**Treatment Guidelines for Protocol Master (Condition)**

**TREATMENT AND REHABILITATION PROTOCOL**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **STAGE** | **AIMs & OBJECTIVES** | **TREATMENT** | **HOME EXERCISE** | **EXERCISE PRESCRIPTION or CLINICAL PILATES PROGRAM****(see attachments)** | **ACTIVITY MODIFICATION** |
| 1 |  | * Assessment guidelines followed as per condition
* Pathway delivered between 1 – 3 sessions
 |  |  |  |
|  | **CRITERIA TO PROGRESS** | **- ……………****- ……………** |
| 2 |  |  |  |  |  |
| **CRITERIA TO** **PROGRESS** | **- ……………****- ……………** |
| 3 |  |  |  |  |  |
| **CRITERIA TO** **PROGRESS** | **- ……………****- ……………** |
| 4 |  |  |  |  |   |
| **CRITERIA TO** **PROGRESS** | **- ……………****- ……………** |
| 5 |  |  |  |  |  |
| **CRITERIA TO** **PROGRESS** | **- ……………****- ……………** |