

Lower Extremity Shaping Data Sheet

Task: _____ Subject _____ SID _____
 Date: _____ TD: _____ Time: _____ Therapist: _____

Shaping Task Description:

Starting position: supine _____ sidelying _____ sitting _____ standing _____ other (specify): _____

Equipment Used	
1.	Placement/Location
2.	
3.	

Instructions to Participant _____

Other Descriptors _____
 Assistive Device _____ Orthotic Device _____
 Assistance _____ Coaching _____

Parameter Measured (ParaM): _____
 Parameter 1 varied (ParaV1) _____
 Parameter 2 varied (ParaV2) _____
 Parameter 3 varied (ParaV3) _____

Trial	ParaM	QOM	ParaV1	ParaV2	ParaV3	Comments
Unit (e.g.cm)						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Home Skill Assignment Worksheet

Name:

Date:

Tx Day:

Activities to be tried (write in blanks provided):

	Attempted?	Time spent	Comments
1. _____ Y or N		_____ mins.	
2. _____ Y or N		_____ mins.	
3. _____ Y or N		_____ mins.	
4. _____ Y or N		_____ mins.	
5. _____ Y or N		_____ mins.	
6. _____ Y or N		_____ mins.	
7. _____ Y or N		_____ mins.	
8. _____ Y or N		_____ mins.	
9. _____ Y or N		_____ mins.	
10. _____ Y or N		_____ mins.	