TREATMENT PROGRESSION:

MAIN IMPAIRMENT	BEGINNING STATUS	Progress Intervention	Progress Intervention	Progress Intervention	Progress Intervention	Progress Intervention	Progress Intervention	Progress Intervention	Progress Intervention	FUNCTIONAL GOAL related to MAIN IMPAIRMENT
Lack of volitional motor activation left UE due to right MCA stroke	Low tone left scapular/shoulder mm, flaccid elbow and wrist	Achieve proper alignment and activation of scapular stabilizers in closed chain ABD and ER	Achieve and maintain dynamic scapular stabilization in closed chain (body on arm)	Demonstrate trunk activation with proper alignment in multiple positions	To achieve active volitional ROM below 90 degrees outside of the synergy	To achieve active volitional ROM above 90 degrees outside of the synergy	Increase stability and kinesthetic awareness in newly gained ROM	Begin functional tasks incorporating UE and LE	Perform the task in various environments	Pick up miniature poodle off the floor and put on her lap to pet
	STARTING POINT	▪ Standing in closed shoulder ABD and ER with self-activation of scapular and GHJ stabilizers ▪ Sitting closed chain shoulder ABD and ER with self-activation of the scapular and GHJ stabilizers	▪ Standing UE unilateral closed chain (ABD/ER) weight shifting on a compliant surface (foam) with R UE reaching to incorporate trunk shortening and lengthening ▪ Standing UE	▪ Standing reaching or rotational activities for activation of left trunk and lengthening of right ▪ Half kneeling on R knee (to shorten the left trunk and lengthen the right trunk) with dynamic	▪ Standing UE PNF D2 full pattern to 90 degrees with D1 extension patterns including elbow and wrist to 90 degrees – with rhythmic stabilization at end available range ▪ Seated UE PNF D2/D1	▪ Standing D1/D2 PNF patterns with weights or therbands ▪ Half kneeling D1/D2 PNF patterns with weight or theraband ➢ Seated D1/D2 PNF of the UE (combination of isotonic) without strengthening the	▪ Half kneeling chop with load and perturbation throughout the range ▪ Half kneeling chop manually resisted ➢ Tall kneeling GHJ flexion / extension with body blade and body pertuurbations	▪ Squat reach and rotate with weight ▪ Squat and bimanual reach with rotation ➢ Squat and pick up basket followed by reaching overhe	▪ Walking down a busy hallway with verbal distraction picking up several weighted objects followed by sitting down, then continuing to walk ▪ Walking down a calm and well lit hallway picking up	▪ ▪ ➢ ▪ ▪

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		➢ Sitting closed chain shoulder ABD and ER with E-stim to scapular and GHJ stabilizers ▪ Sitting closed chain shoulder ABD and ER with E-stim to scapular and GHJ stabilizers with elbow immobilizer ▪ Sitting closed chain shoulder ABD and ER with E-stim to scapular and GHJ stabilizers with elbow and wrist immobilizer	unilateral closed chain (ABD/ER) weight shifting with R UE reaching to incorporate trunk shortening and lengthening ➢ Standing UE unilateral closed chain (ABD/ER) weight shifting forward / backward / and side to side ▪ Standing UE bimanual closed chain (ABD/ER) weight shift while picking up and putting down right arm ▪ Standing UE bimanual closed chain (ABD/ER) rocking of	reaching activities on R arm ➢ Side sitting on right to facilitate shortening of left trunk (can include reaching activities with R side for further facilitation) ▪ Side plank on left (encourages closed chain UE) to engage left trunk ▪ Quadruped bilateral trunk shortening and lengthening	extension patterns including elbow and wrist to 90 degrees – with low isotonic resistance ➢ Seated UE PNF D2 full / D1 extension pattern including elbow and wrist to 90 degrees ▪ Supine UE PNF D2 full / D1 extension pattern including elbow and wrist AROM ▪ Supine UE PNF D2 full / D1 extension pattern (rhythmic initiation) through the available range <90 degrees	flexion synergy ▪ Supine D1/D2 UE pattern (combination of isotonic) and avoid strengthening the flexion synergy ▪ Supine D1/D2 PNF UE pattern (rhythmic initiation through the full range)	▪ Tall kneeling GHJ flexion and extension with body blade ▪ Seated rhythmic stabilization at end range	ad with it ▪ Squat and pick up basket with weight (sumo deadlift) ▪ Squat with reaching to the ground	several weighted objects ➢ Picking up a weighted moving object from standing in an open environment ▪ Picking up a weighted moving object in standing in a closed environment ▪ Picking up a weighted moving object in a seated position in a closed environment	

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			the body forward / backward / and sideways of body on arm							

Treatment Progression #3: Hemiplegic UE

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.

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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 spectular!

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

SPECIFIC CONSIDERATION FOR THIS PROGRESSION:

Consider that this is a patient that you are seeing for approximately 1-2 months, beginning directly after the onset of the stroke. The expectation is that the patient is going to progress steadily through the stages of Brunnstrum Recovery. Getting more muscle tone, then beginning movement in synergy pattern, then more and more isolated movement, moving toward isolated movement. SO as you put your progression together, imagine that this progress is occurring from left to right.

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 reflection related to this progression. It DOES NOT have to be a full page long, but does need to be a true reflection. It should NOT be what you think I want to hear, but your honest, true reflections on how you feel about performing this activity What went well, what did not, what was hard, what information do you feel you still need to be better at this type of progression?. Think of including 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).

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