

**Youth Mobility Assessment Sheet**

Athlete:

**Trainer:**



**Table No.1. Example of individual curiculum for month/year plan**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FIELD / SUBJECT** | **Topics** | **ACTIVITIES** | **EDUCATIONAL OUTCOMES** | **SUPPORT STRATEGIES** | **ACHIEVEMENT OF OUTCOMES** |
| **1.KINESITHERAPY** | **1. Biotic motor knowledge2. Influence on motor skills3. Obstacle polygons4. Kinesitherapy exercises** | 1.1. Free walking in the given space, walking with a change of direction, crawling on your knees forward, crawling on your knees backwards, lift the medicine girl off the floor, lift the medicine girl and transfer her from the cone to the hoop2. 1.Autism fitness program3. 1. Polygons according to motor abilities, according to functional abilities4.1.Exercises for the upper back and shoulders, exercises for the lower back, exercises for the torso, exercises for the feet, breathing exercises, somatic exercises | 1. The student performs the activity for up to 3 minutes2. The student performs half of the activities with 1-3 series and 2-6 repetitions3. The student performs activities at least 3 times in a row with or without rest4. The student performs 2 exercises for each body part in 1-3 series with 2-6 repetitions | 1. Physical support2. Physical and verbal guidance3. Verbal guidance and demonstration4. Minimum verbal support with termination until independent performance of activities4.Picture sequence5. Video display | **+****+/-****-** |
| **2. WATER SPORT** | **1. Swimming** | 1.1. Exercises on dry land and in water, getting used to water, breathing exercises in place and movement, basic biotic movements in water, adapted strength and strength exercises along the edge of the pool, floating with support | 1. The student performs 4 activities in 1-3 series with 2- 6 repetitions | 1. Physical support2. Physical and verbal guidance3. Verbal guidance and demonstration4. Minimum verbal support with termination until independent performance of activities4.Picture sequence | **+****+/-****-** |
| **3.OUTDOOR STAY /HORSEBACK RIDING** | **1. Hiking and trekking2. Horseback riding** | 1. Planning and hiking up to 4 km without slope and with slope2. Elements of hippotherapy with a therapist on the riding ground | 1. The student performs the planned route regardless of the time period2. The student performs 5 elements as part of hippotherapy | 1. Physical support2. Physical and verbal guidance3. Verbal guidance and demonstration4. Minimum verbal support with termination until independent performance of activities4.Picture sequence | **+****+/-****-** |

**Table No.1. Dates of therapies (PLANNED / ACHIEVED)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|   | JANUARY | FEBRUARY | MARCH | APRIL | MAY | JUNE | SEMPTEBER | OCTOBER | NOVEMBER | DECEMBER |
| **1.KINESITHERAPY** |  |  |  |  |  |  |  |  |  |  |
| **2. WATER SPORT** |  |  |  |  |  |  |  |  |  |  |
| **3.OUTDOOR STAY /HORSEBACK RIDING** |  |  |  |  |  |  |  |  |  |  |

ADAPTED KINESITHERAPY PROGRAM

SEX:
AGE:

TESTING:
- FIRST:
- 1. TRANSITIVE:
- 2. TRANSITIVE:
- FINAL:

ANTHROPOLOGY
HEIGHT:
WEIGHT:
BODY MASS INDEX:
HAND RANGE:
BEND (sitting, standing): (support required: YES / NO)
TEST LIFTING LEGS (lying down): (support required: YES / NO)

PHYSIO OR KINESITHERAPY EXAMINATION:

ADJUSTMENTS:

Sensor systems:
vestibular (movement, balance):
propioceptive (muscles and joints):
tactile (touch):
visual (sight):
auditory (hearing):
olfactory (odor):
gustatory (taste):

**Table no. 3. KINESITHERAPY / ACTIVITIES (adapted Autism fitness program)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **KINESITHERAPY / ACTIVITIES(custom Autism fitness program)** | PERFORMANCES with verbal support | PERFORMANCES with physical guidance | DO NOT PERFORM(difficulties inmotivation,cognitive orphysical) | NOTES |
| ***1. STANDING INSIDE THE CIRCLE(3 sec)******SER: REP:*** |  |  |  |  |
| **2.SQUAT(BELOW PARALLEL)*****SER : REP:***  |  |  |
| **3. TROWING MEDICINE BALL FROM CHEST** **KG: SER: REP:** |  |  |
| **4. TROWING MEDICINE BALL OVER THE HEAD****KG: SER: REP:** |  |  |
|  **5. THROWING (PUSHING) MEDICINE BETWEEN LEGS****KG: SER: REP:** |  |  |
| **6.OVERHEAD PRESS WITH SANDBELL****KG: SER: REP:** |  |  |
| **7. PULLING ELASTIC BAND****KG: SER: REP:** |  |  |
| **8. HURDLE STEPS****HEIGHT: SER: REP:**  |  |  |
|  **9. ROPE SWING** **SER: REP:** |  |  |
| **10. PULLING ROPE****SER: REP:** |  |  |
| **11.LONG JUMP****SER: REP:** |  |  |
| **12. CRAWL (variants)****SER: REP:**  |  |  |
| ***13. “GLUTE BRIDGE”******SER: REP:***  |  |  |

Trough this project we work on making picture application with instructions for kinesitherapy exercises at home for children with disabilities "Cats exercise"

Possible to dowload: https://play.google.com/store/apps/details?id=com.vedran.gojkovic.micevjebaju

