

## Resource 5

# Hand contracture assessment

### How to find the hand contracture assessment form on Rio:

- Choose the patient and open their profile.
- In the Case Record Menu on the right, locate Assessment – CH and select the + icon to expand the menu.
- From the options that appear, choose Shared Assessments.
- On the left-hand side, select PM Initial Assessment – Objective.
- Begin to complete assessment.
- When Hand Contracture tick box has been selected, the hand contracture assessment will open.
- Please refer to Resource 6 for Hand Contracture Rio Assessment Form.

The screenshot shows the 'Case Record Menu' on the left and a list of assessment options on the right. In the 'Case Record Menu', 'Assessments - CH' is expanded, and 'Shared Assessments' is highlighted in yellow. In the list of assessment options on the right, 'PM Initial Assessment Objective' is highlighted in yellow.

**Case Record Menu**

- Patient Summary Report
- Assessments - CH
  - Ageing Well
  - Allied Health Professionals
  - Carers' & Users' Expectations of Service
  - CARSS
  - Community Inpatients
  - Diabetes
  - District Nurses
  - Community Matrons
  - Eating Disorders
  - End of Life
  - Female Genital Mutilation
  - HCST
  - Infection Prevention & Control
  - MCA & Information Sharing and Consent
  - Mental Capacity Act
  - Mental Health
  - Nursing
  - Nutrition and Hydration
  - Shared Assessments**
  - Archive
  - Sue Ryder

Assessment Options:

- Intermediate Care - Initial Assessment
- IPS Employed
- IPS Unemployed
- IPS Form (read-only)
- Key Safe
- Medical, Family and Social History
- Other RiO Record Details
- Pain Assessment
- Physical Health & Lifestyle Assessment
- PM Initial Assessment - Subjective
- PM Initial Assessment Objective**
- PM Goal Based Outcomes
- Research Consent Form
- Risk Assessment for Venous Thromboembolism (VTE)
- Routine Observations
- SALT Mealtime Assessment and Recommendations
- SJR Community Health (Structured Judgement Review)
- SJR Mental Health (Structured Judgement Review)

PM Initial Assessment Objective

Client: BT, Test : 21000003

Date assessment commenced:

Referral:

Therapist Name:

Secondary Therapist:

Presenting Posture in bed (Add Photographs)

Date	Type	Title
-No Documents Associated-		

**Postural Assessment**

Hand Contracture Assessment ✓

**Hand Hygiene**

Left Hand	Right Hand	Comment	Action
<input type="text" value="Please Select"/>	<input type="text" value="Please Select"/>	<input type="text"/>	<input type="button" value="Add"/>

**Nail Health**

Right Hand	Comments	Action
<input type="text" value="Please Select"/>	<input type="text"/>	<input type="button" value="Add"/>

**Digits**

**Nail Health**

Left Hand	Right Hand	Comments	Action
<input type="text" value="Please Select"/>	<input type="text" value="Please Select"/>	<input type="text"/>	<input type="button" value="Add"/>

**Digits**

Left Hand	Right Hand	Comments(e.g Range of motion)	Action
<input type="text" value="Please Select"/>	<input type="text" value="Please Select"/>	<input type="text"/>	<input type="button" value="Add"/>

**Digits**

Digit	Left Hand	Right Hand	Comments(e.g Range of motion)	Action
<input type="text" value="Please Select"/>	<input type="text" value="Please Select"/>	<input type="text" value="Please Select"/>	<input type="text"/>	<input type="button" value="Add"/>

g completed? ✓

Digit 1 (thumb)

Digit 2 (index)

Digit 3 (middle) ✓  Yes  No

Digit 4 (ring)

Digit 5 (little)

All Digits

## Digits

Digit	Left Hand	Right Hand	Comments(e.g Range of motion)	Action
Please Select	Please Select	Please Select		<input type="button" value="Add"/>

<b>How is nail care being completed?</b>	Please Select			
<b>Hand contractures present?</b>	Flexed at MCP Flexed at PIP Flexed at DIP Abduction of thumb into palm			
<b>Comments</b>	Other Flexed at all joints			

**How is nail care being completed?**  Yes  No

**Hand contractures present?**  Yes  No

**Comments**

**Hand Contracture Status** Please Select

**Hand Pain Scale on passive movement (0- No Pain 10- Most Pain)** Please Select

**Hand Pain Description** At Risk  
Mild  
Moderate  
Severe

**Hand Pain Scale on passive movement (0- No Pain 10- Most Pain)** Please Select

**Hand Pain Description** Left  
Right  
Both

Hand	Intervention / Plan	Action
Please Select	Please Select	<input type="button" value="Add"/>

Please Select		
Left		
Right		

Hand	Intervention / Plan	Action
Please Select	Please Select	<input type="button" value="Add"/>

<b>Comments</b>	Please Select	
	Cutimed Sorbact Dermis Plus Prevent Other - please detail in comments Palm Protector- Microbead style PCM Palm Protector - Microbead style Medoris Palm Protector Synthetic Sheep Skin style Pain medication review	

**Spine and Neck Assessment**

**Is there potential restricted Range of Motion in the neck?**  Yes  No



@ westcarehomesupport@berkshire.nhs.uk

Service hours: Monday to Friday, 8am – 4pm

berkshirehealthcare.nhs.uk/chst