

	Do you have a constraint therapy program? If so, what is the format – days/week, hours per day are done at home or in clinic for therapy, for how many weeks	What assessment tools and outcome measures do you use for your evaluation/re-evaluation?	Do you use the Assisting Hand Assessment? Why or why not?	Do you pair CIMT with tone management – Botox injections/ Phenol, etc.	What is the structure of a typical therapy session with CIMT?
A	No, we send them to another facility	NA	No	NA	NA
B	At XXX we do not have a formal CIMT program.				
C	We do not have an official CIT program.				
D	We do not have this program at XXX.				
E	We do some CI therapy, but not in a formal program.				
F	We do not have a formal program. We help set up program for carryover at home. Children may be seen 1-2times per week in therapy.	We have used the PMAL and PAFT.	No, we do not have access to this.	We may pending on the individual patient presentation. Most often with Botox.	Application of a glove, splint or other constraint to prevent use of non-involved hand. Focused concentration on use of involved hand and then removal of constraint with focus on bilateral activities. Generally working for proximal to distal control activities.

G	<p>CIMT intensive: 3 week program, 9 to 3:00, Monday through Friday</p> <p>We also provide CIMT on an ongoing basis in individual weekly outpatient sessions with home programming.</p>	<p>AHA, Melbourne, WeeFim, MAC's Levels, ROM</p>	<p>Good interrater and intrarater reliability for assessing function of the involved extremity</p>	<p>Participants in the 3-week CIMT intensive are not typically paired with tone management. The individual, outpatient sessions are usually paired with tone management.</p>	<p>We use a CIMT/bimanual approach, so the CIMT intensive day is 50% constraint and 50% bimanual.</p> <p>A typical session would involve neuromuscular re-education activities (NDT, kinesiotape, e-stim), purposeful activity and a functional task.</p>
H	<p>We do not have one at XXX.</p>				
I	<p>4-5 days weekly, 3-4 hours daily for 3 weeks for the initial CIMT visits and 2 weeks for any subsequent visits.</p>	<p>Pediatric Motor Activity Log (PMAL), Active Range of Motion measures, Pediatric Arm Function Test (PAFT)</p>	<p>No- because it is only a test of use of 2 hands together. We have developed the PAFT and have published validity/reliability on this test. We like it for CI Therapy because it looks at performance of the affected hand alone, hand preference during tasks as well as affected hand use during 2 hand activities.</p>	<p>oral medications are fine if the child functions with those on a routine basis. We do not usually recommend botox before CIMT, and never in the hand, as it changes the sensory feedback to the hand and you cannot correctly use CIMT shaping techniques that are meaningful to progress</p>	<p>Shaping with intensive practice as needed in ADL tasks meaningful to the family/child, including play, self feeding, self care, and participation in family lifestyle. More importantly, is the Transfer Package, which most doing CIMT, don't even realize is a critical component of CIMT. This is teaching the family how to "constrain the environment" for use at home and giving them the strategies to do so. This is what ensures retention of use and quality of movement over time. This begins and continues with the PMAL pre, during, post treatment and then into follow up after the child is home.</p>
J	<p>Yes, we have 2 programs the first is for children 18 months and older it is 3 hours per day, 5 days per week for 4 weeks all within</p>	<p>QUEST, PMAL or IMAL depending on age, MACS, Bayley 3 and COPM</p>	<p>Currently we do not use this assessment. Training has not been accessible in</p>	<p>This is not a requirement to be in the program, but we have had several patients who have scheduled CIMT in</p>	<p>Play based approach focusing on the whole child. First 3 weeks focus on use of affected upper as well as shoulder girdle/trunk and pelvis and gaining functional skills and</p>

	<p>our clinic. The second is for children from 6 months of age to 18 months of age it is 2 hours per day, 5 days a week for 4 weeks all within our clinic. Parent given additional activities to do at home for nights/weekends for both programs.</p>		<p>the US, in the fall this course is offered in 2 different locations with the plan to have a therapist go and get training and begin utilizing this assessment with this patient population.</p>	<p>conjunction with Botox injections.</p>	<p>4th week's focus is on bilateral play. A typical treatment session includes functional activities such as dressing and eating as well as any task that is important to the family. We have a questionnaire that we use to find out what skills are important to the family and work on these during the sessions. For example getting on and off a bike helmet, carrying a lunch tray, opening containers, working buttons, being able to get into backpack, playing sports and performing chores.</p>

1. Do you have a constraint therapy program? If so, what is the format – days/week, hours per day are done at home or in clinic for therapy, for how many weeks? **Yes, we have 3 protocols, see chart below**

	Protocol 1	Protocol 2	Protocol 3
Model of Therapy	Intensive	Intensive	Frequent
Duration of Intervention	3 weeks	6 weeks	8 weeks
Duration of CIMT/BIT	2 weeks CIMT 1 week BIT	4 weeks CIMT 2 weeks BIT	5 weeks CIMT 3 weeks BIT
Dosage of treatment with therapist	1-2 hours per day for at least 3 days per week	1-2 hours per day; 3 days per week	1-2 hours per day for one day per week
Structured Practice with Caregiver	3 hours per day	2-4.5 hours per week	4-6 hours per week while wearing constraint
Method of Constraint (in alphabetical order)	Ace Wrap Pedi-wrap Splint / Glove Removable Cast	Ace Wrap Pedi-wrap Splint / Glove Removable Cast	Ace Wrap Pedi-wrap Splint / Glove Removable Cast

1. What assessment tools and outcome measures do you use for your evaluation/re-evaluation?

Assessment Category	Assessments	1-2 yrs	3 yrs	4-7 yrs	8-18 yrs	Adult
Classification Tool	Manual Ability Classification System (MACS) (Eliasson 2006 [2a])			X	X	
Individualized Patient / Family Goals	Canadian Occupational Performance Measure (COPM) (Law 2005 [5])	X Care-giver Report	X Care-giver Report	X Care-giver Report	X Client if possible	X Client if possible
	Goal Attainment Scaling (Kiresuk 1994 [5])	X	X	X	X	X
Activity - Unimanual Capacity	Melbourne Assessment 2 (MA2) (Randall 1999 [5])	2.5 → 15				
Activity - Bimanual Performance	Assisting Hand Assessment (Krumlind-Sundholm 2007 [2a])	1.5 → 12				

Assessment Category	Assessments	1-2 yrs	3 yrs	4-7 yrs	8-18 yrs	Adult
	Children's Hand-Use Experience Questionnaire (CHEQ) (Skold 2011 [2a])			6 → 18		

2. Do you use the Assisting Hand Assessment? Why or why not? **Yes, most sensitive test to assess Bimanual performance. Suggested in the literature as gold standard.**
3. Do you pair CIMT with tone management – Botox injections/ Phenol, etc. **YES**
4. What is the structure of a typical therapy session with CIMT? **We use both group and individual CIMT sessions, 2:1 adult/child ratio.**