OCCUPATIONAL THERAPY EVALUATION FORM

Name : **D.O.B :**

Age : **Referred by:**

Sex : **Fathers Name:**

Diagnosis : **Mothers Name:**

Date of Assessment: **Address /phone/cell no:**

Grade :

Medical History :

On Observation:

Build :

Attitude of limb :

Any Visible deformities:

External Appliances :

Gait / Mobility Pattern:

On Examination:

Vision :

Hearing :

Speech :

Sensation:

i. **Superficial :**

ii. **Deep :**

iii. **Cortical :**

Reflex:

Cognitive Skills:

i. **Attention :**

ii. **Concentration :**

iii. **Orientation: (Person/place/time)**

iv. **Memory :**

v. **Comprehension :**

vi. **Problem solving :**

Perception Skills:

i. **Identification of Body Parts :**

ii. **Right Left Discrimination :**

iii. **Concepts: (Shape, size, colour, number)**

iv. **Visual perception :**

v. **Visual motor :**

Oral Motor Control:
On observation: (Eg. Drooling, mention other abnormalities if present)

Function of Parts:

i. **Tongue Movements :**
ii. **Lip Movements :**
iii. **Jaw Movements :**

Skills:

i. **Munching :**
ii. **Chewing :**
iii. **Biting :**
iv. **Sucking :**
v. **Swallow :**
vi. **Blowing :**

Reflex:

i. **Primitive :**

ii. **Gag :**
iii. **Bite :**
iv. **Tongue Thrust:**

Type of Food:

Position of Feeding:

Muscle tone:

Left ***Right***

Muscle Tone	Muscle Group	Muscle Tone
Shoulder		
	Flexion	
	Extension	
	Abduction	
	Adduction	
	Internal Rotation	
	External Rotation	
Elbow & Forearm		
	Flexion	
	Extension	
	Supination	
	Pronation	
Wrist		
	Flexion	
	Extension	
	Ulnar Deviation	
	Radial Deviation	
Finger		
	MCP Flexion	
	PIP Flexion	
	DIP Flexion	
	Abduction	
	Adduction	
Thumb		
	CMC Flexion	
	CMC Extension	
	MCP Flexion	
	IP Flexion	
	Abduction	
	Opposition	

0	**No increase in muscle tone**
1	**Slight increase in muscle tone, manifested by a catch and release or by minimal resistance at the end of the range of motion when the affected part(s) is moved in flexion or extension**
1+	**Slight increase in muscle tone, manifested by a catch, followed by minimal resistance throughout the remainder (less than half) of the ROM**
2	**More marked increase in muscle tone through most of the ROM, but affected part(s) easily moved**
3	**Considerable increase in muscle tone, passive movement difficult**
4	**Affected part(s) rigid in flexion or extension**

Deep Tendon Reflexes: ***Right*** ***Left***

Biceps		
Triceps		
Patellar		
Ankle		

T / C / D's:

Muscle Strength:

Left ***Right***

Muscle Strength	Muscle Group	Muscle Strength
Shoulder		
	Flexion	
	Extension	
	Abduction	
	Adduction	
	Internal Rotation	
	External Rotation	
Elbow & Forearm		
	Flexion	
	Extension	
	Supination	
	Pronation	
Wrist		
	Flexion	
	Extension	
	Ulnar Deviation	
	Radial Deviation	
Fingers		
	MCP Flexion	
	PIP Flexion	
	DIP Flexion	
	Abduction	
	Adduction	
Thumb		
	CMC Flexion	
	CMC Extension	
	MCP Flexion	
	IP Flexion	
	Abduction	
	Adduction	
	Opposition	

T/C/D's: (Mention the part)

Hand Function:

		Right	Left
Hand Dominance			
Reach	**Forward**		
	Backward		
	Sideward		
	Overhead		
Grasp – Prehensile	**Cylindrical**		
	Spherical		
	Hook		
Non Prehensile	**Pushing**		
	Pulling		
	Spanning		
Pinches	**Tip – Tip**		
	Pulp – Pulp		
	Tripod		
	Lateral		
In Hand Manipulation	**Finger to Palm Translation**		
	Palm to Finger Translation		
	Simple Rotation		
	Complex Rotation		
	Shift		
Release			

Key:
3 – Accompanied with ease.
2 – Accompanied with some difficulty without assistance.
1 – Accompanied with difficulty only with assistance.
0 – unable to perform.

Comments:

Range of Motion:

Left				*Right*
AROM	**PROM**	**Muscle Group**	**PROM**	**AROM**
Shoulder				
		Flexion 0- 180		
		Extension 0 – 60		
		Abduction 0 – 180		
		Adduction 0 - 45		
		Internal Rotation 0 – 70		
		External Rotation 0 – 90		
Elbow & Forearm				
		Flexion 0 – 150		
		Extension 150 – 0		
		Supination 0 -80		
		Pronation 0 – 80		
Wrist				
		Flexion 0 – 80		
		Extension 0 – 70		
		Ulnar Deviation 0 – 30		
		Radial Deviation 0 – 20		
Fingers				
		MCP Flexion 0 – 90		
		PIP Flexion 0 – 100		
		DIP Flexion 0 – 90		
		Abduction		
		Adduction		
Thumb				
		CMC Flexion 0 – 15		
		CMC Extension 0 – 20		
		MCP Flexion 0 -50		
		IP Flexion 0 – 80		
		Abduction cm		

Balance:

	Static	Dynamic
Sitting		
Standing		

Key:
Normal – Steady balance without support / do activities within all directions with maximum challenge.
Good – Balance without support / picks objects from floor with moderate challenge.
Fair – Balance with handhold / minimum challenge with head and trunk rotation.
Poor – Needs handhold with maximum assistance.

Comments:

Coordination:

Problems Identified:

Short Term Goal:

1.

2.

3.

4.

5.

Long Term Goal:

1.

2.

3.

4.

5.

Frames of Reference:

1.

2.

3.

Therapy Program:

Occupational Therapist:

Signature: