**附表三十五：成人中風後之手臂或下肢痙攣**

**肉毒桿菌素再次申請治療效果評估表**

姓名 病歷號碼 一年施打總劑量： 手臂 units, 下肢 units

注射部位 □左側 □右側 □上肢 □下肢 注射藥物 □ Botox □ Dysport

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Upper Limb** | Clinical Pattern | Potential Muscle involved | Modified Ashworth Scale  (注射相關  部位必填) | ROM (R1/R2)  (依需要填寫) | | 是否改善 | | 擬注射劑量(units) |
| Initial  Angle | Review  Angle | 是 | 否 |
| Adducted/ Internally Rotated Shoulder | Pectoralis complex |  |  |  |  |  |  |
| Latissimus dorsi |  |  |  |  |  |  |
| Teres major |  |  |  |  |  |  |
| Subscapularis |  |  |  |  |  |  |
| Flexed Elbow | Brachioradialis |  |  |  |  |  |  |
| Biceps |  |  |  |  |  |  |
| Brachialis |  |  |  |  |  |  |
| Pronated Forearm | Pronator quadratus |  |  |  |  |  |  |
| Pronator teres |  |  |  |  |  |  |
| Flexed Wrist | Flexor carpi radialis |  |  |  |  |  |  |
| Flexor carpi ulnaris |  |  |  |  |  |  |
| Thumb-in -Palm | Flexor pollicis longus |  |  |  |  |  |  |
| Adductor pollicis |  |  |  |  |  |  |
| Flexor pollicis brevis/ opponens |  |  |  |  |  |  |
| Clenched Fist | Flexor digitorum superficialis (per fascicle) |  |  |  |  |  |  |
| Flexor digitorum profundus (per fascicle) |  |  |  |  |  |  |
| Intrinsic plus hand | Lumbricales/interossei (per lumbrical) |  |  |  |  |  |  |
| Others |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Lower Limb** | Equinovarus Foot | Gastrocnemius medial/lateral |  |  |  |  |  |  |
| Soleus |  |  |  |  |  |  |
| Tibialis posterior |  |  |  |  |  |  |
| Flexor digitorum longus |  |  |  |  |  |  |
| Flexor hallucis longus |  |  |  |  |  |  |
| Others |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **以下條件均須為是:**  **□** 使用Dysport者，須為腦中風經藥物/復健治療3個月後仍有手臂或下肢痙攣；  或使用Botox者，須為腦中風經藥物/復健治療6個月後仍有手臂痙攣或前述治療3個月後仍有下肢痙攣  **□** 已排除意識不清且合併臥床  **□** 已排除手部或下肢注射部位呈現明顯不可逆攣縮肌肉或固定關節  **以下條件任一符合:**  □ 改善病患清潔 □ 降低輔具穿戴困難度 □ 減低肢體痙攣所致之疼痛 □ 改善關節活動度或活動能力  □ 其他因肉毒桿菌素注射所改善之功能，如: | | | | | | | | |
| Additional Comments : | | | | | | | | |
| 主治醫師： 日期： 年 月 日 | | | | | | | | |