

Therapeutic goals	Priority	Time
	(1,2,3)	%
Functional - Activities		sum of the 3 percentages MUST BE = 100%
Manipulation		
Walking		
Postural transitions		
Stair climbing		
ADL		
Impairment		
Pain		
Joint mobility		
Muscle strength		
Sensory functions		
Balance		
Trunk control		
Standing position		
Tertiary prevention		
Cardiorespiratory fitness		
Cognitive function		
Genitourinary functions		
Participation		
Outdoor mobility		
Quality of life		
Other		

LEGEND

Preliminary remark: Not all the possible therapeutic goals or treatments are already indicated in this form, please use the proper empty spaces to indicate what is not already included.

Priority: please indicate 3 main rehabilitative aims and give them a level of priority: **1(high), 2(medium), 3 (low).**

Time %: indicate the percentage of **time dedicated** to each selected goal, compared to total time of treatment.

IN/OUT PATIENT: indicate whether the setting of rehabilitative intervention is hospital-based **(IN)** or not **(OUT)**.

SUBJECT DATA

Name _____

Sessions frequency: n° _____ times/week

Session lasting: __ min

IN/OUT PATIENT: ☐ IN ☐ OUT

Other Therapies:

☐Speech/swallow rehabilitation ☐Occupational Therapy

☐Neuropsychologist ☐Massage Therapy

☐_____ (Other)

Interventions	Goal 1	Goal 2	Goal 3
	% time	% time	% time
Aid training			
Aerobic training			
Postural alignment exercises			
Constraint induced movement therapy			
Counselling			
Tactile sensitivity exercises			
Dual-task exercises			
Manipulation-grasping exercises			
Proprioceptive exercises			
Vestibular exercises			
Motor imagery			
Lymphatic drainage			
Passive mobilization			
Muscle recruitment exercises			
Resistance training			
Stretching			
Manual therapy			
Instrumental physical therapies (specify_____)			
Walking training			
Balance training			
Sensory strategies training			
Myofascial release			

Note: Indicate up to 5 interventions type for each goal. Specify the percentage time dedicated to each intervention. The sum must be 100% for each goal.