

**SAMPLE FORM:**

**MouseKeyDo® Progress Report**  
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Patient Name: Julia Gold Insurance Provider: Liberty Mutual, P O Box M, Palo Alto, CA

Dx: Lateral Epicondylitis/de Quervain's tendonitis Claim Number: 0124-5678X

Treating Physician: MacKenna Kahan, M.D. Employer: Frys Electronics DOI: 1/14/02

Date:	1/2/03	1/9/03	1/14/03	1/21/03	2/7/03	2/14/03
Training Session Number	1	2	3	4	5	6
Work Space Organization	1	4	5			5
MouseKeyDon'ts	1	4	5			5
Lesson 1: Tripod Sit	1	4	5			5
Lesson 2: Pelvic Tilt	1	4	5			5
Lesson 3: Pelvic Rock	1	4	5			5
Lesson 4: Pelvic Shift	1	4	5			5
Lesson 5: Breathing Awareness	1	4	5			5
Lesson 6: New Home Row	1	4	5			5
Lesson 7: Vertical Drops	1	0	2	3	4	5
Lesson 8: Crossing Rows		1	5			5
Lesson 9: Lateral Shifts		1	5			5
Lesson 10: Forward Balance		1	5			5
Lesson 11: Keys as Coordinates		1	5			5
Lesson 12: Bypassing Home Row		1	5			5
Lesson 13: Resting the Non Typing Hand		1	5			5
Lesson 14: Beats and Rhythm		1	5			5
Lesson 15: Rolls		1	2	3	4	5
Lesson 16: Combination Words			1	3	4	5
Lesson 17: Doing the MouseKeyDo™ Drop, Beat and Roll			1	3	4	5
Lesson 18: Space Bar			1	3	4	5
Lesson 19: Shift Keys			1	3	4	5
Lesson 20: Divide and Conquer			1	3	4	5
Lesson 21: The Number Row			1	4	4	5
Lesson 22: Ten Key			1	4	4	5
Lesson 23: Repeating Keys			1	4	4	5
Lesson 24: Mousing				1	4	5
Drop, Drape and Skate				1	4	5
Lesson 25: Substituting Keys				1	4	5
Lesson 26: Laptops at Your Desk				1	4	5
Lesson 27: Laptops on the Go				1	4	5
QUIZ:						
PAIN SCALE: 0 (min) - 10 (max)	8	6	4	3	2	0
* COMPUTER TIME: Interval Hours/Minutes: Cumulative Hours/Minutes:	15 min 1 hr	20 min 1 hr 20 min	20 min 2 hr	30 min 3 hr 30 min	45 min 4.5 hrs	45 min 7 hr
Plan:	Review	Review	Review	Review	Review	Discharge
	Start 8	Start 16	Start 24	Start 7, >15	Start 7, >15	

**Provider's Signature:** \_\_\_\_\_

**Skill Rating Scale:** 5 - Recommend Home Program. 2 - Skill requires training.  
 4 - Demonstrates skill independently. 1 - Skill introduced.  
 3 - Demonstrates skill with direction. 0 - Difficulty learning skill.

\* Length of time you are able to work comfortably at the computer without taking a break (interval), and throughout the whole day (cumulative).

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Patient Name: \_\_\_\_\_ Insurance Provider: \_\_\_\_\_

Dx: \_\_\_\_\_ Claim Number: \_\_\_\_\_

Treating Physician: \_\_\_\_\_ Employer: \_\_\_\_\_ DOI: \_\_\_\_\_

Date:						
Training Session Number	1	2	3	4	5	6
Work Space Organization						
MouseKeyDon'ts						
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QUIZ:						
PAIN SCALE: 0 (min) - 10 (max)						
* COMPUTER TIME: Interval Hours/Minutes: Cumulative Hours/Minutes:						
<b>Plan:</b>						

**Provider's Signature:** \_\_\_\_\_

- Skill Rating Scale:**
- |  |                                |
|--|--------------------------------|
| 5 - Recommend Home Program.            | 2 - Skill requires training.   |
| 4 - Demonstrates skill independently.  | 1 - Skill introduced.          |
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