

# AQUATIC THERAPY PLAN OF CARE

Name: \_\_\_\_\_ Record # \_\_\_\_\_ Date: \_\_\_\_\_  
 Gender: \_\_\_\_\_ Age: \_\_\_\_\_  
 Dx: \_\_\_\_\_

**PRECAUTIONS/ CONTRAINDICATIONS:**

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**GOALS:**

<input type="checkbox"/> Improve balance	<input type="checkbox"/> Improve breathing patterns	<input type="checkbox"/> Decrease pain
<input type="checkbox"/> Improve gait pattern	<input type="checkbox"/> Improve circulation	<input type="checkbox"/> Decrease edema
<input type="checkbox"/> Improve postural alignment	<input type="checkbox"/> Increase strength	<input type="checkbox"/> Reduce spasticity
<input type="checkbox"/> Improve proprioception	<input type="checkbox"/> Increase ROM	<input type="checkbox"/> Improve segmental mobility
<input type="checkbox"/> Improve coordination	<input type="checkbox"/> Increase endurance	<input type="checkbox"/> Improve lymphatic drainage
<input type="checkbox"/> Improve motor control	<input type="checkbox"/> Relaxation	<input type="checkbox"/> Independence in aquatic exercise

<b>CLINICAL INTERVENTIONS</b>			
<p><b>WARM UP</b></p> <input type="checkbox"/> Walking (fwd/bkwd/side) <input type="checkbox"/> Deep End _____ <input type="checkbox"/> Sitting _____ <input type="checkbox"/> UE _____ <input type="checkbox"/> Equipment: _____ _____  <p><b>STRETCHING</b></p> <input type="checkbox"/> Post Chain <input type="checkbox"/> Position _____ <input type="checkbox"/> Lateral Chain <input type="checkbox"/> Position _____ <input type="checkbox"/> Anterior Chain <input type="checkbox"/> Position _____ Other _____  <p><b>MANUAL TECHNIQUES</b></p> <input type="checkbox"/> Applied Joint Mob/distraction Area: _____ <input type="checkbox"/> Joint Glide/Distracton Area: _____ <input type="checkbox"/> Joint Approx/Compression Area: _____ <input type="checkbox"/> Myofascial Release Area: _____ <input type="checkbox"/> Aqua stretch Area: _____ <input type="checkbox"/> Other _____ _____	<p><b>HALLIWICK</b></p> <input type="checkbox"/> Mental Adjustment <input type="checkbox"/> Breathe/bubbles <input type="checkbox"/> Float  <input type="checkbox"/> MetaCentric _____ <input type="checkbox"/> Balance in Stillness Pos'n: _____ _____  <input type="checkbox"/> Rotation Control <input type="checkbox"/> Saggital <input type="checkbox"/> Transverse <input type="checkbox"/> Longitudinal _____ <input type="checkbox"/> Disengagement _____  <input type="checkbox"/> Turbulent Gliding   <p><b>WATSU</b></p> <input type="checkbox"/> Cradle _____ <input type="checkbox"/> Seaweed _____ <input type="checkbox"/> Other _____ _____	<p><b>BAD RAGAZ</b></p> <input type="checkbox"/> Pelvic Hold <input type="checkbox"/> Knee Hold <input type="checkbox"/> Thoracic Hold <input type="checkbox"/> Elbow hold <input type="checkbox"/> Unilateral UE ____ Ext/Add/IR to Flex/Abd/ER ____ Ext/Abd/ER to Flex/Add/ER <input type="checkbox"/> Bilateral UE _____ _____ <input type="checkbox"/> Unilateral LE hold _____ <input type="checkbox"/> Bilateral LE pattern: ____ Ext/Add/ER to Flex/Abd/IR ____ Ext/Abd/IR to Flex/Add/ER _____ <input type="checkbox"/> Reciprocal LE _____ <input type="checkbox"/> Passive Trunk Elongation Hold: _____  BRRM # of reps (max15) _____  <p><b>BALANCE RETRAINING</b></p> <input type="checkbox"/> Weight Shift <input type="checkbox"/> Static <input type="checkbox"/> Dynamic thru water <input type="checkbox"/> Obstacle walk _____ <input type="checkbox"/> Coordination/Dual Task <input type="checkbox"/> Distraction _____ _____	<p><b>OTHER</b></p> <input type="checkbox"/> Deep water _____ <input type="checkbox"/> Spinal Stabilization _____ <input type="checkbox"/> Pelvic Tilt A ___ P  <input type="checkbox"/> Core strengthening Sit_Stand_SF_R_Fl_Ex____ _____ <input type="checkbox"/> Sit-to-Stand Training _____  <input type="checkbox"/> Resistive exercises: FITT: _____ _____ _____  <input type="checkbox"/> Ai Chi: _____ Warm up ___ Cool Down Duration: _____  <input type="checkbox"/> Other: _____ _____

Tx Duration \_\_\_\_\_ min.

Frequency: \_\_\_\_\_ times per week.

PT Name (print):  
 PT Signature:

PTA Name (print):  
 PTA Signature: