

ULSTR – Therapy Recording

Upper Limb focal Spasticity Therapy Recording schedule (ULSTR)

Dr Stephen Ashford PhD MCSP
Prof Lynne Turner-Stokes DM FRCP

Address for correspondence

Regional Rehabilitation Unit,
Northwick Park Hospital,
Watford Road, Harrow , HA1 3UJ
London.

Tel: +44-208-869-2812

Email: stephen.ashford@kcl.ac.uk

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Developed in conjunction with:

- Dr Klemens Fheodoroff -
*Neurorehabilitation, Gaital-Klinik,
Hermagor, Austria*
- Dr Jorge Jacinto - *Centro de Medicina de
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Have you seen a therapist since your last spasticity appointment? If yes, how many times in total?	Qualified therapist	Therapy Assistant
	Yes/No	Yes/No
	Number of times.....	Number of times.....

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 by the patient, carer or therapist either self-report or as a structured interview with the spasticity clinic team.

Therapy Time Please estimate the amount of therapy time; including education, setting up, monitoring and patient and carer self-management. Give a weekly amount or circle n/a for each question	Duration		Hr.	Min.		
Please estimate the total amount of qualified therapist time (face to face) received over the past week (7 days)	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 (7 days)	Individually	n/a				
	In a group	n/a				
Please estimate the total amount of time spent on therapy (e.g. practicing exercise or wearing splints) by the patient and/or carer (excluding that with a therapist) over the past week (7 days)	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. Include all therapy activity whether with a therapist, assistant or carer and self-practice/application. Please indicate which interventions have been received and how much over the past week (7 days)? Circle an amount or n/a for each question	Duration					
	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					
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. Shoulder supports/slings Supports to the hemiparetic arm including slings, tray tables etc.	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 upper limb (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

B. Therapy Intervention A therapist will often guide this intervention, but it is sometimes carried out independently by the patient or carers. Include all therapy activity weather with a therapist, assistant or carer and self-practice/application. Please indicate which interventions have been received and how much over the past week (7 days)? Circle an amount or n/a for each question	Duration					
	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					
5. Passive Stretch (manually applied) Short duration manually applied passive stretch.	n/a	1	2	3	4	5
6. Electrical Stimulation Electrical stimulation to either strengthen muscle or to incorporate in functional activity or for pain.	n/a	1	2	3	4	5
7. Strength training Exercise programmes specifically designed to increase muscle strength	n/a	1	2	3	4	5
8. Task Practice Including Constraint induced movement therapy (CIMT), active exercise programmes, and dynamic/exercise splints.	n/a	1	2	3	4	5
9. Other (please detail below)	n/a	1	2	3	4	5