

Assessment Form Post Polio Syndrome and Late Effects of Polio

FULL NAME:		DATE OF BIRTH:
PHONE NUMBER:	CURRENT HOME ADDRESS:	
EMAIL ADDRESS:	THERAPIST:	
REFERRAL SOURCE:	CURRENT GP:	
NEXT OF KIN:	ACC/NHI NUMBER:	

PATIENT GOALS OF TODAY'S ASSESSMENT:	MAIN PROBLEMS PATIENT BELIEVES COULD BE ASSOCIATED WITH POLIO / LEOP OR PPS:
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Current Issues and/or Impairments

How many years of stability?	What has changed in recent years?
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PRESENTING CONCERNS:	
<input type="checkbox"/> New Weakness <input type="checkbox"/> Increased Falls <input type="checkbox"/> Fatigue <input type="checkbox"/> Functional Ability <input type="checkbox"/> Pain <input type="checkbox"/> Sleep	
<input type="checkbox"/> Breathing <input type="checkbox"/> Swallowing <input type="checkbox"/> Continence <input type="checkbox"/> Weight Changes	
PLEASE DESCRIBE FURTHER:	

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Current Functional Ability and Social History

Mobility and ADL's:



Current exercise regime:



Work and lifetime activity:



Family support and networks:



Other health professionals, alternative RX and noted benefits:

Difficulty breathing and/or swallowing? Any investigations?

Fatigue including sleep regime:



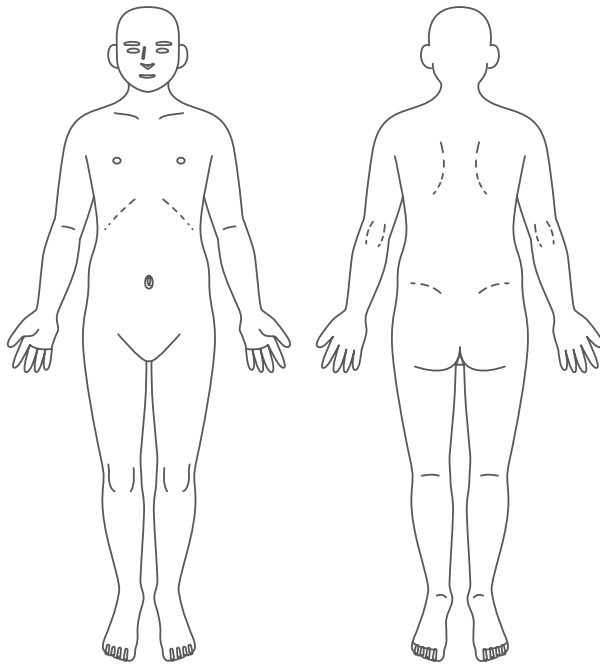
Falls history:



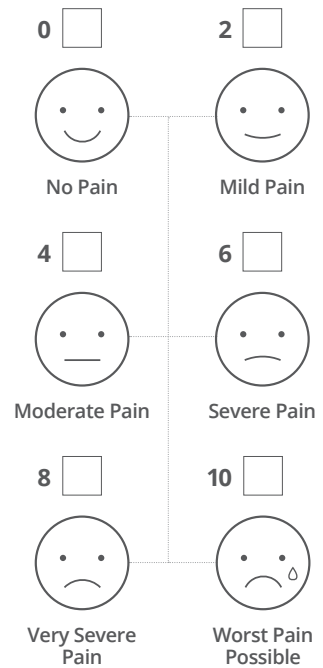
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Body Chart



Pain Chart



Observation? E.g. Pain, tone etc.	Intermittent or Constant?	Describe	Aggs	Eases	?/10

General Observation: • Atrophy • Trunk • Alignment • Joint Laxity

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Leg Length - Measure in Supine:

TRUE LEG LENGTH:
 (Greater Trochanter to Medial Malleolus)

Right: Left:

APPARENT LEG LENGTH:
 (Umbilicus to Medial Malleolus)

Right: Left:

Muscle Chart - Upper Limb

		RIGHT		LEFT		
UPPER LIMB		POWER /5 and ROM Comments		POWER /5 and ROM Comments		Fatigability - Joint Laxity repeated tests
Shoulder	Flexion	/5		/5		
	Extension	/5		/5		
	Abduction	/5		/5		
	Adduction	/5		/5		
	Int. Rotation add	/5		/5		
	Ext. Rotation add	/5		/5		
	Int. Rotation 90° abd	/5		/5		
	Ext. Rotation 90° abd	/5		/5		
Scapula	Elevation	/5		/5		
	Depression	/5		/5		
	Protraction	/5		/5		
	Retraction	/5		/5		
Elbow	Flexion	/5		/5		
	Extension	/5		/5		
Wrist	Supination	/5		/5		
	Pronation	/5		/5		
	Flexion	/5		/5		
	Extension	/5		/5		
	Ulnar Deviation	/5		/5		
	Radial Deviation	/5		/5		
Fingers	Flexion	/5		/5		
	Extension	/5		/5		
	Lumbricals	/5		/5		
Thumb	Flexion	/5		/5		
	Extension	/5		/5		
	Abduction	/5		/5		
	Adduction	/5		/5		
	Opposition	/5		/5		

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Muscle Chart - Lower Limb

		RIGHT		LEFT		
LOWER LIMB		POWER /5 and ROM Comments		POWER /5 and ROM Comments		Fatigability - Joint Laxity repeated tests
Hip	Flexion	/5		/5		
	Extension	/5		/5		
	Abduction	/5		/5		
	Adduction	/5		/5		
	Int. Rotation 0°	/5		/5		
	Ext. Rotation 0°	/5		/5		
	Int. Rotation 90° Flex.	/5		/5		
	Ext. Rotation 90° Flex.	/5		/5		
Knee	Flexion	/5		/5		
	Extension	/5		/5		
Ankle	Dorsiflexion	/5		/5		
	Plantarflexion	/5		/5		
	Inversion	/5		/5		
	Eversion	/5		/5		
Toes	Flexion	/5		/5		
	Extension	/5		/5		
	Lumbricals	/5		/5		
Trunk	Flexion	/5		/5		
	Extension	/5		/5		
	Lateral Flexion R	/5		/5		
	Lateral Flexion L	/5		/5		
Neck	Flexion	/5		/5		
	Extension	/5		/5		
	Side Flexion R/L	/5		/5		
	Rotation R/L	/5		/5		

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Functional Objective Assessment

Bed mobility:	Sitting and standing posture:
Transfers from sit to stand on and off floor:	Standing balance, stairs, dynamic balance:

Gait Assessment

	Swing Phase	Stance Phase
Trunk		
Hip		
Knee		
Ankle		

☐ Consent for Obtaining Media

Outcome Measures

Mini-Bestest:	6 or 2 Minute walk test:
Timed up & go (TUAG):	10 Metre walk test:
30 Second sit to stand:	Piper fatigue scale and SF-36:
Dynamometry:	Activity, balance and confidence scale:
Sensation – Light touch P and N Chart needed Y/N	Proprioception UL Thumb intact/impaired LL Big toe – intact/impaired

Patient:

Therapist:

Date:

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Rehabilitation Plan - In Summary

This is the part we do together as a tool for change not just an outcome measure but a plan to empower and increase awareness of own situation needs and goals. See the possibilities and also accept the responsibility.

What are the difficulties? E.g. impairments and resultant activity/ participation limitations.

What is it that you want to be able to do better?

PROVIDED EDUCATION / RESOURCES:

- ☐ Fatigue management ☐ Education on adapting the environment
☐ Education on exercise benefits/risks ☐ Exercise prescription provided

How can you implement these strategies?



What might you need to change about your environment?

About your pace?

What could you limit that would have a positive impact?



What do you think you could add that would help your overall wellbeing?

ONWARD REFERRALS - PLEASE TICK WHICH APPLIES:

- ☐ Lab Studies ☐ Imaging ☐ Electrodiagnostic Studies ☐ Pulmonary Function Studies
☐ PT ☐ Orthotics ☐ OT ☐ Sleep Studies ☐ Consultant ☐ Other

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TREATMENT:



ANALYSIS:



PLAN:

REVIEW:

Signed:

Therapist Name:

Date: