

CLIENTS NAME: _____ CHI NO: _____

Physiotherapy Assessment

Upper Limb dominance	R	L
ROM Shoulder		
Elbow		
Wrist		
Hand		
Grip: gross Precision		
Power		
Tone		
Sensation/Proprioception		
Co-ordination		
Appearance		

Lower Limb	R	L
ROM		
Power		
Tone		
Sensation/Proprioception		
Co-ordination		
Appearance		

THERAPISTS NAME: _____ SIGNATURE _____

CLIENTS NAME: _____ CHI NO: _____

Head/Trunk Alignment, tone, core stability

FUNCTION

Sitting

Standing

Balance sitting
standing

USS 1 min: feet together 1 min:

Tandem stand 30 secs: Timed 180 turn/no of steps:

Gait

Stairs

Physical Activity Level (Pre + post stroke)
(30 mins x 5 weekly)

Spasticity Management

UL

Botox - date and review
Splinting - Off the shelf/thermoplastic
- Adherence to mngmt

LL

Splinting - Adherence
- Review?

Trigger factors

Pain/discomfort

Bladder

Bowel

Skin Problems

Infection

Temperature/Emotional

General comments from assessment

Assessment date:

THERAPISTS NAME: _____ **SIGNATURE** _____