

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"/> Polishing <input type="checkbox"/> Bilateral interventions <input type="checkbox"/> Imagery/visualisation	<input type="checkbox"/> Grasp & release <input type="checkbox"/> Working to place UL in activity <input type="checkbox"/> CIMT/mCIMT <input type="checkbox"/> Mirror therapy
<input type="checkbox"/> Reach & grasp <input type="checkbox"/> Remedial activities (motor) <input type="checkbox"/> FES <input type="checkbox"/> Working on functional task components	<input type="checkbox"/> Push & pull <input type="checkbox"/> Hand-washing-exfoliation <input type="checkbox"/> Mirror use <input type="checkbox"/> Other, please state:
COGNITIVE COMPONENTS OF FUNCTION	
<input type="checkbox"/> Conceptualisation of goal <input type="checkbox"/> Use of unaffected UL to gain feeling of movement	<input type="checkbox"/> Increasing attention to task <input type="checkbox"/> Use of grading to moderate complexity of task
<input type="checkbox"/> Increasing attention to UL <input type="checkbox"/> Strategies to reinforce therapy	<input type="checkbox"/> Remedial activities (cognition) <input type="checkbox"/> Other, please state:

Participation (circle occupational performance area of focus below)

Self-care (PADL)	IADL	Work	Leisure	Education	Social participation
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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	Details:	
Psychosocial	Details:	
Advice & education	verbal/written/pictorial	Details:
Homework & practice	verbal/written/pictorial	Details:

