

STANDING DYNAMIC - 1

Weight Shift: Anterior / Posterior (Limits of Stability)

Slowly shift weight backward until toes begin to rise off floor. Return to starting position. Shift weight forward until heels begin to rise off floor.



Hold each position _____ seconds.
Repeat _____ times per session.
Do _____ sessions per day.

___ Repeat on compliant surface _____



STANDING DYNAMIC - 2

Weight Shift: Lateral (Limits of Stability)

Slowly shift weight to right as far as possible, without taking a step. Return to starting position.



Hold each position _____ seconds.
Repeat _____ times per session.
Do _____ sessions per day.

___ Repeat on compliant surface _____

STANDING DYNAMIC - 3

Weight Shift: Diagonal

Slowly shift weight forward over right leg. Return to starting position. Shift backward over left leg.



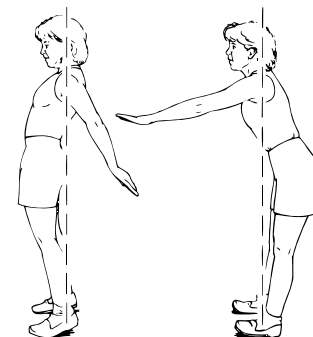
Hold each position _____ seconds.
Repeat _____ times per session.
Do _____ sessions per day.

___ Repeat on compliant surface _____

STANDING DYNAMIC - 4

Weight Shift: Anterior / Posterior (Righting / Equilibrium)

Slowly shift weight forward while bringing arms back and hips forward over toes until heels rise off floor. Return to starting position. Shift weight backward bringing arms forward and hips back over heel until toes rise off floor.

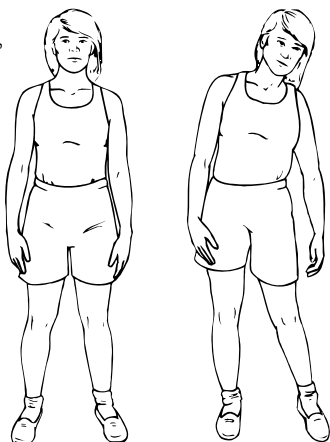


Repeat _____ times per session.
Do _____ sessions per day.

STANDING DYNAMIC - 5

Weight Shift: Lateral (Righting / Equilibrium)

With feet shoulder width apart, slowly shift weight over right leg, bending head and trunk slightly to left. Let left arm hang out from side. Return to starting position. Shift weight over left leg, bending head and trunk slightly to right. Let right arm hang out from side.

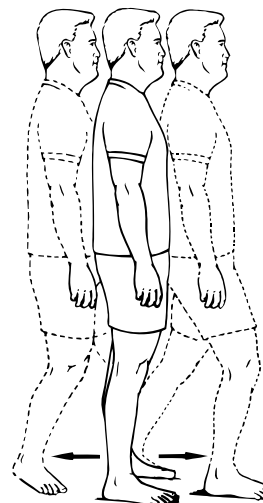


Repeat _____ times per session.
Do _____ sessions per day.

STANDING DYNAMIC - 6

Single Step: Forward / Backward

Lifting foot off floor, take one step slowly forward with right leg. Return to starting position. Take one step backward and return.



Repeat _____ times per session.
Do _____ sessions per day.

Patient Name: _____

Date Handout Issued: _____

Therapist Name: _____

Therapist Signature: _____