myomo
my own motion

Screening Form

The **MyoPro** is a powered arm orthosis designed to help improve function for patients with upper extremity paresis

Patient Name: _____ **Date:** _____

Select one per row: ○ Yes △ Borderline/unknown ⯃ No

Use as a screening guide — full evaluation required to determine candidacy

Shoulder

***AROM:** Flexion: 30° ; Abduction: 20° *If criteria are not met, consider ambulatory status and functional goals*	○ △ ⯃
Shoulder subluxation < 2 finger-widths	○ △ ⯃

Elbow

PROM: at least -30° extension to 110° flexion	○ △ ⯃
Modified Ashworth Score < 3	○ △ ⯃
MMT ≤ 3+ (Elbow Weakness)	○ △ ⯃

Hand

PROM Neutral wrist with fingers extended	○ △ ⯃
Modified Ashworth Score <2	○ △ ⯃
Non-functional grasp (Motion-G Only)	○ △ ⯃

Other

Appropriate goals and willing to attend therapy	○ △ ⯃
Meets physical sizing criteria	○ △ ⯃
Cognition sufficient to follow multi-step commands	○ △ ⯃
Caregiver support	○ △ ⯃
Elbow and wrist joints intact	○ △ ⯃

Questions or Referrals?

myoconnect@myomo.com

myomo.com/patient-referrals