Case Study Template

(Insert Name Here, Certification Level)

Background:

Postural Assessment (front, side, and back views in relaxed standing):

Walking Gait:

Goals (Student's Goals for the Therapy Sessions)**:**

Session 1. Date. Length of Session.

Pre-session report: Symptom severity was measured on a scale of 0 (none) to 7 (most severe). Overall physical and emotional ratings were rated on a descriptive scale: excellent (1), very good (2), good (3), neither good/bad (4), bad (5), very bad (6), and extremely bad (7).

1. **Name of Pose (**include time held and or repetitions).
2. **Name of Pose**
3. **Name of Pose……**

Post-Session Report:

Home practice assignment:

Teacher thoughts:

Next day report:

Sessions 2 and 3 as above.

Optional: Follow Up Response Summary