

# Occupational Therapy Evaluation

|                                                                                                                                                                                    |  |                  |  |                                  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------|--|----------------------------------|--|
| Patient's Last Name, First Name, MI                                                                                                                                                |  | Patient's        |  | DOB                              |  |
| <b>Reason for Referral:</b>                                                                                                                                                        |  |                  |  |                                  |  |
| <b>Procedures:</b>                                                                                                                                                                 |  |                  |  |                                  |  |
| Level of Assistance: Independent-I, Modified Independent-M, Hand By Assist-HBA, Supervision-S, Contact Guard Assist-CGA, Minimum-Min, Moderate-Moderate, Maximum-Max, Dependent-D. |  |                  |  |                                  |  |
| Activities of Daily Living (MDS G-1(a,b,c))                                                                                                                                        |  | Level of Assist. |  | Comments                         |  |
| Feeding                                                                                                                                                                            |  |                  |  |                                  |  |
| Dressing                                                                                                                                                                           |  |                  |  |                                  |  |
| Lb Bath                                                                                                                                                                            |  |                  |  |                                  |  |
| Lb Bath                                                                                                                                                                            |  |                  |  |                                  |  |
| Lb Grooming                                                                                                                                                                        |  |                  |  |                                  |  |
| Lb Toileting                                                                                                                                                                       |  |                  |  |                                  |  |
| Toileting/Eggs                                                                                                                                                                     |  |                  |  |                                  |  |
| Housekeeping Skills                                                                                                                                                                |  |                  |  |                                  |  |
| Functional Mobility (MDS G-1(a,b, f))                                                                                                                                              |  | Level of Assist. |  | Adaptive Equipment/Post Strategy |  |
| Rolling                                                                                                                                                                            |  |                  |  | Current Seating                  |  |
| Moving to Sit                                                                                                                                                                      |  |                  |  | W/C                              |  |
| Sit to Stand                                                                                                                                                                       |  |                  |  | Good Chair                       |  |
| Stand to Sit                                                                                                                                                                       |  |                  |  | Other                            |  |
| Stair                                                                                                                                                                              |  |                  |  | Supervisor?                      |  |
| Transfer                                                                                                                                                                           |  |                  |  | Further assistance               |  |
| Other                                                                                                                                                                              |  |                  |  | Other                            |  |
|                                                                                                                                                                                    |  |                  |  | Balance (MDS G-2)                |  |
|                                                                                                                                                                                    |  |                  |  | Stable                           |  |
|                                                                                                                                                                                    |  |                  |  | Dynamic                          |  |
|                                                                                                                                                                                    |  |                  |  | Sitting                          |  |
|                                                                                                                                                                                    |  |                  |  | Standing                         |  |
|                                                                                                                                                                                    |  |                  |  | Activity Tolerance               |  |

## ROM and Strength/Voluntary Movement (MDS G-4, A/B)

| Left                           |      |          |      |      | Body Part | Right                           |      |          |      |      |
|--------------------------------|------|----------|------|------|-----------|---------------------------------|------|----------|------|------|
| Coordination                   | Tone | Strength | AROM | PRDM | Upper     | Coordination                    | Tone | Strength | AROM | PRDM |
|                                |      |          |      |      | Shoulder  |                                 |      |          |      |      |
|                                |      |          |      |      | Elbow     |                                 |      |          |      |      |
|                                |      |          |      |      | Wrist     |                                 |      |          |      |      |
|                                |      |          |      |      | Hand      |                                 |      |          |      |      |
| Left Upper Extremity Comments: |      |          |      |      |           | Right Upper Extremity Comments: |      |          |      |      |

## Sensory Integration

Key: Intact, Impaired, Atypical, No/Not Tested

| Sensation      | L | R | Proprioception     | L | R |
|----------------|---|---|--------------------|---|---|
| Stimuli        |   |   | Visual Field       |   |   |
| Proprioception |   |   | Figure Ground      |   |   |
| Sharp/Dull     |   |   | Body Scheme        |   |   |
| Light Touch    |   |   | RT, Discrimination |   |   |
| Temperature    |   |   | RT, Prolonged      |   |   |
| Pain           |   |   |                    |   |   |

## Cognitive Function

| Orientation      | Place    | Time       |
|------------------|----------|------------|
| Follows Commands | One-Step | Multi-Step |
| Communication    | Verbal   | Non-verbal |
| Attention Span   |          |            |
| Judgment         |          |            |
| Memory           |          |            |
| Safety Awareness |          |            |
| Consciousness    |          |            |

## Assessment:

Therapist Signature/Typed/Initials

Physician's Name

Patient's Room #

# Occupational Therapy Hand Evaluation Template

**Xiaolong Qi**



## **Occupational Therapy Hand Evaluation Template:**

## Unveiling the Energy of Verbal Art: An Mental Sojourn through **Occupational Therapy Hand Evaluation Template**

In a global inundated with monitors and the cacophony of immediate transmission, the profound energy and emotional resonance of verbal beauty usually diminish into obscurity, eclipsed by the regular barrage of sound and distractions. Yet, situated within the musical pages of **Occupational Therapy Hand Evaluation Template**, a interesting function of literary brilliance that impulses with raw thoughts, lies an unforgettable trip waiting to be embarked upon. Published by a virtuoso wordsmith, that interesting opus instructions viewers on a mental odyssey, gently revealing the latent potential and profound impact stuck within the delicate internet of language. Within the heart-wrenching expanse of the evocative examination, we can embark upon an introspective exploration of the book is central styles, dissect its fascinating publishing model, and immerse ourselves in the indelible impact it leaves upon the depths of readers souls.

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