Date:				
Gait training				
Assistive device requirements				
Other exercise-specify				
Signature and designation of physiotherapist				

JSS HOSPITAL
IN SERVICE TO LIFE

Physiotherapy care pathway for balance disorders

Name of patient: _____

Date of event: _____

Any other relevant information: _____

_____

M. G. Road, Mysore-570004, Ph.: 0821-2548363/64/65. Fax No: 0821-2548368
Email: contact@jsshospital.in | Website: www.jsshospital.in

Comorbidities:		
	Initial eval	Discharge
BBS score		
Muscle power		
ROM		
Action reach arm test score		
Hand function		
Transfers		
Dyskinetic movements		

Goals for rehabilitation:

Date:				
Goal directed movements of upper/lower limb				
Positioning x 10 minutes BID				
Transitions with aid/ assistance				
Sitting balance with upper limb activity				
chair transfers/ tilt table				