

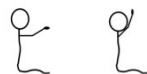



**Patient Name:** \_\_\_\_\_

**Assess:**

**Quality**

Shortness of Breath	Yes	No
Endurance	Poor Fair	Strong
Cough	Weak Fair	Strong
Speech	Quiet Voice	Strong Voice
Speech - ability to be understood	Difficult	Clear
Count to 50 on one breath	< 20 < 30 < 40	41 - 50
Posture		
Shoulder Flexion		
Speech - partial words (child) i.e "Ca" for car	Yes	No
Say "A-h-h-h" (child)	< 10 sec	10+ sec
Head Control (child)	Poor Fair	Strong
Other _____		

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**Rx**  **The EmBrace®**  
Exercise Device

3 hours/day for 6 months

**Signature:** \_\_\_\_\_

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