

2027-03-05 · 80 minutes

Rehabilitation plan: written preparation

Your goal: Written preparation only. Do not perform exercises, fit or use devices, prescribe treatment, or invent clearance, dose, loading or recovery progression. Today's objective: Design a rehabilitation plan with assistive devices tailored to your patient.

One product: Week-by-week rehabilitation plan card with two exercises, one assistive device, progress checkpoints, and written justification for each choice.

Question: How can a written choice match a goal while individual suitability remains unknown?

Start the work

An access rule needs reasons about both people's needs and shared costs; predicted outcomes must stay separate from observed evidence.

1. Written preparation only. Do not perform exercises, fit or use devices, prescribe treatment, or invent clearance, dose, loading or recovery progression. Original route: read fictional C1. Actual route only: Review your patient's goals and physical limits from Tuesday.
2. Written preparation only. Do not perform exercises, fit or use devices, prescribe treatment, or invent clearance, dose, loading or recovery progression. Original route: match C1 to E1 on paper. Actual assigned route only: Select two exercises and one assistive device that fit the patient's needs.
3. Written preparation only. Do not perform exercises, fit or use devices, prescribe treatment, or invent clearance, dose, loading or recovery progression. Use planning checkpoints, not invented recovery progression. Today's requirement: Build a week-by-week rehab plan card with goals and progress checkpoints.
4. Written preparation only. Do not perform exercises, fit or use devices, prescribe treatment, or invent clearance, dose, loading or recovery progression. Use Q1 with a peer when available; otherwise label your check self review and ask how to join any required group review. Today's requirement: Have your group review the plan for safety and feasibility.
5. Check your section and assignment, or save locally if access fails. After uploading, check that Schoology shows Submitted. Today's requirement: Submit your rehabilitation plan with device choices justified.

If access is blocked, save the labeled document and tell the teacher what you need. After uploading, check that Schoology shows Submitted.

Words you will use

rehabilitation

Work intended to support functioning; this lesson supplies no individual treatment.

exercise

A movement activity; here only a written option description is considered.

assistive device

A tool intended to help a task; individual fit must be assessed.

goal

The stated result or function sought.

constraint

A stated condition limiting a choice.

quadriceps

The muscle group at the front of the thigh named in E1.

leg extension

The named seated exercise option E-A, not an instruction to perform it.

ankle flexibility

Ability to move at the ankle; no individual range is supplied.

ankle stretch

The named seated option E-B described by NHS.

seated

In a sitting position; a description does not prove clinical suitability.

long reacher

A tool described for retrieving objects with less bending.

button hook

A dressing tool associated with fastening clothing.

clinical authorization

A genuine responsible professional's permission for the individual task, absent here.

protocol

The actual approved directions, not the fictional matching rules.

dose

How much or how often an activity is prescribed; not specified here.

loading

Force or resistance applied during activity; not prescribed here.

progression

A planned change in treatment demand; week labels alone cannot authorize it.

checkpoint

A planned review of defined evidence.

planning week

A fictional document-review stage, not time since injury.

planned

Intended for later review, not already observed.

observed

Actually documented as occurring; no recovery is observed here.

feasibility

Whether a proposal can work with actual resources and circumstances.

device fit

Whether a particular device suits the individual and task; unassessed here.

justification

A reason tied to a goal, evidence and limits.

peer review

Feedback actually provided by another person.

self review

Your own check using the stated criteria.

deidentified

With identifying personal details removed under the actual privacy directions.

Submission check

After uploading, check that Schoology shows Submitted; ask for help if it does not.

H1: A planning card is not clearance

Written preparation only. Do not perform exercises, fit or use devices, prescribe treatment, or invent clearance, dose, loading or recovery progression.

Choose one route with the teacher. No actual patient record is supplied. March 2 taught graph interpretation using invented ROM values; it supplies no patient goals, diagnosis or clearance. March 3 distinguished reasons about needs and costs from observed outcomes.

Opening input: fictional goal H is to retrieve a dropped object with less bending. Option H-A is described as helping retrieve objects; H-B is described as helping fasten clothing. Original route: choose the closer function match and name one thing still unknown about real suitability. Actual route: use the assigned

case and option evidence instead; ask for any missing input. Answer once using this paragraph only.

C1: Complete original paper case

CASE-R is an invented classroom planning record, not a person, diagnosis or treatment referral. Goal G1 is to identify an exercise option associated with quadriceps work at the front of the thigh. Goal G2 is to identify a different option associated with ankle flexibility. Goal G3 is to identify a device function for retrieving dropped objects with less bending.

Classroom constraints: select exactly two exercise descriptions, one for G1 and one for G2, and one device description for G3. For this matching task, prefer exercise descriptions presented in a seated position. This is a paper selection criterion, not a finding that sitting or either exercise is clinically suitable. No exercise is performed.

No impairment, surgery, side, recovery stage, pain score, strength, motion limit, device fit, home layout, caregiver availability, budget or clinical clearance is supplied. Unknown means unknown. Do not infer these from a goal or invent a Tuesday patient.

Use three fictional planning-review weeks named Week 1, Week 2 and Week 3. They are an organizational convention for revisiting the written proposal, not weeks after injury and not a schedule for starting or advancing treatment. Keep the same candidate choices unless a written matching error is found. No dosage or progression belongs on this preparation card. Actual route: teacher-assigned deidentified case, approved options and rubric replace this fictional case and its three planning weeks. Complete one route only; leave clinical decisions to the qualified professionals responsible for them.

E1: Complete option reference

E-A, leg extensions: AAOS lists quadriceps as the main muscles worked and presents this exercise seated. This describes the option's function only. The AAOS program calls for doctor supervision and discussion with a doctor or physical therapist. This packet omits performance directions, repetitions and resistance. Source AAOS.

E-B, ankle stretch: the NHS sitting-exercises page associates this seated option with ankle flexibility. This describes the option's function only. No individual benefit, safe range, dose or clinical suitability is established here. Source NHS.

E-C, standing quadriceps stretch: AAOS associates it with quadriceps and presents it standing. It is a comparison option; check it against CASE-R's seated-description preference yourself. This is not a judgment that it is unsafe for everyone. Source AAOS.

D-A, long reacher: CNTW NHS describes a tool for picking things up with less bending or stretching. This describes the tool's function; reach, grip, object properties and individual fit remain unassessed. D-B, button hook and zip puller: the same leaflet describes support for dressing. The leaflet suggests discussing item testing with an occupational therapist. Source CNTW.

These brief descriptions are all the reference information required for this paper task. Linked pages contain broader clinical material; they are not assigned operating instructions. Source descriptions do not authorize use. Actual route: teacher-assigned deidentified case, approved options and rubric replace this fictional case and its three planning weeks. Complete one route only; leave clinical decisions to the qualified professionals responsible for them.

R1: One week-by-week plan card

Original route: label the card CASE-R, FICTIONAL WRITTEN PREPARATION. Name two candidate exercises and one device using E1. Link each to G1, G2 or G3. Record the seated-description constraint and the absence of actual clearance.

Use three rows, Week 1 through Week 3, with four columns: candidate choices; written planning goal; planned checkpoint and evidence needed; what the evidence can establish. All three choices may be listed once above the table and referenced in each row. Do not copy three full justifications into every row.

Week 1 planning goal: check that all three choices match C1/E1. Checkpoint: compare each choice against its goal and the stated position criterion. Evidence needed: C1 goal plus E1 option description. This checks the written draft, not a patient's ability.

Week 2 planning goal: identify what would be needed for real suitability. Checkpoint: request individual exercise directions and authorization, device assessment, and practical access information from the responsible teacher/clinical materials. No reply is supplied. Describe only what the available evidence establishes and ask for anything needed for the next decision.

Week 3 planning goal: review the written proposal against any genuinely supplied information. Checkpoint: retain or revise the proposed match only if that information warrants it; otherwise ask for the missing evidence. Do not increase resistance, repetitions, range or activity because the week number changed.

Write planned checkpoints as future checks, not completed achievements. No actual recovery result is supplied. Actual route: teacher-assigned deidentified case, approved options and rubric replace this fictional case and its three planning weeks. Complete one route only; leave clinical decisions to the qualified professionals responsible for them.

Q1: Honest peer or self review

Original route: at 50–65, review the same card for three goal matches, the stated seated-description criterion and three planning rows. Check the finished justifications during J1 at 65–75, after writing them. For the safety boundary, look for unsupported clearance or a prescribed dose/progression. For feasibility, look for missing device fit, access or practical information.

If a partner actually reviews the card, record a brief deidentified comment and label it peer review. Alone, apply the same checks and label the note self review. Record one real issue and a revision, or state no issue found under the written checks and retain the draft. Do not invent a defect or a peer comment.

A paper review does not certify clinical safety or feasibility. The supplied information does not establish individual suitability. Use self review for preparation, then ask how to join any required group review. Actual route: teacher-assigned deidentified case, approved options and rubric replace this fictional case and its three planning weeks. Complete one route only; leave clinical decisions to the qualified professionals responsible for them.

J1: Three short justifications

Original route: write one concise justification for each of the two exercise choices and the device. Each includes the option ID/name, matching C1 goal, supporting E1 fact, and one actual-suitability limit. Explain why a source function supports the proposed match without claiming a guaranteed outcome.

Keep these three sentences on the same plan card. Actual route: justify genuine assigned choices using the approved case, sources and rubric instead; no duplicate fictional justifications or exercise selection is required.

S1: Real work and destination remain separate

Use twelve separate checks: obtain the deidentified case and goals; obtain individual limits and clinical authorization; obtain the actual exercise protocol, dose and progression; obtain the device assessment and fit decision; check practical resources; use only actual performance observations; join required peer work; obtain the teacher rubric; follow the enrolled official task; check your section and assignment; save the plan; check Schoology after uploading. Leave clinical decisions to qualified professionals. Note evidence from a check you performed or a specific next action. Update your existing check record rather than duplicating it.

Today's product is one plan card plus justifications in a single document. Original practice does not satisfy an authentic treatment plan or certify a clinical decision. The teacher supplies real directions and confirms whether preparation is accepted.

Assignment title: Wk7 Lab report: Rehabilitation plan project. Section 1292:
<https://clevelandmetro.schoology.com/assignment/8544574897> . Section 6792:
<https://clevelandmetro.schoology.com/assignment/8544574918> . Use only your confirmed section. Check access, the current due date and rubric. Check Schoology after uploading.

Today's official work is Problem 1.3.1 Personalized Plans in Lesson 1.3 Relief Within Reach. Confirm the enrolled task and stopping point; a course plan is not evidence of completion. If access or the assignment is missing, save the labeled card locally and tell the teacher what you need. Check

M1: Distinct complete miniature model

Optional MODEL-B is another invented written case. It has one exercise goal, quadriceps work, with a standing-description preference instead of a seated one. Its device goal differs: help with clothing fasteners. No condition, clearance or performance is supplied.

Candidate choices: E-C standing quadriceps stretch and D-B button hook and zip puller. Week 1 goal is written match verification; its checkpoint compares both functions with MODEL-B goals. This establishes a paper match only. Week 2 goal is suitability information; its checkpoint requests individual exercise directions, authorization, device assessment and access. The model does not supply those decisions. Week 3 goal is evidence-based written review; its checkpoint considers any actual reply before revising. The model supplies no reply, so it cannot establish suitability or progression.

Justifications: E-C matches the quadriceps goal through AAOS's muscle association and the standing preference through its standing presentation, but individual clearance is absent. D-B matches the fastener goal through CNTW's dressing-aid description, but device fit is unassessed. D-A addresses retrieval instead of MODEL-B's fastener goal.

Worked self-review: both functions match this invented case, with no dose or achieved recovery claimed. No written mismatch was found in the model; retain the proposal without claiming individual suitability. This is self review, not a fabricated group comment. Saved example only; it does not show a real upload to Schoology. MODEL-B is support, not a second assigned card. Actual route: teacher-assigned deidentified case, approved options and rubric replace this fictional case and its three planning weeks. Complete one route only; leave clinical decisions to the qualified professionals responsible for them.

Try the decision

Original route: Week 2 has no authorization or device assessment reply. Actual route: use genuine assigned evidence instead, without duplicate fictional decision.

- Retain the candidate matches while keeping individual suitability unestablished without the pending assessment reply.
- Increase the exercise demand because another week passed, although no authorization reply is available.
- Claim the device worked for the individual without observing its actual use.

Explain your choice using the reading. Discuss it or say it to yourself. This practice does not add another submission.

Your 80-minute flow

0–8 minutes	Read H1; answer the opening; choose a route. Actual route: teacher-assigned deidentified case, approved options and rubric replace this fictional case and its three planning weeks. Complete one route only; leave clinical decisions to the qualified professionals responsible for them.
8–20 minutes	Read C1/E1 and relevant definitions; select candidate functions. Actual route: teacher-assigned deidentified case, approved options and rubric replace this fictional case and its three planning weeks. Complete one route only; leave clinical decisions to the qualified professionals responsible for them.
20–50 minutes	Use R1 and the references to build the same card; M1 is optional help. Actual route: teacher-assigned deidentified case, approved options and rubric replace this fictional case and its three planning weeks. Complete one route only; leave clinical decisions to the qualified professionals responsible for them.
50–65 minutes	Use Q1 for a genuine peer review or labeled self review and one retain/revise decision. Actual route: teacher-assigned deidentified case, approved options and rubric replace this fictional case and its three planning weeks. Complete one route only; leave clinical decisions to the qualified professionals responsible for them.
65–75 minutes	Use J1 for three concise justifications on the card. Actual route: teacher-assigned deidentified case, approved options and rubric replace this fictional case and its three planning weeks. Complete one route only; leave clinical decisions to the qualified professionals responsible for them.
75–80 minutes	Update S1 checks and next actions, save or submit only through the confirmed route. Actual route: teacher-assigned deidentified case, approved options and rubric replace this fictional case and its three planning weeks. Complete one route only; leave clinical decisions to the qualified professionals responsible for them.

Your response record

Use these labels on paper or in your document. The space below also works when this page is printed.

Chosen-route opening

Original route: answer the two H1 opening questions using H1 only. Actual route: use the assigned goal and option evidence; ask for any missing inputs.

Actual route: teacher-assigned deidentified case, approved options and rubric replace this fictional case and its three planning weeks. Complete one route only; leave clinical decisions to the qualified professionals responsible for them.

Use this space or the same labeled section in your existing document. Add paper when your table, graph or drawing needs more room.

Two exercises and one device

Original route: select two E options and one D option for C1, naming each goal and the classroom constraint.

Actual route: teacher-assigned deidentified case, approved options and rubric replace this fictional case and its three planning weeks. Complete one route only; leave clinical decisions to the qualified professionals responsible for them.

Use this space or the same labeled section in your existing document. Add paper when your table, graph or drawing needs more room.

One week-by-week card

Original route: use R1's three planning rows with choices, a written goal, a checkpoint with evidence needed, and what the evidence can establish.

Actual route: teacher-assigned deidentified case, approved options and rubric replace this fictional case and its three planning weeks. Complete one route only; leave clinical decisions to the qualified professionals responsible for them.

Use this space or the same labeled section in your existing document. Add paper when your table, graph or drawing needs more room.

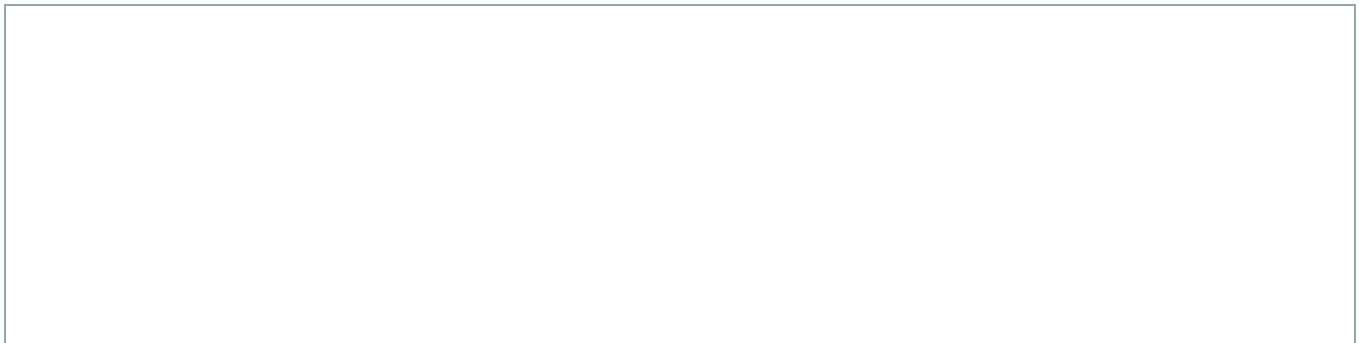


Peer or self review and revision

Original route: apply Q1 to the same card; label the review honestly and record an issue/revision or a supported retain decision.

Actual route: teacher-assigned deidentified case, approved options and rubric replace this fictional case and its three planning weeks. Complete one route only; leave clinical decisions to the qualified professionals responsible for them.

Use this space or the same labeled section in your existing document. Add paper when your table, graph or drawing needs more room.



Three justifications on that card

Original route: follow J1 once for each chosen exercise and device.

Actual route: teacher-assigned deidentified case, approved options and rubric replace this fictional case and its three planning weeks. Complete one route only; leave clinical decisions to the qualified professionals responsible for them.

Use this space or the same labeled section in your existing document. Add paper when your table, graph or drawing needs more room.

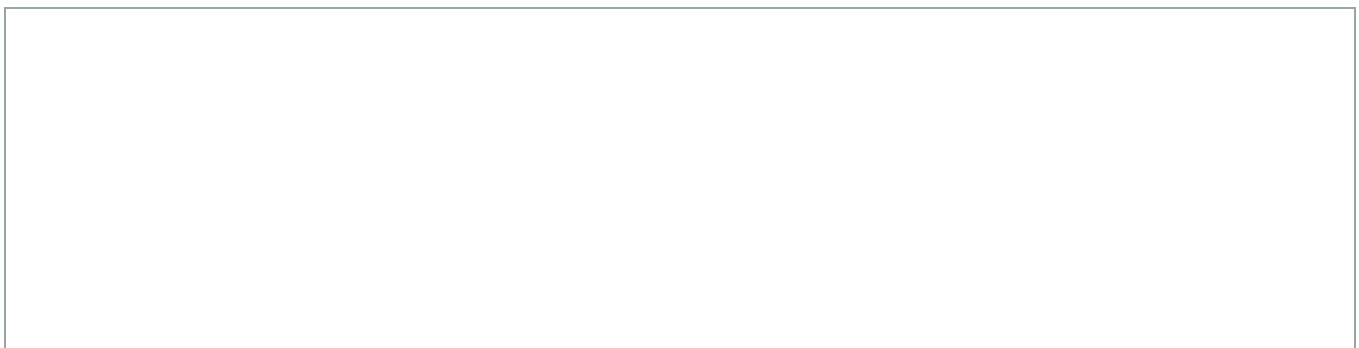


Checks and submission destination

Both routes: use S1's twelve checks or your existing record for next actions. Use your section's assignment and check that Schoology shows Submitted after uploading.

Actual route: teacher-assigned deidentified case, approved options and rubric replace this fictional case and its three planning weeks. Complete one route only; leave clinical decisions to the qualified professionals responsible for them.

Use this space or the same labeled section in your existing document. Add paper when your table, graph or drawing needs more room.



Check your product

- Original route: one card names two exercise options and one device, three planning weeks and a checkpoint with the evidence needed for each week.
- Original route: three justifications link choices to C1/E1 and retain individual-suitability limits.
- Chosen route: review is honestly labeled peer or self; no clinical safety certification or invented result.
- Actual route: the genuine assigned case, options and rubric replace all fictional choices, counts of planning weeks and checks; no duplicate card.
- Both routes: use the actual protocol and required authorization; leave individual suitability decisions to qualified professionals. Use evidence from the work you actually do and check Schoology after uploading.

Keep the limit: Matching a described function to a fictional classroom goal cannot establish patient suitability, safety, treatment effectiveness, recovery or authorization.

Turn in your work

Submit one plan card plus justifications only through your confirmed section. Section 1292: <https://clevelandmetro.schoology.com/assignment/8544574897> . Section 6792: <https://clevelandmetro.schoology.com/assignment/8544574918> . Written preparation only. Do not perform exercises, fit or use devices, prescribe treatment, or invent clearance, dose, loading or recovery progression.

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[Section 1292: Wk7 Lab report: Rehabilitation plan project](#)

[Section 6792: Wk7 Lab report: Rehabilitation plan project](#)

Carry forward

A proposed match needs a goal, supporting evidence and limits; a checkpoint is not an achieved recovery result.

March 8 moves to neuron parts and the synapse. No completed treatment or recovery is assumed. How does an electrical signal lead to chemical signaling across a synapse?

Sources and resources

[Open today's page](#)

AAOS · Knee Conditioning Program

American Academy of Orthopaedic Surgeons

<https://www.orthoinfo.org/recovery/knee-conditioning-program/>

NHS · Sitting exercises

NHS

<https://www.nhs.uk/live-well/exercise/sitting-exercises/>

CNTW · Small aids to help you at home

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

<https://www.cntw.nhs.uk/resources/small-aids-help-you-home>