

Treatment week: \_\_\_\_\_

Patient: \_\_\_\_\_ ID: \_\_\_\_\_ Date Start Rehab \_\_\_/\_\_\_/\_\_\_

PT	Activity	Session n°__	Session n°__	Session n°__	Session n°__	Session n°__	Session n°__
Date							
Therapist							
	Passive exercises hemiplegic extremity: LL and UL	Time	Time	Time	Time	Time	Time
	Assisted exercises - hemiplegic extremity – LL and UL	Time	Time	Time	Time	Time	Time
	Active exercises - LL and UL	Time	Time	Time	Time	Time	Time
	Balance training during various activities: Training of balance (i.e. maintaining, achieving, or restoring balance) during various activities (stepping).	Time	Time	Time	Time	Time	Time
	Trunk control training	Time	Time	Time	Time	Time	Time
	Body-weight supported treadmill training	Time	Time	Time	Time	Time	Time
	Standing training using the standing stretches.	Time	Time	Time	Time	Time	Time
	Walking over and around obstacles	Time	Time	Time	Time	Time	Time
	Training the use of orthosis for walking	Time	Time	Time	Time	Time	Time
	Walking activities						
	Transfer training	Time	Time	Time	Time	Time	Time
	Aerobic training	Time	Time	Time	Time	Time	Time
	Coordination exercises	Time	Time	Time	Time	Time	Time
Total							
OBS							