

**PARTICIPANT / CLIENT DEMOGRAPHICS**

Name:

DOB:

Doctor:

Impairment:

Date of injury/diagnosis:

ASIA Level (if applicable):

Date of surgery:

**MEDICAL**

**Past Medical History**

Previous Fracture:

Autonomic Dysreflexia:  Controlled  Uncontrolled

Infections (UTIs etc.):

Pressure Sores (Current and Hx):

Bowel/Bladder:

Shortness of Breath:

Diabetes:

Alcohol / Smoking:

**Family History:**

**Allergies (i.e latex etc):**

**Current Medications:**



## PHYSICAL EXAMINATION

### Neurological/Joint

#### SENSATION

Normal  Absent  Impaired

Comments:

#### PENN SPASM FREQUENCY SCALE SCORE

##### PART 1: Spasm Frequency

0 = No spasm  1 = Mild spasm induced by stimulation  2 = Infrequent full spasms occurring less than once per hour  3 = Spasms occurring more than once per hour  4 = Spasms occurring more than 10 times per hour

##### PART 2: Spasm Severity

1 = Mild  2 = Moderate  3 = Severe

Comments:

#### CONTRACTURES

Yes  No

Location:

#### PAIN

Yes  No

Location:

### Function

Usual mode of locomotion:

Transfers:

Hand function (Ability to manage electrode placement):

Sitting balance:

## Passive Range of Motion

Upper Body <input type="checkbox"/> Sitting <input type="checkbox"/> Supine			Lower Body <input type="checkbox"/> Sitting <input type="checkbox"/> Supine		
	Right	Left		Right	Left
Shoulder Flexion	/180	/180	Hip Flexion	/135	/135
Shoulder Abduction	/180	/180	Knee Flexion	/135	/135
Elbow Flexion	/140	/140	Knee Extension	/-10	/-10
Elbow Extension	/10	/10	Ankle Dorsiflexion	/25	/25
Wrist Extension	/90	/90	Ankle Plantarflexion	/50	/50

## Manual Muscle Testing

Upper Body <input type="checkbox"/> Sitting <input type="checkbox"/> Supine			Lower Body <input type="checkbox"/> Sitting <input type="checkbox"/> Supine		
	Right	Left		Right	Left
Rhomboid/Lower Traps			Glutes		
Deltoid			Hip Flexors		
Shoulder flexors			Knee Extensors		
Elbow Flexors			Knee Flexors		
Elbow Extensors			Dorsiflexors		
Wrist Extensors			Plantarflexors		

## Girth Measurements

Upper Body			Lower Body		
	Value (nearest 0.1cm)			Value (nearest 0.1cm)	
	Right	Left		Right	Left
Upper arm (biceps/tricep)			Hip (Gluteal)		
Forearm			Thigh		
			Mid Thigh		
			Calf		

## RECOMMENDATIONS

**Signature of Assessor**

**Date**