

Assessment Camp
For
Special Children for Mentally Retarded children

DATE: 24-01-2014

Venue: Kalpakkam

PHYSIOTHERAPY PROGRESSION TREATMENT REPORT

NAME: *Blasath S/o Anub* SEX: *Male*

AGE: *8/11*

DISABILITY: *CP/EMR*

CHIEF COMPLAINT:

Severe leg rigidity. TA, hamstring, Adductor Tightness p

TREATMENT:

Passive mod, stretching, luxation, Mobilisation activities

SUGGESTION:

Bilateral KASO

[Signature]
Special Educator Signature

[Signature]
Signature of physiotherapist



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PHYSIOTHERAPY PROGRESSION TREATMENT REPORT

NAME: Gunathree d/o Keppusamy **SEX:** Female


AGE: 8/F


DISABILITY: CP + MR

CHIEF COMPLAINT: No head control. Severe bed ridden.
Drooping of saliva, Tendonitis Tightness present

TREATMENT: Relaxation Technique, Ball exercises, Mobilisation activities,
Loll and Relax Technique.

SUGGESTION: Home exercise. High Life.


Special Educator Signature


Signature of physiotherapists



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PHYSIOTHERAPY PROGRESSION TREATMENT REPORT

NAME: *S. Indira Kumar S/o Sankaran.* SEX: *Male*

AGE: *4/11*

DISABILITY: *CP/EMN*

CHIEF COMPLAINT:

*unable to sit & stand. wazy, fits - (+)
TA Tightness present*

TREATMENT:

*Passive mobs, stretchy, Ballexercises, Mobilisation activities
joint tngs*

SUGGESTION:

CP chair

[Signature]
Special Educated Signature

[Signature]
Signature of physiotherapists



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PHYSIOTHERAPY PROGRESSION TREATMENT REPORT

NAME: *k. Jeena d/o M. Kumar* SEX: *8/Female*

AGE: *8/F*

DISABILITY: *HI*

CHIEF COMPLAINT:

No clear speech Stancing

TREATMENT:

Regular Speech Therapy

SUGGESTION:

Heating Aid.

[Signature]
Special Educated Signature

[Signature]
Signature of physiotherapists



- Occupational Therapy
- Hydro Therapy
- Skill Development
- Early Identification and Intervention
- ADL's Skills Development
- Behaviour Modification Techniques
- Provide Special Appliances

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PHYSIOTHERAPY PROGRESSION TREATMENT REPORT

NAME: *Jhothika 2/0 Venkatesan* **SEX:** *Female*

AGE: *11/F*

DISABILITY: *MR*

CHIEF COMPLAINT:

*Speech Impaired. No ADL
No Academics.*

TREATMENT:

*Based on IEP
(Individual Educational plan)*

SUGGESTION:

[Signature]
Special Educated Signature

[Signature]
Signature of physiotherapists



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PHYSIOTHERAPY PROGRESSION TREATMENT REPORT

NAME: A. Manisha /s/ Arumugam SEX: Female.

AGE: 8/11

DISABILITY: CP/EM

CHIEF COMPLAINT:

unable to stand, Ankle/heel tightness, TA tightness present
unable to walk,

TREATMENT:

Blowby exercises, stretching, joint bags, mobilisation activities

SUGGESTION:

walker.

Special Educator's Signature

Signature of physiotherapist

