of orthoses. Give details:
<b>OTHER</b>	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
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### Work on a specific function, state which:

**Support required:**  Supervision  Verbal prompts  Assistance  Facilitation  Independent

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

<b>Compensation for lost function</b>	<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

<b>Psychosocial</b>	Details:	
<b>Advice &amp; education</b>	verbal/written/pictorial	Details:
<b>Homework &amp; practice</b>	verbal/written/pictorial	Details:

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

