

Lower Extremity Therapy recording Schedule (LEG TS)

Participant Identifier

The following questionnaire is designed to record therapy time and intervention, either carried out by a therapist or by the person (patient) themselves with or without the help of a carer. The questionnaire is completed as a structured interview with the spasticity clinic team.

Total Therapy Time Please estimate the amount of therapy time; including education, setting up, monitoring and patient and carer self-management	Duration		Hr.	Min.		
Give a weekly amount or circle n/a for each question						
Please estimate the total amount of qualified therapist time (face to face) received over the past week	Individually	n/a				
	In a group	n/a				
Please estimate the total amount of therapy assistant time (face to face) received over the past week	Individually	n/a				
	In a group	n/a				
Please estimate the total amount of time spent on therapy by the patient and/or carer (excluding that with a therapist) over the past week	Weekly	n/a				
A. Therapy Intervention A therapist will often set up the programme, but it is then often carried out by patient or carers	Duration					
Please indicate which interventions have been received and how much over the past week?	1 = less than daily 2 = up to 1 hour daily 3 = up to 3 hours daily 4 = up to 6 hours daily 5 = over 6 hours daily					
Circle an amount or n/a for each question						
1. Splinting (static including circumferential) Static including circumferential splints with an aim of maintaining range of movement (resting splints).	n/a	1	2	3	4	5
2. Orthotic Any orthotic device (excluding a serial cast)	n/a	1	2	3	4	5
3. Serial Casting Static or adjustable (often circumferential) splints with an aim of increasing range of movement (serially applied).	n/a	1	2	3	4	5
4. Positioning of leg (therapeutic or stretching position) Therapeutic positioning often carried out by patients and carers (for example to maintain muscle length).	n/a	1	2	3	4	5

<p>B. Therapy Intervention A therapist will often guide this intervention, but it is sometimes carried out independently by the patient or patient and carers together.</p> <p>Please indicate which interventions have been received and how much over the past week?</p> <p>Circle an amount or n/a for each question</p>	Duration					
<p>5. Passive Stretch (manually applied) Short duration manually applied passive stretch.</p>	<p>1 = less than daily 2 = up to 15 minutes daily 3 = up to 30 minutes daily 4 = up to 1 hour daily 5 = over 1 hour daily</p>					
<p>6. Electrical Stimulation Electrical stimulation to the injected muscle, to strengthen muscle or to incorporate in functional activity.</p>	n/a	1	2	3	4	5
<p>7. Strength training Exercise programmes specifically designed to increase muscle strength</p>	n/a	1	2	3	4	5
<p>8. Task Practice Gait retraining (e.g. free walking, pulpit frame walking, treadmill training)</p>	n/a	1	2	3	4	5
<p>9. Other (please detail below)</p>	n/a	1	2	3	4	5