

**PATIENT EXERCISE  
SHEET  
STANDING  
NEUROLOGY**

**DRAFT**



**Diagnosis:** \_\_\_\_\_

**Specific Precautions/Contraindications:** \_\_\_\_\_

Date				
Transfers: Indep/Supervision/ Assist x 1 or 2				
Gait: Indep/Supervision/Assist x 1 or 2				
Gait aid: standard walker / 2WW / HWW Rollator / LBQC / SBQC / SPC				
Repetitions (eg. 10, 10-15)				
<b>A: Standing in Bars</b> <input type="checkbox"/> toe/heel <input type="checkbox"/> squats	<input type="checkbox"/> 2 hand <input type="checkbox"/> 1 hand  <input type="checkbox"/> blue pads <input type="checkbox"/> blue wobble <input type="checkbox"/> unilat wobble	<input type="checkbox"/> 2 hand <input type="checkbox"/> 1 hand  <input type="checkbox"/> blue pads <input type="checkbox"/> blue wobble <input type="checkbox"/> unilat wobble	<input type="checkbox"/> 2 hand <input type="checkbox"/> 1 hand  <input type="checkbox"/> blue pads <input type="checkbox"/> blue wobble <input type="checkbox"/> unilat wobble	<input type="checkbox"/> 2 hand <input type="checkbox"/> 1 hand  <input type="checkbox"/> blue pads <input type="checkbox"/> blue wobble <input type="checkbox"/> unilat wobble
<b>B: Standing in Bars</b> <input type="checkbox"/> full step up <input type="checkbox"/> tapping	<input type="checkbox"/> 2 hand <input type="checkbox"/> 1 hand <input type="checkbox"/> no support	<input type="checkbox"/> 2 hand <input type="checkbox"/> 1 hand <input type="checkbox"/> no support	<input type="checkbox"/> 2 hand <input type="checkbox"/> 1 hand <input type="checkbox"/> no support	<input type="checkbox"/> 2 hand <input type="checkbox"/> 1 hand <input type="checkbox"/> no support
<b>C: Walking in Bars</b> <input type="checkbox"/> static/dynamic tandem <input type="checkbox"/> braiding <input type="checkbox"/> sideways <input type="checkbox"/> forward/backwards	<input type="checkbox"/> 2 hand <input type="checkbox"/> 1 hand	<input type="checkbox"/> 2 hand <input type="checkbox"/> 1 hand	<input type="checkbox"/> 2 hand <input type="checkbox"/> 1 hand	<input type="checkbox"/> 2 hand <input type="checkbox"/> 1 hand
<b>D: Sitting to Standing</b> <input type="checkbox"/> chair with cushion <input type="checkbox"/> chair <input type="checkbox"/> ski position	<input type="checkbox"/> supported <input type="checkbox"/> 1 hand <input type="checkbox"/> no support	<input type="checkbox"/> supported <input type="checkbox"/> 1 hand <input type="checkbox"/> no support	<input type="checkbox"/> supported <input type="checkbox"/> 1 hand <input type="checkbox"/> no support	<input type="checkbox"/> supported <input type="checkbox"/> 1 hand <input type="checkbox"/> no support
<b>E: Posture Check ( in front of mirror)</b> <input type="checkbox"/> sit with APT for 10-15 secs <input type="checkbox"/> sit on Sissel board (blue disc)				
<b>F: Standing by the Plinth</b> Task: LE exercises <input type="checkbox"/> Hip flex <input type="checkbox"/> Hip Abduction <input type="checkbox"/> Hams Curls	<input type="checkbox"/> 2 hand <input type="checkbox"/> 1 hand L ____lbs R ____lbs	<input type="checkbox"/> 2 hand <input type="checkbox"/> 1 hand L ____lbs R ____lbs	<input type="checkbox"/> 2 hand <input type="checkbox"/> 1 hand L ____lbs R ____lbs	<input type="checkbox"/> 2 hand <input type="checkbox"/> 1 hand L ____lbs R ____lbs

**Patient consents to weekend therapy class Yes  No**

**PT Signature:** \_\_\_\_\_ **PTA Signature:** \_\_\_\_\_