

TREATMENT PROGRESSION 1:

MAIN IMPAIRMENT	BEGINNING STATUS	Progress Intervention	Progress Intervention	Progress Intervention	Progress Intervention	Progress Intervention	Progress Intervention	Progress Intervention	FUNCTIONAL GOAL related to MAIN IMPAIRMENT
Asymmetrical Trunk Firing (right > left) Inability to recruit cervical flexors and trunk flexors	Max assist supine to sit from flat surface, mat table	Increase deep core activation to achieve stabilization in pelvic neutral	Increase deep cervical flexor recruitment needed for initiation of supine to sit	Increase the initiation of segmental trunk flexion	Increase the recruitment of left trunk	Increase elbow extension and scapular depression strength in closed chain upper extremity weight bearing needed for push off	Increase bilateral oblique activation for rotation	Practice supine to sit in multiple planes	Supine – Sit Independent normal bed surface
	STARTING POINT	<ul style="list-style-type: none"> ▪ Transverse abdominis activation in pelvic neutral with chin tuck and arm and leg movements ▪ Pelvic neutral with transverse abdominis activation with maintained breathing pattern and chin tuck ➤ Pelvic neutral with transverse abdominis activation ▪ Attain pelvic neutral with 	<ul style="list-style-type: none"> ▪ Chin tuck with initiation of trunk flexion – working on sequencing ▪ Chin tuck in supine with blood pressure cuff for endurance and biofeedback ➤ Chin tuck in supine ▪ Supported chin tuck in 	<ul style="list-style-type: none"> ▪ Supine sit up with lower extremity movements (initiating the necessity of getting legs off bed) ▪ Pause during different ROM's at various segments in trunk flexion ➤ Full sit up ▪ Active assisted segmental 	<ul style="list-style-type: none"> ▪ Side lying bridge on the left with right arm and leg raised ▪ Standard side bridge (right arm if needed for stabilization) ➤ Side lying bridge with support ▪ Side lying oblique sit ups ▪ Sitting and reaching with 	<ul style="list-style-type: none"> ▪ Repeated repetitions of push off phase of supine to sit for speed (increasing power) ▪ Standard push up ➤ Push up on your knees ▪ Prone push ups 	<ul style="list-style-type: none"> ▪ Sit up with rotation while reaching for items with resistance ▪ Sit up with rotation + resistance band ➤ Sit up with rotation ▪ Rotation with assistance from gravity (or therapist) 	<ul style="list-style-type: none"> ▪ Supine to sit on bed from both sides ▪ Supine to sit on bed ➤ Supine to sit on bed with verbal and tactile cues ▪ Supine to sit on 	<ul style="list-style-type: none"> ▪ Modified Turkish getup with weight ▪ Supine to sit as fast as you can (so you can get out of the house when a fire occurs) ➤ Supine to sit with dual tasking (she is now independent) ▪ Supine to sit in an open environment

		transverse abdominis activation with VC and TC <ul style="list-style-type: none"> Fire the transverse abdominis with max VC and TC 	side lying (gravity eliminated) <ul style="list-style-type: none"> Chin tuck in prone (gravity assist) 	motion in supine <ul style="list-style-type: none"> Active chin tuck and initiation of segmental flexors in supported seated (70 degrees) 	right arm to recruit left trunk	<ul style="list-style-type: none"> Standing wall push ups 	<ul style="list-style-type: none"> Antirotational control 	both sides of the mat <ul style="list-style-type: none"> Supine to sit on bed mat 	<ul style="list-style-type: none"> Supine to sit in a closed environment
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Treatment Progression #1: Core

Please work in groups of 3-4 for these projects. Name all people on the document when submitted. *Save as: progression1last,name,last,name*

Directions:

PROGRESSION

Complete the progression table, progressing the patient from the beginning status to the functional goal, taking into consideration the sequence of treatment and layering that would need to happen to best lead the patient toward the stated goal.

What goes where???? (see provided example)

TOP BOXES: The top row of boxes is where you state the intent of the treatment, the overall goal. This language should look reflect the impairment you are addressing. Such as “increase terminal knee extension closed chain”, “increase thoracic extension”, “improve extensibility of anterior shoulder capsule” or “increase type I endurance of scap stabilizers in closed chain position”

BOTTOM BOXES: This is where you identify what you will actually do for the treatment to meet the goal you stated in the top box. This is formatted as a “2 Up 2 Down” , where the arrow (in the middle) is the STARTING point for the anticipated best challenge point to start this patient and identify the up/down challenges.

The difficult part is identifying what comes first in terms of priority and sequencing and then using good language to identify the focus of the treatment for each section.

**** My expectation is that you will interact as a group and lay out what this progression should look like AS A GROUP and come up with focused impairments and interventions AS A GROUP. This is NOT a project where one person does one column, another does a different column. Pool your ideas and make this treatment spectacular!

Have fun! This is the real skill of a therapist. Taking a patient from Point A to Point B!!!

*notice that there is not a “case” because I want the impairment and function to stand alone. I want it to be a progression you could use for ANY patient with this difficulty! (CABG, PD, Stroke, pediatric, geriatric.....etc)

TURNING IN THE PROJECT:

The PROGRESSION can be hand written and scanned and submitted with the reflection, or handwritten and turned in as a paper copy or typed and submitted with reflection. If you hand in a paper copy, indicate in the notes section that you did so when you submit your reflection.

REFLECTION:

Your group needs to submit a one page reflection related to core training. 11 pt font, 1 inch margins, single-spaced. It should NOT be what you think I want to hear, but your honest, true reflections on how you will bring core training into your practice. Think of including (but you don’t have to!) what you perceive as beneficial, difficult, impractical, important... etc. Any ah-ha moments related to the progression and how do you see this progression helping you (nor not).