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Physiotherapy Form – How to upload data

1. Click on tab (red arrow) and green box appears. Click on "SMA Reach Physiotherapy Form"



2. Project form appears. Enter date and click on "create or find form". This is to ensure that the data has not already been entered for that date.

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×			
u can edit an existing SMA REACH Physiotherapy form by selecting it from the list. If yo create or find form" and you will be presented with a form to edit.	u want to subr	nit a nev	v
Age			
2 months ago EDIT			
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3. Complete all fields (see below for details)

Project form | Clarinet - Google Chrome

Project Form				~
	Date of data	entry		~
Sections and fields in BLUE text are required	for all assessments.	F۱	valuator	
Visit ID	Completion date	Evaluator		-
Date of examination 30/10/2020	(Date of examination)	Time of examination (24h)	(Time of examination)	
Face to face assessment Tele-const Reason for not collecting data	alation O Assessment of received video reco	rdings 🔘 Live video assessment 🛛 🛛 T	ime of examination	
Please select: Summary function - VIGNOS and Er	ntry Item Date of ex	~ kamination		
WHO Motor Milestones SAVE DRAFT SAVE	Type of assessment			

4. Entering data - very important to enter data in EVERY ASSESSMENT FIELD. Even if the assessment was not completed, "NO" should be clicked with a reason as per coding.

Visit ID	Completio	n date	Evaluator	
Date of examination	(Date of ex	kamination) wn	Time of examination (24h)	(Time of examination)
Was the Motor Milestones () performed? ○ Yes	HINE section 2) wn	If no, please specify N. Other (Specify)	why Give reason	Details
Head control 〇 Unable to maintain head	upright	D. Disease stage re	eason unable (e.g. non-ambulant	or ambulant)
O Wobbles		T. Temporary reaso	on unable (e.g. acute injury, fractu	ire, vomiting) – may change in future
 All the time maintained up 	ıpright	E. Evaluator error ((forgot, wrong test) – cannot be a	ssumed as a 0
SAVE DRAFT SAVE		P. Patient error, cou N. Other (Specify)	uld be behaviour / refusal – canno	ot be assumed as a 0
			ad restrictions	

If "N- other" is selected, an option can be chosen from the drop down menu. This is necessary for data collection and reporting.

 WHO Motor Milestones 			Too young / too old Not understanding instructions
 Hammersmith Infant Neuro 	logical Examination (HINE)		Fatigue or pain
Visit ID	Completion date	Evaluator	Space or equipment
	DD/MM/YYYY		Time issue
Date of examination	(Date of examination)	Time of exa	Service limitation
DD/MM/YYYY	Unknown		Telephone / Video so not able (but superseded by Covid)
Was the Motor Milestones (HINE se	ection 2) If no, please specify w	hy	Other
Ves No Unknown	N. Other (Specify)	~	Please select:

If none of the options in the dropdown menu are applicable, "OTHER" can still be chosen and free text should then be used to describe this.

- Hammersmith mant	Neurologicari		NL)			
Visit ID	Completio	on date	Evaluat	tor		
	DD/MM/	YYYYY 🛗				
Date of examination	(Date of e	xamination)	Time of	f examination (24h)	(Time of exam	nination)
DD/MM/YYYY	🗌 Unkno	wn		Ø	Unknown	
Was the Motor Milestones (HINE section 2)	lf no, please spe	cify why	Give reason	De	etails
○ Ves ○ No ○ Unknow	10	N. Other (Spec	cify)	✓ Other	✓ r	esp emergenc

5. Once all the assessments have been added, press "save". The green box will show as "document saved successfully!" at the bottom of the form.

Does the patient experience	fatigue?		
⊖ Yes			
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SAVE DRAFT SAVE)		
		 	_
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Document saved success	, 		
Document Saved success	, , , , , , , , , , , , , , , , , , , ,		

6. The assessments can be modified/amended by clicking on the saved assessment on the timeline and selecting "modify form"



7. View of Assessments on Timeline: the start of the <u>green line</u> indicates the assessment completion date (as completed on form) and the end of the green line indicates when the assessment was uploaded or modified/edited. This information is also visible in the bottom of the white box.

The top date range is a summary in years, where assessments are indicated with a green line

The bottom date range shows *months and years* – with current view



Important Notes:

1. Once the information for all the fields under "Assessor information" has been filled in (e.g. date of assessment, assessor name, etc.), it is not necessary to complete this for every assessment *unless* it is different to the information filled in initially

2. Mandatory assessments for the Nusinersen MAA:

- CHOP
- HINE
- RHS
- WHO
- RULM
- Contractures

3. Where an assessment was not completed, "NO" must be ticked with a reason. Where "X-other" is the reason, free text must be entered to explain reason for not entering

4. For contractures – this is under the section "Respiratory, Orthotics, and Management". Please remember to tick "YES" or "NO" (with reason coding) even if none of the other assessments in that section were completed (e.g. lung function, other questions), please indicate "YES" if contractures were done (mandatory for MAA)