



Pre-Trial Checklist

Patient Name: _____

ATP: _____

Date: _____

1. *Body Presentation*

- Manageable tone
- Adequate trunk control
- Functional UE positioning

■ ■ Concerns:

- Severe spasticity
- Significant ataxia
- Fixed contractures
- Poor trunk stability

2. *Visual Ability*

- Able to track spoon/food
- Uses compensatory strategies

■ ■ Concerns:

- Severe impairment without compensation
- Visual neglect or field cut

3. *Upright Sitting Posture*

- Tolerates upright positioning
- Adequate head control

■ ■ Concerns:

- Unable to maintain posture
- Poor head control
Extensor thrust/sliding

4. *Cognition*

- Understands cause-and-effect
- Follows simple directions
- Willing to participate

■ ■ Concerns:

- Does not understand task
- Unable to follow directions
- Limited engagement

5. *Switch Access*

- Not overly fatiguing
- Not overly fatiguing
- Does not interfere with feeding

■ ■ Concerns:

- No consistent access
- Inconsistent movement
- Conflicts with positioning

6. *Spoon Clearance*

- Accepts spoon
- Clears food from utensil
- Understands eating

■ ■ Concerns:

- Oral defensiveness
- Poor lip closure
- Unable to complete feeding

7. Dietary Restrictions / Consumption Method

- Participates in oral feeding
- Medically cleared

■ ■ Concerns:

- Exclusive tube feeding
- Medical restrictions limiting oral trials

Note: Obi can accommodate a variety of food textures.

8. Oral Motor Function

- Safe swallow
- Manages bolus

■ ■ Concerns:

- Severe dysphagia
- High aspiration risk
- Poor oral motor control

Overall Recommendation

- Appropriate candidate
- Not appropriate candidate

Clinician Notes
