**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** | | **- ……………**  **- ……………** | | | | | | | |