

Date				
Postural control and kineasthetic exercises				
Aerobic exercises x 20 minutes				
Gait – specify distance, device, assistance, deviation				
Other – specify				
Signature				



JSS HOSPITAL
IN SERVICE TO LIFE

Physiotherapy care pathway for cerebral palsy

Name of child: _____

DOB: _____

GMFCS: _____

MACS: _____

Any other relevant information: _____

	Initial	3 months
GMFM		
A		
B		
C		
D		
E		
Tightness (specify muscle and ROM)		
Functional muscle grading- (no. of times in 1 minute) Sit-stand Toe stand Step ups- 20 cm stool Seated push up Sit ups		
Gait (type, distance, assistance, device)		
Balance score- PBS/ BBS		
Pain / discomfort (faces scale)		
Fear/ apprehension		
EVGS		

Goals x 3 months:

Plan: education and follow up x 3mo:

Regular sessions 3 x / wk:

Date				
Stretching of tight/ hypertonic muscles x 5 times for 15 sec hold TA Foot muscles Hams Rectus Iliopsoas Adductors Glutei Pectorals Pronators Fingers				
Functional strength training x 15 reps x 2 sets of each activity				
Sitting balance activities- challenge				
Motor learning exercises 20x 2 sets Iliopsoas As hip flexor and pelvic stabilizer Abductors Glutei Back extensors Abdominals (upper and lower) Quads Hams TA Foot (crunching ex) Upper limb in purposeful extension- holding edge of bed/ seated push ups Breathing exercises				