**Students Name** –

**Course Type** – Neurological Conditions

**Course Venue** –

**Course Date** -

**Lecturer’s Name** – John Robinson and Grant Ralston

**Word Count** -

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**Section 1-** Create a summary statement of your client explaining his/her medical diagnoses.

**Section 2 –** Provide details of any other information you may be interested in finding out either from your client and/or her specialist, giving a rationale for each.

**Section 3 -** Which tests/assessments would you choose? Give a rationale for your choices **and** method of securing/storing/transmitting the information.

**Section 4 –** Design a prospective 12-week programme of exercise, which you deem to be safe, appropriate, and effective for your client.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Week** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** | **Intensity** | **Additional comments** |
| **1** |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |  |  |
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| **11** |  |  |  |  |  |  |  |  |  |
| **12** |  |  |  |  |  |  |  |  |  |

**Key: -**

**Section 5 -** Provide a detailed example of typical exercise session from your programme, assuming that she/he is feeling motivated for the session, based on the depth of information that you used for the practical assessment on your course.

|  |  |
| --- | --- |
| **Clients training goals:** |  |
| **Date:** |  |

|  |  |
| --- | --- |
| **Warm up – component duration** |  |

**[Modify this table as you see fit]**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Overview of content, including mobility, pulse raising (CV machine as needed) and component length** | **Equipment and duration** | **Level/ speed** | **RPE/HR/Talk Test/Observation** | **Adaptations or alternatives** |
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| **Main Component – component duration** |  |
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| **[Modify this table as you see fit]** | | |

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| --- | --- | --- | --- | --- | --- |
| **Exercise** | **Equipment and duration of activity** | **Level/ speed** | **Intensity** | **Adaptations or alternatives** | **Adaptations or alternatives to suit client** |
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| **Body weight exercise (including any functional/motor skills exercises appropriate for the client)** | | | **Sets/reps/rest or duration of activity** | | |
|  | | |  | | |
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| --- | --- |
| **Cool down/flexibility – component duration** |  |

**[Modify this table as you see fit]**

|  |  |  |
| --- | --- | --- |
| **Cool down (if a re-warm or pulse lowering phase is required, please detail in the space below)** | | |
| **CV activity / post-workout stretches** | **Time and intensity range** | **Additional information** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Note: Post-workout stretches (circle as applicable) – indicate which stretches are maintenance (M) and which are developmental (D):** | | |

**Section 6 -** Justify your exercise programme regarding safety, appropriateness, and effectiveness.

**Section 7 -** Explain what considerations you would have when ensuring the referral location (i.e., gym, etc.) is suitable for your client; ensure you consider physiological and psychosocial components.

**Section 8 -** Create a detailed agreed programme for continued intervention/engagement with your client, this may be signposting or development of other services.

**Section 9 -** Develop an information/promotional leaflet or flyer about the benefits of neurological rehabilitation exercise referral scheme. Design it so it aims at the patients and the medical professional from whom you wish to receive referrals

# **References**

# **Appendix**