



# A CIMT 'Bootcamp' for improving arm function following stroke

## An occupational therapy clinic for improving arm function following stroke.

ACU Health Clinics provide a range of health services to the community. All clinical programs at ACU Health Clinics are delivered by student practitioners under the supervision of Professional Placement Educators who are experts in their field and experienced in working with students and clients in a clinical teaching context. The ACU Health Clinic at Banyo has been specifically designed to provide state-of-the-art facilities for clients participating in health services in a student teaching context.

### FEES POLICY

ACU Health Clinics charge a reduced fee for services. The Health Clinic may waive or further reduce fees if cost is a barrier to participation in its programs.

### LOCATION

**ACU Health Clinic**  
8 Approach Road, Banyo  
Free parking is available on site  
Carers/drivers are welcome to stay

CIMT is a program for people who have had a stroke that has affected their hand and arm. It is a two week intensive program using an innovative approach called **Constraint Induced Movement Therapy or CIMT**.

*Interested participants must be able to commit to attending the program for four hours each day (Monday to Friday) for a period of two weeks, with 2 additional visits for assessment/reassessment.*

### WHO

Clients should have a stroke diagnosis or other neurological condition that has impacted on use of their hand and arm.

### WHEN

Please contact the ACU Health Clinic for the dates of the next available program.

### COST

The two week program cost including pre and post program assessments is \$200 which is paid upon commencement of the program.

**For more information  
or to refer a client**

**Email:**  
[Admin.HealthBris@acu.edu.au](mailto:Admin.HealthBris@acu.edu.au)

**Phone:**  
**(07) 3623 7740**

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*Disclaimer (January 2024): Information correct at time of printing. The university reserves the right to amend, cancel or otherwise modify the content without notice.*

# Constraint Induced Movement Therapy

## Occupational therapy clinic referral form

A clinic for people who have difficulty using their hand and arm following stroke.

It is a two week intensive program using an innovative approach called Constraint Induced Movement Therapy or CIMT.

Interested participants must be able to commit to attending the program for four hours each day (Monday to Friday) for a period of two weeks, with 2 additional visits for assessment/reassessment:

**Eligibility Checklist: Please tick the box. Does the client:**

	Yes	No
1. Have a stroke diagnosis or other neurological condition that has impacted on use of their hand and arm	<input type="checkbox"/>	<input type="checkbox"/>
2. Have some ability to move their wrist and straighten their fingers, even if these movements are very weak	<input type="checkbox"/>	<input type="checkbox"/>
3. Have capacity to attend the clinic daily for two weeks (Monday to Friday) and participate in 4 hours of varied activities each day	<input type="checkbox"/>	<input type="checkbox"/>
4. Have cognitive and communication skills sufficient to participate in a small group intensive program.	<input type="checkbox"/>	<input type="checkbox"/>
5. NOT HAVE severely increased muscle tone (severe hypertonicity) of their wrist and finger flexor muscles	<input type="checkbox"/>	<input type="checkbox"/>

**CLIENT INFORMATION:**

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone/mobile: \_\_\_\_\_ Email Address: \_\_\_\_\_

Own transport:  Yes  No

Diagnosis: \_\_\_\_\_ Date of stroke or event: \_\_\_\_\_

Precautions/allergies/alerts: \_\_\_\_\_

**REFERRING PRACTITIONER:**

Name: \_\_\_\_\_

Organisation: \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Phone No: \_\_\_\_\_

Reason for referral and what you would hope your client to achieve in this clinic program:

\_\_\_\_\_  
\_\_\_\_\_

Has this referral been discussed with your client:  Yes  No

*For Australian Catholic University Use Only*

Date Received: \_\_\_\_\_ Date Contacted: \_\_\_\_\_

Contacted by \_\_\_\_\_ Outcome \_\_\_\_\_

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