

FUNCTIONAL DEFICIT	
IMPAIRMENT	
PHYSIOLOGICAL/ HISTOLOGICAL GOAL	
EXERCISE EQUIPMENT	
<p style="text-align: center;">EXERCISE</p> Posture (supine, sitting, etc.) Limb Position (open pack, etc.) Muscle Action Speed Best Force Angle R.O.M. Movement Force Conjunct Rotation Closed Chain/ Open Chain	
ISOMETRIC TEST RESULT (IF PERFORMED)	
<p style="text-align: center;">DYNAMIC TEST</p> Resistance Repetitions	PAIN: <input type="checkbox"/> YES <input type="checkbox"/> NO
<p style="text-align: center;">DYNAMIC RE-TEST (IF NEEDED)</p> Resistance Repetitions	PAIN: <input type="checkbox"/> YES <input type="checkbox"/> NO
<p style="text-align: center;">EXERCISE DOSE</p> Resistance Repetitions Sets Rest Periods	
<p style="text-align: center;">DOSAGE</p> Frequency/ Duration	
COMMENTS	