

MAS SELECTION & SCREENING EVALUATION

PATIENT DETAILS

Surname: _____ Date: _____
First Name: _____
Known as: _____
D.O.B.: _____
Diagnosis: _____
Therapist: _____

ASSESSMENT DETAILS

PATIENT GOALS

Increase independence with:

Feeding Wheelchair Mobility Leisure
Grooming Environmental controls Computer Use
Work Other

Motivated to use the MAS? Yes No

If 'No', what personal goals might help to motivate the patient to use MAS?

Cognitive Skills: Intact Impaired
If impaired, how can MAS training be adapted to help the patient with MAS use?

CURRENT WHEELCHAIR SETUP

Brand / Model: _____

Seating / Cushion Brand: _____

Joystick control: Yes No

If 'Yes', add-on equipment / location: _____

Armrests: Full length Desk arm Fixed

Removable Adjustable height Tubular

Back style: High back Manual recline Power recline

Upright Low back

NB: Back post diameter: 7/8" (larger requires custom wheelchair bracket)

Upholstery around back post: Yes No

If 'Yes', can upholstery be cut near the elbow? Yes No

To use with: Lap tray A table

Patient requires: Hand splint(s) Hand strap

Other

TRUNK CONTROL:

Devices needed: Lap belt Chest strap Custom cushion
 Lateral trunk support Other

CAREGIVER(S):

Name (please print): _____

Agreed to training?: Yes No Start ____ / ____ / ____
 Completion date ____ / ____ / ____

Caregiver independent with:
 MAS assembly MAS use Patient positioning

USE:

Right Left Bilateral

GOAL:

Strengthening Maintaining/increasing ROM Long term use (ADL's)

LIMITATIONS:

		Muscle Strength (0-5 Grading Scale)	PROM	Abnormal Tone (See key below)
Shoulder	Flexion/abduction			
	Horizontal adduction			
	External rotation			
	Internal rotation			
Elbow	Flexion			
	Extension			
Forearm	Supination			
	Pronation			
Wrist	Flexion			
	Extension			

Key to abnormal tone evaluation:

- **None** None
- **Mild** Stretch reflex in last ¼ of range
- **Moderate** Stretch reflex in midrange
- **Severe** Stretch reflex in initial ¼ of range

GENERAL GUIDELINES FOR MAS CHOICES:

- **Basic MAS** 2 shoulder/elbow strength; wheelchair user
- **Elevating Proximal Arm MAS** 2 shoulder (deltoid) strength, used to reach above mouth level; wheelchair user
- **Friction Feeder MAS** Mild to moderate abnormal tone, inco-ordination, tremors; wheelchair user
- **Table Clamp MAS** 2 shoulder/elbow strength, able to sit at a table
- **Wheelchair Clamp MAS** 2 shoulder/elbow strength, to decrease the width of the MAS mainly for one task; wheelchair user

RESULTS / TYPE OF MAS NEEDED**Most appropriate MAS:**

Basic MAS Elevating MAS Friction Feeder MAS
 Table Clamp MAS Wheelchair Clamp MAS

Size / Side:

Small Medium (9") Large (10")
 Right Left Bilateral

Specialized Parts (to add to or modify the MAS)

T bar cock up Offset Swivel Offset Swivel with rubber band assist
 T bar cover Supinator Reclining wheelchair bracket
 Flying Saucer Trough over Offset Swivel with Pronator/Supinator Assist
 Vertical Trough stop 1" Riser MAS Bracket Relocator
 Offset Swivel Custom wheelchair bracket for larger diameter wheelchair post 1"

TRAINING PROGRAMME**PATIENT DETAILS**

Surname: _____ Date: _____
 First Name: _____
 Known as: _____
 D.O.B: _____
 Diagnosis: _____
 Therapist: _____

ASSESSMENT DETAILS**Most appropriate MAS:**

Basic MAS Elevating MAS Friction Feeder
 Table Clamp MAS Wheelchair Clamp MAS

Specialized MAS Parts Needed:**Special Seating Equipment Needed:**

Lateral trunk supports Seat cushion Lap Tray
 Splint/orthosis

Other:

**TREATMENT:
THREE PHASE TRAINING PROGRAMME**

1. Body Mechanics

Record the date when the patient is able to perform each position using the proper body motions.

Hand down to lap tray	Hand up to mouth	Horizontal abduction	Horizontal adduction	Arm forwards	Arm backwards

2. Exercise Training

To document treatment progress, record date and measurements.

- Goal 1:** Increase vertical reach
- Goal 2:** Increase horizontal reach (abduction and adduction distance)
- Goal 3:** Increase horizontal reach (Forward: shoulder flexion, elbow extension
Backward: shoulder extension, elbow flexion)
- Goal 4:** Increase strength (weight lifted)
- Goal 5:** Increase endurance (length of time)
- Goal 6:** Increase grasp / pinch (size of item)
- Goal 7:** Other

Goal 1	Goal 2	Goal 3	Goal 4	Goal 5	Goal 6	Goal 7

3. Functional Activities

To document treatment progress, record results of functional activity exercises as below.

Date	Activity	Equipment/Setup	Results
	Feeding		
	Grooming		
	Keyboard		
	Writing		
	Reading		
	Phone		
	Board games		
	Wheelchair mobility (except table clamp MAS)		
	Other		