



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

Initial Assessment Date: **Consultant:**

Diagnosis:

Relevant Medical History:

Current Medications:

Identified Problem Areas:

- 1.....
- 2.....
- 3.....
- 4.....

Current Function: *(please comment on level of assistance required, devices and aids used)*

1. Bed Mobility
2. Transfers
3. Mobility
4. Self Care

Canadian Occupational Performance Measure (COPM):

P= Performance, S= Satisfaction, Score from 1 to 10

	Initial Score		Review Score		Review Score	
	P	S	P	S	P	S
Goal 1						
Goal 2						
Goal 3						

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V.1.0 11/2012



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URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F

Initial Assessment Continued - Muscle Power: *(record full numbers only)*

Muscle	Left	Right

Tardieu Scale & Modified Ashworth Scale (MAS):

Muscle & Position	Tardieu Scale				MAS
	R2	R1 @ V3	R2-R1	X	

Pain Scale:

(comment of location and frequency of pain and impact on function)

0 1 2 3 4 5 6 7 8 9 10
No pain *Worst pain imaginable*

Comments:

.....

Clinical Outcomes Variable Scale (COVS):

Item	Score	Comments

Upper Limb Assessment as per Occupational Therapist recommendation (Hand Functional Assessment, Auspinal etc.):

.....

Initial Assessment Completed by:

Signature Print Name

Designation Date

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URN:

Family name:

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Address:

Date of birth:

Sex: M F

Review Assessment 1 Date:

Review Assessment 2 Date:

Muscle Power: (record full numbers only)

Muscle	Left	Right	Left	Right

Tardieu Scale & Modified Ashworth Scale (MAS):

Muscle	Tardieu				MAS	Tardieu				MAS
	R2	R1@V3	R2-R1	X		R2	R1@V3	R2-R1	X	

Pain:	Score			Comments			Score	Comments		

Clinical Outcomes Variable Scale (COVS):

Item	Score	Comments	Item	Score	Comments

UL Assessment as per OT recommendation (Hand Functional Assessment, Auspinal etc.):

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Review Assessment 1 completed by:

Signature: _____ Print Name: _____ Designation: _____ Date: _____

Review Assessment 2 completed by:

Signature: _____ Print Name: _____ Designation: _____ Date: _____

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