

Treatment Diary

Start date:

Year:

Participant ID:

First name:

Surname:

Patient ID number:

Contact, physician:

Contact, nursing staff:

Department /Clinic

Address

Telephone - and days/hour for contact

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Introduction

Dear Patient,

As part of your rehabilitation you receive treatment with botulinum toxin. Please read the patient information provided by your physician regarding botulinum toxin.

This treatment diary is a tool to help you, your care providers and rehabilitation network (doctors, physiotherapists, occupational therapists, etc.) to improve the management of your rehabilitation.

The purpose of the treatment diary is also to assess the effect of your treatment and improve outcomes.

Important

The treatment is given as injections in selected muscles. To aid the rehabilitation process, you should regularly evaluate the treatment using specific goals that you have agreed together with your care provider. This assessment should take place on the **same day every week**.

For this purpose, please fill in the tables on pages 4-7.

The answers, notes and comments in the treatment diary can help you and your care provider assess whether the treatment is living up to expectations and if you are reaching the predefined goals.

Sincerely
Clinic / Department

Your personal goals

1. Set yourself 1-2 personal goals. For example brushing teeth without assistance, wash under arms, walk 100 meters with walking stick or similar walking aid. **It is important that each of the goals are different.**
2. On the same day EVERY week you must evaluate how you are progressing compared to your goal. The starting point for each goal (week 0) is 'Slightly worse than goal'.

Goal 1

Describe goal 1:
Starting point:

	Week 0	Week 1	Week 2	Week 3
Date				
Much better than goal				
A little better than goal				
Goal achieved				
Slightly worse than goal	x			
Much worse than goal				

	Week 4	Week 5	Week 6	Week 7
Date				
Much better than goal				
A little better than goal				
Goal achieved				
Slightly worse than goal				
Much worse than goal				

	Week 8	Week 9	Week 10	Week 11
Date				
Much better than goal				
A little better than goal				
Goal achieved				
Slightly worse than goal				
Much worse than goal				

3. Each week, mark with 'x' how you are progressing compared to week 0 (starting point) and write the date.

NOTE: Write also the goals on pages 12-13, for your therapist to know them.

	Week 12	Week 13	Week 14	Week 15
Date				
Much better than goal				
A little better than goal				
Goal achieved				
Slightly worse than goal				
Much worse than goal				

	Week 16	Week 17	Week 18	Week 19
Date				
Much better than goal				
A little better than goal				
Goal achieved				
Slightly worse than goal				
Much worse than goal				

Comments:

Your personal goals

Goal 2

Describe goal 2:
Starting point:

	Week 0	Week 1	Week 2	Week 3
Date				
Much better than goal				
A little better than goal				
Goal achieved				
Slightly worse than goal	x			
Much worse than goal				

	Week 4	Week 5	Week 6	Week 7
Date				
Much better than goal				
A little better than goal				
Goal achieved				
Slightly worse than goal				
Much worse than goal				

	Week 8	Week 9	Week 10	Week 11
Date				
Much better than goal				
A little better than goal				
Goal achieved				
Slightly worse than goal				
Much worse than goal				

	Week 12	Week 13	Week 14	Week 15
Date				
Much better than goal				
A little better than goal				
Goal achieved				
Slightly worse than goal				
Much worse than goal				

	Week 16	Week 17	Week 18	Week 19
Date				
Much better than goal				
A little better than goal				
Goal achieved				
Slightly worse than goal				
Much worse than goal				

Comments:

Have you had any side effects?

Have you had any side effects associated with your treatment?

No Yes

If yes, please describe what kind of side effects you have had:

If you experience any side effects associated with your treatment with botulinum toxin, you should contact your doctor.

Treatment synopsis

(to be completed by the physician)

Date/year of examination:	Injection guidance technique: Ultrasound <input type="checkbox"/> EMG <input type="checkbox"/> Stimulation <input type="checkbox"/>
Diagnosis:	
Additional diagnosis comments:	
Botulinum toxin (BTX) injected by (physician name)::	
Botulinum toxin trade name:	

Rehabilitation

(to be completed by the therapist)

The patient has set 1-2 personal goals for their treatment. Between the two botulinum toxin treatments (approximately 3 months) you are asked to evaluate how the patient progresses compared (or relative) to the starting point (indicated with a cross at "Week 0" for "Slightly worse than goal" in the tables below). You are asked to evaluate and mark with a cross for the start phase, mid-phase, and final phase respectively.

Evaluation of the patient's goal

Goal 1

Description goal 1:
Starting point:

	Week 0	Start phase Date	Mid phase Date	Final phase Date
Much better than goal				
A little better than goal				
Goal achieved				
Slightly worse than goal	x			
Much worse than goal				

Comments:

Goal 2

Description goal 2:
Starting point:

	Week 0	Start phase Date	Mid phase Date	Final phase Date
Much better than goal				
A little better than goal				
Goal achieved				
Slightly worse than goal	x			
Much worse than goal				

Comments:

Evaluation of the treatment

Physiotherapist
Physiotherapists name: Physiotherapists telephone no.:
Are there other treatment goals that you and the patient believe to be relevant? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which?
Are there other muscles or muscle groups that may benefit from being treated with botulinum toxin when trying to reach the goal: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which?
Other remarks

Occupational therapist
Occupational therapists name: Occupational therapists telephone no.:
Are there other treatment goals that you and the patient believe to be relevant? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which?
Are there other muscles or muscle groups that may benefit from being treated with botulinum toxin when trying to reach the goal: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which?
Other remarks

Next appointment

Your next appointment in the clinic:

Date: _____

Time: _____

Muscle overview

Upper extremity

ADP Adductor pollicis
APL Abductor pollicis longus
BA Brachialis
BI Biceps Brachii
BR Brachioradialis
ECR Extensor carpi radialis
ECU Extensor carpi ulnaris
ED Extensor digitorum
EPB Extensor pollicis brevis
EPL Extensor pollicis longus
FCR Flexor carpi radialis
FCU Flexor carpi ulnaris
FDP Flexor digitorum profundus
FDS Flexor digitorum superficialis
FPB Flexor pollicis brevis
FPL Flexor pollicis longus
INT Interosus
LUM Lumbricalis
PEC Pectoralis major
PT Pronator teres

Lower extremity

AB Adductor brevis
AL Adductor Longus
AM Adductor magnus
BF Biceps femoris
EDL Extensor digitorum longus
EHL Extensor hallucis longus
FDL Flexor digitorum longus
FHL Flexor hallucis longus
GA-L Gastrocnemius lateral
GA-M Gastrocnemius medial
Gmax Gluteus maximus
GR Gracilis
IP Iliopsoas
RF Rectus femoris
SM Semimembranosus
SO Soleus
ST Semitendinosus
TA Tibialis anterior
TP Tibialis posterior
VI Vastus intermedius
VL Vastus lateralis
VM Vastus medialis

Notes

Department /Clinic:

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