

CIMT Screening Form

Name of client: _____ Name of therapist: _____

Date completed: _____

1. Does the client have a diagnosis of	Stroke or ABI?	YES/NO	If the client does not meet the criteria they are not suitable for CIMT	
	Brain tumour?	In remission – with no active medical treatment		YES/NO
2. Can the client	Complete the Flannel Test? (Pick up and actively release a face washer 3 times in 2 minutes) <i>OR</i>	YES/NO		
	Actively extend wrist 10° from any position? <i>AND</i>	YES/NO		
	Actively extend at least two fingers by 10° from any position? <i>AND</i>	YES/NO		
	Actively extend or abduct thumb by 10° from any position?	YES/NO		
3. What grade of eligibility criteria does the client meet? <i>Refer to the eligibility grading system on page 4</i>	GRADE _____			If they are more severe than grade 2 or 3 category do they have realistic goals?
4. Does the client have pain of more than 4/10 at affected upper limb on the visual analogue scale. <i>Refer to VAS on page 5</i>	At rest?	YES/NO		If so, is there any pain relief that may assist?
	On movement?	YES/NO		
5. Can the client toilet independently?		YES/NO Equipment needed _____		If you answer no and this can't be solved by equipment, this client is not eligible for the program.
6. Is the client willing to comply with the program, including attending intensive therapy, wearing the constraint mitt and completing home program?		YES/NO	If you answered no this client does not meet the eligibility criteria.	
7. Is the client willing to sign consent to participate in the program?		YES/NO		
8. Does the client have a support person to help them throughout the program?		YES/NO	Please consider how this client will complete the program.	
9. Does that client have transportation options to attend daily for 2 weeks?		YES/NO		
10. Does the client have a completed medical clearance form? <i>(If no, please give them one to return)</i>		YES/NO	The client needs medical clearance from a GP, Neurologist or Rehab Specialist to participate.	