

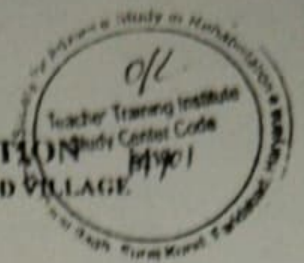
PRACTICAL

WORK

CASE - 1



**SOCIETY FOR ADVANCE STUDY IN REHABILITATION**  
 BAL KALYAN BHAWAN A-40B, DAYAL BAGH SURAJKUND CHARMWOOD VILLAGE  
 FARIDABAD, HARYANA 121009



**CLIENT RECORD**

NAME	Nistha		Affix photograph
School Regn./Roll Number	Age	15 years	
Date Of Birth	Gender	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	
Home language(s)/ Religion	Hindi		
Residential Address	Red cross		
Is the child living with his/her parents?	Yes/ No <input checked="" type="checkbox"/> Yes		
Chief Complaints	Problem in walking and daily life activities		

**CHILD'S EDUCATIONAL BACKGROUND**

Please list the child's educational history, including past and current schools, in the table below.

(Normal School / Special/ Integrated/ Inclusive)

NAMES OF SCHOOL ATTENDED	YEAR ATTENDED		Present Class
	FROM	To	
M.O.R.C.S	2019	-	Secondary

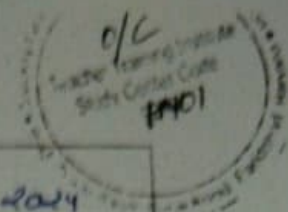
Scholastic backwardness \_\_\_\_\_

History of aids and appliances used (if any): wheel chair

**MEDICAL AND ALLIED HEALTH PROFESSIONALS' INVOLVEMENT**

List the involvement by medical and/or allied health professionals, both in the past and present.

PROFESSIONAL	ORGANISATION	FREQUENCY OF SERVICE Please state per week/month/year	Start date	End date
Psychologist				
Medical doctor				
Psychiatrist				



Speech and language therapist	Allep Sio	weekly	2022	2024
Physiotherapist	Neha	weekly	2022	2024
Occupational therapist	Neha	weekly	2022	2024
Others (Home Based Therapists Audiologists, Music Therapists )	-	-	-	-

**FAMILY'S INFORMATION**

FATHER'S NAME	Rinke	FATHER'S AGE	40 Years
Occupation		Marital Status	<input type="radio"/> Single <input type="radio"/> Separated <input type="radio"/> Widowed <input checked="" type="radio"/> Married <input type="radio"/> Divorced

MOTHER'S NAME	Rama	MOTHER'S AGE	35 Years
Occupation		Marital Status	<input type="radio"/> Single <input type="radio"/> Separated <input type="radio"/> Widowed <input checked="" type="radio"/> Married <input type="radio"/> Divorced

**Home Environment**

Accommodation: Yes No. Of Rooms 3 Ownership: Self

Attitude of the neighbor: Positive

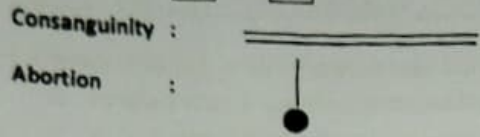
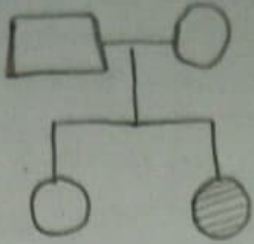
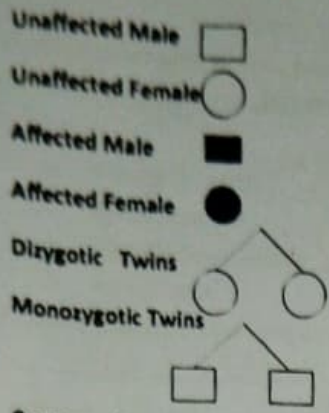
Family dynamics, ways, of coping & problem-solving capacities: Supportive

Health of the family members: Good

Socio economic status of the family Good



PEDIGREE CHART



DEVELOPMENTAL HISTORY

Mile Stones	Normal Age Range	Age At Which Attained
Smiles at Others	(1-4 MONTHS)	Normal
Head Controls	(2-4 MONTHS)	Delay
Sitting	(5-10 MONTHS)	Delay
Walking	(9-14 MONTHS)	Delay
First Word	(7-12 MONTHS)	Normal
Two Words Phrases	(16-30 MONTHS)	Delay
Toilet Control	(3-4 YEARS)	Normal.

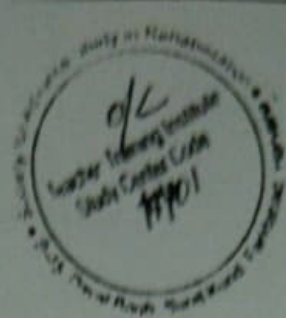
Does the client has any seizure: YES/ NO  
 If yes, then whether on medication: YES / NO

REASON FOR THE CONDITION OF THE CLIENT AS PERCEIVED BY THE INFORMANT

Unknown.

EXPECTATION

Providing vocational training to student will enable her to work skillfully with technology.



## NEEDS INVENTORY

For all items, check the most appropriate option(s) that best describe the child's functioning based on your observations of the child across settings and over time.

### 1. Sensory

- Hearing Concerns
- Vision Concerns
- Others; please specify poor speech
- No concerns

Please elaborate on the sensory concerns and support strategies that have helped the child, if any:

Her speech is poor so we can give her mouth exercise, etc.

### 2. Literacy Skills (e.g. knowing letter names and sounds, reading, spelling, reading comprehension)

- Attained at least age-appropriate reading and writing skills compared to same-age peers.
- Able to read and write basic sight words and simple sentences.
- Able to read and write some basic sight words.
- Knows most/all of the letters of the Alphabet
- Very limited or no literacy skills

Please elaborate on student's literacy skills and support strategies that have helped the child:

very limited or no literacy skills.

### 3. Numeracy Skills (e.g. counting forward and backward, basic addition and subtraction)

- Higher than average level of numeracy skills compared to same-age peers
- Attained age-appropriate level of numeracy skills compared to same-age peers
- Knows simple computations (e.g. addition/subtraction) and Math concepts
- Able to count and recognise numbers up to 20
- Very limited or no numeracy skills

Please elaborate on student's numeracy skills and support strategies that have helped the child:

She attained age-appropriate level of numeracy skills compared to same-age peers.

### 4. Self-help Skills

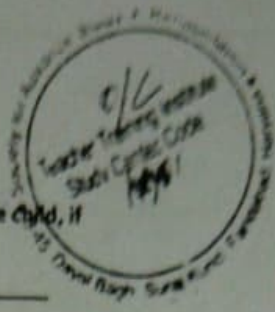
- Recognizes when a problem exists and tries to solve it
- Seeks help appropriately from others when necessary
- Locates and cares for personal belongings
- Avoids dangers and responds to warning words

Please elaborate on student's self-help skills and support strategies that have helped the child:

Seeks help appropriately from others when necessary.

### 5. Toileting

- Fully independent
- Supervision required
- Assistance required



Please elaborate on student's toileting skills and support that have helped the child, if any:

Assistance required

6. Dressing

- Fully independent
- Verbal reminders and/or guidance required
- Periodic or partial assistance required
- Fully dependent

Please elaborate on student's dressing skills and support that have helped the child, if any:

Fully dependent.

7. Feeding

- Independent (with hands)
- Independent (with utensils)
- Verbal reminders and/or guidance required
- Learning to eat; guidance and monitoring needed
- Frequent supervision needed to ensure physical safety
- Needs to be fed

Please elaborate on student's feeding skills and support that have helped the child, if any:

Learning to eat; guidance and monitoring needed.

Any other comments:

8. Work readiness (work attitude, work habits, interpersonal and communication skills, selfmanagement)

- Low level of work support needed
- Moderate level of work support needed
- High level of work support needed

Please describe the type of support required by the student.

Moderate level of work support needed.

Communication Skills

Her communication skills are poor.

Socialization Skills

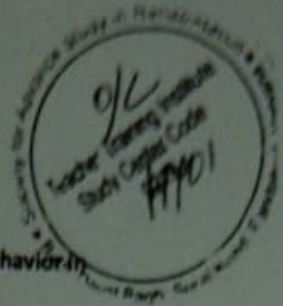
Her socialization skills are poor.

Vocational Skills

Her vocational skills are poor.

Functional Skills

Her functional skills are poor.



### BEHAVIOURS IN THE SCHOOL/CLASSROOM CONTEXTS

In this section, the teacher-trainee should report his / her observations of the child's behavior in group.  
Learning contexts. When describing specific behaviors, you must elaborate on how often these behaviors occur and the extent to which they impact the child's ability to function in a group learning setting.

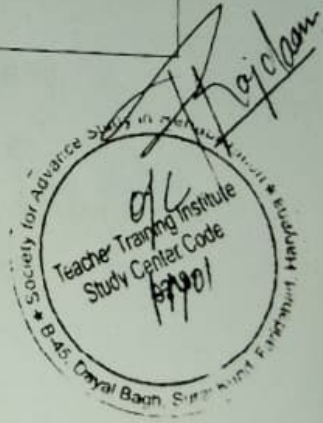
1. What is the teacher-student ratio in the current class? <u>1:4</u>
2. What are the child's strengths and interests?  <i>She likes to draw.</i>
3. Describe the child's behaviour in class on a regular school day. Is the child able to get along with his peers? (e.g. ability to play with his friends, work cooperatively in groups). Please elaborate and provide specific examples.  <i>Doesn't make friends and can't play with them.</i>
Does the child present with any maladaptive behaviours in school/classroom? If yes, please give specific examples and the frequency of occurrence.  <i>Yes, Self injurious behaviour.</i>

*Shinangi*

(Signature of Trainee)

(Signature of Class Teacher)

(Signature of Supervisor)



# PHYSIOTHERAPY ASSESSMENT FORMAT

## I. Subjective Assessment

Name: *Nistua* Age: *15 years* Gender: *M/F* IP/OP

Occupation: *student* Handedness: *R/L* Referred by:

Address: *Red cross*

Chief Complaints: *difficulty in walking and fine motor skills, dressing.*

Past Medical History: *diagnosed with spasticity.*

Personal History:

Family History:

Socioeconomic History: *Middle class family.*

Symptoms History:

Side: *left*

Site: *leg*

Onset: *3 years.*

Duration: *life long*

Type: *spasticity.*

Severity: *Moderate.*

Aggravating Factors: *pain, difficulty in mobility.*

Relieving Factors: *Exercises, massages.*

Vital Signs:

Temperature:		Heart Rate:	
Blood Pressure:		Respiratory Rate:	

## II. Objective Examination

### a) ON OBSERVATION:

Attitude of limbs: Left leg is slightly routed.  
Built: Slightly under-developed.  
Posture: Spastic.  
Gait: Short step and stride length.  
Pattern of Movement: Limited, smooth and coordinated.  
Mode of Ventilation: Normal, slightly shallow.  
Type/ Pattern of Respiration: Regular.  
Oedema: None.  
Muscle Wasting: Mild in lower limbs.  
Pressure Sores: None.  
Deformity: Mild equinus deformity.  
Wounds: None.  
External Appliances: None.

### b) ON PALPATION

Warmth: Normal.  
Tenderness: Mild tenderness in lower limb muscle.  
Tone: Reduced muscle tone on left side.  
Swelling: None.

### c) ON EXAMINATION

#### HIGHER MENTAL FUNCTIONS

Level of Consciousness: Alert.

Orientation:

Person: Aware of own name.

Place: Aware of home.

Time: Aware of day and night.

Memory:

Immediate: Intact  
Recent: Intact  
Remote: Good  
Verbal: Good  
Visual: Good

Communication: Delayed.

Cognition:

Fund of Knowledge: Age appropriate.

Calculation: Basic Knowledge.

Proverb Interpretation: Age appropriate.

Attention: Ability to focus with minor issues.

Emotional Status: Good.

Perception: Appropriate.

Body Scheme/ Body Imaging: Normal

Agnosias/ Apraxias: None

Special Senses: None.

Cranial Nerves:

Nerves	Comments	Nerves	Comments
I - Olfactory	Intact	VII - Facial	Mild asymmetry
II - Optic	"	VIII - VestibuloCochlear	Normal
III - Oculomotor	Slight	IX - Glossopharyngeal	"
IV - Trochlear	Normal	X - Vagus	"
V - Trigeminal	"	XI - Accessory	"
VI - Abducent	"	XII - Hypoglossal	"

**SENSORY SYSTEM:**

Location	Upper Extremity		Lower Extremity		Trunk		Comments
	Rt.	Lt.	Rt.	Lt.	Rt.	Lt.	
<b>Superficial</b>							
Pain	Intact	Intact	Intact	Intact	Intact	Intact	
Temperature	"	"	"	"	"	"	
Touch	"	"	"	"	"	"	
Pressure	"	"	"	"	"	"	
<b>Deep</b>							
Mov. Sense	Intact	"	"	"	"	"	
Pos. Sense	"	"	"	"	"	"	
Vibration	"	"	"	"	"	"	
<b>Cortical</b>							
Tactile Localization	"	"	"	"	"	"	
2 pt. discrimination	Normal	Non.	Non.	Non.	Non.	Non.	
Stereognosis	"	"	"	"	"	"	
Barognosis	"	"	"	"	"	Improved	
Graphesthesia	"	"	"	"	"	"	
Texture Recognition	"	"	"	"	"	"	
Double Simultaneous Stimulation	"	"	"	"	"	"	

**MOTOR SYSTEM:**

Muscle Girth:

Area	Rt.(cm.)	Lt.(cm.)
Arm	28 cm	26 cm
Forearm	24 cm	22 cm
Thigh	40 cm	38 cm
Calf	32 cm	30 cm

Voluntary Control:

Side	Rt.	Lt.
Upper Limb	4/5	3/5
Lower Limb	4/5	3/5

Range of Motion:

Joint	Side	Movement	Limitation	Limiting factor
Shoulder	RT	Flexion, Abduction	Limited flexion and abduction	Spasticity, muscle contracture
	LT	"	"	"
Elbow	RT	Flexion, Extension	Partial extension loss	Increased tone.
	LT	"	"	"
Forearm	RT	Pronation, Supination	Limited supination	Muscle imbalance
	LT	"	"	"
Wrist	RT	Flexion, Extension	Limited extension	Spasticity
	LT	"	"	"
Hand & Fingers	RT	Grip, finger movement.	Decreased fine motor control	"
	LT	"	"	"
Hip	RT	Flexion, Abduction	Limited	"
	LT	"	"	"
Knee	RT	Flexion, extension	"	"
	LT	"	"	"
Ankle & foot	RT	Dorsiflexion, Plantar flexion	"	"
	LT	"	"	"

Cervical Spine	RT	Flexion	<del>None</del>	Muscle Stiffness
	LT	extension	Limited	
Thoracic Spine	RT	"	"	"
	LT	"	"	
Lumbar Spine	RT	"	"	"
	LT	"	"	

#### Limb Length

Side	Rt.(cm.)	Lt.(cm.)
True	56 cm	54 cm
Apparent	55 cm	53 cm

Muscle Tone:

Muscles	Rt.	Lt.
Shoulder		
Flexors	4	3
Extensors	4	3
Abductors	3	3
Adductors	4	3
External Rotators	3	2
Internal Rotators	4	3
Elbow		
Flexors	3	2
Extensors	3	2
Forearm		
Pronators	4	2
Supinators	4	2
Wrist		
Flexors	3	3
Extensors	3	2
Radial Deviators	3	2
Ulnar Deviators	3	3
Hand		
Intrinsics	3	3
Extrinsics	3	3

Muscles	Rt.	Lt.
Hip		
Flexors	4	3
Extensors	4	2
Abductors	4	3
Adductors	4	2
External Rotators	4	2
Internal Rotators	4	2
Knee		
Flexors	3	2
Extensors	4	3
Ankle		
Dorsiflexors	4	2
Plantarflexors	4	3
Foot		
Invertors	4	2
Evertors	4	3
Intrinsics	4	2
Extrinsics	4	3

Muscle Power:

Muscles	Rt.	Lt.
Shoulder		
Flexors	3	3
Extensors	2	2
Abductors	3	3
Adductors	4	4
External Rotators	2	2
Internal Rotators	3	3
Elbow		
Flexors	3	3
Extensors	2	2
Forearm		
Pronators	3	3
Supinators	2	2
Wrist		
Flexors	3	3
Extensors	2	2
Radial Deviators	2	2
Ulnar Deviators	2	2
Hand		
Intrinsics	1	1
Extrinsics	2	2

Muscles	Rt.	Lt.
Hip		
Flexors	3	3
Extensors	2	2
Abductors	2	2
Adductors	3	3
External Rotators	2	2
Internal Rotators	3	3
Knee		
Flexors	3	3
Extensors	2	2
Ankle		
Dorsiflexors	2	2
Plantarflexors	3	3
Foot		
Invertors	2	2
Evertors	2	2
Intrinsics	1	1
Extrinsics	2	2

Trunk Flexors	3	2
Trunk Extensors	2	2
Trunk Side Flexors	2	2
Trunk Rotators	2	2

Reflexes:

	Reflex	Left	Right
Superficial	Abdominal	diminished	diminished
	Plantar	Extensor	Extensor
Deep	Biceps	+2	+2
	Brachioradialis	+2	+2
	Triceps	+2	+2
	Knee	+3	+3 (Brisk)
	Ankle	+3	+3

- Pathological: (i) Babinski sign positive bilaterally.  
 (ii) Possible presence of clonus at ankles.

Coordination:

Non Equilibrium Tests	Rt.	Lt.
Finger to nose	less	AN
Finger opposition	less	"
Mass Grasp	delayed	"
Pronation/Supination	slow	"
Rebound test	Abnorm.	"
Tapping (Hand)	less	"
Tapping (Foot)	less	"
Heel to knee	less	"
Drawing a circle (Hand)	"	"
Drawing a circle (Foot)	"	"

Equilibrium tests	Grade
Standing: Normal Posture	C
Standing: Normal Posture with vision occluded	C
Standing: Feet together	C
Standing on one foot	C
Standing: Lateral trunk flexion	B
Tandem walking	C
Walk: Sideways	C
Walk: Backward	C
Walk in a circle	C
Walk on heels	C
Walk on toes	B

Involuntary Movements: Mild choreoathroside movement.

Balance:

Sitting: Fair balance with support.

Standing: delayed

Balance Reactions: delayed.

Posture:

Lying: Normal

Sitting: Normal

Standing: Not balanced.

Gait

Step Length: step length are short.

Stride Length: short length.

Base width: low width.

Cadence: low.

Biomechanical Deviations: Equinus and gait.

Hand Functions:

Reaching: Limited range.

Grasping: Mild difficulty.

Releasing: delayed.

Assisstive Devices:

None.

### III. Systems Review:

#### INTEGUMENTARY SYSTEM:

Skin Status: *Intact*

Pressure Sores: *None.*

#### RESPIRATORY SYSTEM:

RS Status: *Normal.*

Secretions: *None.*

Pattern of breathing: *Regular.*

Chest wall/Thoracic spine deformity: *Mild.*

#### CARDIOVASCULAR SYSTEM

CVS Status: *Normal.*

Deep Vein Thrombosis: *None.*

#### MUSCULOSKELETAL SYSTEM

Contractures: *Mild.*

Subluxations: *None.*

Joint mobility: *Reduced in lower limbs.*

Other pathology: *Equinus deformity.*

#### BLADDER & BOWEL FUNCTIONS

Incontinence: *Occasionally urinary uncontrolled.*

#### GASTROINTESTINAL SYSTEM

Status: *Normal, constipation sometimes.*

#### AUTONOMIC SYSTEM

Vasomotor: *Normal.*

Pseudomotor: *None*

Trophic Changes: *None.*

Postural Hypotension: *Absent*

Reflex Sympathetic Dystrophy: *No sign.*

#### IV. Functional Assessment: (The Functional Independence Measure)

Evaluation 1: Selfcare - Assistance required.

Item 1. Food - Assistance required.

Item 2. Care of appearance - "

Item 3. Hygiene - "

Item 4. Dressing upper body - "

Item 5. Dressing lower body - "

Evaluation 2: Sphincter control - Assistance Required

Item 6. Control of bladder - "

Item 7. Control of bowel movements - "

Evaluation 3: Mobility - Assistance Required.

Item 8. Bed, chair, wheel chair - "

Item 9. To go to the toilets - "

Item 10. Bath-tub, shower - "

Evaluation 4: Locomotion - Assistance required.

Item 11. Go, wheel chair - Unable to use without assistance.

Item 12. Staircases - "

Evaluation 5: Communication - Delayed

Item 13. Auditive comprehension - Delayed

Item 14. Verbal expression - Delayed.

Evaluation 6: Social adjustment/cooperation - Good

Item 15. Capacity to interact and to socially communicate - Need guidance.

Item 16. Resolution of the problems - Guidance.

Item 17. Memory - Appropriate.

#### Investigation Findings:

Brain MRI : Consistance walk, prevention  
of leuko-malaria.

### Problem List:

Sl.	Impairment	Functional Limitation
1 <sup>o</sup>	Increased muscle tone	difficulty in walking, standing and balance
2 <sup>o</sup>	poor coordination	Unable to perform fine motor tasks.
3 <sup>o</sup>	Muscle weakness.	Reduced ability in self-care.
4 <sup>o</sup>	Joint contractures.	limited joint mobility.

### Functional Diagnosis:

Moderate function limited due to spastic CP.

### V. Management

#### Goals:

- Short term:
- 1) Improve mobility.
  - 2) Reduce pain.
  - 3) Improve movement.
  - 4) Fine motor development.
- Long term:
- 1) Improve cognition.
  - 2) Pain management.

#### Treatment:

- 1) Yoga.
- 2) Exercises.
- 3) Meditation.
- 4) stretching.

# ASSESSMENT REPORT

NAME → Nistha.

D.O.B → 3.9.2009.

AGE → 15 years

CONDITION → CP (Spasticity).

GENDER → Female.

REFERRAL SOURCE → Orthopedic Surgeon.

REASON FOR REFERRAL → difficulty in mobility and grasp.

# EXAMINATION FINDING

1) Range of Motion : (i) Limited on left side.

(ii) Mobility barriers due to spasticity.

2) Muscle strength :

(i) weak hip and knees.

(ii) weak shoulder (left).

3) Muscle length :

Muscle of knee, shoulder, feet and arm are stiff.

4) Gait :

Abnormal gait pattern.

# FREQUENCY & DURATION

1) Range of motion Exercises :

3 times per day.

2) Strengthening Exercises :

2 times per day.

3) Balance training :

2 times per week.

4) Ambulation :

3 times weekly.

5) OT :

2 times weekly.

6) PT :

3 times weekly.

# GOAL

## 1) Short Term Goal :

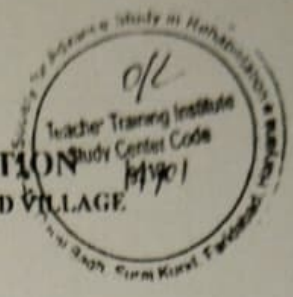
- (i) Standing → 2 sec
- (ii) Walking → 3 sec
- (iii) Standing → 10 sec
- (iv) Walking → 10 sec.

## 2) Long Term Goal :

- (i) Standing → 20 sec
- (ii) Walking → 1 minute.

CASE - 2

**SOCIETY FOR ADVANCE STUDY IN REHABILITATION**  
 BAL KALYAN BHAWAN A-40B, DAYAL BAGH SURAJKUND CHARMWOOD VILLAGE  
 FARIDABAD, HARYANA 121009



**CLIENT RECORD**

<b>NAME</b>	Naitik			Affix photograph
<b>School Regn./Roll Number</b>		<b>Age</b>	14 years	
<b>Date Of Birth</b>	8-12-2010	<b>Gender</b>	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Home language(s)/ Religion</b>	Hindi			
<b>Residential Address</b>	Red Cross, Bata chawk, Faridabad.			

Is the child living with his/her parents?  Yes/  No

**Chief Complaints**

He is a physically challenged child and problem in hearing, walking with low IQ level

**CHILD'S EDUCATIONAL BACKGROUND**

Please list the child's educational history, including past and current schools, in the table below.

(Normal School / Special / Integrated / Inclusive)

NAMES OF SCHOOL ATTENDED	YEAR ATTENDED		Present Class
	FROM	To	
M.R.C.S.	-	-	-

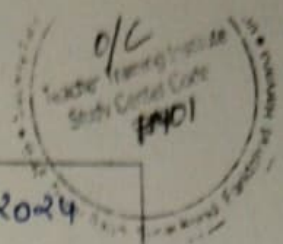
Scholastic backwardness \_\_\_\_\_

History of aids and appliances used (if any): \_\_\_\_\_

**MEDICAL AND ALLIED HEALTH PROFESSIONALS' INVOLVEMENT**

List the involvement by medical and/or allied health professionals, both in the past and present.

PROFESSIONAL	ORGANISATION	FREQUENCY OF SERVICE Please state per week/month/year	Start date	End date
Psychologist	-	-	-	-
Medical doctor	-	-	-	-
Psychiatrist	-	-	-	-



Speech and language therapist	Shilpi Sir	weekly	2022	2024
Physiotherapist	Neha	weekly	2022	2024
Occupational therapist	Neha	weekly	2022	2024
Others (Home Based Therapists Audiologists, Music Therapists)				

**FAMILY'S INFORMATION**

FATHER'S NAME	Rinku	FATHER'S AGE	40 Years
Occupation		Marital Status	<input type="radio"/> Single <input type="radio"/> Separated <input type="radio"/> Widowed <input checked="" type="radio"/> Married <input type="radio"/> Divorced

MOTHER'S NAME	Rama	MOTHER'S AGE	35 Years
Occupation		Marital Status	<input type="radio"/> Single <input type="radio"/> Separated <input type="radio"/> Widowed <input checked="" type="radio"/> Married <input type="radio"/> Divorced

**Home Environment**

Accommodation: Yes No. Of Rooms 3 Ownership: Self

Attitude of the neighbor: Positive

Family dynamics, ways, of coping & problem-solving capacities: Supportive

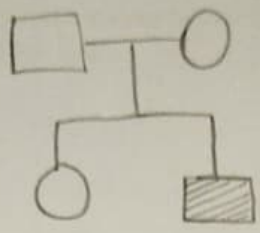
Health of the family members: Good

Socio economic status of the family Good



**PEDIGREE CHART**

- Unaffected Male
- Unaffected Female
- Affected Male
- Affected Female
- Dizygotic Twins
- Monozygotic Twins



- Consanguinity :
- Abortion :

**DEVELOPMENTAL HISTORY**

Mile Stones	Normal Age Range	Age At Which Attained
Smiles at Others	(1-4 MONTHS)	Normal
Head Controls	(2-4 MONTHS)	Delay
Sitting	(5-10 MONTHS)	Delay
Walking	(9-14 MONTHS)	Delay
First Word	(7-12 MONTHS)	Delay
Two Words Phrases	(16-30 MONTHS)	Normal
Toilet Control	(3-4 YEARS)	Delay

Does the client has any seizure: YES/ NO  NO

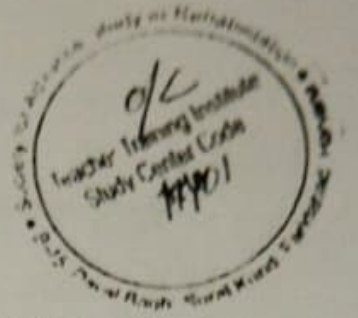
If yes, then whether on medication: YES / NO  NO

**REASON FOR THE CONDITION OF THE CLIENT AS PERCEIVED BY THE INFORMANT**

Unknown

**EXPECTATION**

Providing vocational training to student will enable him to work skillfully with technology.



## NEEDS INVENTORY

For all items, check the most appropriate option(s) that best describe the child's functioning based on your observations of the child across settings and over time.

### 1. Sensory

- Hearing Concerns
- Vision Concerns
- Others; please specify \_\_\_\_\_
- No concerns

Please elaborate on the sensory concerns and support strategies that have helped the child, if any:

His speech is poor.

### 2. Literacy Skills (e.g. knowing letter names and sounds, reading, spelling, reading comprehension)

- Attained at least age-appropriate reading and writing skills compared to same-age peers.
- Able to read and write basic sight words and simple sentences.
- Able to read and write some basic sight words.
- Knows most/all of the letters of the Alphabet
- Very limited or no literacy skills

Please elaborate on student's literacy skills and support strategies that have helped the child:

Very limited or no literacy skills.

### 3. Numeracy Skills (e.g. counting forward and backward, basic addition and subtraction)

- Higher than average level of numeracy skills compared to same-age peers
- Attained age-appropriate level of numeracy skills compared to same-age peers
- Knows simple computations (e.g. addition/subtraction) and Math concepts
- Able to count and recognise numbers up to 20
- Very limited or no numeracy skills

Please elaborate on student's numeracy skills and support strategies that have helped the child:

Able to count and recognise numbers up to 20.

### 4. Self-help Skills

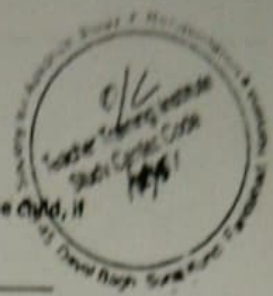
- Recognizes when a problem exists and tries to solve it
- Seeks help appropriately from others when necessary
- Locates and cares for personal belongings
- Avoids dangers and responds to warning words

Please elaborate on student's self-help skills and support strategies that have helped the child:

Avoids dangers and responds to warning words.

### 5. Toileting

- Fully independent
- Supervision required
- Assistance required



Please elaborate on student's toileting skills and support that have helped the child, if any:

Assistance required.

6. Dressing

- Fully independent
- Verbal reminders and/or guidance required
- Periodic or partial assistance required
- Fully dependent

Please elaborate on student's dressing skills and support that have helped the child, if any:

Periodic or partial assistance required.

7. Feeding

- Independent (with hands)
- Independent (with utensils)
- Verbal reminders and/or guidance required
- Learning to eat; guidance and monitoring needed
- Frequent supervision needed to ensure physical safety
- Needs to be fed

Please elaborate on student's feeding skills and support that have helped the child, if any:

Independent (with utensils)

Any other comments:

8. Work readiness (work attitude, work habits, interpersonal and communication skills, selfmanagement)

- Low level of work support needed
- Moderate level of work support needed
- High level of work support needed

Please describe the type of support required by the student.

Moderate level of work support needed.

Communication Skills

His communication skills are poor.

Socialization Skills

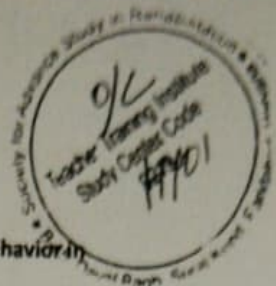
His socialization skills are poor.

Vocational Skills

His vocational skills are poor.

Functional Skills

His functional skills are poor.

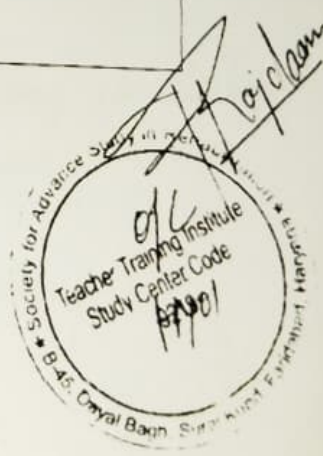


**BEHAVIOURS IN THE SCHOOL/CLASSROOM CONTEXTS**

In this section, the teacher-trainee should report his / her observations of the child's behavior in group.

Learning contexts. When describing specific behaviors, you must elaborate on how often these behaviors occur and the extent to which they impact the child's ability to function in a group learning setting.

1. What is the teacher-student ratio in the current class? <u>1:4</u>
2. What are the child's strengths and interests?  <u>He likes drawing.</u>
3. Describe the child's behaviour in class on a regular school day. Is the child able to get along with his peers? (e.g. ability to play with his friends, work cooperatively in groups). Please elaborate and provide specific examples.  <u>He does not make friends and doesn't like to work in groups.</u>
Does the child present with any maladaptive behaviours in school/classroom? If yes, please give specific examples and the frequency of occurrence.  <u>NO.</u>



Shirangi  
(Signature of Trainee)

(Signature of Class Teacher)

(Signature of Supervisor)

# PHYSIOTHERAPY ASSESSMENT FORMAT

## I. Subjective Assessment

Name: *Naitik* Age: *14 years* Gender: *M/F* IP/OP

Occupation: *Student* Handedness: *R/L* Referred by:

Address:

Chief Complaints: *1) Has difficulty in walking and balance.*  
*2) Has difficulty in fine motor skills.*

Past Medical History: *He has difficulty in walking, movement and speech.*

Personal History: *-*

Family History: *No significant heredity neurological disorders*

Socioeconomic History: *Middle class family.*

Symptoms History:

Side: *Left* Site: *leg*  
Onset: *3 years.* Duration: *Life long condition*  
Type: *Spasticity.* Severity: *Moderate.*  
Aggravating Factors: *pain.*  
Relieving Factors: *Rest, gentle stretching.*

Vital Signs:

Temperature:	<i>98.6 F</i>	Heart Rate:	<i>80 bpm</i>
Blood Pressure:	<i>110/70</i> <i>mm Hg</i>	Respiratory Rate:	<i>20 bpm</i>

## II. Objective Examination

### a) ON OBSERVATION:

Attitude of limbs: Left leg is slightly flexed and externally rotated.

Built: Average.

Posture: Pelvic slightly tilt to the left.

Gait: Antalgic gait with reduced weight-bearing on the left leg.

Pattern of Movement: Reduced range of motion in left knee and hip.

Mode of Ventilation: Normal.

Type/ Pattern of Respiration: Normal.

Oedema: Mild oedema in the left feet.

Muscle Wasting: Mild.

Pressure Sores: None

Deformity: Leg length discrepancy.

Wounds: None.

External Appliances: Shoe left on the left side.

### b) ON PALPATION

Warmth: Mild warmth noted in left hips and knee.

Tenderness: Left hips and knee, particularly over the joint.

Tone: Reduced muscle tone in left lines.

Swelling: Mild swelling noted. Thigh.

### c) ON EXAMINATION

#### HIGHER MENTAL FUNCTIONS

Level of Consciousness: Alert.

Orientation:

Person: Fully oriented.

Place: "

Time: "

Memory:

Immediate: Intact (able to recall 4-5 digits).  
Recent: Intact (able to recall event from past).  
Remote: Intact (able to recall childhood memories).  
Verbal: Intact  
Visual: Intact.

Communication: Verbal and Non-Verbal.

Cognition:

Fund of Knowledge: Below average level.

Calculation: Not age appropriate.

Proverb Interpretation: Not age appropriate.

Attention: Slightly challenged to sustain attention.

Emotional Status: Stable but sometimes frustrated.

Perception: Minor delay.

Body Scheme/ Body Imaging: difficulty in walking due to LL.

Agnosias/ Apraxias: NO.

Special Senses: Intact.

Cranial Nerves:

Nerves	Comments	Nerves	Comments
I - Olfactory	Intact	VII - Facial	Intact
II - Optic	"	VIII - VestibuloCochlear	"
III - Oculomotor	"	IX - Glossopharyngeal	"
IV - Trochlear	"	X - Vagus	"
V - Trigeminal	"	XI - Accessory	"
VI - Abducent	"	XII - Hypoglossal	"

SENSORY SYSTEM:

Location	Upper Extremity		Lower Extremity		Trunk		Comments
	Rt.	Lt.	Rt.	Lt.	Rt.	Lt.	
<b>Superficial</b>							
Pain	Intact	Intact	Intact	Intact	Intact	Intact	
Temperature	"	"	"	"	"	"	
Touch	"	"	"	"	"	"	
Pressure	"	"	"	"	"	"	
<b>Deep</b>							
Mov. Sense	Intact	Reduced	Reduced	Reduced	Reduced	Reduced	
Pos. Sense	Improved	Impo.	Impo.	Impo.	Impo.	Impo.	
Vibration	"	"	"	"	"	"	
<b>Cortical</b>							
Tactile Localization	Reduced	Redu.	Redu.	Redu.	Redu.	Redu.	
2 pt. discrimination	Improved	Imp	Impo.	Impo.	Impo.	Impo.	
Stereognosis	"	"	"	"	"	"	
Barognosis	"	"	"	"	"	"	
Graphesthesia	"	"	"	"	"	"	
Texture Recognition	"	"	"	"	"	"	
Double Simultaneous Stimulation	Reduced	Red.	Redu.	Redu.	Redu.	Redu.	

MOTOR SYSTEM:

Muscle Girth:

Area	Rt.(cm.)	Lt.(cm.)
Arm	28 cm	28 cm
Forearm	23 cm	23 cm
Thigh	45 cm	45 cm
Calf	34 cm	34 cm

Voluntary Control:

Side	Rt.	Lt.
Upper Limb	5/5	5/5
Lower Limb	5/5	5/5

Range of Motion:

Joint	Side	Movement	Limitation	Limiting factor
Shoulder	RT	3+	-	
	LT	2+	Increased muscle tone on left side	
Elbow	RT	Normal	Stiffness on left side.	
	LT	1+		
Forearm	RT	Normal	"	
	LT	Affected		
Wrist	RT	Normal	"	
	LT	Affected		
Hand & Fingers	RT	Normal	"	
	LT	"		
Hip	RT	Normal		Flexion contracture
	LT	Affected	"	abductor weakness.
Knee	RT	Normal		Flexion
	LT	Affected	"	contracture.
Ankle & foot	RT	Normal		Flexion
	LT	Affected	"	contracture.

Cervical Spine	RT	40°	Stiffness on left muscle.	Flexion extension.
	LT	30°		
Thoracic Spine	RT	Moderate (20°)	,"	Flexion extension
	LT	Moderate (10°)		
Lumbar Spine	RT	Mild (60°)	,"	Flexion extension.
	LT	Mild (20°)		

Limb Length

Side	Rt.(cm.)	Lt.(cm.)
True	56 cm	54 cm
Apparent	55.5 cm	53 cm

Muscle Tone:

Muscles	Rt.	Lt.
Shoulder		
Flexors	Normal	Normal
Extensors	"	"
Abductors	"	"
Adductors	"	"
External Rotators	"	"
Internal Rotators	"	"
Elbow		
Flexors	Normal	Normal
Extensors	"	"
Forearm		
Pronators	"	"
Supinators	"	"
Wrist		
Flexors	Normal	Normal
Extensors	"	"
Radial Deviators	"	"
Ulnar Deviators	"	"
Hand		
Intrinsics	"	"
Extrinsics	"	"

Muscles	Rt.	Lt.
Hip		
Flexors	Normal	Decreased tone
Extensors	"	"
Abductors	"	"
Adductors	"	"
External Rotators	"	"
Internal Rotators	"	"
Knee		
Flexors	"	"
Extensors	"	"
Ankle		
Dorsiflexors	"	"
Plantarflexors	"	"
Foot		
Invertors	"	"
Evertors	"	"
Intrinsics	"	"
Extrinsics	"	"

Muscle Power:

Muscles	Rt.	Lt.
Shoulder		
Flexors	4	3
Extensors	4	3
Abductors	4	3
Adductors	4	3
External Rotators	4	3
Internal Rotators	4	3
Elbow		
Flexors	4	3
Extensors	4	3
Forearm		
Pronators	4	3
Supinators	4	3
Wrist		
Flexors	4	3
Extensors	4	3
Radial Deviators	4	3
Ulnar Deviators	4	3
Hand		
Intrinsics	4	3
Extrinsics	4	3

Muscles	Rt.	Lt.
Hip		
Flexors	4	3
Extensors	4	3
Abductors	4	3
Adductors	4	3
External Rotators	4	3
Internal Rotators	4	3
Knee		
Flexors	4	2
Extensors	4	2
Ankle		
Dorsiflexors	4	2
Plantarflexors	4	2
Foot		
Invertors	4	2
Evertors	4	2
Intrinsics	4	2
Extrinsics	4	2
Trunk		
Trunk Flexors	4	3
Trunk Extensors	4	3
Trunk Side Flexors	4	3
Trunk Rotators	4	3

Reflexes:

	Reflex	Left	Right
Superficial	Abdominal	Present	Present
	Plantar	Decreased tone	Normal
Deep	Biceps	Normal	"
	Brachioradialis	Normal	"
	Triceps	Normal	"
	Knee	Decreased	"
	Ankle	Decreased	"

Pathological:

Coordination:

Non Equilibrium Tests	Rt.	Lt.
Finger to nose	N	AN
Finger opposition	"	"
Mass Grasp	"	"
Pronation/Supination	"	"
Rebound test	"	"
Tapping (Hand)	"	"
Tapping (Foot)	"	"
Heel to knee	"	"
Drawing a circle(Hand)	"	"
Drawing a circle(Foot)	"	"

Equilibrium tests	Grade
Standing: Normal Posture	4/5
Standing: Normal Posture with vision occluded	3/5
Standing: Feet together	2/5
Standing on one foot	2/5
Standing: Lateral trunk flexion	2/5
Tandem walking	2/5
Walk: Sideways	2/5
Walk: Backward	1/5
Walk in a circle	2/5
Walk on heels	2/5
Walk on toes	1/5

## Involuntary Movements:

### Balance:

Sitting: Sitting with support.  
Standing: Significant difficulty.  
Balance Reactions: 3/5, affected.

### Posture:

Lying: Abnormal.  
Sitting: 2/5, affected.  
Standing: 2/5, affected.

### Gait

Step Length: RT  $\rightarrow$  60 cm, LT  $\rightarrow$  50 cm.  
Stride Length: RT  $\rightarrow$  120 cm, LT  $\rightarrow$  100 cm.  
Base width: 150 cm.  
Cadence: 60 steps.

Biomechanical Deviations:  $\rightarrow$  Left foot over pronation reduced.  
 $\rightarrow$  Hip abduction on left side.

### Hand Functions:

Reaching: RT  $\rightarrow$  Normal, LT  $\rightarrow$  3/5  
Grasping: RT  $\rightarrow$  Normal, LT  $\rightarrow$  2/5  
Releasing: RT  $\rightarrow$  Normal, LT  $\rightarrow$  3/5

### Assistive Devices:

Finger training gloves, shoes, knee to feet support, cane, orthotic support.

### III. Systems Review:

#### INTEGUMENTARY SYSTEM:

Skin Status: Normal

Pressure Sores: None.

#### RESPIRATORY SYSTEM:

RS Status: 20 bpm.

Secretions: Normal

Pattern of breathing: Normal.

Chest wall/Thoracic spine deformity: None.

#### CARDIOVASCULAR SYSTEM

CVS Status: None.

Deep Vein Thrombosis: None.

#### MUSCULOSKELETAL SYSTEM

Contractures: Left elbow, knee.

Subluxations: Left shoulder.

Joint mobility: Left shoulder.

Other pathology: Muscle weakness, Hemiplegia, spasticity.

#### BLADDER & BOWEL FUNCTIONS

Incontinence: Normal.

#### GASTROINTESTINAL SYSTEM

Status: Normal.

#### AUTONOMIC SYSTEM

Vasomotor: Normal.

Pseudomotor: Normal.

Trophic Changes: muscle mass lower extremities.

Postural Hypotension: Normal

Reflex Sympathetic Dystrophy: None.

IV. Functional Assessment: (The Functional Independence Measure)

Evaluation 1: Selfcare - 3/5

Item 1. Food - 3/5

Item 2. Care of appearance - 3/5

Item 3. Hygiene - 4/5

Item 4. Dressing upper body - 3/5

Item 5. Dressing lower body - 2/5

Evaluation 2: Sphincter control - 2/5

Item 6. Control of bladder - 4/5

Item 7. Control of bowel movements - 4/5

Evaluation 3: Mobility - 3/5

Item 8. Bed, chair, wheel chair - 2/5

Item 9. To go to the toilets - 2/5

Item 10. Bath-tub, shower - 2/5

Evaluation 4: Locomotion - 2/5

Item 11. Go, wheel chair - 3/5

Item 12. Staircases - 1/5

Evaluation 5: Communication - 3/5

Item 13. Auditive comprehension - 3/5

Item 14. Verbal expression - 2/5

Evaluation 6: Social adjustment/cooperation - 3/5

Item 15. Capacity to interact and to socially communicate - 3/5

Item 16. Resolution of the problems - 1/5

Item 17. Memory - 2/5

Investigation Findings: X-Ray, Heart rate.

### Problem List:

Sl.	Impairment	Functional Limitation
1.	Left side shoulder	Ambulation.
2.	leg, hip, knee	Transfer, movement
3.	Feet muscle.	Stair climbing.
4.	Weakness	Bathing.
5.	Stiffness	Dressing, Feeding

### Functional Diagnosis:

Impaired mobility, Left leg Impaired, Transferability limitation.

### V. Management

#### Goals:

- Short term:
- 1) Improve mobility.
  - 2) Reduce pain.
  - 3) Independence in walking.
  - 4) Use of assistive technology.

#### Long term:

- 1) Improve cognition.
- 2) Pain management.

#### Treatment:

- 1) Yoga.
- 2) Meditation.
- 3) Stretching.
- 4) Exercise.
- 5) Muscle relaxants.

# ASSESSMENT REPORT

NAME → Naitik

D.O.B → 8.12.2010

AGE → 14 years.

GENDER → Male.

CONDITION → CP (Hemiplegia).

REFERRAL SOURCE → Orthopedic  
Surgeon.

REASON FOR REFERRAL → difficulty in  
mobility and grasp.

# EXAMINATION FINDING

## 1) Range of Motion :

- (i) Limited on left side.
- (ii) Mobility barriers due to Hemiplegia.

## 2) Muscle strength :

- (i) Weak hip and knee.
- (ii) Weak shoulder (left extensors).

## 3) Muscle length :

Muscles of knee, shoulder, feet and arms are stiff.

## 4) Gait :

Abnormal gait.

# FREQUENCY & DURATION

1) Range of matiam Exercises :  
3 times per day.

2) Strengthening Exercises :  
2 times per week.

3) Balance training :  
2 times per week.

4) Ambulation :  
2 times weekly.

5) OT :  
2 times weekly.

6) PT :  
3 days per week.

# GOAL

## 1) Short Term Goal :

- (i) Standing → 2 sec
- (ii) Walking → 3 sec
- (iii) Standing → 10 sec
- (iv) Walking → 10 sec.

## 2) Long Term Goal :

- (i) Standing → 20 sec
- (ii) Walking → 1 minute.