

SLT Treatment Record Form



PD COMM Trial Participant	Initials: _____	Trial No: P
	DOB: / 	Date of Session: /

Location of Session: Participant's home Out-patient Clinic
 TeleLSVT Other
 If other, please specify: _____

Session Type: One to one Group (of patients)

Who performed this session? Therapist Therapy assistant SLT Student

1. Is the session during the participant's medication "on" phase? No: Yes:
 2. Did patient experience vocal strain or abuse?* No: Yes:
 3. If Q2 answer yes, did this change the treatment plan? No: Yes: N/A:
 4. Is this the last treatment session of the therapy course? No: Yes:
 5. If Q4 answer yes, is this the planned final session? No: Yes: N/A:
 6. If Q4 answer yes, did the participant DNA any sessions? No: Yes: N/A:

If answer to Q5 no, or Q6 yes, please ensure SLT Treatment Record Form B has also been completed.

If Q4 answer yes, will the patient be invited to ongoing therapy e.g. group classes?
 No: Yes, group session: Yes, other: (please give details) _____

Completed By: _____
 Signed: _____ Date: /

<u>Intervention</u> (see definitions overleaf)	<u>Part of session</u>	<u>If yes; time taken (minutes)</u>
Assessment and Review: (includes interview, observations, formal assessment and review of home based practice)	N / Y	
Goal setting or review of previous therapy log	N / Y	
Information provision and advice to person with PD	N / Y	
Information provision and advice and information to caregiver(s)	N / Y	
Impairment Based Therapy	N / Y	
Compensatory Therapy	N / Y	
Augmentative and Alternative Communication strategies	N / Y	
Generalisation/Functional Therapy	N / Y	
Training of caregiver(s)	N / Y	
Supervised LSVT	N / Y	
Unsupervised LSVT (Companion Software)	N / Y	
Liaison / Onward Referral	N / Y	
Other e.g. writing notes, phone calls	N / Y	
Describe Other:		

*SAEs associated with vocal strain or abuse should be reported immediately upon awareness to the PD COMM Trials Office using an SAE form. AEs associated with vocal strain or abuse should be reported on the AE Log.

Form Completion Guidelines:

The trial participant's info (especially trial number) on the top of the form must be completed prior to sending to the trial office.
Please select an answer to each question on the form, ensuring all of the questions are answered – even if an answer is no or zero.
Please ensure the name of the person completing the form is legible and then please sign and date (with the date the form was completed).
Once complete, file original version of this form in the site file, place a copy in the patient's notes and send a copy to the trial office.

Is the session during the participant's medication "on" phase? If a participant is taking their medication and it is working they are in the 'on' phase. If their medication is not working, or they do not take medication, please select 'off' phase. See 'on/off' decision tree for further details.

Date of Session: the date the intervention occurred.

DNA: Did Not Attend. This is when a participant was scheduled for a therapy session, but not did attend.

Who performed this session?: Please remember that if providing LSVT, the person performing the session must be LSVT certified.

Intervention Group Labels Used: Interventions may occur separately or in combination, but should be recorded based on the primary purpose so that the total is no more than the total time spent.

Assessment and Review: Purposeful measurement (using formal or informal tools), observation or interview of the person (and/or carer) with a view towards informing an SLT diagnosis and intervention plan. Review of home based practice.

Goal Setting: With person (and carers or other members of the MDT).

Information provision to the person with PD: Providing information related to speech, swallowing and PD, impact speech difficulties can have socially and emotionally, support available and SLT role. Answering any questions related to the impact of PD within the role of SLT.

Information provision to caregiver(s): Includes carer or MDT. Providing information related to speech, swallowing and PD, impact speech difficulties can have socially and emotionally, support available and SLT role. Answering any questions related to the impact of PD within the role of SLT.

Impairment Based Therapy: Seeks "to reduce the degree of impairment or increase the physiological support for speech". Some examples might include training in breath support techniques, practising articulation and phonation work.

Compensatory Therapy: Where the aim is to minimise the effect of the overall disability and promote intelligibility / comprehensibility. For example this might include, modification of the environment, practising rate control (using finger tapping or other), practising conversational techniques or other compensatory approaches.

Augmentative and Alternative Communication Strategies: Amplifiers, Lightwriter, Communication aids, Alphabet charts, Communication books.

Generalisation/Functional Therapy: Where the aim is to mimic natural conversational situations in the clinic setting to promote use of strategies in everyday, real-life settings

Training of caregivers: Beyond advice-giving; an example would be using techniques of communication partner training.

Supervised LSVT: Time spent received supervised Lee Silverman Voice Treatment.

Unsupervised LSVT (Companion Software): Time spent receiving unsupervised Lee Silverman Voice Treatment such as companion software.

Liaison/Onward Referral: Time spent (face to face, email, phone, letter) liaising with the MDT, including PD association, social services etc, or making an onward referral for services.

Other: any other time spent on activity related to this session, e.g. planning, preparing materials, arranging or following up missed appointments, writing notes.