Appendix 1. The clinical template used in this study

GF Strong Rehab Centre

INTERDISCIPLINARY SPASTICITY MANAGEMENT SERVICE

PCIS LABEL

INITIAL VISIT

Date: _____ **Date referred:** _____ **# Weeks since referral:** _____

Referral source: ☐ GP ☐ Specialist ☐ PT ☐ OT ☐ RN ☐ Other: _____

Residence: ☐ Home ☐ Home with supports ☐ LTC facility ☐ Hospital ☐ Other: _____

Diagnosis: ☐ Stroke ☐ ABI ☐ SCI ☐ MS ☐ CP ☐ Other: _____

Date of onset: _____

Funding source: ☐ Pharmacare ☐ WSBC ☐ ICBC ☐ Private Insurer ☐ None

Reason for referral:

☐ Decrease pain ☐ Improve dressing ☐ Improve hygiene ☐ Improve gait ☐ Improve UE function ☐ Improve seating

☐ Improve transfers ☐ Prevent contractures ☐ Improve orthotic fit ☐ Cosmesis ☐ General spasticity management

☐ Other: _____

Spasticity Issues / Triggers:

Past Medical History:

Medications:

Social History:

Occupation:

Lives with: ☐ Alone ☐ Spouse ☐ Family ☐ Facility

Home care # hours/day:

Homecare # days/week:

Equipment:

Allergies:

Previous spasticity treatment and response:

☐ PT/OT:	☐ Never ☐ Past ☐ Current	Stretching	Splinting	Equipment	Home care	Other	
☐ Oral meds:	☐ Never ☐ Past ☐ Current	Baclofen	Tizanidine	Gabapentin	Cannabinoids	Other	
☐ BTX:	☐ Never ☐ Past ☐ Current	Mucles	Dose	When	How many times		
☐ Phenol:	☐ Never ☐ Past ☐ Current	Muscles	Dose	When	How many times		
☐ ITB:	☐ Never ☐ Past ☐ Current						

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Initials: _____

Appendix 1. *cont.*

	Right			Left			BTX dose	Right	Left
Muscle group	**Power**	**MAS**	**R1/R2**	**Power**	**MAS**	**R1/R2**	Pec maj		
Shoulder add							Lats		
Shoulder IR							Ter maj		
Elbow flex							Subscap		
Elbow ext							Biceps		
Pronators							BRad		
Supinators							Brach		
Wrist flex							FCR		
Finger flex- FDS							FCU		
Finger flex- FDP							PT		
Lumbricals							PQ		
Thumb flex							FDS		
Hip flex							FDP		
Hip ext							Lumbricals		
Hip add							FPL		
Hip IR							FPB		
Hip ER							Opp Poll		
Knee flex							Add Poll		
Knee ext							Iliopsoas		
Ankle DF							Rect Fem		
Ankle PF							Vast Lat		
Ankle Inv							Vast Med		
Ankle Ev							Adductors		
Toe flex							Sartorius		
Toe ext							SemiM/T		
Other:							Bic Fem		
							Gastroc		
							Soleus		
							Tib Post		
							Tib Ant		
							FDL		
							FHL		
							FDB		
							FHB		
							Other:		
							TOTAL		

Gait ☐ Normal ☐ Abnormal ☐ Not assessed

UE function ☐ Normal ☐ Abnormal ☐ Not assessed

Skin ☐ Normal ☐ Abnormal ☐ Not assessed

Details:

Initials: _____

DATE: _____

SEEN BY: ☐ MD ☐ PT ☐ OT ☐ RN

Problem	Goal	GAS-2-10+1 +2		
		Pt	Carer	HCP
☐ ↓ROM				
☐ Dressing				
☐ Feeding				
☐ Hygiene				
☐ Toileting				
☐ Transfers				
☐ Mobility				
☐ Splinting				
☐ Cosmesis				
☐ Pain NRS	NRS			
☐ Other				

Treatment Plan:

☐ PT ☐ OT ☐ Splint ☐ Oral Meds ☐ BTX ☐ Phenol ☐ ITB ☐ Other

Follow-up Plan: Person responsible:

1.

2.

3.