

Occupational Therapy Assessment Guidelines

DATA BASE

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| Patient's Main Concerns and Goals | <ul style="list-style-type: none"> • Patient's problems. • Patient's expectations of treatment. |
| History | <ul style="list-style-type: none"> • Diagnosis, date of diagnosis, date of onset, pattern of disease, hospital admissions (surgery, rehabilitation, trauma) related surgery, previous therapy. |
| Other Medical Condition(s) | |
| Medication | <ul style="list-style-type: none"> • Current (compliance, side effects). • Previous arthritis medication • Non-arthritis medication. |
| Indicators of Disease Activity (IDA) | <ul style="list-style-type: none"> • Morning stiffness, fatigue, sleep/rest patterns. |
| Patient Profile | <ul style="list-style-type: none"> • Personal characteristics, living situation, social/family support, family responsibilities, support services, employment, medical coverage, finances. |
| Self-Management Strategies | <ul style="list-style-type: none"> • Treatments (ice, exercise, medication, etc) the client uses to assist them in managing their arthritis. • How often is it used? Is it effective? Other treatment tried in the past? |

II. FUNCTIONAL SUMMARY

Interview the client using these questions: Do you need to do..... Do you want to do.... Are you expected to do..... Can you do..... Do you do..... Are you satisfied with the way you do.....

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| Self-Care | <ul style="list-style-type: none"> • Includes personal care (dressing, bathing, toileting, feeding and transfers). |
| Mobility | <ul style="list-style-type: none"> • Includes walking, standing, stair climbing, driving and use of public transport. |
| Productivity | <ul style="list-style-type: none"> • Includes paid or unpaid work, household management (indoor and outdoor), child care, school and play for preschoolers. |
| Leisure | <ul style="list-style-type: none"> • Includes quiet recreation (reading, TV, etc.), active recreation, travel and socialization (visiting etc.) |
| Splints and Adaptive Equipment | <ul style="list-style-type: none"> • What do you use? Is it helpful? What have you tried in the past? Why did you discontinue using it? |

III. MUSCULOSKELETAL REVIEW

Joint Count – Using the joint man diagrams, mark an "X" on joints that are active (i.e. inflamed) or damaged.

In all joints, check for:

1. Signs of Synovitis

- heat (i.e. warmer than adjacent non-articular areas)
- effusion
- tenderness to palpation over joint line
- stress pain (i.e. pain on over-pressure at end of range)

When testing for synovitis, the tests are done in the following hierarchal order (as soon as a test is positive, do not proceed with subsequent tests):

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| 1) observe for effusion | 2) palpate for effusion |
| 3) palpate for tenderness | 4) stress pain |

2. Signs of Joint Damage

- ligamentous laxity
- subluxation
- deformity (fixed or flexible)
- crepitus

3. Pain

- Subjective report of pain at rest or on activity; what relieves pain; what aggravates pain.

4. Functional Range of Movement and Muscle Strength

- Record approximate degrees of movement

5. Functional Implications

6. Non-articular Features

- Sjogren's nodules, vasculitis, raynaud's, bursitis, tenosynovitis, tendon rupture, tender/trigger points.

7. Skin and Neurovascular Condition

8. Splints and Adaptive Equipment Used

In addition, special test methods pertinent to a particular joint are noted below.

A. Temporo-mandibular

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| 1. Synovitis | Tenderness | <ul style="list-style-type: none">• Apply firm pressure to both TMJs while patient opens and closes mouth once. |
| 2. Signs of Joint Damage | | <ul style="list-style-type: none">• Asymmetry of jaw motion. |
| 3. Functional Implications | | <ul style="list-style-type: none">• Chewing, dental hygiene. |

B. Cervical Spine

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| 1. Signs of Joint Damage | | <ul style="list-style-type: none">• Symptoms of atlanto-axial subluxation (i.e. visual disturbance). |
| 2. Pain | | <ul style="list-style-type: none">• Headaches, note location. |
| 3. Splints/Equipment | | <ul style="list-style-type: none">• Use of collars and pillows. |
| 4. Functional Implication | | <ul style="list-style-type: none">• Sleeping and working postures, driving, reading, etc. |

C. Sternoclavicular

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| 1. Synovitis | Tenderness | <ul style="list-style-type: none">• Apply firm pressure on SC joint |
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D. Acromioclavicular

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| 1. Synovitis | Tenderness | <ul style="list-style-type: none">• To palpate AC joint, palpate clavicle to distal end, then hook fingers dorsally over clavicle and apply firm pressure in "V" created by clavicle and spine of scapula. |
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E. Shoulder

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| 1. Synovitis | Stress Pain | <ul style="list-style-type: none">• With patient in supine lying position shoulder at 60° abduction. Then passively move shoulder to end of external rotation range and apply over-pressure. If negative, test internal rotation. |
| 2. Functional Implications | | <ul style="list-style-type: none">• Sleeping position, washing hair, donning shirt, tucking shirt in, reaching high surfaces. |
| 3. Non-Articular Feature | | <ul style="list-style-type: none">• Bursitis, tenosynovitis. |

F. Elbow

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| 1. | Synovitis | Effusion | <ul style="list-style-type: none">• With forearm in neutral position, move elbow to maximum extension and palpate for a fluid bulge in the para-olecranon groove (i.e. positive if dimple disappears). |
| | | Tenderness | <ul style="list-style-type: none">• With elbow in 45° flexion and forearm in neutral, apply pressure in para-olecranon groove using pad of thumb. |
| | | Stress Pain | <ul style="list-style-type: none">• Apply over-pressure at limit of passive flexion or extension. |
| 2. | Damage | | <ul style="list-style-type: none">• Flexion deformity. |
| 3. | Functional Implications | | <ul style="list-style-type: none">• Eating, pericare, dressing feet, carrying objects. |
| 4. | Non-Articular Feature | | <ul style="list-style-type: none">• Nodules. |
| 5. | Radioulnar joint (proximal and distal) | Range of Motion | <ul style="list-style-type: none">• With elbow at 90° pronate and supinate the forearm. |
| 6. | Functional Implications | | <ul style="list-style-type: none">• Feeding, handling change, door knobs, etc. |

G. Wrist

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| 1. | Synovitis | Effusion | <ul style="list-style-type: none">• With wrist in neutral, use pads of thumb to palpate for fluctuation over radiocarpal and midcarpal joints |
| | | Tenderness | <ul style="list-style-type: none">• With wrist in neutral, apply pressure over midcarpal joint, avoiding pressure on ulnar styloid. |
| | | Stress Pain | <ul style="list-style-type: none">• Apply overpressure in extension or flexion at end of available range. |
| 2. | Damage | | <ul style="list-style-type: none">• Volar subluxation, piano key test. |
| 3. | Functional Implications | | <ul style="list-style-type: none">• Meal preparation, driving. |
| 4. | Non-articular Feature | | <ul style="list-style-type: none">• Tenosynovitis. |

H. Thumb

a) Carpo-metacarpal (CMC)

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| 1. | Synovitis | Tenderness | <ul style="list-style-type: none">• With thumb in its resting position, palpate joint line dorsally and apply pressure. |
| 2. | Functional Implications | | <ul style="list-style-type: none">• Writing, gripping, turning key. |

b) 1st Metacarpophalangeal (MCP)

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| 1. | Synovitis | Effusion | <ul style="list-style-type: none">• With MCP flexed to 45° and proximal phalanx supported by examiner, position thumbs over the MCP joint line dorsally/ laterally and palpate for fluctuance using two-thumb technique. |
| | | Tenderness | <ul style="list-style-type: none">• Position as above. Apply pressure over joint line. |
| | | Stress Pain | <ul style="list-style-type: none">• Apply over-pressure in extension at end of available range. |
| 2. | Damage | | <ul style="list-style-type: none">• 90/90 thumb, metacarpal adduction and MCP hyperextension. |
| 3. | Functional Implications | | <ul style="list-style-type: none">• As for CMC joint. |

c) Thumb Interphalangeal (IP) (see section J, page 5)

I. Metacarpophalangeal (MCP) 2nd – 5th

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|----|--------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | Synovitis | | <ul style="list-style-type: none">• Refer to instructions for 1st MCP |
| | | | <ul style="list-style-type: none">• Test for laxity of collateral ligaments with MCP joints flexed to 90°.• Palpate for volar subluxation. Volar subluxation with or without ulnar deviation, tendon dislocation |
| 2. | Damage | | |
| 3. | Functional Implications | | <ul style="list-style-type: none">• Jars, taps, pulling clothes on. |

J. Proximal/Distal Interphalangeal Joint (PIP/DIP)

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|----|----------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | Synovitis | Effusion | <ul style="list-style-type: none">• With joint in extension, using the four-finger technique, apply pressure over joint line in A/P direction, while palpating for fluctuance on the medial and lateral aspects of the joint dorsal to the collateral ligaments. |
| | | Tenderness | <ul style="list-style-type: none">• Apply pressure to medial and lateral aspects of joint simultaneously. |
| | | Stress Pain | <ul style="list-style-type: none">• Apply over-pressure in extension or flexion while supporting proximally. Test PIPs only. |
| 2. | Damage | | <ul style="list-style-type: none">• Test for laxity of collateral ligaments by applying a medial/lateral stress to joint when it is in extension. |
| 3. | Functional Implications | | <ul style="list-style-type: none">• As for MCP joint, sewing, small fastenings. |
| 4. | Non-articular Features | | <ul style="list-style-type: none">• Tenosynovitis, tendon rupture, raynaud's, vasculitis. |
| 5. | Range of Motion / Muscle length | | <ul style="list-style-type: none">• Fist, opposition, pinch, finger extension muscle, Bunnel Test for intrinsic tightness (tuck). |

K. Hip Joint

1. **Synovitis**

	Stress Pain	<ul style="list-style-type: none">• With patient lying supine and hip in 0° extension, roll the leg into internal rotation with over-pressure. If negative, roll the leg into external rotation with over-pressure.• If "log rolling" is negative, flex hip to 90° then apply over-pressure to end-range of internal and if negative, then external rotation. Ask patient to identify site of pain. The test is positive if the site of pain is in the groin, or over the lateral or posterior aspects of the hip joints.
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2. **Functional Implications**
 - Getting up/down from low surfaces, dressing lower half, walking, standing, stairs, sports, reaching low surfaces, home accessibility.

L. Knees

1. **Synovitis**

	Effusion	<ul style="list-style-type: none">• With patient lying supine check for "bulge sign" by applying 3 or 4 firm strokes in a proximal direction to the medial aspect of the knee joint. Follow by one firm distal stroke on the lateral aspect of the knee. Observe for "wave" of fluid in medial aspect of the knee.• If negative, place one hand (firmly cupped) over the suprapatellar pouch and apply a downward and distal pressure. With the other hand, palpate for fluctuance in the parapatellar recesses of the knee.
	Tenderness	<ul style="list-style-type: none">• With knee flexed to 60°, palpate with thumbs over joint line, on antero-lateral and antero-medial aspects of the knee joint.
	Stress Pain	<ul style="list-style-type: none">• Apply over-pressure in flexion at end of available range.

2. **Damage**
 - Flexion deformity, varus/valgus – observe in standing.

3. **Functional Implications**
 - As for hip joint.

M. Ankles

1. **Synovitis**

	Tenderness	<ul style="list-style-type: none">• Apply pressure to anterior aspect of the joint on either side of the tendons, with ankle in slight plantar flexion.
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Stress Pain

- With the knee flexed, apply over-pressure at end of available range in dorsiflexion.
- Standing, walking.

2. Functional Implications

N. Foot

a) Subtalar Joint

1. Synovitis

Stress Pain

- With ankle in neutral (90°) stabilize the lower leg. Grasp calcaneus and apply over-pressure at the end of available inversion range and if negative, test eversion.

2. Damage

- Calcaneal valgus/varus, observe in standing.

3. Non-articular Feature

- Tendon rupture.

b) Midtarsal Joint

1. Synovitis

Stress Pain

- With ankle in dorsiflexion, grasp calcaneus to stabilize it. Place other hand over shafts of metatarsals, apply over-pressure to end of available inversion range and if negative, test eversion.

2. Damage

Deformity

- Flattening medial and lateral longitudinal arches and transverse arch.

c) MTP Joint

1. Synovitis

Tenderness/Stress Pain

- With MTP joint in slight plantar flexion, apply AP pressure over joint line.

2. Damage

- Hallux valgus/varus, hallux limitus/rigidus, subluxation, flattened transverse arch.

d) Proximal and Distal Interphalangeal Joints

1. Synovitis

Tenderness

- Apply pressure over medial/lateral joint lines.

2. General Foot Information

- Non-weightbearing and weightbearing position.
- Type of footwear and pattern of wear.

3. Functional Implications

- Walking, Standing.