Bodin, Jeting Mnst 1002548110 9/4/18

THE UPPER EXTREMITY FUNCTIONAL INDEX (UEFI)

We are interested in knowing whether you are having any difficulty at all with the activities listed below because of your upper limb problem for which you are currently seeking attention. Please provide an answer for each activity.

Today, do you or would you have any difficulty at all with:

		_	(Circle on	e number on e	ach line)	
1	Activities Any of your year land.	Extreme Difficulty or Unable to Perform Activity	Quite a Bit of Difficulty	Moderate Difficulty	A Little Bit of Difficulty	No District
2	Any of your usual work, housework, or school activities	0	1	(DX)	of Difficulty	Difficulty
3	Your usual hobbies, re creational or sporting activities	0	1		3	4
	Lifting a bag of groceries to waist level	0	1	6		4
4	Lifting a bag of groceries above your head	(6)	1		3	4
5	Grooming your hair		1	2	3	4
6	Pushing up on your hands (eg from bathtub or chair)	0		2	3	4
7	Preparing food (eg peeling, cutting)	0	1		_ 3	4
8	Driving	0	1	2	3	4
9	Vacuuming, sweeping or raking		1 L	2	3	4
10	Dressing	0	, .1	2	3	4
11	Doing up buttons	0 .1	1	2	63	4
12	Using tools or appliances	0	1	2	3	
13	Opening doors	0		2	100	4
14	Cleaning	0	4	2	3	40
15	Tying or lacing shoes	0	1	2	3	(A)
16	Sleeping	0	1	2	(B)	4
17	Laundering clothes (eg washing, ironing, folding)	0	1	2	8	4
18	Opening a jar	0	1	2	3	AD
19	Throwing a ball	0	1	2	3	4
20	Carrying a small suitcase with your affected limb	0	1	2	3	4
	Column Totals:	0	1	2	3	4
Column Totals: Minimum Level of Detectable Change (90% Confidence): 9 points SCORE: 71 /80						

Source: Stratford PW, Binkley, JM, Stratford DM (2001): Development and initial validation of the upper extremity functional index. Physiotherapy Canada. 53(4):259-267.

Bodin, Jeffray MR# 1002548110

THE UPPER EXTREMITY FUNCTIONAL INDEX (UEFI)

We are interested in knowing whether you are having any difficulty at all with the activities listed below because of your upper limb problem for which you are currently seeking attention. Please provide an answer for **each** activity.

Today, do you or would you have any difficulty at all with:

(Circle one number on each line)

			(Chere one	c mumber on ea	acii iiiic)	
		Extreme Difficulty				
		or Unable to	Quite a Bit of	Moderate	A Little Bit	No
	Activities	Perform Activity	Diffieulty	Difficulty	of Difficulty	Difficulty
1	Any of your usual work, housework, or school activities	0		2	3	4
2	Your usual hobbies, re creational or sporting activities	0		2	3	4
3	Lifting a bag of groceries to waist level	0		2	3	4
4	Lifting a bag of groceries above your head	0	1	2	3	4
5	Grooming your hair	0	1	(D)	3	4
6	Pushing up on your hands (eg from bathtub or chair)	0	1	(2.)	3	4
7	Preparing food (eg peeling, cutting)	0	1	2	(3)	4
8_	Driving	0		2	3	4
9	Vacuuming, sweeping or raking	→ 0	(1)	2	3	4
10	Dressing	0	1	(2)	3	4
11	Doing up buttons	0	1	2	3 _	542
12	Using tools or appliances	0	. 1	2		4
13	Opening doors	0	1_	$\overline{2}$	3	4
14	Cleaning	0	(LL)	2	3	4_
15	Tying or lacing shoes	0	1	2	3	4
16	Sleeping	0	1	2_	3	(4)
17	Laundering clothes (eg washing, ironing, folding)	0	1	$\overline{2}$	3_	4
18	Opening a jar	0	1	2	3	4
19	Throwing a ball	0	1	2	3	4
20	Carrying a small suitcase with your affected limb	0	1_	2	3	4
	Column Totals:		5	12	m 9	17
B # .	. T 1 CD 11 C1 (000) C C			,	//	

Minimum Level of Detectable Change (90% Confidence): 9 points

Source: Stratford PW, Binkley, JM, Stratford DM (2001): Development and initial validation of the upper extremity functional index. Physiotherapy Canada. 53(4):259-267.

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date

de 12/31/18

MA

Bodin, Jeffrey MRH 1002543110

THE UPPER EXTREMITY FUNCTIONAL INDEX (UEFI)

We are interested in knowing whether you are having any difficulty at all with the activities listed below <u>because of your upper limb</u> problem for which you are currently seeking attention. Please provide an answer for **each** activity.

Today, do you or would you have any difficulty at all with:

(Circle one number on each line)

	(Circle one number on each line)						
		Extreme Difficulty					
		or Unable to	Quite a Bit of	Moderate	A Little Bit	No	
	Activities	Perform Activity	Difficulty	Difficulty	of Difficulty	Difficulty	
1	Any of your usual work, housework, or school activities	(0)	11	2	3	4	
2	Your usual hobbies, re creational or sporting activities	0		2	3	4	
3	Lifting a bag of groceries to waist level	0	(1)	2	3	4	
4	Lifting a bag of groceries above your head	(0)	Y	2	3	4	
5	Grooming your hair	0		2	3	4	
6	Pushing up on your hands (eg from bathtub or chair)	0		2	3	4	
4	Preparing food (eg peeling, eutting)	1	1	2	3	4	->
8	Driving	9	1	2	3	4	T.
9	Vacuuming, sweeping or raking	0	1		3	4	7
10	Dressing	0	(1)	2	3	4	
11	Doing up buttons	0	1	2	3	4	
12	Using tools or appliances	0	1	2	(3)	4	
13	Opening doors	0	(1)	2	3	4	
14	Cleaning	0	1	(2)	3	4	
15	Tying or lacing shoes	0	1	2	3	4	
16	Sleeping	0	1	2	(3)	4	
17	Laundering clothes (eg washing, ironing, folding)	0	1		3	4	
18	Opening a jar	0	1 -	2	(3)	4	
19	Throwing a ball	6	1	2	3	4	
20	Carrying a small suitcase with your affected limb	7	1	v ² ₄	3	4	
	Column Totals:		6		9	g	
Minimum Level of Detectable Change (90% Confidence): 9 p		points	A	SCORE:	2/188 N	-643	/

Source: Stratford PW, Binkley, JM, Stratford DM (2001): Development and initial validation of the upper extremity functional index. Physiotherapy Canada. 53(4):259-267.

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Bodin, Jerry 4/9/19 4: 25 am (UEFI) mpt 1002548110

THE UPPER EXTREMITY FUNCTIONAL INDEX (UEFI)

We are interested in knowing whether you are having any difficulty at all with the activities listed below because of your upper limb problem for which you are currently seeking attention. Please provide an answer for **each** activity.

Today, do you or would you have any difficulty at all with:

(Circle one number on each line)

		Ti de Diece in		7			
	Activities	Extreme Difficulty or Unable to Perform Activity	Quite a Bit of Difficulty	Moderate Difficulty	A Little Bit of Difficulty	No Difficulty	
1	Any of your usual work, housework, or school activities	0	(.	2	3	4	1
2	Your usual hobbies, re creational or sporting activities	0	(1)	2	3	4	
3	Lifting a bag of groceries to waist level	0	1	(2)	3	4	
4	Lifting a bag of groceries above your head	0	1	2	3	4	1
5	Grooming your hair	0		2	3	4	
6	Pushing up on your hands (eg from bathtub or chair)	0		2	(3)	4	1
7	Preparing food (eg peeling, cutting)	0	1	2	3	4	1
8	Driving	0			3	1	111
9	Vacuuming, sweeping or raking	0	1	(2)	3	4	101)
10	Dressing	0	1	2	(3)	4	
11	Doing up buttons	0	1	2	3	4	
12	Using tools or appliances	0	i	2	3	4	
13	Opening doors	0	1	2	3	$\frac{4}{4}$	
14	Cleaning	0	1	2	\sim 3	4	
15	Tying or lacing shoes	0	1	2	3	4	
16	Sleeping	0	1	2	3	4	
17	Laundering clothes (eg washing, ironing, folding)	0	1	(2)	3	4	
18	Opening a jar	-0		2	3	4	
19	Throwing a ball	60		2	3	4	
20	Carrying a small suitcase with your affected limb	76)	1	2	3	4	
	Column Totals:	3	4/4	7/6	5/10	G/10	
Min	imum Level of Detectable Change (90% Confidence): 9	points	*	SCORE:	3//80 - /	17/16	

Source: Stratford PW, Binkley, JM, Stratford DM (2001): Development and initial validation of the upper extremity functional index. Physiotherapy Canada. 53(4):259-267.

limpairment



Home Exercise Program

Created by Deann Koyn Sep 19th, 2018

View at "my-exercise-code.com" using code: KGKMJ3X



Total 3

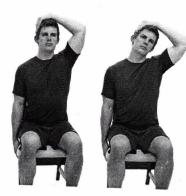




Seated Cervical Rotation

Seated in a chair with upright posture. Turn your head toward your shoulder and add slight overpressure on your chin (as shown above) to increase the stretch.

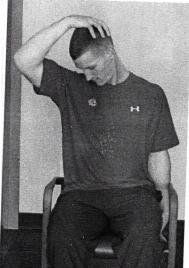
Repeat 3 Times
Hold 30 Seconds
Complete 1 Set
Perform 2 Time(s) a Day



UPPER TRAP STRETCH - HOLDING CHAIR AND HEAD

While sitting in a chair, hold the seat with one hand and place your other hand on your head to assist in bending your head to the side as shown.

Bend your head towards the opposite side of the hand that is holding the chair seat. You should feel a stretch to the side of your neck. Repeat 3 Times
Hold 30 Seconds
Complete 1 Set
Perform 2 Time(s) a Day



Levator Stretch

Sit on your left hand, turn your head to the right then look down past your armpit. Grab the back of your head with right hand and gently pull until you feel the stretch. Repeat on both sides.

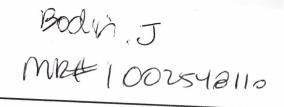
Repeat 3 Times
Hold 30 Seconds
Complete 1 Set
Perform 2 Time(s) a Day



Home Exercise Program

Created by Deann Koyn (Jan 22nd, 2019

View at "my-exercise-code.com" using code: ACVSHT2



Total 2

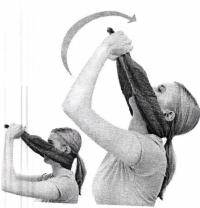


CERVICAL EXTENSION WITH TOWEL - CURVE OF NECK

Start with a small hand towel wrapped around the curve of your neck and holding the ends of the towel forward as shown. Next, extend your neck back over the towel as to look up at the ceiling. Then, return to starting position.

Your hands should remain still and holding the ends of the towel the entire time.

Repeat 3 Times
Hold 30 Seconds
Complete 1 Set
Perform 2 Time(s) a Day



CERVICAL EXTENSION WITH TOWEL SUPPORT

Start with a small hand towel wrapped around the base of your skull and holding the ends of the towel forward as shown. Next, perform a chin tuck and extend your neck back and upwards as if you are going to look up at the ceiling. Then, return to starting position.

Your hands should follow with your head during the movement.

Repeat 3 Times
Hold 30 Seconds
Complete 1 Set

Perform 2 Time(s) a Day