



**Assessment Camp  
For**

**Special Children for Mentally Retarded children**

DATE: 24-01-2014

Venue: Kalpakkam

**PHYSIOTHERAPY PROGRESSION TREATMENT REPORT**

NAME: D Appuram 3/0 Duttai

SEX: M.

AGE: 12/01

DISABILITY: Cp  $\bar{C}$  MR

CHIEF COMPLAINT:

No proper walking, No speech Abductor, hamstring's  
TA tightness present

TREATMENT:

Passive work, Steady gait tray, speed therapy

SUGGESTION:

walker.

Special Educator's Signature

Signature of physiotherapists



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**PHYSIOTHERAPY PROGRESSION TREATMENT REPORT**

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

AGE: *8/11*

DISABILITY: *CP/EMR*

CHIEF COMPLAINT:

*Severe leg spasm. TA, hamstring, Adductor Tightness p*

TREATMENT:

*Passive mod, stretching, ball exercises, Mobilisation activities*

SUGGESTION:

*Bilateral KATFO*

*[Signature]*  
Special Educator Signature

*[Signature]*  
Signature of physiotherapist



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**PHYSIOTHERAPY PROGRESSION TREATMENT REPORT**

**NAME:** *Blavani d/o Padmanaban.* **SEX:** *Female*

**AGE:** *9/F*

**DISABILITY:** *Cp C M2*

**CHIEF COMPLAINT:**

*Severe bed ridden.*

**TREATMENT:**

*Passive mot, stretchy ball exercises, Mobilisation activities,*

**SUGGESTION:**

*Cp chair.*

*[Signature]*  
**Special Educator Signature**

*[Signature]*  
**Signature of physiotherapists**

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**PHYSIOTHERAPY PROGRESSION TREATMENT REPORT**

**NAME:** *Dhatchayani d/o Poominathan* **SEX:** *Female*

**AGE:** *4/5*

**DISABILITY:** *OI*

**CHIEF COMPLAINT:**

*Inability to walk by*

**TREATMENT:**

*Strengthening Exercises,*

**SUGGESTION:**

*walkers*

*[Signature]*  
**Special Educated Signature**

*[Signature]*  
**Signature of physiotherapists**

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**PHYSIOTHERAPY PROGRESSION TREATMENT REPORT**

**NAME:** *Eswei d/o May* **SEX:** *Female*  
**AGE:** *10/F*  
**DISABILITY:** *MR* *rest*  
**CHIEF COMPLAINT:**

*No Speech, No Academics*  
*No ADL*

**TREATMENT:**

*Based on Individualized Educational plan*

**SUGGESTION:**

*[Signature]*

Special Educated Signature

*[Signature]*

Signature of physiotherapists

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**PHYSIOTHERAPY PROGRESSION TREATMENT REPORT**

**NAME:** *Gokul S/o Boominathan* **SEX:** *Male*

**AGE:** *2/11*

**DISABILITY:** *OI*

**CHIEF COMPLAINT:**

*Lower limb affected*

**TREATMENT:**

*Passive mob, strength stretching, ball exerciss,  
gait trainy, Mobilitan activities*

**SUGGESTION:**

*walker.*

*[Signature]*  
**Special Educated Signature**

*[Signature]*  
**Signature of physiotherapists**

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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, Tendinitis 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. waddling, fits - (+)  
TA Tightness present


**TREATMENT:**

Passive neck, shoulder, hip exercises, Mobilisation activities  
joint taping

**SUGGESTION:**

CP chair

  
Special Educator 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:** *Jothika 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:

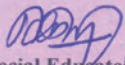
unable to stand, Abductor Tightness, TA Tightness present  
unable to walk,

TREATMENT:

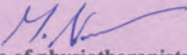
Blow exercises, stretches, joint bags, Mobilisation activities

SUGGESTION:

walker.



Special Educator's Signature



Signature of physiotherapists



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**PHYSIOTHERAPY PROGRESSION TREATMENT REPORT**

NAME: *R. Nandana 4/6 kozhividal* SEX: *Female*

AGE: *2½*

DISABILITY: *Cp & MR*

**CHIEF COMPLAINT:**

*Inability to sit & stand. TA tightness present (mild)*  
*Inability to move one place to another. goal weakness present.*

**TREATMENT:**

*passive and, stretch, ball excers, Mobilisation activities*  
*gait tray*

**SUGGESTION:**

*walker.*

*[Signature]*  
Special Educated Signature

*[Signature]*  
Signature of physiotherapists



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**PHYSIOTHERAPY PROGRESSION TREATMENT REPORT**

NAME: R. Nishith 3/0 Romesh      SEX: Male

AGE: 8/11

DISABILITY: Epilepsy (Right hemiplegia.)

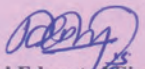
CHIEF COMPLAINT:


Frequent falls while walking, Speech Impaired.  
Right upper limb & lower limb tightness present.

TREATMENT:

Active Assisted exercises, Strengthening exercises,  
Balance exercises.

SUGGESTION:

  
Special Educator's Signature

  
Signature of physiotherapist



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**PHYSIOTHERAPY PROGRESSION TREATMENT REPORT**

**NAME:** *Prabakaran G. Singaram*      **SEX:** *Male*

**AGE:** *5/11*

**DISABILITY:** *MR*

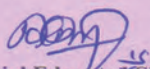
**CHIEF COMPLAINT:**


*-Frequent falling while walking, Speech Impair*

**TREATMENT:**

*Step by exercise, Speech therapy*

**SUGGESTION:**

  
Special Educator's Signature

  
Signature of physiotherapists



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**PHYSIOTHERAPY PROGRESSION TREATMENT REPORT**

NAME: *Prayudhini /s Address* SEX: *Female*

AGE: *8/1/1*

DISABILITY: *Cp 2/1/1*

CHIEF COMPLAINT:

*Severe leg stiffness. TA, hamstring, Adductor Tightness etc.*

TREATMENT:

*Passive mob, stretch, ball exercises, joint mobilisation activities*

SUGGESTION:

*Cp chair*

*[Signature]*  
Special Educator Signature

*[Signature]*  
Signature of physiotherapists



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**PHYSIOTHERAPY PROGRESSION TREATMENT REPORT**

NAME: S. Sanjay S/o Sugan                      SEX: Male.

AGE: 6/M

DISABILITY: Cp & Speech Impaired.

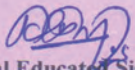
CHIEF COMPLAINT:

Frequent falls while walking. Can't speak.

TREATMENT:

Strengthening exercises, Speech Therapy

SUGGESTION:



Special Educator Signature

Signature of physiotherapists





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PHYSIOTHERAPY PROGRESSION TREATMENT REPORT

NAME: k. Sakthi S/o kumar

SEX: Male

AGE: 9

DISABILITY: CP/MA

CHIEF COMPLAINT:

unable to stand, Droopy of saliva, Lower limb tightness present  
(Talo calcia Tightness present)

TREATMENT:

passive neck, stretchy ball exercise, Mobilization activities,  
gait tray.

SUGGESTION:

walker need.

Special Educated Signature

Signature of physiotherapists



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PHYSIOTHERAPY PROGRESSION TREATMENT REPORT

NAME: S. Sowdaly d/o Sekar

SEX: Female

AGE: 6/F

DISABILITY: CP/MA

CHIEF COMPLAINT:


Droopy of saliva, Hoarse voice, TA Tightness present  
unable to stand.

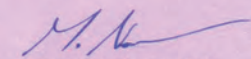
TREATMENT:

Passive mtd, stretch, balance, gait tray Mobilisation activities

SUGGESTION:

walkers

  
Special Educator's Signature

  
Signature of physiotherapist



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**PHYSIOTHERAPY PROGRESSION TREATMENT REPORT**

**NAME:** Vinodini

**SEX:** Female

**AGE:** 17/F

**DISABILITY:**  $\Delta$  C<sub>1</sub>, C<sub>2</sub> Subluxation post operative disability


**CHIEF COMPLAINT:**


Inability to sit, stand, Hold of objects Difficult

**TREATMENT:**

Passive and, stretch Active Assisted exercise.  
Mobilization activities.

**SUGGESTION:**

  
Special Educator Signature

  
Signature of physiotherapists





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### PHYSIOTHERAPY PROGRESSION TREATMENT REPORT

NAME: *Vishva S/o Selvan*      SEX: *Male*

AGE: *9/M*

DISABILITY: *MR*

CHIEF COMPLAINT:

*No speech      No Academic skills  
No ADL*

TREATMENT:

*Based on IEP  
(Individual Educational plan)*

SUGGESTION:

Special Educated Signature

Signature of physiotherapists

