

Date: _____ Time: _____ Group size: **1 2 3 4 5+**

If multiple therapists involved, describe therapists roles:

Is this the first session with this patient? Yes No

Were other therapists involved in the session? Yes No

Was Legsys data collected? Yes No

Patient Info

Patient Initials: _____

Age: _____

Gender: _____

Admission FIM score: _____

Impairment group code: _____

Gender: Berg Balance: _____

Dynamic Gait: _____

Fugl-Meyer: _____

Mayo-Portland
Adaptability Inventory-4: _____

Notes: Describe patient's injury and your primary goals for this session:

Cognition

Command following 

Problem solving 

Low Level High Level

Movement (upper body)


None Full range

Right Arm 

Left Arm 

Finger flexation

Right Hand 

Left Hand 

Fine motor coordination

Right Hand 

Left Hand 

Low level High level

Standing (lower body)

Uses Wheelchair

Uses Walker

Uses Cane

Standing endurance



Minutes

Games played

Console: (Wii, Kinect, Move)

Game/mini-game:

1. _____

2. _____

3. _____

4. _____

Questions for patients

1. Do you play video games on your own?
(Describe)

2. Play personality

Lay out the eight play personality cards in the notebook pocket and ask the patient to identify which describes them best, then second best, and least:

Best?

Second best?

Least?

Check Goals that apply.
Then rate each game's effectiveness at meeting that goal

	Not effective	Effective	Very effective	Not effective	Effective	Very effective	Not effective	Effective	Very effective	Not effective	Effective	Very effective	Not effective	Effective	Very effective					
Social & Cognitive goals	Game 1:			Game 2:			Game 3:			Game 4:										
Attention <input type="checkbox"/>	-2	-1	E	+1	+2	-2	-1	E	+1	+2	-2	-1	E	+1	+2	-2	-1	E	+1	+2
Command following <input type="checkbox"/>	-2	-1	E	+1	+2	-2	-1	E	+1	+2	-2	-1	E	+1	+2	-2	-1	E	+1	+2
Comprehension <input type="checkbox"/>	-2	-1	E	+1	+2	-2	-1	E	+1	+2	-2	-1	E	+1	+2	-2	-1	E	+1	+2
Concentration <input type="checkbox"/>	-2	-1	E	+1	+2	-2	-1	E	+1	+2	-2	-1	E	+1	+2	-2	-1	E	+1	+2
Communication <input type="checkbox"/>	-2	-1	E	+1	+2	-2	-1	E	+1	+2	-2	-1	E	+1	+2	-2	-1	E	+1	+2
Insight into deficits <input type="checkbox"/>	-2	-1	E	+1	+2	-2	-1	E	+1	+2	-2	-1	E	+1	+2	-2	-1	E	+1	+2
Problem solving <input type="checkbox"/>	-2	-1	E	+1	+2	-2	-1	E	+1	+2	-2	-1	E	+1	+2	-2	-1	E	+1	+2
Safety <input type="checkbox"/>	-2	-1	E	+1	+2	-2	-1	E	+1	+2	-2	-1	E	+1	+2	-2	-1	E	+1	+2
Sequencing <input type="checkbox"/>	-2	-1	E	+1	+2	-2	-1	E	+1	+2	-2	-1	E	+1	+2	-2	-1	E	+1	+2
Socialization <input type="checkbox"/>	-2	-1	E	+1	+2	-2	-1	E	+1	+2	-2	-1	E	+1	+2	-2	-1	E	+1	+2
Task Initiation <input type="checkbox"/>	-2	-1	E	+1	+2	-2	-1	E	+1	+2	-2	-1	E	+1	+2	-2	-1	E	+1	+2
Visual perceptual skills <input type="checkbox"/>	-2	-1	E	+1	+2	-2	-1	E	+1	+2	-2	-1	E	+1	+2	-2	-1	E	+1	+2
Verbal reasoning <input type="checkbox"/>	-2	-1	E	+1	+2	-2	-1	E	+1	+2	-2	-1	E	+1	+2	-2	-1	E	+1	+2
Turn taking <input type="checkbox"/>	-2	-1	E	+1	+2	-2	-1	E	+1	+2	-2	-1	E	+1	+2	-2	-1	E	+1	+2
<input type="checkbox"/>	-2	-1	E	+1	+2	-2	-1	E	+1	+2	-2	-1	E	+1	+2	-2	-1	E	+1	+2
<input type="checkbox"/>	-2	-1	E	+1	+2	-2	-1	E	+1	+2	-2	-1	E	+1	+2	-2	-1	E	+1	+2
Physical goals																				
Bilateral hand use <input type="checkbox"/>	-2	-1	E	+1	+2	-2	-1	E	+1	+2	-2	-1	E	+1	+2	-2	-1	E	+1	+2
Dynamic balance <input type="checkbox"/>	-2	-1	E	+1	+2	-2	-1	E	+1	+2	-2	-1	E	+1	+2	-2	-1	E	+1	+2
Endurance <input type="checkbox"/>	-2	-1	E	+1	+2	-2	-1	E	+1	+2	-2	-1	E	+1	+2	-2	-1	E	+1	+2
Fine motor <input type="checkbox"/>	-2	-1	E	+1	+2	-2	-1	E	+1	+2	-2	-1	E	+1	+2	-2	-1	E	+1	+2
Hand-eye coordination <input type="checkbox"/>	-2	-1	E	+1	+2	-2	-1	E	+1	+2	-2	-1	E	+1	+2	-2	-1	E	+1	+2
Standing <input type="checkbox"/>	-2	-1	E	+1	+2	-2	-1	E	+1	+2	-2	-1	E	+1	+2	-2	-1	E	+1	+2
Static Balance <input type="checkbox"/>	-2	-1	E	+1	+2	-2	-1	E	+1	+2	-2	-1	E	+1	+2	-2	-1	E	+1	+2
<input type="checkbox"/>	-2	-1	E	+1	+2	-2	-1	E	+1	+2	-2	-1	E	+1	+2	-2	-1	E	+1	+2
<input type="checkbox"/>	-2	-1	E	+1	+2	-2	-1	E	+1	+2	-2	-1	E	+1	+2	-2	-1	E	+1	+2
Enjoyment																				
Cognitive help needed	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
Physical help needed	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4
Boredom v. Frustration	B ← 2 1 0 1 2 → F					B ← 2 1 0 1 2 → F					B ← 2 1 0 1 2 → F					B ← 2 1 0 1 2 → F				
What type of fun? Check all that apply	<input type="checkbox"/> H	<input type="checkbox"/> E	<input type="checkbox"/> S	<input type="checkbox"/> P	<input type="checkbox"/> H	<input type="checkbox"/> E	<input type="checkbox"/> S	<input type="checkbox"/> P	<input type="checkbox"/> H	<input type="checkbox"/> E	<input type="checkbox"/> S	<input type="checkbox"/> P	<input type="checkbox"/> H	<input type="checkbox"/> E	<input type="checkbox"/> S	<input type="checkbox"/> P	<input type="checkbox"/> H	<input type="checkbox"/> E	<input type="checkbox"/> S	<input type="checkbox"/> P
	H = <i>Hard fun</i> : achieving a goal, competing w/ oneself				E = <i>Easy fun</i> : curiosity, surprise, wonder				S = <i>Serious fun</i> : excitement, esteem from learning				P = <i>People fun</i> : social, cooperation, competition							

Session NOTES: What deterred from enjoyment? Anything else you would like to add? (use the back if needed)