My

TeleCIMT

Program

Pack

This workbook was developed by the TIDE (TeleCIMT International DEvelopment) Group of occupational therapists and physiotherapists to help service users and therapists prepare for and conduct a 3-week TeleCIMT program. The workbook may be adapted for use, and used free of charge, provided the information below is not removed:

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**Important information to put**

**on your fridge!**

****

**My therapist’s contact details**

My therapist’s name is:

They are based at:

Other health professionals involved in my TeleCIMT program include:

*
*
*

My therapist is contactable by:

* Telephone [ ]  and text [ ] :
* Email [ ] :

My therapist is contactable between       and       on       (days).

In the event that your call or email cannot be answered immediately, your therapist will get back to you as soon as possible, within,      .

If you have been instructed to provide daily feedback by leaving a message on your therapist’s answering machine, you may call to do this after working hours (     ).

**Key things to remember for your program**

Your TeleCIMT program lasts for **3 weeks, Monday – Friday**.

You will wear your mitt for at least **6 hours** each day.

|  |  |  |
| --- | --- | --- |
| **TeleCIMT component** | **Time spent daily,****during mitt-wearing hours** | **Important details!** |
| **DAILY LIVING****WITH THE MITT****A person brushing the teeth  Description automatically generated** | **4 hours**A close up of an object  Description automatically generated | * Try as many routine tasks as you can with your weaker arm
 |
| **Structured training** |
| **TASK PRACTICE**A person standing in front of a refrigerator  Description automatically generated | **1 hour** A close up of an object  Description automatically generated | Practice:* 3-4 tasks daily
* for 15-20 minutes **continuously** (each task)
 |
| **SHAPING PRACTICE****A close up of a clock  Description automatically generated** | **1 hour** A close up of an object  Description automatically generated | Practice:* 3 tasks daily
* complete 10 trials **in a row**, per task
* use the shaping score sheets
 |
| **HOMEWORK TASKS**(**Optional** - your therapist will advise you on these) | **30 minutes** A close up of an object  Description automatically generated | Practice:* Between 2 – 10 tasks per day
 |



**Feedback regularly to your therapist**. Use the

‘Daily diary and feedback’ sheets to monitor your progress.

**My daily TeleCIMT schedule**

|  |  |  |  |
| --- | --- | --- | --- |
| **TIME** | **ACTIVITY** | **MITT ON** | **MITT OFF** |
| 07:30 |        |        |        |
| 08:00 |        |        |
| 08:30 |        |        |
| 09:00 |        |        |
| 09:30 |        |        |
| 10.00am |        |        |        |
| 10.30am |        |        |
| 11.00am |        |        |
| 11.30am |        |        |
| 12.00pm |        |        |        |
| 12.30pm |        |        |
| 1.00pm |        |        |
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| 3.00pm |        |        |
| 3.30pm |        |        |
| 4.00pm |        |        |        |
| 4.30pm |        |        |
| 5.00pm |        |        |
| 5.30pm |        |        |
| 6.00pmonwards |        |        |        |
|        |        |

**Weekly TeleCIMT therapy planner\***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Week 1 |
| A.M |       |   |       |       |       |
| P.M |       |       |       |       |       |
| Week 2 |  |  |  |  |  |
| A.M |       |       |       |       |       |
| P.M |       |       |       |       |       |
| Week 3 |  |  |  |  |  |
| A.M |       |       |       |       |       |
| P.M |       |       |        |        |       |

\*Can be included on planner: TeleCIMT set-up session(s); therapy sessions, daily feedback times, midway evaluation session, final evaluation session

**TeleCIMT contracts**



**TeleCIMT participant contract**

I       (name of participant) have been provided with and read the TeleCIMT Preparation Pack describing the various elements of my TeleCIMT program.

By marking the following boxes with an ‘x’, I understand and agree that the TeleCIMT program involves me:

|  |  |
| --- | --- |
| Wearing a mitt on my stronger arm as a reminder to use my weaker arm for 6 hours per day, for 5 days a week, for 3 weeks.  | [ ]   |
| Making a big effort to use my weaker armas much as possible during mitt-wearing hours, as long as it is safe to do so. | [ ]  |
| Practising using my weaker hand in structured training tasks for a total of 2 hours per day. | [ ]   |
| Undertaking tasks that are challenging and difficult to do, but that by carrying out these tasks it will help the program work. | [ ]   |

I understand and agree that I will:

|  |  |
| --- | --- |
| Not wear the mitt during activities with my weaker arm if my safety could be affected. | [ ]   |
| Not use my weaker arm if my safety could be affected in any way.  | [ ]  |
| Not undertake activities on my ‘mitt removal list’.  | [ ]   |
| Receive help from my supporter in certain essential daily living tasks whilst wearing the mitt, as agreed with my therapist.  | [ ]   |
| Provide regular feedback to my therapist on how I’m feeling about the program, any difficulties and my general progress.  | [ ]   |
| To make a plan for on-going use of my weaker arm after my TeleCIMT program, with support from my therapist. | [ ]   |

I have been given details of who to contact during the TeleCIMT program and am aware that I can withdraw from the program at any time without it impacting on future therapy care.

**Signature of participant:**

**Name of participant:**

**Date:**

**Name of TeleCIMT therapist:**

**Date:**

**TeleCIMT supporter contract**

I       (name of TeleCIMT supporter), have agreed to support       (name of TeleCIMT participant) during their TeleCIMT program. I have been provided with and read the TeleCIMT Preparation Pack describing the various elements of the program.

By marking the following boxes with an ‘x’, I understand and agree that the TeleCIMT program involves

       (name of participant):

|  |  |
| --- | --- |
| Wearing a mitt on their stronger arm as a reminder to use their weaker arm for 6 hours per day, for 5 days a week, for 3 weeks.  | [ ]  |
| Making a big effort to use their weaker armas much as possible during mitt wearing hours, as long as it is safe to do so. | [ ]  |
| Undertaking tasks that are challenging and difficult to do, but that by carrying out these tasks it will help the program work. | [ ]  |

I understand that I will need to:

|  |  |
| --- | --- |
| Be available during mitt wearing times throughout the full 3 weeks of the program to maximise safety and support for the participant. | [ ]  |
| Provide physical help with agreed tasks that       (*name of participant*) can currently do independently but will not be able to do when they wear the mitt. | [ ]  |
| Provide help, support and encouragement to continue with the program even when it appears difficult and frustrating. | [ ]  |

I have been given details of who to contact during the TeleCIMT program and am aware that       can withdraw from the program at any time without it impacting on future therapy care.

**Signature of supporter:**

**Name of supporter:**

**Date:**

**Name of TeleCIMT therapist:**

**Date:**

**My TeleCIMT goals**

****

**My goals for the program**

Your TeleCIMT program will focus on improving the use of your weaker arm and hand in activities that are important to you. Here are your chosen goals as agreed with your therapist:

**By the end of my TeleCIMT program, I will be able to:**

1.
2.
3.
4.
5.

**‘Daily diary and feedback’ sheets**



**Daily diary and feedback**

 **Example sheet Date:** 30/05/2020

 **How many hours did you wear your mitt for today?** 5.5 hours

 During your mitt-wearing time, outside of training hours, were you:

 Very active 🞎 Active ⌧ Not very active 🞎

|  |  |  |  |
| --- | --- | --- | --- |
| **Task practice**  | **Difficult** | **Manageable**  | **Easy**  |
| *No.* | *Description* | *Please tick as appropriate*  |
| *e.g. ‘3’* | *Potting plants* |  |  X |  |
| 5 | Sorting tools  |  |  | X |
| 9 | Doing puzzle | X |  |  |
| 6 | Watering plants |  | X |  |
| 10 | Washing car | X |  |  |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Shaping practice** | **Average score 1-5** | **Average score 6-10** |
| *No. / Description* | *First score / time* |  |
| 2. / Turning cards | 3 | 4.6 | 5.6 |
| 6 / Using spoon with rice | 4 | 4.5 | 4.8 |
| 4 / Ball throwing | 4 | 6 | 8 |
|  |  |  |  |
|  |  |  |  |

 **Homework practice** (if applicable)

 How many tasks did you practice today? e.g. ‘8’ None

**General Progress**

Was there anything that was difficult for you today?

Feeling really tired and couldn’t fit in homework. Eating all of my lunch using my fork was really frustrating – I’m so slow

What went well?

Much better at drinking from my cup now and was able to brush my hair at the back of my head today

Do you have any questions for your therapist?

**Daily diary and feedback sheet**

Program day 1 Date:

 **How many hours did you wear your mitt for today?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 During your mitt-wearing time, outside of training hours, were you:

 Very active 🞎 Active 🞎 Not very active 🞎

|  |  |  |  |
| --- | --- | --- | --- |
| **Task practice**  | **Difficult** | **Manageable** | **Easy** |
| *No.* | *Description* | *Please tick as appropriate*  |
| e.g. ‘3’ | Potting plants |  |  |  |  |  | ✓ |  |  |  |
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| **Shaping practice** | **Average score 1-5** | **Average score 6-10** |
| *No. / Description* | *First score / time* |  |
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 **Homework practice** (if applicable)

 How many tasks did you practice today? e.g. ‘8’

**General Progress**

Was there anything that was difficult for you today?

What went well?

Do you have any questions for your therapist?

**Daily diary and feedback sheet**

Program day 2 Date:

 **How many hours did you wear your mitt for today?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 During your mitt-wearing time, outside of training hours, were you:

 Very active 🞎 Active 🞎 Not very active 🞎

|  |  |  |  |
| --- | --- | --- | --- |
| **Task practice**  | **Difficult** | **Manageable** | **Easy** |
| *No.* | *Description* | *Please tick as appropriate*  |
| e.g. ‘3’ | Potting plants |  |  |  |  |  | ✓ |  |  |  |
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| **Shaping practice** | **Average score 1-5** | **Average score 6-10** |
| *No. / Description* | *First score / time* |  |
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 **Homework practice** (if applicable)

 How many tasks did you practice today? e.g. ‘8’

**General Progress**

Was there anything that was difficult for you today?

What went well?

Do you have any questions for your therapist?

**Daily diary and feedback sheet**

Program day 3 Date:

 **How many hours did you wear your mitt for today?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 During your mitt-wearing time, outside of training hours, were you:

 Very active 🞎 Active 🞎 Not very active 🞎

|  |  |  |  |
| --- | --- | --- | --- |
| **Task practice**  | **Difficult** | **Manageable** | **Easy** |
| *No.* | *Description* | *Please tick as appropriate*  |
| e.g. ‘3’ | Potting plants |  |  |  |  |  | ✓ |  |  |  |
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| **Shaping practice** | **Average score 1-5** | **Average score 6-10** |
| *No. / Description* | *First score / time* |  |
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 **Homework practice** (if applicable)

 How many tasks did you practice today? e.g. ‘8’

**General Progress**

Was there anything that was difficult for you today?

What went well?

Do you have any questions for your therapist?

**Daily diary and feedback sheet**

Program day 4 Date:

 **How many hours did you wear your mitt for today?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 During your mitt-wearing time, outside of training hours, were you:

 Very active 🞎 Active 🞎 Not very active 🞎

|  |  |  |  |
| --- | --- | --- | --- |
| **Task practice**  | **Difficult** | **Manageable** | **Easy** |
| *No.* | *Description* | *Please tick as appropriate*  |
| e.g. ‘3’ | Potting plants |  |  |  |  |  | ✓ |  |  |  |
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| **Shaping practice** | **Average score 1-5** | **Average score 6-10** |
| *No. / Description* | *First score / time* |  |
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 **Homework practice** (if applicable)

 How many tasks did you practice today? e.g. ‘8’

**General Progress**

Was there anything that was difficult for you today?

What went well?

Do you have any questions for your therapist?

**Daily diary and feedback sheet**

Program day 5 Date:

 **How many hours did you wear your mitt for today?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 During your mitt-wearing time, outside of training hours, were you:

 Very active 🞎 Active 🞎 Not very active 🞎

|  |  |  |  |
| --- | --- | --- | --- |
| **Task practice**  | **Difficult** | **Manageable** | **Easy** |
| *No.* | *Description* | *Please tick as appropriate*  |
| e.g. ‘3’ | Potting plants |  |  |  |  |  | ✓ |  |  |  |
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| **Shaping practice** | **Average score 1-5** | **Average score 6-10** |
| *No. / Description* | *First score / time* |  |
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 **Homework practice** (if applicable)

 How many tasks did you practice today? e.g. ‘8’

**General Progress**

Was there anything that was difficult for you today?

What went well?

Do you have any questions for your therapist?

**Daily diary and feedback sheet**

Program day 6 Date:

 **How many hours did you wear your mitt for today?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 During your mitt-wearing time, outside of training hours, were you:

 Very active 🞎 Active 🞎 Not very active 🞎

|  |  |  |  |
| --- | --- | --- | --- |
| **Task practice**  | **Difficult** | **Manageable** | **Easy** |
| *No.* | *Description* | *Please tick as appropriate*  |
| e.g. ‘3’ | Potting plants |  |  |  |  |  | ✓ |  |  |  |
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| **Shaping practice** | **Average score 1-5** | **Average score 6-10** |
| *No. / Description* | *First score / time* |  |
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 **Homework practice** (if applicable)

 How many tasks did you practice today? e.g. ‘8’

**General Progress**

Was there anything that was difficult for you today?

What went well?

Do you have any questions for your therapist?

**Daily diary and feedback sheet**

Program day 7 Date:

 **How many hours did you wear your mitt for today?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 During your mitt-wearing time, outside of training hours, were you:

 Very active 🞎 Active 🞎 Not very active 🞎

|  |  |  |  |
| --- | --- | --- | --- |
| **Task practice**  | **Difficult** | **Manageable** | **Easy** |
| *No.* | *Description* | *Please tick as appropriate*  |
| e.g. ‘3’ | Potting plants |  |  |  |  |  | ✓ |  |  |  |
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| **Shaping practice** | **Average score 1-5** | **Average score 6-10** |
| *No. / Description* | *First score / time* |  |
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 **Homework practice** (if applicable)

 How many tasks did you practice today? e.g. ‘8’

**General Progress**

Was there anything that was difficult for you today?

What went well?

Do you have any questions for your therapist?

**Daily diary and feedback sheet**

Program day 8 Date:

 **How many hours did you wear your mitt for today?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 During your mitt-wearing time, outside of training hours, were you:

 Very active 🞎 Active 🞎 Not very active 🞎

|  |  |  |  |
| --- | --- | --- | --- |
| **Task practice**  | **Difficult** | **Manageable** | **Easy** |
| *No.* | *Description* | *Please tick as appropriate*  |
| e.g. ‘3’ | Potting plants |  |  |  |  |  | ✓ |  |  |  |
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| **Shaping practice** | **Average score 1-5** | **Average score 6-10** |
| *No. / Description* | *First score / time* |  |
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 **Homework practice** (if applicable)

 How many tasks did you practice today? e.g. ‘8’

**General Progress**

Was there anything that was difficult for you today?

What went well?

Do you have any questions for your therapist?

**Daily diary and feedback sheet**

Program day 9 Date:

 **How many hours did you wear your mitt for today?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 During your mitt-wearing time, outside of training hours, were you:

 Very active 🞎 Active 🞎 Not very active 🞎

|  |  |  |  |
| --- | --- | --- | --- |
| **Task practice**  | **Difficult** | **Manageable** | **Easy** |
| *No.* | *Description* | *Please tick as appropriate*  |
| e.g. ‘3’ | Potting plants |  |  |  |  |  | ✓ |  |  |  |
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| **Shaping practice** | **Average score 1-5** | **Average score 6-10** |
| *No. / Description* | *First score / time* |  |
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 **Homework practice** (if applicable)

 How many tasks did you practice today? e.g. ‘8’

**General Progress**

Was there anything that was difficult for you today?

What went well?

Do you have any questions for your therapist?

**Daily diary and feedback sheet**

Program day 10 Date:

 **How many hours did you wear your mitt for today?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 During your mitt-wearing time, outside of training hours, were you:

 Very active 🞎 Active 🞎 Not very active 🞎

|  |  |  |  |
| --- | --- | --- | --- |
| **Task practice**  | **Difficult** | **Manageable** | **Easy** |
| *No.* | *Description* | *Please tick as appropriate*  |
| e.g. ‘3’ | Potting plants |  |  |  |  |  | ✓ |  |  |  |
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| **Shaping practice** | **Average score 1-5** | **Average score 6-10** |
| *No. / Description* | *First score / time* |  |
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 **Homework practice** (if applicable)

 How many tasks did you practice today? e.g. ‘8’

**General Progress**

Was there anything that was difficult for you today?

What went well?

Do you have any questions for your therapist?

**Daily diary and feedback sheet**

Program day 11 Date:

 **How many hours did you wear your mitt for today?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 During your mitt-wearing time, outside of training hours, were you:

 Very active 🞎 Active 🞎 Not very active 🞎

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| **Task practice**  | **Difficult** | **Manageable** | **Easy** |
| *No.* | *Description* | *Please tick as appropriate*  |
| e.g. ‘3’ | Potting plants |  |  |  |  |  | ✓ |  |  |  |
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| **Shaping practice** | **Average score 1-5** | **Average score 6-10** |
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 **Homework practice** (if applicable)

 How many tasks did you practice today? e.g. ‘8’

**General Progress**

Was there anything that was difficult for you today?

What went well?

Do you have any questions for your therapist?

**Daily diary and feedback sheet**

Program day 12 Date:

 **How many hours did you wear your mitt for today?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 During your mitt-wearing time, outside of training hours, were you:

 Very active 🞎 Active 🞎 Not very active 🞎

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| **Task practice**  | **Difficult** | **Manageable** | **Easy** |
| *No.* | *Description* | *Please tick as appropriate*  |
| e.g. ‘3’ | Potting plants |  |  |  |  |  | ✓ |  |  |  |
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| **Shaping practice** | **Average score 1-5** | **Average score 6-10** |
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 **Homework practice** (if applicable)

 How many tasks did you practice today? e.g. ‘8’

**General Progress**

Was there anything that was difficult for you today?

What went well?

Do you have any questions for your therapist?

**Daily diary and feedback sheet**

Program day 13 Date:

 **How many hours did you wear your mitt for today?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 During your mitt-wearing time, outside of training hours, were you:

 Very active 🞎 Active 🞎 Not very active 🞎

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| **Task practice**  | **Difficult** | **Manageable** | **Easy** |
| *No.* | *Description* | *Please tick as appropriate*  |
| e.g. ‘3’ | Potting plants |  |  |  |  |  | ✓ |  |  |  |
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| **Shaping practice** | **Average score 1-5** | **Average score 6-10** |
| *No. / Description* | *First score / time* |  |
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 **Homework practice** (if applicable)

 How many tasks did you practice today? e.g. ‘8’

**General Progress**

Was there anything that was difficult for you today?

What went well?

Do you have any questions for your therapist?

**Daily diary and feedback sheet**

Program day 14 Date:

 **How many hours did you wear your mitt for today?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 During your mitt-wearing time, outside of training hours, were you:

 Very active 🞎 Active 🞎 Not very active 🞎

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| **Task practice**  | **Difficult** | **Manageable** | **Easy** |
| *No.* | *Description* | *Please tick as appropriate*  |
| e.g. ‘3’ | Potting plants |  |  |  |  |  | ✓ |  |  |  |
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| **Shaping practice** | **Average score 1-5** | **Average score 6-10** |
| *No. / Description* | *First score / time* |  |
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 **Homework practice** (if applicable)

 How many tasks did you practice today? e.g. ‘8’

**General Progress**

Was there anything that was difficult for you today?

What went well?

Do you have any questions for your therapist?

**Daily diary and feedback sheet**

Program day 15 Date:

 **How many hours did you wear your mitt for today?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 During your mitt-wearing time, outside of training hours, were you:

 Very active 🞎 Active 🞎 Not very active 🞎

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| **Task practice**  | **Difficult** | **Manageable** | **Easy** |
| *No.* | *Description* | *Please tick as appropriate*  |
| e.g. ‘3’ | Potting plants |  |  |  |  |  | ✓ |  |  |  |
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| **Shaping practice** | **Average score 1-5** | **Average score 6-10** |
| *No. / Description* | *First score / time* |  |
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 **Homework practice** (if applicable)

 How many tasks did you practice today? e.g. ‘8’

**General Progress**

Was there anything that was difficult for you today?

What went well?

Do you have any questions for your therapist?

**Daily diary and feedback (spare)**

Program day \_\_\_ Date:

 **How many hours did you wear your mitt for today?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 During your mitt-wearing time, outside of training hours, were you:

 Very active 🞎 Active 🞎 Not very active 🞎

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| **Task practice**  | **Difficult** | **Manageable** | **Easy** |
| *No.* | *Description* | *Please tick as appropriate*  |
| e.g. ‘3’ | Potting plants |  |  |  |  |  | ✓ |  |  |  |
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| **Shaping practice** | **Average score 1-5** | **Average score 6-10** |
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 **Homework practice** (if applicable)

 How many tasks did you practice today? e.g. ‘8’

**General Progress**

Was there anything that was difficult for you today?

What went well?

Do you have any questions for your therapist?

**Daily diary and feedback (spare)**

Program day \_\_\_ Date:

 **How many hours did you wear your mitt for today?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 During your mitt-wearing time, outside of training hours, were you:

 Very active 🞎 Active 🞎 Not very active 🞎

|  |  |  |  |
| --- | --- | --- | --- |
| **Task practice**  | **Difficult** | **Manageable** | **Easy** |
| *No.* | *Description* | *Please tick as appropriate*  |
| e.g. ‘3’ | Potting plants |  |  |  |  |  | ✓ |  |  |  |
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| **Shaping practice** | **Average score 1-5** | **Average score 6-10** |
| *No. / Description* | *First score / time* |  |
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 **Homework practice** (if applicable)

 How many tasks did you practice today? e.g. ‘8’

**General Progress**

Was there anything that was difficult for you today?

What went well?

Do you have any questions for your therapist?

**My ‘task practice’ list**

***Remember*:** You need to practice your chosen tasks continually for **at least 15 minutes each. Aim for 3-4 tasks a day to total 1 hour** (and more if you want!). You can rest in between tasks, but not during.

**You can increase the challenge of the task by changing one element of the task at a time, by changing the:**

1) **Load** (weight)

2) **Position** (distance + height)

3) **How many times the task is repeated**

4) **How long the task takes**

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| **Task no** | **Task** | **Task Focus** | **Set up details** | **Increasing the challenge**  |
| *Example* | *Wiping down with a cloth* | *Forward reach with your shoulder* | *Choose an area or 2 to focus cleaning on e.g. bathroom / kitchen. If safe to do so, stand up for as much as you can without leaning on your right to support you.* ***Make sure you focus on reaching with your shoulder rather than leaning your body.*** | * ***Choose a higher surface to clean***
* ***Clean vertically e.g. a cupboard, a window***
 |
| 1 |       |       |       |       |
| 2 |       |       |       |       |
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| **Task no** | **Task** | **Task Focus** | **Set up details** | **Increasing the challenge**  |

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| 11 |       |       |       |       |
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**My ‘shaping practice’ list**

Shaping tasks will be set by your therapist to target the specific movement problems you are experiencing with your arm. You will complete these tasks in a series of timed trials. Each task will be up to 2 minutes long. You will complete each task 10 times in a row, recording your achievements after each attempt. Your therapist will gradually increase the level of challenge of these tasks as you progress through your TeleCIMT program. Once you progress through the program, you may want to consider how to do this yourself.

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| **Task no** | **Task** | **Movements encouraged** | **Task set up** | **Original task description** | **Increasing the challenge**  |
| *Example* | *Flipping over a drinks coaster* | Turning your forearm over and back again. Using your thumb and index finger together. | *Sit at table with both feet on floor. Place drinks coaster at edge of table in line with the centre of your body.* | *How many times can you flip the coaster over on the table with your right hand?* | *Use playing cards.* *Place the coaster / cards away from the edge of the table (to increase the challenge of picking them up).* *Increase distance of the coaster / cards away from your body (right / left OR near / far)**Increase height of where picking coaster / cards up from.* |
| 1  |       |       |       |       |       |
| 2  |       |       |       |       |       |
| 3  |       |       |       |       |       |
| 4  |       |       |       |       |       |
| 5  |       |       |       |       |       |
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| 7 |       |       |       |       |       |
| **Task no** | **Task** | **Movements encouraged** | **Task set up** | **Original task description** | **Increasing the challenge**  |
| 8  |       |       |       |       |       |
| 9  |       |       |       |       |       |
| 10  |       |       |       |       |       |
| 11 |       |       |       |       |       |
| 12 |       |       |       |       |       |
| 13 |       |       |       |       |       |
| 14  |       |       |       |       |       |
| 15  |       |       |       |       |       |
| 16  |       |       |       |       |       |

**My shaping practice score sheets**

**Task no.** EXAMPLE SCORE SHEET (see over page also) **Challenge:** How many times can I turn the drinks coaster (beer mat) over with my right hand in 45 seconds?

**Arm focus:** Turning your forearm over and back again. Using your thumb and index finger together.

**Kit required / Set up:** Use a drinks coaster / beer mat. Sit at the table with the coaster directly in front of you, both feet on floor. Don’t lean through your mitted hand!

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|  | **Week 1**  | **Week 2 \*1**  | **Week 3 \*2**  |
| **Day →** | **Mon****22/05/20** | **Tues** | **Wed****24/05/20** | **Thurs** | **Fri****26/05/20** | **Mon** | **Tues****30/05/20** | **Wed** | **Thurs****01/06/20** | **Fri** | **Mon** **05/06/20** | **Tues** | **Wed****07/06/20** | **Thurs** | **Fri** |
| Trial No. ↓ |
| **1** | 4 |  | 4 |  | 5 |  | 3 |  | 5 |  |  | 5 | 4 |  |  |
| **2** | 3 |  | 4 |  | 5 |  | 3 |  | 5 |  |  | 5 | 4 |  |  |
| **3** | 4 |  | 5 |  | 6 |  | 4 |  | 5 |  |  | 6 | 4 |  |  |
| **4** | 4 |  | 4 |  | 6 |  | 4 |  | 4 |  |  | 6 | 4 |  |  |
| **5** | 5 |  | 5 |  | 6 |  | 3 |  | 5 |  |  | 6 | 4 |  |  |
| **Av. 1-5\*** | **4** |  | **4.4** |  | **5.6** |  | **3.4** |  | **4.8** |  |  | **5.6** | **4** |  |  |
| **6** | 5 |  | 5 |  | 6 |  | 4 |  | 5 |  |  | 6 | 4 |  |  |
| **7** | 4 |  | 6 |  | 7 |  | 4 |  | 6 |  |  | 6 | 5 |  |  |
| **8** | 3 |  | 6 |  | 8 |  | 5 |  | 6 |  |  | 7 | 5 |  |  |
| **9** | 3 |  | 5 |  | 8 |  | 4 |  | 5 |  |  | 7 | 6 |  |  |
| **10** | 3 |  | 6 |  | 8 |  | 4 |  | 6 |  |  | 8 | 5 |  |  |
| **Av. 6-10\*** | **3.6** |  | **5.6** |  | **7.4** |  | **4.2** |  | **5.6** |  |  | **6.8** | **5** |  |  |

**\*Average‌ ‌score‌ ‌1-5‌ ‌‌**=‌ ‌add‌ ‌up‌ ‌scores‌ ‌1-5‌ ‌then‌ ‌divide‌ ‌by‌ ‌5‌ ‌for‌ ‌answer‌ \***Average‌ ‌score‌ ‌6-10‌‌** ‌=‌ ‌add‌ ‌up‌ ‌scores‌ ‌6-10‌ ‌then‌ ‌divide‌ ‌by‌ ‌5‌ ‌for‌ ‌answer‌

Each time you complete 10 time trials of a shaping task, you and your therapist will decide on whether to increase the challenge of the task or keep it the same. Each time the challenge of the task is changed, write it down in the table below. If you need a reminder of when the task was changed, you can mark a \* next to the date you changed it on the table overleaf.

|  |  |  |  |
| --- | --- | --- | --- |
| **Task change no.**  | **Component being changed** weight; height; distance; time; object | **Description of shaping task after progression** | **Date and** **first time trial score** |
| **\*1** | Use standard playing cards instead of the coaster.  | How many playing cards can I turn over in 45 seconds on the table in front of me sitting down? | 30/05/20203 |
| **\*2** | Place the playing cards on top of the book (to my right side) at arm’s length. | How many playing cards can I turn over in 45 seconds on the book on the table sitting down? | 07/06/20204 |
| **\*3** |  |  |  |
| **\*4** |  |  |  |
| **\*5** |  |  |  |

**Task No.**       **Challenge:**

**Arm focus:**

**Kit required / Set up:**

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|  | **Week 1**  | **Week 2** | **Week 3** |
| **Day →** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** |
| Trial No. ↓ |
| **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Av. 1-5\*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **10** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Av. 6-10\*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**\*Average‌ ‌score‌ ‌1-5‌ ‌‌**=‌ ‌add‌ ‌up‌ ‌scores‌ ‌1-5‌ ‌then‌ ‌divide‌ ‌by‌ ‌5‌ ‌for‌ ‌answer‌ **Average‌ ‌score‌ ‌6-10‌‌** ‌=‌ ‌add‌ ‌up‌ ‌scores‌ ‌6-10‌ ‌then‌ ‌divide‌ ‌by‌ ‌5‌ ‌for‌ ‌answer‌

Each time you complete 10 time trials of a shaping task, you and your therapist will decide on whether to increase the challenge of the task or keep it the same. Each time the challenge of the task is changed, write it down in the table below. If you need a reminder of when the task was changed, you can mark a \* next to the date you changed it on the table overleaf.

|  |  |  |  |
| --- | --- | --- | --- |
| **Task change no.**  | **Component being changed:** weight; height; distance; time; object | **Description of shaping task after progression** | **Date and** **first time trial score** |
| **\*1** |  |  |  |
| **\*2** |  |  |  |
| **\*3** |  |  |  |
| **\*4** |  |  |  |
| **\*5** |  |  |  |

**Task No.**       **Challenge:**

**Arm focus:**

**Kit required / Set up:**

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|  | **Week 1**  | **Week 2** | **Week 3** |
| **Day →** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** |
| Trial No. ↓ |
| **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Av. 1-5\*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **10** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Av. 6-10\*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**\*Average‌ ‌score‌ ‌1-5‌ ‌‌**=‌ ‌add‌ ‌up‌ ‌scores‌ ‌1-5‌ ‌then‌ ‌divide‌ ‌by‌ ‌5‌ ‌for‌ ‌answer‌ **Average‌ ‌score‌ ‌6-10‌‌** ‌=‌ ‌add‌ ‌up‌ ‌scores‌ ‌6-10‌ ‌then‌ ‌divide‌ ‌by‌ ‌5‌ ‌for‌ ‌answer‌

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| **\*3** |  |  |  |
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**Task No.**       **Challenge:**

**Arm focus:**

**Kit required / Set up:**

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|  | **Week 1**  | **Week 2** | **Week 3** |
| **Day →** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** |
| Trial No. ↓ |
| **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Av. 6-10\*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**\*Average‌ ‌score‌ ‌1-5‌ ‌‌**=‌ ‌add‌ ‌up‌ ‌scores‌ ‌1-5‌ ‌then‌ ‌divide‌ ‌by‌ ‌5‌ ‌for‌ ‌answer‌ **Average‌ ‌score‌ ‌6-10‌‌** ‌=‌ ‌add‌ ‌up‌ ‌scores‌ ‌6-10‌ ‌then‌ ‌divide‌ ‌by‌ ‌5‌ ‌for‌ ‌answer‌

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**Task No.**       **Challenge:**

**Arm focus:**

**Kit required / Set up:**

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|  | **Week 1**  | **Week 2** | **Week 3** |
| **Day →** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** |
| Trial No. ↓ |
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**\*Average‌ ‌score‌ ‌1-5‌ ‌‌**=‌ ‌add‌ ‌up‌ ‌scores‌ ‌1-5‌ ‌then‌ ‌divide‌ ‌by‌ ‌5‌ ‌for‌ ‌answer‌ **Average‌ ‌score‌ ‌6-10‌‌** ‌=‌ ‌add‌ ‌up‌ ‌scores‌ ‌6-10‌ ‌then‌ ‌divide‌ ‌by‌ ‌5‌ ‌for‌ ‌answer‌

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**Task No.**       **Challenge:**

**Arm focus:**

**Kit required / Set up:**

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|  | **Week 1**  | **Week 2** | **Week 3** |
| **Day →** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** |
| Trial No. ↓ |
| **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**\*Average‌ ‌score‌ ‌1-5‌ ‌‌**=‌ ‌add‌ ‌up‌ ‌scores‌ ‌1-5‌ ‌then‌ ‌divide‌ ‌by‌ ‌5‌ ‌for‌ ‌answer‌ **Average‌ ‌score‌ ‌6-10‌‌** ‌=‌ ‌add‌ ‌up‌ ‌scores‌ ‌6-10‌ ‌then‌ ‌divide‌ ‌by‌ ‌5‌ ‌for‌ ‌answer‌

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**Task No.**       **Challenge:**

**Arm focus:**

**Kit required / Set up:**

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|  | **Week 1**  | **Week 2** | **Week 3** |
| **Day →** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** |
| Trial No. ↓ |
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**\*Average‌ ‌score‌ ‌1-5‌ ‌‌**=‌ ‌add‌ ‌up‌ ‌scores‌ ‌1-5‌ ‌then‌ ‌divide‌ ‌by‌ ‌5‌ ‌for‌ ‌answer‌ **Average‌ ‌score‌ ‌6-10‌‌** ‌=‌ ‌add‌ ‌up‌ ‌scores‌ ‌6-10‌ ‌then‌ ‌divide‌ ‌by‌ ‌5‌ ‌for‌ ‌answer‌

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|  | **Week 1**  | **Week 2** | **Week 3** |
| **Day →** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** |
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**\*Average‌ ‌score‌ ‌1-5‌ ‌‌**=‌ ‌add‌ ‌up‌ ‌scores‌ ‌1-5‌ ‌then‌ ‌divide‌ ‌by‌ ‌5‌ ‌for‌ ‌answer‌ **Average‌ ‌score‌ ‌6-10‌‌** ‌=‌ ‌add‌ ‌up‌ ‌scores‌ ‌6-10‌ ‌then‌ ‌divide‌ ‌by‌ ‌5‌ ‌for‌ ‌answer‌

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|  | **Week 1**  | **Week 2** | **Week 3** |
| **Day →** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** |
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|  | **Week 1**  | **Week 2** | **Week 3** |
| **Day →** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** |
| Trial No. ↓ |
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**\*Average‌ ‌score‌ ‌1-5‌ ‌‌**=‌ ‌add‌ ‌up‌ ‌scores‌ ‌1-5‌ ‌then‌ ‌divide‌ ‌by‌ ‌5‌ ‌for‌ ‌answer‌ **Average‌ ‌score‌ ‌6-10‌‌** ‌=‌ ‌add‌ ‌up‌ ‌scores‌ ‌6-10‌ ‌then‌ ‌divide‌ ‌by‌ ‌5‌ ‌for‌ ‌answer‌

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|  |  |  |  |
| --- | --- | --- | --- |
| **Task change no.**  | **Component being changed:** weight; height; distance; time; object | **Description of shaping task after progression** | **Date and** **first time trial score** |
| **\*1** |  |  |  |
| **\*2** |  |  |  |
| **\*3** |  |  |  |
| **\*4** |  |  |  |
| **\*5** |  |  |  |

**Task No.**       **Challenge:**

**Arm focus:**

**Kit required / Set up:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Week 1**  | **Week 2** | **Week 3** |
| **Day →** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** |
| Trial No. ↓ |
| **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Av. 1-5\*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Av. 6-10\*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **\*5** |  |  |  |

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**Arm focus:**

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| --- | --- | --- | --- |
|  | **Week 1**  | **Week 2** | **Week 3** |
| **Day →** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** |
| Trial No. ↓ |
| **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Av. 1-5\*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Av. 6-10\*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **\*3** |  |  |  |
| **\*4** |  |  |  |
| **\*5** |  |  |  |

**After TeleCIMT Goals and Action Plan 1**

You have made a huge investment in the recovery of your arm by attending and completing the TeleCIMT program. It is important to continue this process. You are encouraged to continue to practice using only your weaker arm in everyday activities for at least 30 minutes per day, every day. You may wish to continue practising some of the activities you have worked on in shaping or task practice or as part of homework, or you may wish to select new activities to try.

Continuing to use your weaker arm in everyday life is the key to long term recovery. Take time to think about the sort of things that might help to build on the recovery you have seen and keep the focus on your arm in the longer term.

E.g. I would like to:

Practice new tasks for an hour a day

Learn to type using both hands on the keyboard

Join a gym and work on my arm strength

|  |  |
| --- | --- |
| WHAT I will achieve with my arm over the next 3 months | HOW I will achieve these goals |
|       |       |
|       |       |
|       |       |
| WHAT I will achieve with my arm over the next 6 months | HOW I will achieve these goals |
|       |       |
|       |       |
|       |       |
| WHAT I will achieve with my arm by this time next year  | HOW I will achieve these goals |
|       |       |
|       |       |
|       |       |

1. Adapted from Meharg, A., & Kings, J. (2015). *How to do Constraint-Induced Movement Therapy: A practical guide* (J. Goodman & S. Robinson Eds.). United Kingdom: Harrison Training. Available from: https://www.harrisontraining.co.uk/

**TeleCIMT Program Feedback Questionnaire 1**

Congratulations on completing the TeleCIMT program. To help future participants who complete a TeleCIMT program we invite you to answer the questions below.

|  |
| --- |
| Was the TeleCIMT program easier or harder than you expected?       |
| Were you given enough information about what to expect from the TeleCIMT program before you started? If not, what information would have been helpful?      |
| What did you do to ‘keep going’ when you felt frustrated?       |
| What have you gained from the TeleCIMT program?       |
| Please comment on anything that might help to improve the TeleCIMT program for others in the future.      |

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