

Appendix 1. Scoring form

Patient-ID:..... Total time:..... Effective time total:..... Total tasks:.....

Task/game number		1	2	3	4	5	6	7	8	9	10
Task description											
Time											
Number of reps											
Functional tasks (register time used) (Choose either functional tasks, single plane movement/single joint movement of strength-exercise)	Reach within one armlength in combination with fine motor skills (grasp, pincergrasp)										
	Reach more than one armlength away in combination with fine motor skills.										
Mobilization/warm up/single joint movement (register time used) (repetitive movements without a goal)	Transversal										
	Frontal										
	Sagittal										
Strength-exercise (register time used)											
Exercise progression	Yes										
	No										

Unimanual (Is mainly the affected arm / hand used to perform the task?) Bimanual (Are both hands used, either simultaneously or alternatingly?)	Unimanual										
	Bimanual										
Real-life object manipulation	Yes										
	No										
Which body parts are moved? (predominantly) (max 3 each side)	Arm affected										
	Lower arm affected (sup./pron)										
	Hand affected										
	Single fingers aff.										
	Arm unaffected										
	Lower arm unaff. (sup./pron)										
	Hand unaff.										
Single fingers unaff											
Feedback	Verbal										
	Visual										
	Auditiv										
	Tactile										
Task/game number		1	2	3	4	5	6	7	8	9	10