

Case Report



PMA Initiative

Heroes in Motion®

Pilates 4 Youth™

Research (other)

Report Date:

Case Title:

Submitted by:

Contact Email:

Contact Number:

Business Name:

Client Information and History:

Name:

Age:

Gender:

Weight:

Height:

Ethnicity:

Client's goals:

Other important characteristics:

Case Information:

Case background:

Medical History:

Known diagnoses:

Client's complaints:

Assessment and Treatment Plan: *(Please include a detailed Treatment Plan that includes specific Pilates exercises or movement that uses Pilates equipment.)*

Exercise focus:

Frequency of sessions:

Length of sessions:

Additional comments:

Results Outcome:

Key discussion points on client's progress:

References: *(published within the last 5 years)*

Reference #1

Reference #2

Reference #3

Reference #4

Reference #5
