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**Activity booklet**

 **Comenius project**

**Group 7**



Activity Plan

|  |  |  |
| --- | --- | --- |
| **Body part** | **Description of the activity** | **Purpose/Justification** |
| Feet | Up-down with your feet and curling them | More muscles in feet, feet don’t hurt after short walk |
| Knee (gets weak) | Gymnastics while laying down | No knee pains |
| Ankle | Wear thick Socks, curling your feet | Better movability of the ankles |
| Back | Gymnastics, swimming if he is able to, turn your back left and right, massages | Problems will go away, no pain anymore |
| Hip  | Air hoola-hoop (:D) | Hips are more movable, they don’t get tired that fast |

**Activity planning:**

|  |  |  |
| --- | --- | --- |
| **Body part:** | **Trouble moving?** | **What’s the exact problem?** |
| Head | No |  |
| Neck | No |  |
| Shoulders  | No  |  |
| Elbow  | No  |  |
| Hand  | No |  |
| Back  | Yes |  |
| Hip  | Yes  | - |
| Knee  | Yes |  |
| Ankle  | Yes | Need big socks to move ankles better |
| Foot  | Yes | Troubles with moving, left foot paralyzed |

1. **What does his day programme look like?**8:30 wake up

Then shower

Breakfast

Nap in the afternoon

Sometimes going outside

Dinner

1. **Do you need any assistance during your day programme?**
When he showers he needs
2. **Do you have any support devices that help you with any activities?**Wheelie Walker, Walking Stick
3. **With which activities do you get help?**
Same as Q2
4. **Do you need any assistance in a sitting position**

No.

1. **How many times a week do you go outside?**

If it is possible, he goes out everyday.

1. **Are you able to walk outside without assistance?**

No, he needs the wheelie walker.

1. **Are there things that you are not able to do anymore that you wish you still could?**

No.

1. **Do you sports and if so, what kind of?**

4 times a week he does fitness with the physiotherapist.

1. **To which part of your day do you want/need assistance most?**

When showering.