DO NOT WRITE IN THIS BINDING MARGIN

Queensland Government

Princess Alexandra Hospital

Spinal Injuries Unit Spasticity Assessment Form

	(Affix identification label here)									
URN:										
Family name:										
Given name(s):										
Address:										
Date of birth:	Sex: M	□F								

Diagnosis:				•••••		• • • • • • • • • • • • • • • • • • • •
Relevant Medical History:						
Current Medications:						
dentified Problem Areas:	·····		<u></u>	<u></u>		
)						
			• • • • • • • • • • • • • • • • • • • •			
Current Function: (please comment on level of assistance req	guired, devi	ces and	l aids use	ed)		
I. Bed Mobility						
2. Transfers						
3. Mobility						
4. Self Care						
Canadian Occupational Performance Measure (COPM): P= Performance, S= Satisfaction, Score from 1 to 10	Initial S	Score	Review	v Score	Reviev	v Score
	Р	S	Р	S	Р	S
Goal 1						
Goal 2						
Goal 3						

Initial Assessment Date: Consultant:

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Queensland			(Affix identification label here)								
Government			URN:								
Princess Ale	exandra Ho	spital	Family name:								
Spinal I	njuries Un	i+	Given name(s):								
Spasticity A			Address:								
			Date of birth:	Date of birth: Sex: M F							
Initial Assessme	nt Continu	ed - Muscle	Power: (record	full numbers	only)						
Muscle			Let	it	Right						
Tardieu Scale & M	odified Ash	worth Scale	(MAS):								
			dieu Scale		MAS						
Muscle & Position	R2	R1 @ V3	R2-R1	X	1						
Pain Scale:	•	-		Comments	s:						
(comment of location											
0 1 2 3 4 No pain	5 6 7		l 0 imaginable								
Clinical Outcomes	Variable Sc	rale (COVS):									
Item	· variable oc	Score	Comments								
TICIII		00010	Comments								
Unner Limb Asses	rement co m	ar Occupatio	nal Thoroniot ro	commondoti	on (Hand Functional Assessment,						
Auspinal etc.):	oomem as pe	ei Occupatio	nai merapist re	Commendati	on (Hanu Functional Assessment,						
Initial Assessment	Completed	by:									
Signature			Print Name	·							
Designation			Date								

				(Δffiv ic	lentification	lahel here					
Queensland Government			(Affix identification label here) URN:								
Princess Alexandra Hosp		Family name:									
Spinal Injuries Unit Spasticity Assessment Form			n name(s):								
		Address:									
, , , , , , , , , , , , , , , , , , , ,		Date of birth: Sex: M F									
Management Plan: (complete follo				cord interve				onsible for			
task and when the task is to be com 1.	pleted by)										
2.											
3.											
4.											
5.											
Video/Photos taken (please circle)	Yes No	0	Saved at	:							
Injection Details:					ı		1	T			
Muscle	Substance			Units/Inj	Vol/Inj	# of Inj	Total units	Total Volume			
EMG/nerve conduction	Yes	No		Total Amo	unt Admir	nistered					
				Total Amo	unt Used						
Intrathecal Baclofen Trial Reco	rd:		1		1		T				
Date											
Dosage											
Comments											
Additional Comments:							•				
Initial Management Plan compl	eted by:										
Signature: Print Na	me:			Designation:			Date:				

Queens Governr	land				(Affix identification label here)								
WHITE CONTROL OF THE						URN:							
Princess Alexandra Hospital					Fami	Family name: Given name(s):							
Spinal Injuries Unit				Giver									
Spasticity Assessment Form						Address:							
		Date	of birth:			Sex:]м [] F					
Review Ass	essment 1 l	Date:					Review	v Assess	ment 2	Date:			
Muscle Pow	rer: (record fu	ıll number	rs only)						_				
Muscle		Le	ft		Riç	ght	L	_eft		Righ	nt		
Tardieu Sca	le & Modifie	d Ashw	orth Sc	ale	(MAS	:)•	<u> </u>						
1414104 004	Tardieu		01111 00	u.0	(MAS	Tardieu						
Muscle	R2	R1@V3	R2-R1	Х			R2	R1@V3	R2-R1	Х			
Pain:	Coore	Commo	nto				Coore	Commo	nto				
raiiii	Score	Comme	ะแร				Score	Comments					
Clinical Out	comes Vari	able Sca	le (COV	/S):									
Item	Score	Comme		٠,٠			Item	Score	Comm	ents			
				_									
	1	1						1	1				

Review Assessment 1 completed by: Signature: Print Name: Designation: Date: Review Assessment 2 completed by:

Designation:

Date:

Print Name:

Signature: