

Modified Constraint-Induced Therapy Behavior Contract

Patient name: _____

On _____ (date) I enter into this behavioral contract with _____ (therapist name). This contract certifies the following:

_____ (therapist name) will treat me at _____ (location) on the following days and times:

These therapy sessions will occur three days/week for 10 weeks. If I am unable to make a session, I will let the therapist know _____ hours in advance. Sessions that are missed, and not made up within _____ days, will not re-occur.

I will be expected to bring my mitt and sling to these therapy sessions and wear them on my _____ hand/arm DURING THERAPY. This is because, during therapy, the therapist will be focusing on having me use my _____ hand/arm to improve its motor function.

In addition to the therapy sessions, my therapist will give me "homework." This will consist of me practicing activities and exercises that my therapist identifies with my _____ hand. I will be practicing these exercises 5 DAYS PER WEEK FOR 5 HOURS/DAY. Durinmg these times, I will be expected to wear my sling and mitt on my _____ hand/arm to force me to use the _____ hand/arm. Examples of possible exercises that I may practice include:

I am aware that I need to fully comply with the above program to have a full chance at getting some motor function back in the _____ arm/hand. I am also aware that, if I am less compliant with the above program, it is less likely that I will be as successful.

If I am not compliant with the therapy program occurring 3 days/week at _____ (name of facility), I have been told that the following consequences may occur:

If I am not compliant with the home exercise regimen, I have been told that the following consequences may occur:

I have read and fully understand this behavior contract.

Therapist Signature

Date

Patient Signature

Date

Witness

Date