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| PHYSICIAN GLOBAL ASSESSMENT (PGA) | | |
| **Patient:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Investigator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **Date of Treatment**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date of Assessment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Please rate the overall response to treatment considering:**   1. **Change in impairment** 2. **Change in performance / function based on objectives / goals of treatment** 3. **Change in activity and participation restrictions**   **All physician global assessment ratings will be performed with input from the physical examination, interim medical history, any available videotape of upper limb and/or gait function, assessment of objectives of treatment, changes in activity and participation restrictions, use of splints/braces & assistive devices, and parent & patient interviews.** | | |
| ***How would you rate the subject’s overall response to treatment?*** | | |
| **+ 4** | Markedly Improved | |
| **+ 3** | Much Improved | |
| **+ 2** | Improved | |
| **+ 1** | Slightly Improved | |
| **0** | No Change | |
| **- 1** | Slightly Worse | |
| **- 2** | Worse | |
| **- 3** | Much Worse | |
| **- 4** | Markedly Worse | |