

**District 75
400 First Avenue
New York, NY 10010**

Assistive Technology Equipment Assessment

Evaluation Information

Physical Therapy

Student _____ Date of Birth _____

Class/Program _____

Examiner _____ Date of Evaluation _____

Instructions: Please complete the Physical Therapy information on the student named above.

I. Physical

A. Joint Stability - indicate right, left or bilateral in the spaces below

Joint	Seated	Subluxes	Dislocations	Comment
<i>Hip</i>				
<i>Shoulder</i>				
<i>Elbow</i>				
<i>Thumb</i>				
<i>MCP/PIP</i>				

B. List contractures which interfere with sitting in chair.

C. List contractures affecting range of motion interfering with active reach.

D. Describe student's back (tone, curves, flexibility).

E. Describe type, distribution (e.g., location in body or extremity), symmetry, and predominant pattern (e.g., flexor, extensor).

F. What differences are noted when student is at rest or engaged in active play or cognitive tasks?

G. Reflex reactions and precipitating factors if it interferes with purposeful activity.

_____ ATNR (face toward right) _____
 _____ ATNR (face toward left) _____
 _____ STNR (Flexion) _____
 _____ STNR (Extension) _____
 _____ Startle/Moro _____

H. Equilibrium, Protective, and Headrighting Reactions

1. Equilibrium tested in sitting

<i>Absent</i>	<i>Functional</i>	<i>Mature</i>

2. Protective responses tested in sitting

<i>Absent</i>	<i>Functional</i>	<i>Mature</i>

II. Motor Development

A. Head

<i>Erect</i>	<i>Tipped downward</i>	<i>Tilted to R/L</i>	<i>Tipped upward</i>

B. Sits independently

<i>Ring</i>	<i>Long</i>	<i>Indian</i>	<i>Side R/L</i>
unable to sit independently _____			

C. On all fours

<i>Crawls</i>	<i>Bunny hops</i>	<i>Creeps</i>	<i>Unable</i>

D. Walks:

<i>With assistance</i>	<i>Without assistance</i>	<i>With aid(s)</i>	<i>Without aid(s)</i>
<i>Unable to walk</i> _____			

III. Motor Functioning (range and strength)

Describe in terms of ability to access communication/computer access devices.

A. Range of upper body movement (i.e., head, shoulder, arms, hands, fingers)

lower extremities (i.e., ability to use foot, knee, or other site for switch access)

B. Muscle strength to activate using upper and/or lower extremities:

Grasp _____

Release _____

Depression _____

IV. Positioning

A. List all positions in which student is routinely placed at school. List in order from least to most time spent, as well as who positions the student.

B. List activities the student can perform in each position.

C. State position in which student's communication is best understood.

D. Describe adaptations made in wheelchair, classroom chairs, and other positioning devices.

E. List other non-positioning appliances or adaptive equipment.

V. Communication/Interaction in Physical Therapy

A. Present means of communication

<i>Gestures</i> _____	<i>Facial expressions</i> _____	<i>Vocalizations</i> _____
<i>Sign Language</i> _____	<i>Yes/No Reliability</i> _____	<i>Semi-intelligible</i> _____
<i>Intelligible Speech</i> _____	<i>Communication Board</i> _____	<i>Electronic Devices</i> _____
<i>Other</i> _____		

E. Student's communication needs in physical therapy are:

<i>Social</i>	<i>Making choices</i>	<i>Indicating basic needs</i>	<i>Other</i>

C. Describe any body movements that accompany or are initiated by attempts to communicate

D. List communication partners during therapy, in addition to therapist

VI. Surgery

List recent or proposed orthopedic/neurological surgery. Give date, if possible.

VII. Student Profile

A. Describe student's major assets

B. Describe student's major difficulties
