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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	https://doi.org/10.4276/030802214X13941036266469
Date	2014
Citation	Jarvis, Kathryn, Reid, Gaynor, Edelstyn, Nicola and Hunter, Susan (2014) Development of the Occupational Therapy Stroke Arm and Hand Record: An Upper Limb Treatment Schedule. British Journal of Occupational Therapy, 77 (3). pp. 126-133. ISSN 0308-0226
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It is advisable to refer to the publisher's version if you intend to cite from the work.
<https://doi.org/10.4276/030802214X13941036266469>

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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:

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"/> CIMIT/mCIMIT	<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: <input type="checkbox"/> Supervision <input type="checkbox"/> Verbal prompts <input type="checkbox"/> Assistance <input type="checkbox"/> Facilitation <input type="checkbox"/> Independent Activity undertaken: <input type="checkbox"/> Bilaterally <input type="checkbox"/> Unilaterally-left hand <input type="checkbox"/> 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)CIMIT- (modified) constraint induced movement therapy FES-functional electrical stimulation UL-upper limb

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Self-care (PADL)	IADL	Work	Leisure	Education	Social participation
Work on a specific function, state which:					
Support required: <input type="checkbox"/> Supervision <input type="checkbox"/> Verbal prompts <input type="checkbox"/> Assistance <input type="checkbox"/> Facilitation <input type="checkbox"/> Independent					
Activity undertaken: <input type="checkbox"/> Bilaterally <input type="checkbox"/> Unilaterally-left hand <input type="checkbox"/> Unilaterally-right hand					
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Additional Comments:[illegible]