

ASSESSMENT FORM

Personal Details:

Name: _____ Date: _____
 Cancer Type: _____ Grade: _____
 Date of Diagnosis: _____ under 2 yrs
 Medical insurance: yes No

Cancer Treatment:

Type of Surgery and adjuvant treatment:

Partial mastectomy (also known as lumpectomy or segmental mastectomy) Hormone therapy: yes No to come
 Mastectomy Axillary node dissection Chemotherapy: yes No to come
 Wide local excision Brain surgery Radiation Therapy: yes No to come
 Colorectal surgery Oophorectomy Lymph node removal Number of nodes removed **R** **L**

 Breast reconstruction Type and date of reconstruction: _____
 Other surgery Type and date : _____

 R L Bilateral

Adjuvant Intervention information:

Current medications:

Side effects from medication:

Ongoing plan for cancer treatment:

Experiencing post op pain: yes No Pain intensity 0 – 10 scale
 Body site:

Aggravating factors:

Other current musculoskeletal issues:

Lymphoedema: yes No Unsure Seeing lymphoedema specialist

Functional Limitations: Home:

Work:

Exercise prior to cancer diagnosis:

Current exercise:

Average time spent exercising each week:

Fatigue: 1 – 3 (mild) } 4 – 6 (mod) 7 – 10 (severe) } → complete additional fatigue assessment

Musculoskeletal Objective Assessment:

Upper quarter screen

Resting posture observations: (sh height/scap symmetry/breathing)

NAD

Movement patterns / Scapula stability: active scapula retraction /scapular stability in weight bearing /compensatory muscle activity

ROM Goniometer measures:

flex. **R** **L** abd. **R** **L** intl rot. **R** **L** ext rot. **R** **L** ext. **R** **L**

Muscle strength:

NAD

Lymphoedema screen

Sensory changes: (heaviness/fullness/acheness/tightness)

NAD

Volume difference observations: (limbs, hands and fingers)

NAD

Circumference measurements: **R** wrist: _____ 5cm above wrist: _____ 5cm above elbow: _____
L wrist: _____ 5cm above wrist: _____ 5cm above elbow: _____

Skin screening

Skin changes observation:

NAD

Scar tissue assessment:

Cording: (palpation / limiting ROM)

Reconstruction assessment

not applicable

Postural assessment:

Scar assessment:

Movement patterns:

ROM:

Muscle Strength:

Functional Limitations:

Functional Testing:

Functional test	Protocol Must use correct technique to hold position	Unable to achieve start position or unsafe to test	Results	Comments
Flexibility: chicken wing on the wall test	Standing back on wall, feet 10cm away, measure distance from elbow to wall	Date:	R L	
Flexibility: arm goal post test	Position as above, measure distance the elbow moves vertically, while maintaining dorsum of wrist and elbows on wall	Date:	R L	
Strength: Client pole strength test	Holding pole outstretched to 90 degrees shoulder flexion maintaining correct posture for 15 seconds 2kg/3kg/5kg	Date:	Weight achieved	
Or Press up test	Maximum no. of push ups performed (max 30) indicate position, wall. Knees. Feet.	Date:	# of press ups	
Core strength: lower ab test	Table top position, ability to maintain neutral spine. Measure ° hip flexion +/- 90°	Date:	° hip flexion +/- 90°	
Cardio: 2 min step up test	Measuring midpoint between kneecap and iliac crest, put tape on wall, raising knee to tape. Count every right step and take HR at end of test	Date:	# of steps HR	
Balance Test: Walk the line	Eyes straight ahead, walking heel to toe, counting how many steps before going off imaginary line	Date:	# of steps	
Balance Test: One leg stranding	10 second intervals: 1) flamingo stand 2) hands on head 3) eyes closed	Date:	R Circle one L Just standing Just standing Arms on head Arms on head Eyes closed Eyes closed	
Alternative Functional Test:				

Phase of Recovery (circle): post op recovery fitness

Patient Goals from the PINC Program:

- 1.
- 2.
- 3.

Date	Therapist Goals	Treatment Plan

HEP and exercise plan:

- Treatment has been explained to Client
- Consent Gained for Treatment
- Consent Gained to inform GP or Breast Surgeon of participation in PINC Program

Therapist: _____ Signed: _____ Date: _____