

# Stroke Rehabilitation Assessment of Movement

## Patient Information:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Assessment: \_\_\_\_\_

Rehabilitation Therapist: \_\_\_\_\_

Medical History:

## I. Initial Assessment:

### A. Range of Motion (ROM):

#### 1. Upper Limb:

- Shoulder Flexion/Extension: \_\_\_\_\_
- Shoulder Abduction/Adduction: \_\_\_\_\_
- Elbow Flexion/Extension: \_\_\_\_\_
- Forearm Pronation/Supination: \_\_\_\_\_
- Wrist Flexion/Extension: \_\_\_\_\_
- Finger Flexion/Extension: \_\_\_\_\_

#### 2. Lower Limb:

- Hip Flexion/Extension: \_\_\_\_\_
- Hip Abduction/Adduction: \_\_\_\_\_
- Knee Flexion/Extension: \_\_\_\_\_
- Ankle Dorsiflexion/Plantarflexion: \_\_\_\_\_
- Toe Flexion/Extension: \_\_\_\_\_

### B. Strength Assessment:

#### 1. Upper Limb:

- Shoulder: \_\_\_\_\_
- Elbow: \_\_\_\_\_

- Wrist: \_\_\_\_\_
- Grip Strength: \_\_\_\_\_

## 2. Lower Limb:

- Hip: \_\_\_\_\_
- Knee: \_\_\_\_\_
- Ankle: \_\_\_\_\_

## C. Coordination and Balance:

### 1. Functional Mobility:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### 2. Balance:

- \_\_\_\_\_
- \_\_\_\_\_

## II. Task-Specific Assessment:

### A. Activities of Daily Living (ADLs):

#### 1. Self-Care:

- Dressing: \_\_\_\_\_
- Eating: \_\_\_\_\_
- Personal hygiene (brushing teeth, combing hair, etc.): \_\_\_\_\_

#### 2. Functional Tasks:

- Lifting objects: \_\_\_\_\_
- Reaching for objects: \_\_\_\_\_
- Handling utensils: \_\_\_\_\_

### B. Fine Motor Skills:

#### 1. Grasping Objects:

- \_\_\_\_\_
- \_\_\_\_\_

#### 2. Manipulative Skills:

- \_\_\_\_\_

- \_\_\_\_\_

### **C. Gross Motor Skills:**

#### **1. Walking and Gait:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

#### **2. Transfers:**

- \_\_\_\_\_
- \_\_\_\_\_

### **III. Specific Assessment Tools:**

#### **A. [Specify any standardized assessment tools used, such as the Fugl-Meyer Assessment, Modified Rankin Scale, etc.]**

##### **1. \_\_\_\_\_**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

##### **2. \_\_\_\_\_**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### **IV. Progress Notes and Recommendations:**

#### **1. Progress Since Last Assessment:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

#### **2. Recommendations for Future Therapy:**

- \_\_\_\_\_
- \_\_\_\_\_

#### **3. Home Exercise Program:**

- \_\_\_\_\_

• \_\_\_\_\_

## **V. Therapist's Signature:**

Therapist's Name: \_\_\_\_\_

Therapist's Signature: \_\_\_\_\_

Date: \_\_\_\_\_