

PHYSICAL THERAPY PROGRESS REPORT

NAME:

AGE:

DATE:

RANGE OF MOTION	ROTATION RIGHT	RIGHT CHEEK TO FLOOR		
	ROTATION LEFT	LEFT CHEEK TO FLOOR		
	SIDEBENDING RIGHT	EAR TO SHOULDER		
	SIDEBENDING LEFT	EAR TO SHOULDER		
HEAD IN MIDDLE WITHOUT HELP	BACK	BLANKET UNDER BOTTOM TO LIFT PELVIS		
	RIGHT SIDE	LOOKING DOWN		
	LEFT SIDE	LOOKING DOWN		
	BELLY	LOOKING STRAIGHT AHEAD		
	SITTING	LOOKING STRAIGHT OR LOOKING DOWN		
	STANDING	LOOKING STRAIGHT OR LOOKING DOWN		
WEIGHT SHIFT	RIGHT SIDE	# MINUTES = AGE IN MONTHS		
	LEFT SIDE	# MINUTES = AGE IN MONTHS		
	BELLY EQUAL WEIGHT	NO HELP		
	BELLY REACH TOY WITH RIGHT HAND	LEANS OVER LEFT ELBOW		
	BELLY REACH TOY WITH LEFT HAND	LEANS OVER RIGHT ELBOW		
	SITTING PROPPED ON RIGHT HAND	REACH ACROSS WITH LEFT HAND		
	SITTING PROPPED ON LEFT HAND	REACH ACROSS WITH RIGHT HAND		

SIGNED: _____

DATE: _____