



National Health Care Programme CPUP Occupational therapists

Version 9, 2011-04-11
English version dated 2011-12-25

Personal ID Number (birth date, client number) _____

Surname _____ First name _____

County of residence (County, state) _____

Residential District _____

Dominant neurological symptom:

Spasticity Dyskinesia Ataxia Unclassified/mixed type

Assessment carried out by occupational therapist _____

Assessment date (year-month-day) _____

CLASSIFICATION OF HANDFUNCTION according to MACS I-V (Manual Ability Classification System)	Comment
I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/>	

FUNCTIONAL CLASSIFICATION according to HOUSE 0 - 8	Right	Left	Comment
	<input type="checkbox"/>	<input type="checkbox"/>	
DOMINANT HAND (preferred hand)	Right	Left	Both
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BIMANUAL ABILITY	Comment
Has bimanual ability	<input type="checkbox"/>
No bimanual ability, never uses the hands together	<input type="checkbox"/>

PASSIVE JOINT RANGE OF MOTION, Upper Limbs

Assessment of internal and external rotation of the shoulder performed in supine.

sitting

supine

Mark position for the other measurements

SHOULDER	Right	Tenseness present		Left	Tenseness present		Comment
		Yes	No		Yes	No	
		Abduction 180	___		<input type="checkbox"/>	<input type="checkbox"/>	
Flexion 180	___	<input type="checkbox"/>	<input type="checkbox"/>	___	<input type="checkbox"/>	<input type="checkbox"/>	
External rotation 90	___	<input type="checkbox"/>	<input type="checkbox"/>	___	<input type="checkbox"/>	<input type="checkbox"/>	
Internal rotation 80	___	<input type="checkbox"/>	<input type="checkbox"/>	___	<input type="checkbox"/>	<input type="checkbox"/>	

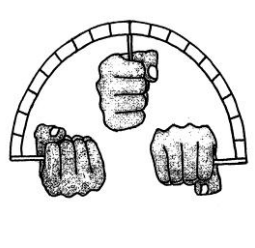
Showing signs of pain during examination Yes No

ELBOW	Right	Tenseness present		Left	Tenseness present		Comment
		Yes	No		Yes	No	
		Extension 0	___		<input type="checkbox"/>	<input type="checkbox"/>	
Flexion 150	___	<input type="checkbox"/>	<input type="checkbox"/>	___	<input type="checkbox"/>	<input type="checkbox"/>	

Showing signs of pain during examination Yes No

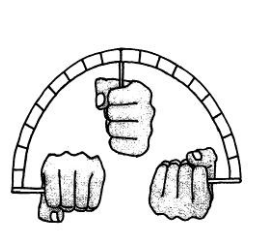
FOREARM	Right	Tenseness present		Left	Tenseness present		Comment
		Yes	No		Yes	No	
		Supination 90	___		<input type="checkbox"/>	<input type="checkbox"/>	
Pronation 90	___	<input type="checkbox"/>	<input type="checkbox"/>	___	<input type="checkbox"/>	<input type="checkbox"/>	

Right **0°**



90° **-90°**

Left **0°**



-90° **90°**

	Right	Left
Active supination	___	___
No active supination	<input type="checkbox"/>	<input type="checkbox"/>

Showing signs of pain during examination Yes No

WRIST	Right	Tenseness present		Left	Tenseness present		Comment
		Yes	No		Yes	No	
Extension 70	—	<input type="checkbox"/>	<input type="checkbox"/>	—	<input type="checkbox"/>	<input type="checkbox"/>	
Extension, extended fingers	—	<input type="checkbox"/>	<input type="checkbox"/>	—	<input type="checkbox"/>	<input type="checkbox"/>	
Flexion 80	—	<input type="checkbox"/>	<input type="checkbox"/>	—	<input type="checkbox"/>	<input type="checkbox"/>	
Ulnar deviation 30	—	<input type="checkbox"/>	<input type="checkbox"/>	—	<input type="checkbox"/>	<input type="checkbox"/>	
Radial deviation 20	—	<input type="checkbox"/>	<input type="checkbox"/>	—	<input type="checkbox"/>	<input type="checkbox"/>	

Showing signs of pain during examination Yes No

THUMB	Right	Tenseness present		Left	Tenseness present		Comment
		Yes	No		Yes	No	
Volar abduction	—	<input type="checkbox"/>	<input type="checkbox"/>	—	<input type="checkbox"/>	<input type="checkbox"/>	

THUMB POSITION	Right	Left	Comment
No thumb-in-palm	<input type="checkbox"/>	<input type="checkbox"/>	
Classification of thumb-in-palm according to House Type I-IV	—	—	

SIMULTANEOUS WRIST- AND FINGER EXTENSION	Right	Left	Comment
	According to Zancolli group 1, 2A, 2B or 3	—	
Can actively extend the fingers with the wrist extended 20° or more	<input type="checkbox"/>	<input type="checkbox"/>	
Wrist or finger extension could not be assessed according to Zancolli	<input type="checkbox"/>	<input type="checkbox"/>	

OCCUPATIONAL THERAPY interventions towards hand function since the last assessment or during the last year if this is the first CPUP assessment

	Yes	No	
Therapy combined with Botulinum toxin or hand surgery	<input type="checkbox"/>	<input type="checkbox"/>	
Hand training	<input type="checkbox"/>	<input type="checkbox"/>	
Guidance	<input type="checkbox"/>	<input type="checkbox"/>	
CI-therapy (constraint induced therapy)	<input type="checkbox"/>	<input type="checkbox"/>	
NIT (Network-based intensive training)	<input type="checkbox"/>	<input type="checkbox"/>	
Group activity	<input type="checkbox"/>	<input type="checkbox"/>	
Alternative treatment affecting hand function,	<input type="checkbox"/>	<input type="checkbox"/>	please specify.....
Are there any goals for hand function?	<input type="checkbox"/>	<input type="checkbox"/>	
Are the goals concerning hand function attained?	<input type="checkbox"/>	<input type="checkbox"/>	Partially <input type="checkbox"/>

Comments:.....

ASSISTIVE DEVICES to improve hand function

	Yes	No	
Assistive devices or adaptations to improve hand function?	<input type="checkbox"/>	<input type="checkbox"/>	which (see manual).....

ORTHOSES

Orthoses are not used

Mark for which joints/body parts the orthosis is used and if the purpose is to affect hand function (function) or range of motion (ROM):

	Function			ROM	
	Right	Left		Right	Left
Elbow	<input type="checkbox"/>	<input type="checkbox"/>	Elbow	<input type="checkbox"/>	<input type="checkbox"/>
Forearm	<input type="checkbox"/>	<input type="checkbox"/>	Forearm	<input type="checkbox"/>	<input type="checkbox"/>
Wrist	<input type="checkbox"/>	<input type="checkbox"/>	Wrist	<input type="checkbox"/>	<input type="checkbox"/>
Thumb	<input type="checkbox"/>	<input type="checkbox"/>	Thumb	<input type="checkbox"/>	<input type="checkbox"/>
Fingers	<input type="checkbox"/>	<input type="checkbox"/>	Fingers	<input type="checkbox"/>	<input type="checkbox"/>

Time worn, to maintain ROM ≥ 6 hours/day < 6 hours/day

Comment:

Since the last assessment:

Has had hand/arm surgery?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	What surgery?	Date
		
		
Has received Botulinum toxin injections in the upper limbs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Which muscles?	Date
		
		

Medical treatment to reduce spasticity (such as Baclofen)? **Yes** **No**

PEDI (Pediatric Evaluation of Disability Inventory)

The results from the last PEDI assessment can be registered according to local agreements.

AHA (Assisting Hand Assessment)

If AHA has been performed since the last CPUP assessment the results can be registered here. Total score and scale points are recorded.