

## Health Promotion Activities Plan

**\*\*This sample is to assist you in developing a health promotion activity plan. It is not intended to replace medical advice. Any instructions given by the physician regarding this diagnosis must be included.**

Name of Individual:

Health Concern/Issue * (Diagnosis)	<b>SCOLIOSIS, KYPHOSIS</b>
Related Body System	Vision      Respiratory      Lymphatic      Dental      Hearing      Digestive      Integumentary (Skin)      Endocrine Cardiovascular      Nervous <b>Musculoskeletal</b> Genitourinary      Blood
What is it? (Provide definition)	<i>Scoliosis</i> – A bending of the spine to one side <i>Kyphosis</i> - Excessive backward curvature of the spine
Signs and Symptoms (general)	<i>Scoliosis</i> – Head may be off center, one hip or shoulder higher than the other, walk with a rolling gait, may experience back pain or tire easily during activities that require excessive trunk movement. <i>Kyphosis</i> - Mild back pain tiredness, tenderness and / or stiffness of the spine, rounded (hunched) back, difficulty breathing ( in severe cases)
Signs and Symptoms (specific to the person):	
Promotion/strategy support required * List very specific steps that the individual and/or caregivers use to support the person's health condition.  Include information about monitoring health status. Who is called for changes/problems in this person's health condition?  What is tracked, where it can be found, and who follows up on documentation required for this health condition?  Who provides what training for the person and staff about the health condition and when?	<ul style="list-style-type: none"> <li>➤ Watch <u>(name of person)</u> for any signs of increased pain, decreased mobility and shortness of breath and report immediately to <u>(title of person in agency who is responsible to receive this information)</u>.</li> <li>➤ Watch <u>(name of person)</u> and report immediately any signs of skin breakdown (especially at the site of the curvature) to <u>(title of person in agency who is responsible to receive this information)</u>.</li> <li>➤ <u>Include any specific instructions from the treating physician.</u></li> <li>➤ Encourage <u>(name of person)</u> to wear loose fitting, oversized clothes for better comfort.</li> <li>➤ Encourage rest periods during the day to prevent tiredness and avoid excessive physical activity.</li> <li>➤ Documentation about this condition can be found in the medical record under <u>(list section here)</u>.</li> <li>➤ Receive training regarding this diagnosis and plan of care (include when to contact the physician, medication related information, signs of skin breakdown) by <u>(title of person who provide medical training)</u> at least <u>(indicate frequency here)</u> or as changes occur. This should be documented for all caregivers in the home.</li> </ul>
Frequency of support *	<i>Fill in what physician (e.g. primary care physician, orthopedist) treats this condition and how often the person is seen.</i>
Desired outcome *	Minimize physical discomfort
Person/agency responsible *	<u>(Name of person)</u> , caregivers, agency nurse, primary care physician, <u>(specialist, if applicable)</u> <i>(The responsible parties may vary according to your agency: please place specific roles in this section. Some other examples might be health care coordinator, program specialist, house manager.)</i>

\* FIELDS FOUND IN THE HEALTH PROMOTION SECTION OF THE ISP