**Essential screening criteria** (score “Yes” for ALL essential criteria to continue with screening) **Yes No**

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| --- | --- | --- |
| 1. Can the participant / supporter complete video calls from home, or be helped to do so? |  |  |
| 1. Does the participant have **active** finger extension (minimum 10 degrees) and wrist extension (minimum 20 degree)?   QUICK TEST: Can they pick up AND release a washcloth from a table with their affected hand only (3 x in 1 minute) |  |  |
| 1. Does the participant use their stronger arm in place of their weaker arm in everyday tasks? |  |  |
| 1. Are the participant and supporter motivated to engage in intensive upper limb therapy? |  |  |
| 1. Is there access to full medical history and is the participant free from any medical issues which could prevent them from safely participating in an intensive 2-3 week therapy program? |  |  |
| 1. Is the participant free of any marked cognitive difficulties which may affect their safety judgement?   If not, does the participant have a supporter who could manage safety of TeleCIMT with support from the therapist? |  |  |

**Screening criteria to consider** (provide TeleCIMT information leaflet before continuing with screening) *Use appendix 1 to assist with decision-making*

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| --- | --- | --- |
| 1. Does the participant experience **extreme fatigue** currently? |  |  |
| 1. Does the participant have significant **sharp** **pain** (impingement) which prevents them from engaging in ADLs? |  |  |
| 1. Does the participant have a **falls history** or describe being unsteady on their feet often? |  |  |
| 1. Does the participant have any significant **mental or emotional health difficulties**? |  |  |
| 1. Does the participant have any **communication needs**? |  |  |

**TeleCIMT screen decision:**

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| --- | --- | --- |
| Having been informed about the TeleCIMT program requirements, and read the TeleCIMT information sheet, do the participant and supporter understand what is required of them and agree to participating? |  |  |

**Therapist name and profession:**

**Signature:**       **Date:**

**Appendix 1: Further screening questions for consideration**

**Extreme fatigue**

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| * The TeleCIMT program is likely to build participant stamina but consider scenarios when they need to avoid becoming too fatigued * Can the therapist modify the program to build in regular rest breaks or can the program be done over more weeks? * Does the participant understand the time and effort requirements of the program and think they can cope? |

**Pain**

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| Some participants may complain of pain prior to a CIMT program, possibly due to prolonged immobility of the arm or more complex reasons. Identification of pain alone should not exclude someone from the program; increasing use should not worsen it and could even improve it.   * Assess whether the pain is ‘sharp’ and localised (impingement) or ‘dull’ (generalised) and where this happens, * Consider whether the exercises and task practice can be modified so the person can participate within pain limits. |

**Mobility**

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| * Consider how to deliver the program to reduce the risk of falls e.g. complete all tasks in sitting or standing & mitt off for all mobility |

**Mental and emotional health**

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| If the participant has a history of significant mental health issues, check whether they and their supporter:   * Understand that the program can be frustrating at times and may bring about negative emotions, * Recognise when more serious mental health symptoms are triggered, or are at risk of being triggered, * Have known strategies which can be put in place during the program to help if they become triggered, * Are aware there are core strategies to reduce frustration provided in the program preparation pack. |

**Communication**

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| --- |
| Consider how the program can be adapted to suit the specific communication needs of the participant. For example:   * Less paperwork to read and fill out / using phone calls for feedback * Asking the supporter to take the lead on communication between the participant and therapist |