SPORTS THERAPY ACTION PLAN

Client name:	Date:	DoB:	Age:
OBJECTIVES: Increase postural awareness Amend body contours Improve body position Improve muscle tone Decrease skeletal stress Increase range of movement Injury prevention Restore function Strengthen muscles Improve endurance Improve flexibility Improve speed Improve power Improve balance Improve coordination Improve proprioception Improve agility Improve full functional ability Improve general fitness Improve sports performance Increase energy levels Improve well-being Reduce stress Other: Comments:			
METHODS TO ACHIEVE OBJECTIVES: Modification of current physical activities Training alterations Protective equipment Exercise equipment Sports equipment Taping/Strapping Supports/Bracing Orthotics Cryotherapy Heat/Electrical treatments Remedial massage Remedial exercise Nutritional strategies Self-massage Relaxation techniques Other: Comments:			
EXERCISE TYPE: Early phase Intermediate Isometric Isotonic Isokinetic Comparished Isometric Static stretching MET street Outdoor Other: Comments:	oncentric Eccentric	Core stability Open chain	Closed chain
EQUIPMENT: Free weights Machine weights Resistance band Wrist/Ankle weights Medicine ball Fitness ball Step Rebounder Treadmill Stationary bike Rower Cross trainer Elliptical trainer Stepper Upper body ergometer Wobble board Other: Comments:			
DETAILED ACTION PLAN: This should inclear current condition, and to the information state of the information		ed exercises and other recomm	endations, relating to the client's
Continue on another sheet if necessary			
Client signature: Therapist signature:		rte: rte:	