

# Huddersfield Functional Index

2021 / 22

# H F I

**Toolkit for accurately measuring and recording outcomes in**

**Rebound Therapy  
and  
Flexi-Bounce Therapy**

Author:

Paul V Kaye

Foreword by the founder of Rebound Therapy

Eddy Anderson

Huddersfield Functional Index based on the original concept by,  
and further developed with the support of  
Richard Watterston



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## Rebound Therapy and Flexi-Bounce Therapy training course reading material

Your course organiser will have given you the code and login instructions to enable you to access the reading material for the Rebound Therapy course.

If for any reason you have not received this information, you can access the reading material in the following way:

- 1) Go to [www.ReboundTherapy.org](http://www.ReboundTherapy.org)
- 2) Click on 'Trainers login area'
- 3) Enter the code **AA123456AB** in the box then click 'login'
- 4) Click on 'Rebound Therapy Course Reading Material' if you are attending a Rebound Therapy training course,  
or 'Flexi-Bounce Therapy Course Reading Material' if you are attending a Flexi-Bounce Therapy training course.

**It is necessary for all candidates to read all the course information.**

If you have not yet had time to read all the information, the following papers are essential reading before the completion of your course.

Risk Assessments, Benefits, Contra-indications, Development and Award Scheme.

A video tutorial of how to use the Huddersfield Functional Index to accurately measure and record outcomes for those with profound or complex needs is available to view via this web page for Rebound Therapy: <https://vimeo.com/189366198>

And this page for Flexi-Bounce Therapy: <https://vimeo.com/316409001>

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Winstrada for their efforts and co-operation in adapting grades 1, 2 and 3 of their trampoline development scheme to make them match the exercises covered on the Rebound Therapy training course.

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Additional hard copies of this manual are available by contacting the Rebound Therapy office on email: [info@reboundtherapy.org](mailto:info@reboundtherapy.org)

An electronic version can be downloaded free of charge via: [www.reboundtherapy.org/hfi](http://www.reboundtherapy.org/hfi)

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## **Rebound Therapy and Flexi-Bounce Therapy Outcome Measures Toolkits**

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# What is Rebound Therapy?

By the founder - Eddy Anderson

“So what on earth is Rebound Therapy?”

In one sense that is a slightly inaccurate question, for the true value of Rebound Therapy lies in the fact that part of what occurs is not "on earth". The essential value of the process is that, for a brief moment, 'earth' is left behind, and a new freedom is found in controlled movement away from gravity's straitjacket, in a sort of relaxed 'poetry of motion' available to all, irrespective of any disability.

The phrase 'Rebound Therapy' was coined by the founder, Eddy Anderson MCSP, Cert Ed, in 1969 to describe his specific model of use of trampolines in providing alternative opportunities for movement, therapeutic exercise and recreation for people with a wide range of special needs. Participants range from mild to severe physical disabilities and from mild to profound and multiple learning disabilities, including dual sensory impairment and autistic spectrum.

Rebound Therapy is used to facilitate movement, promote balance, promote an increase or decrease in muscle tone, promote relaxation, promote sensory integration, improve fitness and exercise tolerance, and to improve communication skills.

It is popular in special needs schools and is becoming increasingly popular in mainstream schools with a special needs unit; partly because the trampoline is a piece of apparatus that virtually all people, regardless of their abilities, can access, benefit from and enjoy.

In addition to the benefits listed above, Rebound Therapy is an ideal vehicle for cross curricular teaching activity; with the potential for teaching such things as numeracy, colour recognition, positioning (left, right, backwards, forwards, clockwise and anticlockwise), communication, social awareness and consideration of others.

The unique properties of the trampoline offer ample opportunities for everybody to enhance movement patterns.

The work is intrinsically motivating and enjoyable and returns high value in therapeutic terms for the time and the effort involved.

Benefit is enhanced considerably when the operator achieves the skill to create variable patterns of movement in harmony with the needs of the user. The two then share the surface of the trampoline, with the operator adjusting the effect of weight and speed in order to ensure smooth transitions between the phases of movement undertaken.

The fact that the activity is so enjoyable can enable it to be used as a motivational aid to learn. Many teachers also report increased concentration and willingness to learn in the classroom following a Rebound session.

The principles of Rebound Therapy form the basis of all gymnastic movement and are therefore a logical and advisable starting point for all trampoline coach training – even for those who have no intention of teaching people with disabilities.

That sums it up in essence, but let us examine the trampoline and its properties in more detail:

## Physical Properties of the Trampoline

- 1) Unique, three-fold effect on body organs, systems and muscles
  - A) weight increases and decreases to the point of weightlessness
  - B) there is acceleration from stillness to varying speeds
  - C) there is deceleration from varying speeds to stillness

- 2) Storage of potential energy - as the trampoline bed is under tension with springs it is a potential energy source
- 3) Output of energy - this varies according to the energy put in; the bed stores the input energy unto output. As in Newton's 3rd Law of Motion. 'for every action there is an equal and opposite reaction'
- 4) Potential for lifting a body into space - as a result of item (2), the trampoline bed, when energised, has the potential for lifting a body into space. The amount of energy required will relate to the weight of the body to be lifted
- 5) Potential for initiating movement in a body from a distance - the input of energy can be at any point yet still produce output throughout the trampoline bed. However, that output is most effective from the centre of the trampoline bed. The technique of 'popping' or 'kipping' uses this property to initiate control and movement
- 6) Unstable surface - the surface, which is elasticated and under spring tension, is unstable and movement on it acts to energise the bed. Output from this movement causes the bed to offer an active base upon which movement occurs
- 7) Damping - this is the absorption of the energy of the bed by the body. It is achieved by taking up some of the energy of the bed through flexed hips and knees
- 8) Variable surface - the surface is changeable and can be deliberately arranged to enhance symmetry and to promote symmetrical weight-bearing, thus encouraging balance

### Physiological effects

#### **1) Cardio-respiratory**

There is a high demand on muscles to deal with the increased gravity produced on deceleration and in the control of movement required when gravity is in effect reduced, as in acceleration, causing an increase in the respiratory rate and subsequently the heart rate. As a direct consequence there is an upturn in venous and lymphatic drainage. The constant muscle work required to maintain position and balance increases the demand for oxygen.

#### **2) Muscle Tone**

In simplistic terms, trampolining generally causes an increase in postural muscle tone, simply to prevent falling over. In Rebound Therapy, the effect on muscle tone hypertonia or hypotonia can be varied by the trainer. Low amplitude input (below the point of bouncing) can be effective in reducing muscle tone by bombarding the muscle spindle in much the same way as vibration can effect a decrease in muscle tone. High amplitude bouncing can cause an increase in tone by stimulating the stretch receptors. The two properties can be used therefore to increase or decrease tone where required. The effect of the rebound activity on muscle tone can easily be observed in people with spasticity, either hemiplegic or athetoid, or by effect on ataxia where tone can be seen to undergo change.

#### **3) Postural Mechanism**

Stimulating by bombarding the sensory systems through joints, muscle and skin can improve the output to the important postural muscles.

#### **4) Balance Mechanism**

In creating a dynamic movement situation, so challenging balance mechanisms, observable improvement can be achieved. This is particularly relevant when working with adults where a dynamic balance situation is difficult to create in lying, sitting or kneeling.

## **5) Kinaesthetic Awareness**

By the multiple stimulation of joints, pressure stretch receptors, skin, muscles etc., kinaesthetic awareness is improved, leading to improved body image and spatial awareness.

### Therapeutic effects

#### **On movement:**

Movement can be facilitated at different stages of the bounce. The most active movement takes place at the top of the bounce where acceleration of the body equals the downthrust of gravity to allow a momentary "gravity-free" zone. A tiny body movement can produce a large effect with correctly applied bounce. Momentum and rhythm can be added to movement to help teach new movement skills and energise movement. Balance and equilibrium reactions can be achieved through stimulation of postural mechanisms; by creating a dynamic movement situation, protective and saving reactions can be developed. The anticipation of movement occurs because of the effects of timing, rhythm and momentum. An inhibiting or stimulating effect on muscle tone enables active movement to take place. By using good positioning and support, and appropriate and minimal stimulation, relaxation can be obtained.

#### **On perception:**

Body image, body part awareness and positional sense are enhanced through tactile and joint sensation. Increased perception of body image, spatial awareness combined with rhythm, and movement itself, greatly develop co-ordination. The experience of movement into space with the return to stability, while remaining in control, provides an enriched learning experience, for the motor-impaired person.

#### **Communication:**

Due to cardio-respiratory effects, vocalisation is increased - with exclamations and gasps. Eye contact and concentration are enhanced by the "focus effect".

#### **Summary:**

- It is fun
- Gives confidence in movement
- Is usually achievable (good target/goal setting)
- Develops fitness
- Gives general confidence and a feeling of well being

### Rebound Therapy skills for the operator

In order to achieve effective results, the operators must have a certain level of skill themselves, particularly in:

- Balance and co-ordination of their own body and movement on the trampoline
- Control of the trampoline
- Being able to control the trampoline for someone else
- Being able to carry this out safely for both client and operator

In addition, they must make a full and accurate assessment, and, from that assessment, use Rebound Therapy to achieve stated goals, which, as in any other learning situation, should be in small, achievable steps.

## **Glossary**

BED	The surface of the trampoline for work, i.e. mesh or webbing
BOUNCE	Movement initiated in any position where effect results in motion upwards
CRADLING	Support position given in sitting or lying, giving maximum support to student
DAMPING THE BED	Absorbing the energy of the bed to stillness
DISMOUNTING	Safe ways to leave the trampoline surface
ENGINE	The person(s) providing the energy for movement whilst support is provided
HANGING	A position whilst bouncing in the upright position with arms above the head, still, and remaining still on landing
HIGH KNEELING	Position on bed which shows right angle at knees - remainder of body upright
KIPPING	Operator presses bed at a precise moment, just before student lands, thereby providing a controlled lift to student
LONG SITTING	Position on bed in sitting, legs straight, arms straight in support on bed, upper body upright. Head in mid-line
MOUNTING	Safe entry onto bed - care on edges
POGO	Controlled bouncing, arms held by sides, legs together, secure landing each bounce
POPPING	Gentle, supported kipping (see kipping)
SPOTTING	Good practice all around the trampoline. Tracking the movements of persons on bed and being able to support/assist
SYNCHRONICITY	Movement as a whole - in concert - in harmony. The elements of movement coming together in time

The Rebound Therapy programme has been further developed and refined over the years by myself and my team and has now grown into a worldwide movement.

ReboundTherapy.org are the official UK body and international consultancy. They are responsible for the development and provision of certificated staff training courses for schools, clubs and centres throughout the UK. They also run courses and training programmes across the world.

The courses have received approved status from the Professional Development Board for Physical Education - a division of AfPE; the Association for Physical Education.

For further information on arranging a training course, visit [www.ReboundTherapy.org](http://www.ReboundTherapy.org) or email: [info@reboundtherapy.org](mailto:info@reboundtherapy.org) or telephone +44 (0) 1342 870543.

E.G. Anderson

## Introduction

This book is the result of collaboration between Richard Watterston who designed the original concept of HFI, and Paul V Kaye who, with the help and support of Eddy Anderson - the founder of Rebound Therapy, developed grades 1, 2 and 3 of the Winstrada Rebound development and award programme.

This book contains all the documentation required to enable trainers working with people with profound and complex needs to accurately measure and record the outcomes of their Rebound Therapy sessions.

This is facilitated by bringing the two concepts of the Winstrada development programme and the Huddersfield Functional Index (HFI) together (when appropriate to do so).

Richard Watterston's original HFI design was piloted and developed in Huddersfield, West Yorkshire. His original concept was born out of the frustrations for the lack of evidence available to support Rebound Therapy and the lack of scientific clinical outcome measures.

In the present climate, health and social care services need to demonstrate their effectiveness and efficiency in their interventions. Rebound Therapy is a common intervention for clients with a wide range of learning and physical disabilities and as a result needs to be carefully monitored.

In this book, the original indicators have been greatly expanded and developed. This book should give Rebound Therapy trainers the required theory and practical knowledge to use HFI with grades 1, 2 and 3 of the Winstrada trampoline development scheme which forms the basis of much of the Rebound Therapy training course and which most Rebound Therapy practitioners use in their sessions.

Grades 1, 2 and 3 of the Winstrada scheme are based on the Rebound Therapy training course, so all who have successfully completed the training course will be fully conversant with all the exercises in the scheme.

Grade 3 covers the transition stage between Rebound Therapy and disability trampolining. In grade 3 we start to introduce more precision, control and put together a sequence of three basic elements.

### The Winstrada development and award scheme.

This is a progressive development scheme which is widely used in the UK and in many other countries. It encompasses all levels of trampolining from Rebound Therapy through to fairly advanced skills.

As previously stated, the first three grades of the Winstrada trampoline scheme are based on the Rebound Therapy training course and provide a clear, logical and progressive programme for students' development, as well as providing a fun and exciting programme.



The Winstrada scheme continues beyond Rebound Therapy for more able students and gradually tapers into a mainstream programme.

Practitioners who have students who will be capable of progressing beyond Rebound Therapy are recommended to attend the 'Rebound Plus' course to enable them to continue to progress through the grades.

'Rebound Plus' is a two-day add-on module for those who have already completed a genuine Rebound Therapy staff training course.

It is designed to equip candidates to help their more able students progress beyond Rebound Therapy and start the transition into mainstream trampolining exercises.

The course is run by 'ReboundTherapy.org' and is provided both 'in-house' for special needs schools and centres and as an open course in the same way as their standard Rebound Therapy courses.

For those who wish to teach more advanced skills to mainstream students, there is a further two day add-on module called the 'Beyond Rebound' trampoline coach course.

The Rebound Therapy training course is becoming increasingly recognised and accepted as the logical starting point for trampoline coaching, even by coaches who have no involvement in teaching students with special needs.

In fact the Rebound Therapy course and the two add-on modules detailed above ('Rebound Plus' and 'Beyond Rebound') is the pathway for recreational mainstream trampoline coach training recommend by leisure centre chains, clubs and trampoline parks.

Badge and certificate award sets are available for the achievement of each Winstrada grade. The awards consist of a quality woven badge, an A5 sized certificate and a clear plastic certificate protector. Examples are on the back page of this manual.

Visit [www.winstrada.com](http://www.winstrada.com) to download an order form or to order online.

The next five pages are posters showing the Rebound Therapy exercises in grades 1 to 3.



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## **REBOUND EXERCISES GRADE 1**

**ALL MOVEMENTS MAY BE PERFORMED WITH SUPPORT AS NECESSARY**

### **SECTION A**

- ~ LIES OR SITS ON SOFT OBJECT E.G. BEANBAG**
- ~ ENJOYS BEING BOUNCED WHILE LYING OR SITTING ON BEANBAG**
- ~ ENJOYS MOVEMENT WITH PARACHUTE**
- ~ ENJOYS ROCKING MOTION OF BED WHEN LYING DOWN**
- ~ BEING BOUNCED IN BACK LYING POSITION - MAINTAINS SHAPE**

### **SECTION B**

- ~ DIFFERENTIATES STILLNESS AND MOVEMENT**
- ~ WAITS PATIENTLY FOR TURN ON TRAMPOLINE**
- ~ MAINTAINS EYE CONTACT WHEN APPROPRIATE**
- ~ SHOW AND HOLD STAR POSITION**
- ~ ANTICIPATES CAUSE AND EFFECT**



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### **REBOUND EXERCISES GRADE 1 CONTINUED**

ALL MOVEMENTS MAY BE PERFORMED WITH SUPPORT AS NECESSARY

#### **SECTION C**

- ~ ENJOYS BEING BOUNCED IN HANDS AND KNEES POSITION
- ~ INITIATES BOUNCING IN HANDS AND KNEES POSITION
- ~ HIGH KNEELING POSITION
- ~ HIGH KNEELING - SWIMMING ARM MOVEMENT

#### **SECTION D**

- ~ SITS FACING ADULT IN STILLNESS
- ~ COMPENSATES FOR MOVEMENT WHEN TRAMPOLINE BED IS MOVED IN FRONT, BEHIND AND TO THE SIDE OF STUDENT
- ~ REGAINS SITTING POSITION WHEN MOVED OFF BALANCE
- ~ ENJOYS BEING BOUNCED IN SITTING POSITION
- ~ SITTING POSITION - INITIATES MOVEMENT BY PUSHING INTO BED WITH HANDS
- ~ SITTING POSITION - SWIMMING ARM MOVEMENT TO INITIATE BOUNCE

#### **SECTION E**

- ~ STANDING IN STILLNESS WITH FEET FLAT ON BED
- ~ STANDING POSITION - MAINTAINS SHAPE WHILE BEING GENTLY BOUNCED
- ~ STANDING POSITION - INITIATE BOUNCE (BOBBLE)
- ~ SWIMMING ARMS TO INITIATE MOVEMENT
- ~ STANDING POSITION - HANG AND BOUNCE
- ~ STANDING POSITION - POGO IN CENTRE
- ~ STANDING POSITION - BOUNCE AND STOP - STILLNESS
- ~ CLIMB ONTO TRAMPOLINE, LOCATE CENTRE OF BED AND CLIMB OFF AGAIN SAFELY



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## **REBOUND EXERCISES GRADE 2**

**ALL MOVEMENTS MAY BE PERFORMED WITH SUPPORT AS NECESSARY**

### **SECTION A**

- ~ **SITTING POSITION WITH HAND SUPPORT - POP TO STAND - STILLNESS**
- ~ **SITTING POSITION - POP TO STAND - STILLNESS (SUPPORT ON LANDING IF NEEDED)**
- ~ **SITTING POSITION - POP TO STAND WITH EYES CLOSED**
- ~ **SITTING POSITION - BOUNCE AND TWEAK**
- ~ **SITTING POSITION - BOUNCE AND TWEAK WITH SWIMMING ARMS**
- ~ **QUARTER TWISTS IN SITTING POSITION**

### **SECTION B**

- ~ **CAN ACHIEVE TWO FOOTED JUMP - LANDING EVENLY**
- ~ **CAN ACHIEVE TWO FOOTED JUMPS REPEATEDLY - LANDING EVENLY**
- ~ **PERFORM THREE BOUNCES - STOP - STILLNESS**
- ~ **STANDING POSITION - BOUNCE WITH QUARTER TWISTS**
- ~ **POGO - MOVING AROUND TRAMPOLINE, UNDERSTANDS AND PERFORMS FORWARDS, BACKWARDS AND SIDEWAYS MOVEMENTS**
- ~ **HAKA (FAST KNEES UP TOGETHER AND TOUCH)**



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### **REBOUND EXERCISES GRADE 2 CONTINUED**

**ALL MOVEMENTS MAY BE PERFORMED WITH SUPPORT AS NECESSARY**

#### **SECTION C**

- ~ JUMP TO LEGS ASTRIDE - STOP - STILLNESS**
- ~ JUMP TO LEGS ASTRIDE, JUMP LEGS TOGETHER - STOP - STILLNESS**
- ~ JUMP TO LEGS ASTRIDE - BRING ARMS UP, JUMP TO LEGS TOGETHER, BRING ARMS DOWN**
- ~ LOG ROLL IN HORIZONTAL POSITION, SHOWING CONTROL**

#### **SECTION D**

- ~ WALK ALONG CENTRE LINE, TURN ROUND AND WALK BACK**
- ~ RUN ON SPOT IN CENTRE**
- ~ RUN ON SPOT IN CENTRE - ALTERNATE KNEE SLAPPING**
- ~ RUN ON SPOT - LOW CROSSOVER (RIGHT HAND TO LEFT LEG, LEFT HAND TO RIGHT LEG)**

#### **SECTION E**

- ~ HIGH KNEELING - POP TO STAND TO STILLNESS**
- ~ HIGH KNEELING - SWIMMING ARMS TO STAND - STILLNESS**
- ~ HIGH KNEELING POSITION - TWIST TO LONG SITTING (HARRISON SWIVEL)**
- ~ HARRISON SWIVEL - TO STAND - STILLNESS**
- ~ HARRISON SWIVEL - TO STAND - STILLNESS - ABLE TO PERFORM LEFT AND RIGHT TWIST**
- ~ HANDS AND KNEES POSITION - SLIDE TO PLANK (ON MATTRESS)**
- ~ QUARTER TURNS IN HANDS AND KNEES POSITION**



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## **TRAMPOLINING PROFICIENCY GRADE 3**

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**THE TRANSITION FROM REBOUND EXERCISES TO TRAMPOLINING**

**MINIMAL ASSISTANCE MAY BE GIVEN IF REQUIRED**

### **SECTION A - Complete all skills**

- ~ STRAIGHT JUMPING WITH ARM MOVEMENTS
- ~ TUCK JUMP
- ~ HALF TWIST JUMP

### **SECTION B - Complete 3 skills**

- ~ STRAIGHT JUMP AND STOP
- ~ STAR JUMP
- ~ 3 BUNNY HOPS FROM HANDS AND KNEES
- ~ SEAT DROP, NOT RETURNING TO FEET

### **ROUTINE**

- ~ TUCK JUMP, 1/2 TWIST JUMP, STAR POSITION.

[www.winstrada.com](http://www.winstrada.com)

## **Winstrada development scheme – the traditional method of use.**

Following are examples of how the Winstrada class record sheets are filled in when using the development scheme **in the traditional way**, i.e when not using it in conjunction with the Huddersfield Functional Index, as one would be likely to do when teaching students with a reasonable level of physical and / or cognitive ability.

It should be noted that the traditional method of use is recommended for the majority of students who are reasonably able physically and cognitively. We will cover the traditional method of use first in this manual.

However, for those with greater needs, grades 1, 2 and 3 of the Winstrada scheme can be used with the Huddersfield Functional Index. This allows a very accurate measuring and recording of progress and is what we will be covering later in this manual.

The traditional method of use of the Winstrada development scheme is to write all the class or session members' names on the sheet and tick off each exercise when it is successfully completed. When the required number of ticks to complete the grade have been achieved, the date is written in the "Date passed" box and the student qualifies for his or her badge and certificate award and then moves on to the next grade.

Badge and certificate award sets can be ordered online from Winstrada from:  
[www.winstrada.com](http://www.winstrada.com)





Winstrada															
REBOUND EXERCISES															
PROFICIENCY GRADE 2 Continued															
JOE	SOPHIE	SUSAN	JOHN	LUCY	JANE	OLIVIA	DRAKE	OMAR	JOSHI	DANIEL	LORI	AUSTEN	SAHLY	SHANIE	SECTION B
		✓	✓	✓	✓	✓		✓		✓	✓	✓		✓	7. Can achieve two footed jump – landing evenly
			✓	✓		✓		✓			✓	✓		✓	8. Can achieve two footed jumps repeatedly – landing evenly
											✓				9. Perform 3 bounces – stop – stillness
			✓					✓			✓	✓		✓	10. Standing position – bounce with quarter twists
											✓				11. Pogo – moving around trampoline, understands and performs forwards, backwards and sideways movements
				✓		✓		✓			✓	✓		✓	12. Haka (fast knees up together and touch)
															HFI Total for Section B (if used)
															SECTION C
✓		✓	✓			✓		✓	✓		✓	✓		✓	13. Jump to legs astride – stop – stillness
								✓	✓		✓	✓		✓	14. Jump to legs astride, jump legs together – stop - stillness
								✓			✓				15. Jump to legs astride – bring arms up, jump to legs together, bring arms down
	✓				✓		✓			✓	✓		✓	✓	16. Log roll in horizontal position, showing control
															HFI Total for Section C (if used)

Winstrada															
REBOUND EXERCISES															
PROFICIENCY GRADE 2 Continued															
JOE	SOPHIE	SUSAN	JOHN	LUCY	JANE	OLIVIA	DRAKE	OMAR	JOSHI	DANIEL	LORI	AUSTEN	SALLY	SHANIE	
															SECTION D
✓		✓	✓	✓				✓			✓	✓		✓	17. Walk along centre line, turn round and walk back
		✓	✓		✓			✓		✓	✓	✓		✓	18. Run on spot in centre
											✓	✓			19. Run on spot in centre – alternate knee slapping
											✓				20. Run on spot – low crossover (right hand to left leg, left hand to right leg)
															HFI Total for Section D (if used)
															SECTION E
				✓				✓			✓	✓		✓	21. High kneeling – pop to stand to stillness
								✓			✓	✓		✓	22. High kneeling – swimming arms to stand – stillness
											✓				23. High kneeling position – twist to long sitting (Harrison swivel)
											✓				24. Harrison swivel – to stand – stillness
															25. Harrison swivel – to stand – stillness – able to perform left and right twist
	✓		✓		✓					✓	✓	✓		✓	26. Hands and knees position – slide to plank (on mattress)
			✓				✓	✓			✓	✓	✓	✓	27. Quarter turns in hands and knees position
															HFI Total for Section E (if used)
															HFI Total of all Sections (if used)
			8/10					7/9			22/4	14/5		10/2	Date grade passed

Further copies of this sheet can be downloaded from the following website: [www.winstrada.com/sdf](http://www.winstrada.com/sdf)



The previous pages shows the traditional method of use for the Winstrada scheme, which is recommended for grades 4 and above and can be used for grades 1, 2 and 3 if preferred as previously explained.

Now we will concentrate on the Huddersfield Functional Index, or HFI for short.

The rest of this book is concerned with using the Huddersfield Functional Index with Winstrada as a means of accurately measuring the outcomes of Rebound Therapy, and with the Flexi-Bounce development scheme for Flexi-Bounce Therapy, when used as an intervention for those with more profound or complex needs. The following pages detail the HFI scheme and its method of use in detail.

## **The original pilot study for HFI**

Investigating the use of Rebound Therapy for clients with a learning disability

By R. Watterston and M. Delahunty

Five clients with a learning disability and some form of physical handicap were used in the original pilot group to investigate potential health gains during a course of Rebound Therapy. The rebound sessions were conducted weekly and each client spent approximately 15 minutes on the trampoline. The sessions were conducted over an 18-month period, beginning with a physiotherapy assessment and ending in a re-assessment. Function was assessed using five measured activities: - transfers on and off the trampoline; sitting balance on the trampoline; kneeling balance on the trampoline; standing balance on the trampoline; and initiating bouncing. Each of the five activities was scored out of a maximum of 4. The scores were then combined giving a functional index score out of 20. Each client had specific functional goals highlighted at the initial assessment and these were concentrated on during the rebound session. The functional index score was calculated before the trial and at the end of the trial and an increase was found from a group mean of 35% to 76%.

The conclusions of the original pilot study were that the results suggest that Rebound Therapy is potentially an effective means of improving physical ability and function, providing the clients' specific weaknesses are highlighted and concentrated upon during the sessions.

It also concluded that the original functional index gave the instructors a means of recording progress and setting goals, but it needed expanding in order to avoid a potential ceiling or flooring effect.

This is what the remainder of this book sets out to do. HFI has been greatly expanded to incorporate grades 1, 2 and 3 of the Winstrada trampoline development scheme which is based on the Rebound Therapy training course and with which all qualified RT trainers should be familiar.

The full original pilot study details and results can be seen in the book; 'Huddersfield Functional Index' by Richard Watterston and published by Huddersfield NHS Trust 2001.



## **Rebound Therapy Outcome Measures Toolkit**

### Method of Use

Examples of how HFI is used with the Winstrada scheme are shown on the following pages.

You will see that each student has a complete set of record sheets to him or herself. The trainer will decide on which exercises will be used for the measuring of outcomes for the next few weeks and the exercise numbers and the date of the session are written in the vertical boxes.

The number of exercises the student works on will be the decision of the trainer. For the examples on the following pages we have chosen 5 exercises for the student to be measured on and these have been chosen from the different sections within the grade.

At the end of the session, the HFI indicator number is written in the box next to the relevant exercise description. The HFI score for each section is totalled, then the total of all the sections are written in the box on the last page of the grade sheets.

This 'total of all sections' figure is used to plot the line on the graph. Using this graph will enable you to have a quick visual record of week to week progress.

When a student has successfully scored a 4 in an exercise for, say three consecutive sessions (you may decide two or four consecutive sessions would be more appropriate), it can be decided that he or she has completed that exercise and a line can be drawn horizontally across the page next to the exercise description. A new exercise should be added to the programme at this stage.

It may be that your students will never achieve a score of 4 on some exercises, in which case you would draw the line across the page when you feel that they have got as far as they can for the time being. You would then introduce a new exercise.

**When calculating the HFI score, the line should be counted as whatever the final score was for that exercise.** This enables the graph to show progress as an ascending line.

N.B. The exercises in this book should only be taught by a trainer who has completed a Rebound Therapy course run or approved by 'Rebound Therapy.org'

**A video tutorial for the Huddersfield Functional Index can be viewed at:**  
**<https://vimeo.com/189366198>**

SESSION DATES	EXERCISES CHOSEN FOR SESSIONS	REBOUND EXERCISES
22/4/19	1, 6, 11, 15	<p><b>REBOUND EXERCISES</b></p> <p><i>Compiled by, copyright of and produced with the permission of 'Rebound Therapy.org' – the official body for Rebound Therapy</i></p> <p><b>Winstrada PROFICIENCY GRADE 1</b></p> <p>Suggested minimum requirements to complete the grade: at least two from at least four of the five sections. All movements may be performed with support as necessary.</p> <p>OR</p> <p>To accurately measure outcomes for Rebound Therapy, this scheme can be used with the Huddersfield Functional Index. A minimum HFI score of 32 is recommended to complete the grade.</p> <p><b>SECTION A</b></p> <p>1. Lies or sits on soft object e.g. beanbag</p> <p>2. Enjoys being bounced while lying or sitting on beanbag</p> <p>3. Enjoys movement with parachute</p> <p>4. Enjoys rocking motion of bed when lying down</p> <p>5. Being bounced in back lying position – maintains shape</p> <p>HFI Total for Section A (if used)</p>
27/4/19	1, 6, 11, 16	
6/5/19	2, 6, 11, 16	
13/5/19	2, 6, 11, 16	
20/5/19	2, 7, 11, 16	
27/5/19	2, 7, 11, 16	
3/6/19	2, 7, 11, 16	
10/6/19	2, 7, 12, 16	
17/6/19	2, 7, 12, 17	
24/6/19	2, 7, 12, 17	
1/7/19	4, 8, 12, 17	
8/7/19	4, 8, 12, 17	
15/7/19	4, 8, 13, 17	
22/7/19	4, 8, 13, 17	
	4 4	
	2 2 3 3 3 4 4 4	
		0 1 1 2
	4 4 6 6 7 7 7 8 8 8 8 9 9 10	

\* Remember; line indicates exercise finished and is counted as whatever the final score was for that exercise.

## Indicators cross referenced page-to page with Winstrada client record sheets

These sheets can be downloaded from: [www.reboundtherapy.org/indicators.pdf](http://www.reboundtherapy.org/indicators.pdf)  
The Winstrada student progress record sheets can be downloaded from: [www.winstrada.com](http://www.winstrada.com)

### Winstrada Rebound Exercises Grade 1 – Section A HFI Notes

#### Exercise 1 - Lies or sits on soft object e.g. beanbag

- 0 **Unable to sit or lie** - Agitated and will not sit or lie or unable to adjust to surroundings.
- 1 **Will sit or lie for short periods (e.g. one minute). Easily distracted and / or agitated** - After persuasion and with assistance will temporarily sit or lie for <1 min but soon gets back up or gets distracted / agitated easily.
- 2 **Sitting or lying for longer periods (>1 min < 2 mins), distraction and / or agitation reducing** - With assistance will lie or sit and relax, not always distracted but can be.
- 3 **Lying or sitting for > 2 mins, infrequently distracted** - Frequently sitting / lying and relaxing but unable to consistently sit / lie for longer periods due to distractions or agitations.
- 4 **Will easily sit / lie, completely relaxed** - Able to sit / lie and relax and sustain this throughout acceptable distractions, doesn't become agitated.

#### Exercise 2 - Enjoys being bounced while lying or sitting on beanbag

- 0 **Unable to sit or lie** - Agitated and will not sit or lie or unable to adjust to surroundings.
- 1 **Will sit or lie for short periods (e.g. one minute). Easily distracted and / or agitated** - After persuasion and with assistance will temporarily sit or lie for <1 min but soon gets back up or gets distracted / agitated easily.
- 2 **Sitting or lying for longer periods (>1 min < 2 mins), distraction and / or agitation reducing** - With assistance will lie or sit and relax, not always distracted but can be.
- 3 **Lying or sitting for > 2 mins, infrequently distracted** - Frequently sitting / lying and relaxing but unable to consistently sit / lie for longer periods due to distractions or agitations.
- 4 **Will easily sit / lie, completely relaxed** - Able to sit / lie and relax and sustain this throughout acceptable distractions, doesn't become agitated.

#### Exercise 3 - Enjoys movement with parachute

- 0 **Unable to relax** - Agitated and will not lie or unable to adjust to surroundings.
- 1 **Will lie and relax for short periods (e.g. one minute). Easily distracted and / or agitated** - After persuasion and with assistance will temporarily lie and relax for <1 min but soon gets distracted / agitated easily.
- 2 **Lying and relaxing for longer periods (>1 min < 2 mins), distraction and / or agitation reducing** - With assistance will lie and relax, not always distracted but can be.
- 3 **Lying and relaxing for > 2 mins, infrequently distracted** - Lying and relaxing for longer periods but unable to consistently maintain this for longer periods due to distractions or agitations.
- 4 **Will easily lie, completely relaxed** - Able to lie and relax and sustain this throughout acceptable distractions, doesn't become agitated and enjoys the movement with the parachute.

#### Exercise 4 - Enjoys rocking motion of bed when lying down

- 0 **Unable to relax** - Agitated and will not lie or unable to adjust to surroundings.
- 1 **Will lie and relax for short periods (e.g. one minute). Easily distracted and / or agitated** - After persuasion and with assistance will temporarily lie and relax for <1 min but soon gets distracted / agitated easily.
- 2 **Lying and relaxing for longer periods (>1 min < 2 mins), distraction and / or agitation reducing** - With assistance will lie and relax, not always distracted but can be.
- 3 **Lying and relaxing for > 2 mins, infrequently distracted** - Lying and relaxing for longer periods but unable to consistently maintain this for longer periods due to distractions or agitations.
- 4 **Will easily lie, completely relaxed** - Able to lie and relax and sustain this throughout acceptable distractions, doesn't become agitated and enjoys the movement of the bed.

#### Exercise 5 - Being bounced in back lying position – maintains shape

- 0 **Unable to lie still** - Agitated and will not lie still or unable to adjust to surroundings.
- 1 **Will lie and keep still for short periods (e.g. one minute) but becomes agitated and / or distracted when gently bounced** - After persuasion and with assistance will temporarily lie and keep still for <1 min but movement of the bed causes student to become distracted / agitated easily.
- 2 **Lying and keeping still for longer periods (>1 min < 2 mins), movement tolerated, distraction and / or agitation reducing** - With assistance will lie and keep still and tolerate gentle bouncing. Not always distracted but can be.
- 3 **Lying and keeping still for > 2 mins, no objection to movement of bed, infrequently distracted** - Lying and keeping still for longer periods but unable to consistently maintain this for longer periods due to distractions or agitations.
- 4 **Will easily lie and maintain body shape while being gently bounced** - Able to lie, keep still and maintain body shape while being gently bounced and sustain this throughout acceptable distractions. Doesn't become agitated and enjoys the exercise.

22/4/19	29/4/19	6/5/19	13/5/19	20/5/19	27/5/19	3/6/19	10/6/19	17/6/19	24/6/19	1/7/19	8/7/19	15/7/19	22/7/19	<p><b>Winstrada</b></p> <p><b>REBOUND EXERCISES</b></p> <p><b>PROFICIENCY GRADE 1 Continued</b></p>	
															<b>SECTION B</b>
3	4	4	4	_____									6. Differentiates stillness and movement		
				2	3	3	4	4	4	_____					7. Anticipates cause and effect
										0	0	1	1		8. Waits patiently for turn on trampoline
															9. Maintains eye contact when appropriate
															10. Show and hold star position
3	4	4	4	6	7	7	8	8	8	8	8	9	9		HFI Total for Section B (if used)
															<b>SECTION C</b>
1	1	2	3	4	4	4	_____						11. Enjoys being bounced in hands and knees position		
							1	2	2	2	2	_____			12. Initiates bouncing in hands and knees position
											1	1			13. High kneeling position
															14. High kneeling – swimming arm movement
1	1	2	3	4	4	4	5	6	6	6	6	7	7		HFI Total for Section C (if used)



## Winstrada Rebound Exercises Grade 1 – Section B HFI Notes

### Exercise 6 - Differentiates stillness and movement

- 0 **No concept of stillness and movement** - Refuses or is unable to move or stop moving when asked.
- 1 **Appears to show some understanding** - Will occasionally attempt to respond to requests to move or stop moving.
- 2 **Shows clearer understanding and more willing to respond** - Responds more often and with more understanding to requests to move and stop.
- 3 **Usually responds** - Responds more fully to requests to move and stop and shows some understanding and willingness to comply to requests to remain in stillness.
- 4 **Fully understands and applies the concepts of stillness and movement** - On request, can initiate movement and maintain it until asked to stop. Can remain in stillness until asked to move again.

### Exercise 7- Anticipates cause and effect

- 0 **Appears to have no concept of the effect of actions by others** - Will not make any adjustments to shape or position or show any recognition of the likely effect when the carer moves or makes actions on the trampoline bed.
- 1 **Appears to show some understanding** - Will occasionally respond to movements or actions.
- 2 **Shows clearer understanding and more willing to respond** - Anticipates and responds more often and with more understanding of the likely effect of movements made by the carer.
- 3 **Usually responds** - Responds more fully to movements and anticipated movements.
- 4 **Fully understands the concept of cause and effect** - Can be observed in several situations to take appropriate action when movements and forces are about to be applied to or on the trampoline bed by the carer. One example might be tensing or leaning the body to ensure balance is maintained if the carer walks close to the student on the trampoline bed.

### Exercise 8 - Waits patiently for turn on trampoline

- 0 **No attempt to wait patiently** - Refuses or has no understanding of the need to wait patiently while someone else is using the trampoline.
- 1 **Will occasionally keep still with help of carer** - Mostly reluctant to wait and keep still but can be encouraged if carer pays close attention.
- 2 **More able to wait and keep still** - Now more able to wait patiently and will sometimes do so when carer moves away.
- 3 **Usually waits patiently** - Will usually wait patiently and quietly whilst someone else is on the trampoline, without attention from carer.
- 4 **Waits patiently for turn** - Understands and complies with the need to wait patiently while someone else takes their turn on the trampoline.

### Exercise 9 - Maintains eye contact when appropriate

- 0 **Never makes eye contact** - Will actively look away and avoid eye contact at every opportunity.
- 1 **Will occasionally make eye contact** - When instructed by carer to make eye contact will occasionally do so, but reluctantly and quickly looks away.
- 2 **More willing to make eye contact** - Will usually make eye contact when instructed to do so, and will occasionally do so without instruction.
- 3 **Usually makes eye contact** - Will usually make eye contact at the appropriate time without instruction.
- 4 **Always makes eye contact when appropriate** - Is perfectly comfortable making eye contact with anyone when appropriate and will maintain that contact for the appropriate time.

### Exercise 10 - Show and hold star position

- 0 **No recognisable attempt** - Afraid or unwilling to show any star position, whether lying, sitting etc. Resists any assistance.
- 1 **Able to show star position with assistance of 2** - With 2 carers providing full support, will show star in lying position.
- 2 **Able to show star position with assistance of 1** - With 1 carer providing full support, will show star in lying position.
- 3 **Able to show star position with minimal assistance of 1** - Some physical but mainly verbal assistance can show and hold star in lying and sitting and / or kneeling position.
- 4 **Independently showing star position** - Can show and hold star for at least 3 seconds in at least three different ways.

## Winstrada Rebound Exercises Grade 1 – Section C HFI Notes

### Exercise 11 - Enjoys being bounced in hands and knees position (with support of gym ball or peanut if required)

- 0 **Unable to show hands and knees position** - Agitated and will not stay still or unable to adjust to surroundings.
- 1 **Will show position and keep still for short periods (e.g. one minute) but becomes agitated and / or distracted when gently bounced** - After persuasion and with assistance will temporarily show position and keep still for <1 min but movement of the bed causes student to become distracted / agitated easily.
- 2 **Keeping still for longer periods (>1 min < 2 mins), movement tolerated, distraction and / or agitation reducing** - With assistance will show position and keep still and tolerate gentle bouncing. Not always distracted but can be.
- 3 **Keeping still for > 2 mins, no objection to movement of bed, infrequently distracted** - Showing hands and knees position and keeping still for longer periods but unable to consistently maintain this for longer periods due to distractions or agitations.
- 4 **Will easily show position and maintain body shape while being gently bounced** - Able to remain in hands and knees position, keep still and maintain body shape while being gently bounced and sustain this throughout acceptable distractions. Doesn't become agitated and enjoys the exercise.

### Exercise 12 – Initiates bouncing in hands and knees position

- 0 **No attempt to initiate movement** - Can show and hold hands and knees position with support of gym ball or peanut if required, but unable or unwilling to attempt to initiate movement or allow physical assistance.
- 1 **Some attempt or willingness to initiate movement** - Will allow carers to assist with movement and makes some attempt to help.
- 2 **Bouncing for short periods (e.g. less than 30 seconds)** - Able to initiate bouncing with minimal assistance from carers but unable to consistently push evenly with hands and knees.
- 3 **Bouncing for short periods, pushing evenly with hands and knees** - Rhythmic controlled bouncing for short periods without physical assistance.
- 4 **Independently bouncing evenly on hands and knees for longer periods** - Able to initiate bouncing for longer periods (i.e. >1 min) without any physical assistance and with hands and knees leaving the bed and coming down together.

### Exercise 13 – High kneeling position

- 0 **No kneeling balance** - Difficulty getting client onto knees or requires maximum support from carers.
- 1 **Low kneeling with arms supporting** - Client kneeling, resting bottom on heels and being supported by carers. Can only tolerate minimal movement of the trampoline bed.
- 2 **Low kneeling, no support from arms** - Client kneeling, resting bottom on heels, able to balance without arm support but when trampoline bed moves requires support.
- 3 **High kneeling with arms supporting** - Able to high kneel but requires carers assistance to maintain balance. More assistance required as the trampoline bed moves.
- 4 **High kneeling, no support from arms** - High kneeling independently, maintaining balance during low amplitude movements of trampoline.

### Exercise 14 – High kneeling – swimming arm movement

- 0 **High kneeling, unable to initiate arm movement** - Can balance independently but requires assistance of carer to move arms.
- 1 **Can initiate some movement for a short time but then loses balance or stops** - Balanced in high kneeling position, some arm movement achieved but no rhythmic movement of the bed achieved.
- 2 **Can maintain arm movement and create some movement of the bed** - Longer periods of arm movement achieved creating some movement of the bed.
- 3 **Can achieve some rhythmic movement of the bed by swimming arms** - Understands and achieves for short periods, rhythmic movement of the bed by swimming arms.
- 4 **Good balance with sustained rhythmic arm movement** - Able to initiate movement on the bed by swimming arms and to control the intensity of movement.

22/4/19	29/4/19	6/5/19	13/5/19	20/5/19	27/5/19	3/6/19	10/6/19	17/6/19	24/6/19	1/7/19	8/7/19	15/7/19	22/7/19	<b>Winstrada</b> <b>REBOUND EXERCISES</b> <b>PROFICIENCY GRADE 1 Continued</b>	
													<b>SECTION D</b>		
4	_____												15. Sits facing adult in stillness		
2	3	3	3	4	4	4	_____						16. Compensates for movement when trampoline bed is moved in front, behind and to the side of student		
							2	3	3	3	4	4			17. Regains sitting position when moved off balance
															18. Enjoys being bounced in sitting position
															19. Sitting position – initiates movement by pushing into bed with hands
														20. Sitting position – swimming arm movement to initiate bounce	
4	6	7	7	7	8	8	8	10	11	11	11	12	12	HFI Total for Section D (if used)	

Exercise 15 – Sits facing adult in stillness

- 0 **Refuses to sit still** - Even with support, student actively tries to resist facing carer and keeping still.
- 1 **Will occasionally sit still and face carer** - When instructed by carer to sit still facing, will occasionally do so, but reluctantly and quickly looks away or moves.
- 2 **More willing to sit still** - Requires some persuading but is often willing to sit still and face carer when requested, and supported if necessary.
- 3 **Usually sits still and faces carer when appropriate** - Will usually sit still and face carer when requested
- 4 **Can sit still and remain still facing carer** - With physical support if unable to sit unaided, student will face carer and remain in stillness as required.

Exercise 16 – Compensates for movement when trampoline bed is moved in front, behind and to the side of student

- 0 **No sitting balance** - Person requiring physical or support aids to remain seated. Lacks the ability to be able to sit independently.
- 1 **Long sitting supporting with arms, static balance only** - Can maintain a seated balance in long sitting holding either care staff or resting hands on the trampoline bed. Maintains balance during low amplitude movements of the trampoline but loses balance or requires more support from staff as the amplitude increases.
- 2 **Long sitting supporting with arms, static and dynamic balance** - As above but can keep balance as the amplitude increases.
- 3 **Long sitting, no arm support, static balance only** - A person who can sit on the trampoline without arm / hand support and maintains balance but lacks the ability to keep this balance as the trampoline begins to move.
- 4 **Full dynamic sitting balance** - Can maintain long sitting balance without any support. Maintains this balance through a variety of moves e.g. walking around, rocking, side to side bouncing and increase bounce height.

Exercise 17 – Regains sitting position when moved off balance

- 0 **Makes no attempt to regain position** - Is unable or refuses to make any attempt to move back to sitting position when gently moved off balance.
- 1 **Makes a recognisable attempt** - With full support from carer will sometimes attempt to regain sitting position.
- 2 **Attempts to regain position with minimal support** - Makes a definite attempt to regain position with only minimal support from carer.
- 3 **Usually regains position with no support** - Without any support from carer, can usually regain sitting position when gently pushed off balance.
- 4 **Can easily regain sitting position when moved off balance** - Student shows very good control and sufficient strength to enjoy the challenge of regaining the sitting position when carer pushes him off balance in any direction.

Exercise 18 - Enjoys being bounced in sitting position

- 0 **Body won't leave the trampoline** - Can balance independently while carer provides very low amplitude bouncing but either loses balance or not confident enough to allow body to leave the trampoline.
- 1 **Body leaves the trampoline, balance lost** - Able to keep balance as the trampoline bed moves but when popped into the air loses balance or requires assistance / support when body lands back on the bed.
- 2 **Beginning to assist, balance improving** - Maintaining balance for longer periods as the bed moves, attempting to assist with bouncing, either using arms to generate lift and / or counting in time with the carer(s) etc. Loses balance on landing.
- 3 **Assisting with bouncing, loses balance occasionally** - Taking an active role in initiating bouncing in sitting position. Technique and balance not perfected as yet, tending to lose balance when landing after higher bounces.
- 4 **Assisting with bouncing and maintaining balance** - Skill levels have improved, good technique and maintains balance even after higher bounces.

Exercise 19 – Sitting position – initiates movement by pushing into bed with hands

- 0 **Makes no attempt to initiate movement** - Refuses or is unable to make any attempt to initiate movement even when given full support and assistance by carers.
- 1 **Will allow carers to assist** - With full support of carers will occasionally attempt to initiate some movement.
- 2 **Makes a recognisable attempt** - With minimal support from carers will make a recognisable attempt to initiate some movement with hands.
- 3 **Can initiate movement independently for short periods** - Can push hands into bed to initiate movement but needs assistance to achieve the correct tempo or maintain the movement for more than a few seconds.
- 4 **Can initiate and sustain movement by pushing hands into bed** - Is fully able to initiate and maintain rhythmic movement for the required length of time by pushing hands into trampoline bed.

Exercise 20 – Sitting position – swimming arm movement to initiate bounce

- 0 **Makes no attempt to initiate movement** - Refuses or is unable to make any attempt to initiate movement even when given full support and assistance by carers.
- 1 **Will allow carers to assist** - With full support of carers will occasionally attempt to initiate some movement.
- 2 **Makes a recognisable attempt** - With minimal support from carers will make a recognisable attempt to initiate some movement by swimming arms.
- 3 **Can initiate movement independently for short periods** - Can swim arms in circular motion to initiate movement but needs assistance to achieve the correct tempo or maintain the movement for more than a few seconds.
- 4 **Can initiate and sustain bouncing by swimming arms** - Is fully able to initiate bounce (i.e. leave the bed) and maintain rhythmic bouncing for the required length of time by using swimming arms movement.

SECTION 'E' WAS NOT USED AS STUDENT IS UNABLE TO ATTEMPT STANDING

22/4/19	29/4/19	6/5/19	13/5/19	20/5/19	27/5/19	3/6/19	10/6/19	17/6/19	24/6/19	1/7/19	8/7/19	15/7/19	22/7/19	<b>Winstrada</b> <b>REBOUND EXERCISES</b> <b>PROFICIENCY GRADE 1 Continued</b>
														<b>SECTION E</b>
														21. Standing in stillness with feet flat on bed
														22. Standing position – maintains shape while being gently bounced
														23. Standing position – initiate bounce (bobble)
														24. Standing position – swimming arms to initiate movement
														25. Standing position – hang and bounce
														26. Standing position – pogo in centre
														27. Standing position – bounce and stop - stillness
														28. Climb onto trampoline, locate centre of bed and climb off again safely
0	0	0	0	0	0	0	0	0	0	0	0	0	0	HFI Total for Section E (if used)
12	13	19	20	24	26	26	29	32	33	33	34	37	38	HFI Total of all Sections (if used)
														Date grade passed

## Winstrada Rebound Exercises Grade 1 – Section E HFI Notes

### Exercise 21 – Standing in stillness with feet flat on bed

- 0 **No standing balance** - Afraid or unable to stand even with full support of two carers.
- 1 **Can stand with support of two carers**
- 2 **Can stand with support of one carer**
- 3 **Can stand with minimal support** - Requires carer for reassurance or minimal support only to stand.
- 4 **Independent standing** - Can stand on trampoline bed fully unaided.

### Exercise 22 – Standing position – maintains shape while being gently bounced

- 0 **No standing balance when bed is moved** - Afraid or unable to stand even with full support of two carers if there is any movement of the bed.
- 1 **Standing with full assistance of 2** - After some time managing to stand with two carers providing full support, can only tolerate very slight movement of the bed.
- 2 **Standing with full assistance of 1** - With full support of one carer, can maintain balance during low gentle bouncing.
- 3 **Standing with minimal assistance of 1** - Some physical but mainly verbal assistance from the carer, maintains balance during gentle bouncing only.
- 4 **Independent standing** - Can stand and maintain shape and balance during gentle bouncing.

### Exercise 23 – Standing position – initiate bounce (bobble)

- 0 **No bouncing** - Can stand on the trampoline but unable or refuses to bounce even with full support of two carers. Keeps legs straight and doesn't bend knees.
- 1 **Occasional bouncing with support of 2** - At times will bend knees under instruction and initiate the bouncing. Not consistent.
- 2 **Bouncing with support of 1** - Only requires one carer to support and will initiate the bouncing, using the carer for reassurance and assistance.
- 3 **Bouncing with light support of 1** - Just requiring prompting and light support.
- 4 **Independently bouncing unsupported** - Carers are not required to assist at all.

### Exercise 24 – Standing position – swimming arms to initiate movement

- 0 **No movement** - Can stand on the trampoline but unable or refuses to swim arms even with full support of two carers.
- 1 **Recognisable attempt with support of 2** - At times will swim arms and initiate movement. Not consistent.
- 2 **Can initiate movement with support of 1** - Only requires one carer to support and will swim arms to initiate the bouncing, using the carer for reassurance and assistance.
- 3 **Can perform exercise independently for short periods** - Just requiring prompting and light support from carers.
- 4 **Independently swimming arms and maintaining rhythmic movement** - Carers are not required to assist at all.

### Exercise 25 – Standing position – hang and bounce

- 0 **No attempt to lift arms above head and bounce** - Refuses or is unable to lift arms above head while bouncing, even with support of two carers.
- 1 **Recognisable attempt with support of 2** - At times will lift arms and initiate bouncing. Not consistent.
- 2 **Attempts exercise with support of 1** - Only requires one carer to support and will lift arms above head and bounce for short periods, using the carer for reassurance and assistance.
- 3 **Can perform exercise independently for short periods** - Just requiring prompting and light support from carers.
- 4 **Can independently hang and bounce** - No assistance needed from carers, can hang and bounce and sustain the exercise as required.

### Exercise 26 – Standing position – pogo in centre

- 0 **No attempt to keep arms by side and bounce** - Refuses or is unable to keep arms still while bouncing, even with support of two carers.
- 1 **Recognisable attempt with support of 2** - At times will keep arms by side and initiate bouncing. Not consistent.
- 2 **Attempts exercise with support of 1** - Only requires one carer to support and will keep arms by side and bounce for short periods, using the carer for reassurance and assistance.
- 3 **Can perform exercise independently for short periods** - Just requiring prompting and light support from carers.
- 4 **Can perform pogo bounce independently** - No assistance needed from carers, can keep arms still and by the sides while bouncing and can sustain the exercise as required.

### Exercise 27 – Standing position – bounce and stop - stillness

- 0 **Bounces but cannot stop when requested** - Is able to bounce but refuses or is unable to stop bouncing when requested to do so, even with support of carer.
- 1 **Will occasionally stop when required with full support of carer** - With support will bounce and sometimes make a recognisable attempt to stop when requested. Not able to remain in stillness.
- 2 **Without support, will usually stop when requested** - Can stop when requested without physical assistance but unable to remain in stillness.
- 3 **Will stop when requested and sometimes attempts to remain in stillness**
- 4 **Can bounce, stop and remain still as required** - Has full control over the exercise; is fully able to bounce and then stop when requested to do so and remain still for a period of 3 seconds.

### Exercise 28 – Climb onto trampoline, locate centre of bed and climb off again safely

- 0 **Requires hoisting** - Unable to or unsafe to get on and off the trampoline without the use of a hoist and sling.
- 1 **Requiring the assistance of 2** - A person requiring the assistance of two care staff to move and facilitate them onto the trampoline.
- 2 **Requiring the assistance of 1** - A person requiring the assistance of one care staff to move and facilitate them onto the trampoline.
- 3 **Requiring the guidance of 1** - A person not requiring physical assistance but needing verbal direction to safely get on/off the trampoline.
- 4 **Independent under close supervision** - Not requiring any physical or verbal assistance to get on, locate centre and get off the trampoline. Closely supervised for safety reasons.

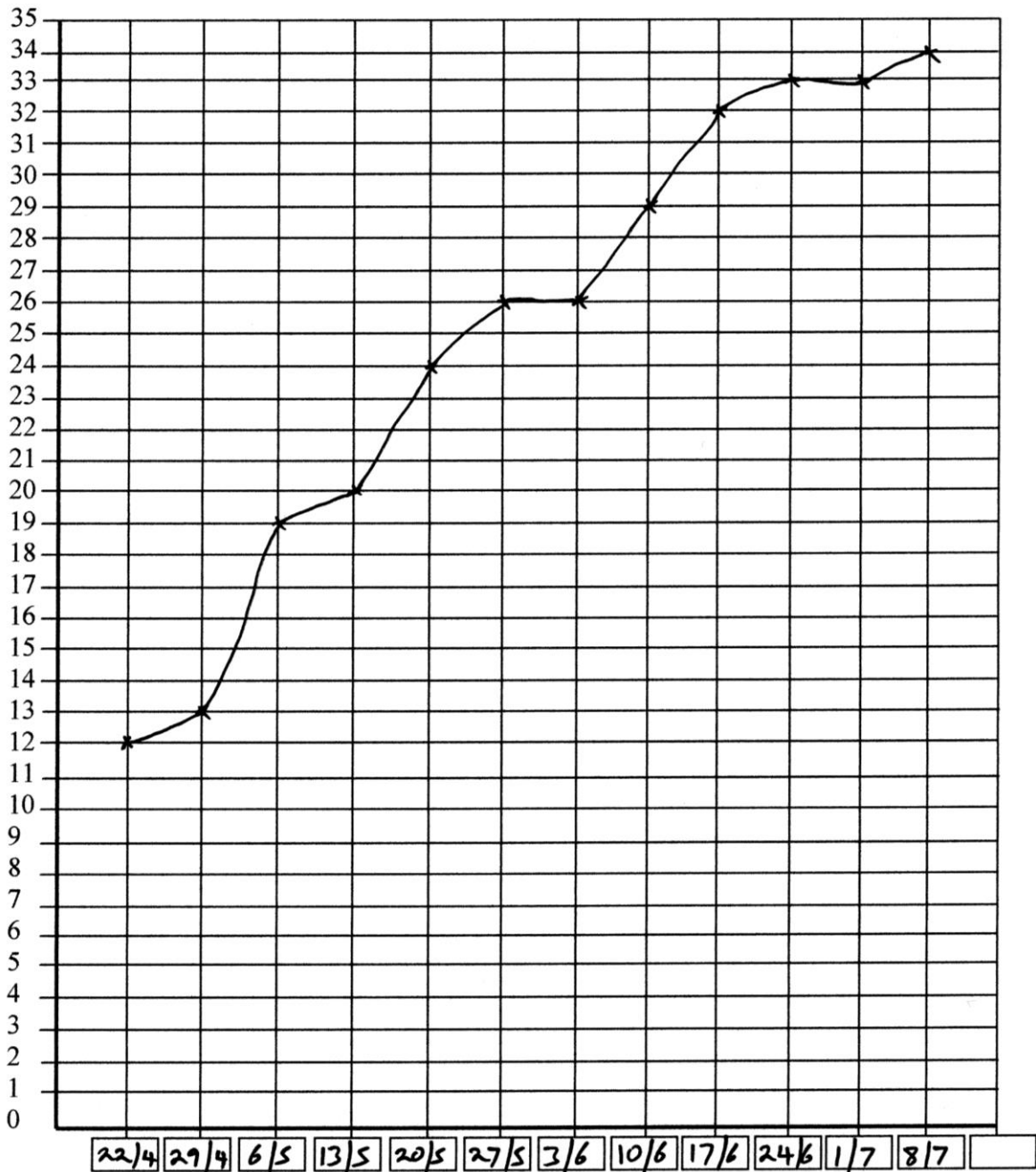
# HFI

Name..... JONATHAN L. SMITHE ..... D.O.B..... 16/1/02.....

Diagnosis..... L/S HEMI, MLD.....

Grade..... 1..... Commenced..... 22nd April 2019.....

Functional Index



DATE







## Indicators cross referenced page-to page with Winstrada client record sheets

These sheets can be downloaded from: [www.reboundtherapy.org/hfi](http://www.reboundtherapy.org/hfi)

### Winstrada Rebound Exercises Grade 1 – Section A HFI Notes

#### Exercise 1 - Lies or sits on soft object e.g. beanbag

- 0 **Unable to sit or lie** - Agitated and will not sit or lie or unable to adjust to surroundings.
- 1 **Will sit or lie for short periods (e.g. one minute). Easily distracted and / or agitated** - After persuasion and with assistance will temporarily sit or lie for <1 min but soon gets back up or gets distracted / agitated easily.
- 2 **Sitting or lying for longer periods (>1 min < 2 mins), distraction and / or agitation reducing** - With assistance will lie or sit and relax, not always distracted but can be.
- 3 **Lying or sitting for > 2 mins, infrequently distracted** - Frequently sitting / lying and relaxing but unable to consistently sit / lie for longer periods due to distractions or agitations.
- 4 **Will easily sit / lie, completely relaxed** - Able to sit / lie and relax and sustain this throughout acceptable distractions, doesn't become agitated.

#### Exercise 2 - Enjoys being bounced while lying or sitting on beanbag

- 0 **Unable to sit or lie** - Agitated and will not sit or lie or unable to adjust to surroundings.
- 1 **Will sit or lie for short periods (e.g. one minute). Easily distracted and / or agitated** - After persuasion and with assistance will temporarily sit or lie for <1 min but soon gets back up or gets distracted / agitated easily.
- 2 **Sitting or lying for longer periods (>1 min < 2 mins), distraction and / or agitation reducing** - With assistance will lie or sit and relax, not always distracted but can be.
- 3 **Lying or sitting for > 2 mins, infrequently distracted** - Frequently sitting / lying and relaxing but unable to consistently sit / lie for longer periods due to distractions or agitations.
- 4 **Will easily sit / lie, completely relaxed** - Able to sit / lie and relax and sustain this throughout acceptable distractions, doesn't become agitated.

#### Exercise 3 - Enjoys movement with parachute

- 0 **Unable to relax** - Agitated and will not lie or unable to adjust to surroundings.
- 1 **Will lie and relax for short periods (e.g. one minute). Easily distracted and / or agitated** - After persuasion and with assistance will temporarily lie and relax for <1 min but soon gets distracted / agitated easily.
- 2 **Lying and relaxing for longer periods (>1 min < 2 mins), distraction and / or agitation reducing** - With assistance will lie and relax, not always distracted but can be.
- 3 **Lying and relaxing for > 2 mins, infrequently distracted** - Lying and relaxing for longer periods but unable to consistently maintain this for longer periods due to distractions or agitations.
- 4 **Will easily lie, completely relaxed** - Able to lie and relax and sustain this throughout acceptable distractions, doesn't become agitated and enjoys the movement with the parachute.

#### Exercise 4 - Enjoys rocking motion of bed when lying down

- 0 **Unable to relax** - Agitated and will not lie or unable to adjust to surroundings.
- 1 **Will lie and relax for short periods (e.g. one minute). Easily distracted and / or agitated** - After persuasion and with assistance will temporarily lie and relax for <1 min but soon gets distracted / agitated easily.
- 2 **Lying and relaxing for longer periods (>1 min < 2 mins), distraction and / or agitation reducing** - With assistance will lie and relax, not always distracted but can be.
- 3 **Lying and relaxing for > 2 mins, infrequently distracted** - Lying and relaxing for longer periods but unable to consistently maintain this for longer periods due to distractions or agitations.
- 4 **Will easily lie, completely relaxed** - Able to lie and relax and sustain this throughout acceptable distractions, doesn't become agitated and enjoys the movement of the bed.

#### Exercise 5 - Being bounced in back lying position – maintains shape

- 0 **Unable to lie still** - Agitated and will not lie still or unable to adjust to surroundings.
- 1 **Will lie and keep still for short periods (e.g. one minute) but becomes agitated and / or distracted when gently bounced** - After persuasion and with assistance will temporarily lie and keep still for <1 min but movement of the bed causes student to become distracted / agitated easily.
- 2 **Lying and keeping still for longer periods (>1 min < 2 mins), movement tolerated, distraction and / or agitation reducing** - With assistance will lie and keep still and tolerate gentle bouncing. Not always distracted but can be.
- 3 **Lying and keeping still for > 2 mins, no objection to movement of bed, infrequently distracted** - Lying and keeping still for longer periods but unable to consistently maintain this for longer periods due to distractions or agitations.
- 4 **Will easily lie and maintain body shape while being gently bounced** - Able to lie, keep still and maintain body shape while being gently bounced and sustain this throughout acceptable distractions. Doesn't become agitated and enjoys the exercise.



## Winstrada Rebound Exercises Grade 1 – Section B HFI Notes

### Exercise 6 - Differentiates stillness and movement

- 0 **No concept of stillness and movement** - Refuses or is unable to move or stop moving when asked.
- 1 **Appears to show some understanding** - Will occasionally attempt to respond to requests to move or stop moving.
- 2 **Shows clearer understanding and more willing to respond** - Responds more often and with more understanding to requests to move and stop.
- 3 **Usually responds** - Responds more fully to requests to move and stop and shows some understanding and willingness to comply to requests to remain in stillness.
- 4 **Fully understands and applies the concepts of stillness and movement** - On request, can initiate movement and maintain it until asked to stop. Can remain in stillness until asked to move again.

### Exercise 7- Anticipates cause and effect

- 0 **Appears to have no concept of the effect of actions by others** - Will not make any adjustments to shape or position or show any recognition of the likely effect when the carer moves or makes actions on the trampoline bed.
- 1 **Appears to show some understanding** - Will occasionally respond to movements or actions.
- 2 **Shows clearer understanding and more willing to respond** - Anticipates and responds more often and with more understanding of the likely effect of movements made by the carer.
- 3 **Usually responds** - Responds more fully to movements and anticipated movements.
- 4 **Fully understands the concept of cause and effect** - Can be observed in several situations to take appropriate action when movements and forces are about to be applied to or on the trampoline bed by the carer. One example might be tensing or leaning the body to ensure balance is maintained if the carer walks close to the student on the trampoline bed.

### Exercise 8 - Waits patiently for turn on trampoline

- 0 **No attempt to wait patiently** - Refuses or has no understanding of the need to wait patiently while someone else is using the trampoline.
- 1 **Will occasionally keep still with help of carer** - Mostly reluctant to wait and keep still but can be encouraged if carer pays close attention.
- 2 **More able to wait and keep still** - Now more able to wait patiently and will sometimes do so when carer moves away.
- 3 **Usually waits patiently** - Will usually wait patiently and quietly whilst someone else is on the trampoline, without attention from carer.
- 4 **Waits patiently for turn** - Understands and complies with the need to wait patiently while someone else takes their turn on the trampoline.

### Exercise 9 - Maintains eye contact when appropriate

- 0 **Never makes eye contact** - Will actively look away and avoid eye contact at every opportunity.
- 1 **Will occasionally make eye contact** - When instructed by carer to make eye contact will occasionally do so, but reluctantly and quickly looks away.
- 2 **More willing to make eye contact** - Will usually make eye contact when instructed to do so, and will occasionally do so without instruction.
- 3 **Usually makes eye contact** - Will usually make eye contact at the appropriate time without instruction.
- 4 **Always makes eye contact when appropriate** - Is perfectly comfortable making eye contact with anyone when appropriate and will maintain that contact for the appropriate time.

### Exercise 10 - Show and hold star position

- 0 **No recognisable attempt** - Afraid or unwilling to show any star position, whether lying, sitting etc. Resists any assistance.
- 1 **Able to show star position with assistance of 2** - With 2 carers providing full support, will show star in lying position.
- 2 **Able to show star position with assistance of 1** - With 1 carer providing full support, will show star in lying position.
- 3 **Able to show star position with minimal assistance of 1** - Some physical but mainly verbal assistance can show and hold star in lying and sitting and / or kneeling position.
- 4 **Independently showing star position** - Can show and hold star for at least 3 seconds in at least three different ways.

## Winstrada Rebound Exercises Grade 1 – Section C

### Exercise 11 - Enjoys being bounced in hands and knees position (with support of gym ball or peanut if required)

- 0 **Unable to show hands and knees position** - Agitated and will not stay still or unable to adjust to surroundings.
- 1 **Will show position and keep still for short periods (e.g. one minute) but becomes agitated and / or distracted when gently bounced** - After persuasion and with assistance will temporarily show position and keep still for <1 min but movement of the bed causes student to become distracted / agitated easily.
- 2 **Keeping still for longer periods (>1 min < 2 mins), movement tolerated, distraction and / or agitation reducing** - With assistance will show position and keep still and tolerate gentle bouncing. Not always distracted but can be.
- 3 **Keeping still for > 2 mins, no objection to movement of bed, infrequently distracted** - Showing hands and knees position and keeping still for longer periods but unable to consistently maintain this for longer periods due to distractions or agitations.
- 4 **Will easily show position and maintain body shape while being gently bounced** - Able to remain in hands and knees position, keep still and maintain body shape while being gently bounced and sustain this throughout acceptable distractions. Doesn't become agitated and enjoys the exercise.

### Exercise 12 – Initiates bouncing in hands and knees position

- 0 **No attempt to initiate movement** - Can show and hold hands and knees position with support of gym ball or peanut if required, but unable or unwilling to attempt to initiate physical movement or allow physical assistance.
- 1 **Some attempt or willingness to initiate movement** - Will allow carers to assist with movement and makes some attempt to help.
- 2 **Bouncing for short periods (e.g. less than 30 seconds)** - Able to initiate bouncing with minimal assistance from carers but unable to consistently push evenly with hands and knees.
- 3 **Bouncing for short periods, pushing evenly with hands and knees** - Rhythmic controlled bouncing for short periods without physical assistance.
- 4 **Independently bouncing evenly on hands and knees for longer periods** - Able to initiate bouncing for longer periods (i.e. >1 min) without any physical assistance and with hands and knees leaving the bed and coming down together.

### Exercise 13 – High kneeling position

- 0 **No kneeling balance** - Difficulty getting client onto knees or requires maximum support from carers.
- 1 **Low kneeling with arms supporting** - Client kneeling, resting bottom on heels and being supported by carers. Can only tolerate minimal movement of the trampoline bed.
- 2 **Low kneeling, no support from arms** - Client kneeling, resting bottom on heels, able to balance without arm support but when trampoline bed moves requires support.
- 3 **High kneeling with arms supporting** - Able to high kneel but requires carers assistance to maintain balance. More assistance required as the trampoline bed moves.
- 4 **High kneeling, no support from arms** - High kneeling independently, maintaining balance during low amplitude movements of trampoline.

### Exercise 14 – High kneeling – swimming arm movement

- 0 **High kneeling, unable to initiate arm movement** - Can balance independently but requires assistance of carer to move arms.
- 1 **Can initiate some movement for a short time but then loses balance or stops** - Balanced in high kneeling position, some arm movement achieved but no rhythmic movement of the bed achieved.
- 2 **Can maintain arm movement and create some movement of the bed** - Longer periods of arm movement achieved creating some movement of the bed.
- 3 **Can achieve some rhythmic movement of the bed by swimming arms** - Understands and achieves for short periods, rhythmic movement of the bed by swimming arms.
- 4 **Good balance with sustained rhythmic arm movement** - Able to initiate movement on the bed by swimming arms and to control the intensity of movement.



Exercise 15 – Sits facing adult in stillness

- 0 **Refuses to sit still** - Even with support, student actively tries to resist facing carer and keeping still.
- 1 **Will occasionally sit still and face carer** - When instructed by carer to sit still facing, will occasionally do so, but reluctantly and quickly looks away or moves.
- 2 **More willing to sit still** - Requires some persuading but is often willing to sit still and face carer when requested, and supported if necessary.
- 3 **Usually sits still and faces carer when appropriate** - Will usually sit still and face carer when requested.
- 4 **Can sit still and remain still facing carer** - With physical support if unable to sit unaided, student will face carer and remain in stillness as required.

Exercise 16 – Compensates for movement when trampoline bed is moved in front, behind and to the side of student

- 0 **No sitting balance** - Person requiring physical or support aids to remain seated. Lacks the ability to be able to sit independently.
- 1 **Long sitting supporting with arms, static balance only** - Can maintain a seated balance in long sitting holding either care staff or resting hands on the trampoline bed. Maintains balance during low amplitude movements of the trampoline but loses balance or requires more support from staff as the amplitude increases.
- 2 **Long sitting supporting with arms, static and dynamic balance** - As above but can keep balance as the amplitude increases.
- 3 **Long sitting, no arm support, static balance only** - A person who can sit on the trampoline without arm / hand support and maintains balance but lacks the ability to keep this balance as the trampoline begins to move.
- 4 **Full dynamic sitting balance** - Can maintain long sitting balance without any support. Maintains this balance through a variety of moves e.g. walking around, rocking, side to side bouncing and increase bounce height.

Exercise 17 – Regains sitting position when moved off balance

- 0 **Makes no attempt to regain position** - Is unable or refuses to make any attempt to move back to sitting position when gently moved off balance.
- 1 **Makes a recognisable attempt** - With full support from carer will sometimes attempt to regain sitting position.
- 2 **Attempts to regain position with minimal support** - Makes a definite attempt to regain position with only minimal support from carer.
- 3 **Usually regains position with no support** - Without any support from carer, can usually regain sitting position when gently pushed off balance.
- 4 **Can easily regain sitting position when moved off balance** - Student shows very good control and sufficient strength to enjoy the challenge of regaining the sitting position when carer pushes him off balance in any direction.

Exercise 18 - Enjoys being bounced in sitting position

- 0 **Body won't leave the trampoline** - Can balance independently while carer provides very low amplitude bouncing but either loses balance or not confident enough to allow body to leave the trampoline.
- 1 **Body leaves the trampoline, balance lost** - Able to keep balance as the trampoline bed moves but when popped into the air loses balance or requires assistance / support when body lands back on the bed.
- 2 **Beginning to assist, balance improving** - Maintaining balance for longer periods as the bed moves, attempting to assist with bouncing, either using arms to generate lift and / or counting in time with the carer(s) etc. Loses balance on landing.
- 3 **Assisting with bouncing, loses balance occasionally** - Taking an active role in initiating bouncing in sitting position. Technique and balance not perfected as yet, tending to lose balance when landing after higher bounces.
- 4 **Assisting with bouncing and maintaining balance** - Skill levels have improved, good technique and maintains balance even after higher bounces.

Exercise 19 – Sitting position – initiates movement by pushing into bed with hands

- 0 **Makes no attempt to initiate movement** - Refuses or is unable to make any attempt to initiate movement even when given full support and assistance by carers.
- 1 **Will allow carers to assist** - With full support of carers will occasionally attempt to initiate some movement.
- 2 **Makes a recognisable attempt** - With minimal support from carers will make a recognisable attempt to initiate some movement with hands.
- 3 **Can initiate movement independently for short periods** - Can push hands into bed to initiate movement but needs assistance to achieve the correct tempo or maintain the movement for more than a few seconds.
- 4 **Can initiate and sustain movement by pushing hands into bed** - Is fully able to initiate and maintain rhythmic movement for the required length of time by pushing hands into trampoline bed.

Exercise 20 – Sitting position – swimming arm movement to initiate bounce

- 0 **Makes no attempt to initiate movement** - Refuses or is unable to make any attempt to initiate movement even when given full support and assistance by carers.
- 1 **Will allow carers to assist** - With full support of carers will occasionally attempt to initiate some movement.
- 2 **Makes a recognisable attempt** - With minimal support from carers will make a recognisable attempt to initiate some movement by swimming arms.
- 3 **Can initiate movement independently for short periods** - Can swim arms in circular motion to initiate movement but needs assistance to achieve the correct tempo or maintain the movement for more than a few seconds.
- 4 **Can initiate and sustain bouncing by swimming arms** - Is fully able to initiate bounce (i.e. leave the bed) and maintain rhythmic bouncing for the required length of time by using swimming arms movement.



## Winstrada Rebound Exercises Grade 1 – Section E HFI Notes

### Exercise 21 – Standing in stillness with feet flat on bed

- 0 **No standing balance** - Afraid or unable to stand even with full support of two carers.
- 1 **Can stand with support of two carers**
- 2 **Can stand with support of one carer**
- 3 **Can stand with minimal support** - Requires carer for reassurance or minimal support only to stand.
- 4 **Independent standing** - Can stand on trampoline bed fully unaided.

### Exercise 22 – Standing position – maintains shape while being gently bounced

- 0 **No standing balance when bed is moved** - Afraid or unable to stand even with full support of two carers if there is any movement of the bed.
- 1 **Standing with full assistance of 2** - After some time managing to stand with two carers providing full support, can only tolerate very slight movement of the bed.
- 2 **Standing with full assistance of 1** - With full support of one carer, can maintain balance during low gentle bouncing.
- 3 **Standing with minimal assistance of 1** - Some physical but mainly verbal assistance from the carer, maintains balance during gentle bouncing only.
- 4 **Independent standing** - Can stand and maintain shape and balance during gentle bouncing.

### Exercise 23 – Standing position – initiate bounce (bobble)

- 0 **No bouncing** - Can stand on the trampoline but unable or refuses to bounce even with full support of two carers. Keeps legs straight and doesn't bend knees.
- 1 **Occasional bouncing with support of 2** - At times will bend knees under instruction and initiate the bouncing. Not consistent.
- 2 **Bouncing with support of 1** - Only requires one carer to support and will initiate the bouncing, using the carer for reassurance and assistance.
- 3 **Bouncing with light support of 1** - Just requiring prompting and light support.
- 4 **Independently bouncing unsupported** - Carers are not required to assist at all.

### Exercise 24 – Standing position – swimming arms to initiate movement

- 0 **No movement** - Can stand on the trampoline but unable or refuses to swim arms even with full support of two carers.
- 1 **Recognisable attempt with support of 2** - At times will swim arms and initiate movement. Not consistent.
- 2 **Can initiate movement with support of 1** - Only requires one carer to support and will swim arms to initiate the bouncing, using the carer for reassurance and assistance.
- 3 **Can perform exercise independently for short periods** - Just requiring prompting and light support from carers.
- 4 **Independently swimming arms and maintaining rhythmic movement** - Carers are not required to assist at all.

### Exercise 25 – Standing position – hang and bounce

- 0 **No attempt to lift arms above head and bounce** - Refuses or is unable to lift arms above head while bouncing, even with support of two carers.
- 1 **Recognisable attempt with support of 2** - At times will lift arms and initiate bouncing. Not consistent.
- 2 **Attempts exercise with support of 1** - Only requires one carer to support and will lift arms above head and bounce for short periods, using the carer for reassurance and assistance.
- 3 **Can perform exercise independently for short periods** - Just requiring prompting and light support from carers.
- 4 **Can independently hang and bounce** - No assistance needed from carers, can hang and bounce and sustain the exercise as required.

### Exercise 26 – Standing position – pogo in centre

- 0 **No attempt to keep arms by side and bounce** - Refuses or is unable to keep arms still while bouncing, even with support of two carers.
- 1 **Recognisable attempt with support of 2** - At times will keep arms by side and initiate bouncing. Not consistent.
- 2 **Attempts exercise with support of 1** - Only requires one carer to support and will keep arms by side and bounce for short periods, using the carer for reassurance and assistance.
- 3 **Can perform exercise independently for short periods** - Just requiring prompting and light support from carers.
- 4 **Can perform pogo bounce independently** - No assistance needed from carers, can keep arms still and by the sides while bouncing and can sustain the exercise as required.

### Exercise 27 – Standing position – bounce and stop - stillness

- 0 **Bounces but cannot stop when requested** - Is able to bounce but refuses or is unable to stop bouncing when requested to do so, even with support of carer.
- 1 **Will occasionally stop when required with full support of carer** - With support will bounce and sometimes make a recognisable attempt to stop when requested. Not able to remain in stillness.
- 2 **Without support, will usually stop when requested** - Can stop when requested without physical assistance but unable to remain in stillness.
- 3 **Will stop when requested and sometimes attempts to remain in stillness**
- 4 **Can bounce, stop and remain still as required** - Has full control over the exercise; is fully able to bounce and then stop when requested to do so and remain still for a period of 3 seconds.

### Exercise 28 – Climb onto trampoline, locate centre of bed and climb off again safely

- 0 **Requires hoisting** - Unable to or unsafe to get on and off the trampoline without the use of a hoist and sling.
- 1 **Requiring the assistance of 2** - A person requiring the assistance of two care staff to move and facilitate them onto the trampoline.
- 2 **Requiring the assistance of 1** - A person requiring the assistance of one care staff to move and facilitate them onto the trampoline.
- 3 **Requiring the guidance of 1** - A person not requiring physical assistance but needing verbal direction to safely get on/off the trampoline.
- 4 **Independent under close supervision** - Not requiring any physical or verbal assistance to get on, locate centre and get off the trampoline. Closely supervised for safety reasons.





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**Winstrada Rebound Exercises Grade 2 – Section A HFI Notes**

Exercise 1 - Sitting position with hand support – pop to stand - stillness

- 0 **Supported popping in long sitting, unable to land on feet** - Sitting independently can be popped into the air with both hands supported. Lacks balance and doesn't make any attempt to stand.
- 1 **Can be popped into a two-hand supported standing position** - Whilst being popped into the air, with carer supporting both hands, is able to straighten legs and land on feet, but not remain in standing position.
- 2 **Can be popped into standing, continues bouncing** - Carer providing two-hand support, is able to be popped to stand but not stop and stay still as required.
- 3 **Can be popped to stand giving one-hand support, continues bouncing** - Whilst being popped into the air, with carer supporting one hand, is able to be popped to stand but not stop and stay still as required.
- 4 **Can be popped to stand with one-hand support, stop and remain in stillness** - Carer providing one-hand support, client is able to perform the whole exercise under control.

Exercise 2 - Sitting position – pop to stand – stillness (support on landing if necessary)

- 0 **Popping in long sitting, can maintain dynamic balance** - Sitting independently can be popped into the air without support. Maintains balance but doesn't make any attempt to stand.
- 1 **Can be popped into a standing position with support on landing but unable to remain standing** - Whilst being popped into the air, is able to straighten legs and land on feet, but unable to remain standing. Carer catching behind arms on landing.
- 2 **Can be popped into standing, continues bouncing** - With carer catching behind arms on landing, is able to be popped to stand but not stop and stay still as required.
- 3 **Can be popped to stand with minimal support on landing, continues bouncing** - Whilst being popped into the air, with carer providing only light support on landing, is able to straighten legs and land on feet, but not stop and stay still as required.
- 4 **Can be popped to stand without support, stop and remain in stillness** - Able to perform the whole exercise under control without support.

Exercise 3 - Sitting position – pop to stand with eyes closed

- 0 **Will not close eyes when being popped** - Makes no attempt or is afraid to close eyes when being popped.
- 1 **Will close eyes when being gently popped** - Closes eyes when gently popped but makes no attempt to stand.
- 2 **Can be popped to stand with eyes closed if given two-hand support** - Opens eyes if support is reduced.
- 3 **Can be popped to stand with eyes closed if given one-hand support** - Becoming more confident. Will keep eyes closed until hand support is removed.
- 4 **Can be popped to stand with eyes closed without any support from carer** - Fully confident. Carer not required to provide any manual support.

Exercise 4 - Sitting position – bounce and tweak

- 0 **Can initiate movement in long sitting but unable to leave bed** - Can push hands into bed to initiate movement but not hard enough to leave the bed.
- 1 **Bounces in long sitting position but unable to tweak** - Can push hands down hard enough to bounce and leave the bed but cannot move legs in or out.
- 2 **Bounces in long sitting position and attempts to move legs** - Can push hands down hard enough to bounce and leave the bed and makes recognisable attempt to move legs in and out.
- 3 **Bounces in long sitting and manages one full tweak** - Bounces in long sitting position and can show one full movement of bringing legs in while in the air and out to land back in long sitting.
- 4 **Bounces in long sitting and can tweak continuously** - Can perform the whole exercise repeatedly in swingtime, i.e with no intermediate bounces.

Exercise 5 - Sitting position – bounce and tweak with swimming arms

- 0 **Can initiate movement in long sitting but unable to leave bed** - Can swim arms to initiate movement but not hard enough to leave the bed.
- 1 **Bounces in long sitting position but unable to tweak** - Can swim arms hard enough to bounce and leave the bed but cannot move legs in or out.
- 2 **Bounces in long sitting position and attempts to move legs** - Can swim arms hard enough to bounce and leave the bed and makes recognisable attempt to move legs in and out.
- 3 **Bounces in long sitting and manages one full tweak** - Bounces with swimming arms in long sitting position and can show one full movement of bringing legs in while in the air and out to land back in long sitting.
- 4 **Bounces in long sitting and can tweak continuously** - Can perform the whole exercise with swimming arms, repeatedly in swingtime, i.e with no intermediate bounces.

Exercise 6 - Quarter turns in sitting position

- 0 **Can bounce independently in sitting but unable to turn** - Unable to turn body in the air, even with assistance.
- 1 **Beginning to turn legs and body with assistance** - Carer assisting the turn. Client not yet able to turn independently.
- 2 **Bouncing and able to turn <45° independently** - Acquired the skill to turn independently, only a small amount of movement.
- 3 **Bouncing and able to turn >45° but <90° in either direction independently** - Amount and quality of turning movement improving.
- 4 **Bouncing and able to turn 90° in either direction independently** - Competent at independent quarter turns.



## Winstrada Rebound Exercises Grade 2 – Section B HFI Notes

### Exercise 7 - Can achieve two footed jump – landing evenly

- 0 **Achieves bobble** - From standing, can initiate movement by pushing with feet but cannot leave the bed.
- 1 **Bounces** - Pushes hard enough to leave the bed but unsteady on landing. No arm movement.
- 2 **Bounces with controlled landing** - Bounces and lands in a controlled manner but no arm movement yet.
- 3 **Jumps but landing is unsteady** - Bounces and swings arms up at the same time, but does not bring arms down again on landing or landing is unsteady.
- 4 **Jumps with controlled landing** - Bounces with arms going up on take-off and down again on landing. Controlled landing with both feet coming down together.

### Exercise 8 - Can achieve two footed jumps repeatedly – landing evenly

- 0 **Performs one jump only** - Can perform one jump but makes no attempt to do another straightaway.
- 1 **Performs one jump with an attempt at performing another** - Second jump is attempted but not performed straight after the first.
- 2 **Second jump performed straight after first but not clearly defined** - Second jump is performed but with unsteady landing or without arm movements.
- 3 **Can perform two consecutive jumps** - Second jump is performed immediately after the first with clear arm movements and steady landing.
- 4 **Can perform jumping in swingtime** - Can jump repeatedly in swingtime with clear arm movements and landing evenly on feet with every jump.

### Exercise 9 - Perform 3 bounces – stop - stillness

- 0 **Bounces repeatedly but makes no attempt to stop when required** - Bounces but is unable or does not attempt to follow call or sign from carer to stop.
- 1 **Bounces and attempts to stop when required** - When carer calls or signs, student attempts to stop but is very unsteady and take a while to stop bouncing.
- 2 **Bounces and stops when required** - Student can stop when required but is unsteady on landing.
- 3 **Stops when required with controlled landing** - When required to stop, student will stop straightaway in a controlled manner with feet landing evenly.
- 4 **Can perform 3 bounces and stop without being signalled to do so** - Student can count three bounces and stop in a controlled manner without any call or sign from carer.

### Exercise 10 - Standing position – bounce with quarter twists

- 0 **Unable to turn at all** - Bouncing in standing independently, but unable to turn whilst bouncing.
- 1 **Can turn <90° unable to keep bouncing** - Beginning to turn in the air but loses balance or stops bouncing.
- 2 **Can turn 90° but unable to keep bouncing** - Turns the full 90° but loses balance or stops bouncing.
- 3 **Can turn 90° and continue bouncing** - Balance improving, can continue bouncing after turning.
- 4 **Can perform consecutive 90° turns** - Can perform four consecutive 90° turns.

### Exercise 11 - Pogo – moving around trampoline, understands and performs forwards, backwards, and sideways movements

- 0 **Able to 'pogo' but unable to move out of position** - Makes no attempt to respond to instructions or signs to move out of position and resists manual assistance.
- 1 **Allows carer to assist with moving** - Will not attempt to move out of position independently but will allow carer to assist.
- 2 **Makes recognisable attempt to respond to instruction** - May still need manual assistance but attempts to move into position as requested.
- 3 **Gaining confidence and ability** - Can follow some requests to move into position without manual assistance.
- 4 **Can perform all movements as requested** - Able to perform pogo and move left, right, back and forwards as requested or signed.

### Exercise 12 - Haka (fast knees up together and touch)

- 0 **Needs manual assistance to touch hands to knees** - Carer needs to place clients hands on knees. No attempt is made to jump.
- 1 **Can independently touch knees with hands, but no jumping** - Will mirror or respond to instructions to touch knees, but not able to jump at the same time.
- 2 **Makes a recognisable attempt at the exercise** - Attempts small jumps whilst attempting to touch hands to knees.
- 3 **Gaining confidence and ability** - Is now able to jump and touch knees with hands whilst feet are off the bed. Stops after one or two attempts.
- 4 **Able to perform exercise continuously** - Able to independently perform Haka continuously as required.

## Winstrada Rebound Exercises Grade 2 – Section C

### Exercise 13 - Jump to legs astride – stop - stillness

- 0 **Unable to show position at all** - No recognisable attempt to jump to legs astride, even with full support of carer.
- 1 **Attempts to show position** - With support of carer, makes recognisable attempt to jump to legs astride.
- 2 **Can show position with support** - With support of carer, can jump to legs astride and stop.
- 3 **Able to make recognisable attempt at move without support** - Without support of carer, able to make recognisable attempt to jump legs astride and remain static.
- 4 **Can perform entire exercise independently** - Without any support, is able to jump legs astride and stop and remain in stillness for 3 seconds.

### Exercise 14 - Jump to legs astride, jump to legs together – stop - stillness

- 0 **Only able to perform part of exercise with support** - With support of carer, able to jump legs astride but no attempt to jump together again.
- 1 **Recognisable attempt at exercise with support** - With support of carer, able to perform exercise with a bounce or stop in between shapes.
- 2 **Able to perform exercise with support** - With support of carer, able to perform exercise with no stops or extra bounces.
- 3 **Recognisable attempt without support** - Without any support from carer, able to attempt the exercise, but may stop or put extra bounce between shapes.
- 4 **Able to perform whole exercise independently** - Without any support, able to perform entire exercise showing recognisable shapes, stops afterwards and remains still for 3 seconds.

### Exercise 15 - Jump to legs astride – bring arms up, jump to legs together – bring arms down

- 0 **Unable to perform arm movement** - With support of carer, able to perform leg movements but resists arm movements.
- 1 **Allows carer to assist with arm movements** - With support, jumps legs astride and allows carer to move arms up and down.
- 2 **Makes recognisable attempt at arm movements** - With support, makes attempt to perform the arm movements.
- 3 **Attempts the whole exercise independently** - Without any support, is able to jump legs astride whilst bringing arms up and then back to legs together and arms down. May put extra bounces or a stop in the middle of the exercise.
- 4 **Able to perform exercise independently** - Without any support, is able to jump legs astride whilst bringing arms up and then immediately jump legs back together whilst bringing arms down.

### Exercise 16 - Log roll in horizontal position, showing control

- 0 **Resists rolling movement** - May be able to lie flat but is unwilling to allow carer to roll him or her over.
- 1 **Allows carer to assist with roll** - Lies flat and allows carer to roll him or her over from back lying to front lying.
- 2 **Allows carer to assist with 360 degree roll** - Lies flat and allows carer to roll him or her from back to front lying and over again to back lying.
- 3 **Makes recognisable attempt at rolling** - With support from carer, attempts to perform 360 degree roll.
- 4 **Able to perform exercise independently** - Without any support, is able to roll without stopping from back to front to back lying.



## Winstrada Rebound Exercises Grade 2 – Section D HFI Notes

### Exercise 17 - Walk along centre line, turn round and walk back

- 0 **Cannot initiate walking, needs full support of 2 in standing** - Can stand with two carers but unable to walk.
- 1 **Can walk along the line with full support of 2** - Two care staff supporting; one each side of client.
- 2 **Can walk along line with full support of 1** - Supporting from either the front, side or rear.
- 3 **Can walk along line with minimal support of 1** - One carer offering light support only.
- 4 **Can walk independently along line, turn round and walk back** - No assistance required.

### Exercise 18 - Run on spot in centre of bed

- 0 **Cannot initiate running** - With two carers supporting is unable or unwilling to lift feet.
- 1 **Can lift feet alternately with full support of 2** - Two care staff supporting, can make a recognisable attempt at slow running.
- 2 **Can lift feet alternately with support of 1** - One carer supporting, can make recognisable attempt at slow running.
- 3 **Can lift feet alternately in centre without support** - Can make recognisable attempt at running in centre without support.
- 4 **Can run in centre of trampoline bed** - No assistance required.

### Exercise 19 - Run on spot in centre – alternate knee slapping

- 0 **Able to run but resists arm movement** - With carer assisting, client resists attempts to move arms.
- 1 **Allows carer to assist but no attempt to touch knees** - With carer's assistance, client will allow movement of the arms but does not attempt to lift knees to make contact with hand.
- 2 **Makes a recognisable attempt at the exercise with assistance** - With carer assisting, makes an attempt to connect hand to opposite knee but stops after one or two contacts.
- 3 **Makes a recognisable attempt at the exercise without assistance** - With no assistance, makes an attempt to connect hand to opposite knee but stops after one or two contacts.
- 4 **Able to perform whole exercise** - Client is able to continuously cross the midline and connect right hand to left knee and vice versa whilst running on the cross.

### Exercise 20 - Run on spot – low crossover (right hand to left leg, left hand to right leg)

- 0 **Unable to reach below the knee** - With support, client is unable or unwilling to reach below the knee.
- 1 **Makes recognisable attempt with support to reach below the knee** - With support from carer, client makes an attempt to reach below the knee of leg on opposite side but stops after one attempt.
- 2 **Makes a recognisable attempt with support to perform the exercise continuously** - With support, is able to crossover, reaching below the knee for several times consecutively before stopping.
- 3 **Makes recognisable attempt without support** - Is able to perform the exercise without support but stops after one or two attempts.
- 4 **Is able to perform exercise continuously** - Without any support, is able to cross the midline continuously by touching the right hand to left leg below the knee and vice versa without stops.

## Winstrada Rebound Exercises Grade 2 – Section E

### Exercise 21 - High kneeling – pop to stand to stillness

- 0 **Supported popping in high kneeling, cannot straighten legs** - High kneeling, can be gently popped into the air with both hands supported. Does not straighten legs or make attempt to land on feet.
- 1 **Can be popped into a two-hand supported standing position but unable to maintain balance** - Whilst being popped into the air, with carer supporting both hands, is able to straighten legs and land on feet, but not maintain balance.
- 2 **Can be popped into standing, continues bouncing** - Carer providing two-hand support, is able to be popped to stand but not stop and stay still as required.
- 3 **Can be popped to stand giving one-hand support, continues bouncing** - Whilst being popped into the air, with carer supporting one hand, is able to be popped to stand but not stop and stay still as required.
- 4 **Can be popped to stand with one-hand support, stop and remain in stillness** - Carer providing one-hand support, client is able to perform the whole exercise under control.

### Exercise 22 - High kneeling – swimming arms to stand - stillness

- 0 **High kneeling with sustained arm movement but no attempt to stand** - Can balance independently and make rhythmic swimming movement with the arms but is unable or unwilling to attempt to stand, even when carer provides hand support.
- 1 **With carer holding the hands, client makes a recognisable attempt to stand** - Carer provides hand support and very gentle popping assistance to enable client to swim arms to stand. May not attain stillness at this stage.
- 2 **With carer providing only minimal support, client makes a recognisable attempt to stand** - Carer provides hand support but no popping assistance. Client makes recognisable attempt to swim arms hard and move to standing position.
- 3 **Makes recognisable attempt to swim to stand independently** - With no assistance from carer, client attempts to swim arms to standing position, although may not keep legs together or maintain stillness on landing.
- 4 **Able to complete exercise independently** - Without any assistance, client is able to swim arms rhythmically to initiate and sustain movement, then drive arms up hard to move to standing position and maintain stillness on landing.

### Exercise 23 - High kneeling position – twist to long sitting (Harrison swivel)

- 0 **Unwilling, unable or afraid to attempt twist** - Able to high kneel and swim arms to create movement, but requires full support of two carers to twist to long sitting position.
- 1 **Will allow assistance from one carer** - Gaining confidence, will allow carer to assist with twisting to long sitting.
- 2 **Makes recognisable attempt to twist** - With one carer supporting, client makes recognisable attempt to twist to long sitting.
- 3 **Makes recognisable attempt with minimal support** - With minimal support from carer, can swim arms and then twist to long sitting.
- 4 **Able to complete exercise independently** - Without any assistance, client is able to swim arms rhythmically to initiate and sustain movement, then drive arms up, twist and land in long sitting position.

### Exercise 24 - Harrison swivel to stand - stillness

- 0 **Able to perform Harrison swivel but unable to return to feet** - With carer coming in to assist with popping or manual support, client is unwilling, unable or afraid to return to feet.
- 1 **Will return to feet with assistance** - Will perform Harrison Swivel but requires carer to ride the bed and provide hand support to return to feet. May also require support to maintain standing position.
- 2 **Will perform exercise with reduced assistance** - Requires popping from sitting position to return to feet but no longer requires hand support. May require assistance with maintaining standing position.
- 3 **Makes recognisable attempt without assistance** - Able to perform Harrison swivel and make a recognisable attempt to return to feet without support.
- 4 **Able to complete exercise independently** - Without any assistance, client is able to swim arms rhythmically to initiate and sustain movement, then drive arms up, twist and land in long sitting position, then immediately return to feet and remain still on landing.

### Exercise 25 - Harrison swivel to stand – stillness. Able to perform left and right twist

- 0 **Can perform Harrison swivel to stand but will only attempt to twist in the usual direction** - With carer coming in to assist with popping or manual support, client is unwilling, unable or afraid to attempt to twist "the other way".
- 1 **Will attempt to twist the other way with assistance** - Makes a recognisable attempt to twist the other way. Requires carer to ride the bed and provide hand support to return to feet. May also require support to maintain standing position.
- 2 **Will perform exercise with reduced assistance** - Can twist the other way through close to 180 degrees. May require popping or hand support to return to feet.
- 3 **Makes recognisable attempt without assistance** - Able to twist the other way and make a recognisable attempt to return to feet without support.
- 4 **Able to complete exercise independently** - Without any assistance, client is able to perform Harrison swivel to stillness equally well whether twisting to the left or to the right.

### Exercise 26 - Hands and knees position – slide to plank (on mattress)

- 0 **Requires assistance of two carers to move to plank position** - Able to achieve hands and knees position independently but unwilling or unable to move to plank position without full assistance of two carers.
- 1 **Can move to plank position with assistance of one carer** - Gaining confidence. Can move to plank position with assistance of just one carer.
- 2 **Makes recognisable attempt to move to plank independently** - From hands and knees position, client attempts to slide legs back and arms forwards to land on front on mattress. May not be straight or land evenly.
- 3 **Gaining proficiency** - Able to slide to plank and show straight body position.
- 4 **Able to complete exercise independently** - From hands and knees position, is able to push evenly with hands and knees to initiate movement, then slide legs back and arms forward at the same time and land flat on front on a mattress.

### Exercise 27 - Quarter turns in hands and knees position

- 0 **Can bounce independently in hands and knees but unable to turn** - Unable to turn body in the air, even with assistance.
- 1 **Beginning to turn with assistance** - Carer assisting the turn. Client not yet able to turn independently.
- 2 **Bouncing and able to turn <45° independently** - Acquired the skill to turn independently, only a small amount of movement.
- 3 **Bouncing and able to turn >45° but >90° in either direction independently** - Amount and quality of turning movement improving.
- 4 **Bouncing and able to turn 90° in either direction independently** - Competent at independent quarter turns.



## Winstrada Rebound Exercises Grade 3 HFI Notes

### Exercise 1 - Jumping with arm movements

- 0 **Performs one jump only** - Can perform one jump but makes no attempt to do another straightaway.
- 1 **Performs one jump with an attempt at performing another** - Second jump is attempted but not performed straight after the first.
- 2 **Second jump performed straight after first but not clearly defined** - Second jump is performed but with unsteady landing or without arm movements.
- 3 **Can perform two consecutive jumps in the centre of the trampoline** - Second jump is performed immediately after the first with clear arm movements and steady landing.
- 4 **Can perform jumping in swingtime in the centre of the trampoline** - Can jump repeatedly in swingtime with clear arm movements and landing evenly on feet in centre of trampoline with every jump.

### Exercise 2 - Tuck jump

- 0 **Needs manual assistance to touch hands to knees** - Carer needs to place student's hands on knees.
- 1 **Can independently touch knees with hands but feet not clear of bed while doing so** - Will mirror or respond to instructions to touch knees, but not able to time it so that knees are touched while feet off the bed.
- 2 **Makes a recognisable attempt at the exercise** - Attempts small jumps whilst attempting to touch hands to knees with feet off bed.
- 3 **Gaining confidence and ability** - Is now able to jump and touch knees with hands whilst feet are off the bed. Knees and feet not yet held together.
- 4 **Able to perform exercise satisfactorily** - Able to independently perform Tuck jump in centre of trampoline with feet and knees held together.

### Exercise 3 - Half twist jump

- 0 **Unable to turn more than 90°** - Independently standing and bouncing but unable to turn any more than 90°.
- 1 **Can turn more than 90° but unable to keep bouncing** - Can turn more than 90° but less than 180° in the air but loses balance or stops bouncing.
- 2 **Can turn 180° but unable to keep bouncing** - Turns the full 180° but loses balance or stops bouncing.
- 3 **Can turn 180° and continue bouncing** - Balance improving, can continue bouncing after turning. May not be able to stay in centre of trampoline.
- 4 **Can perform 180° turn in centre of trampoline** - Can perform 180° turn while jumping, can land evenly in centre of trampoline bed and can continue bouncing or stop in the centre at will or as required.

### Exercise 4 - Straight jump and stop

- 0 **Jumps repeatedly but makes no attempt to stop when required** - Can jump with arm movements but is unable or does not attempt to follow call or sign from carer to stop.
- 1 **Jumps and attempts to stop when required** - Jumps with arm movements and when carer calls or signs, student attempts to stop but is very unsteady and take a while to stop bouncing.
- 2 **Jumps and stops when required** - Student can stop when required but is unsteady on landing. Both arms may not yet be as straight as student's ability allows.
- 3 **Stops when required with controlled landing** - When required to stop, student will stop straightaway in a controlled manner with feet landing evenly. Arms are as straight as student's ability allows.
- 4 **Can perform set number of jumps and stop without being signalled to do so** - Student can count a set number of straight jumps and stop in a controlled manner without any call or sign from carer.

### Exercise 5 - Star jump

- 0 **Unable to perform arm movement or leg movement** - With support of carer, able to perform leg movements or arm movements, but unable or resists doing both together.
- 1 **Allows carer to assist with movements** - With support, jumps legs astride and allows carer to move arms up and down.
- 2 **Makes recognisable attempt at arm movements and leg movements together** - With reduced support, makes attempt to perform the arm and leg movements together.
- 3 **Attempts the whole exercise independently** - Without any support, shows a recognisable attempt at performing the full exercise and shows understanding of the requirement to start and finish with feet together and arms by sides.
- 4 **Able to perform exercise independently** - Without any support, is able to perform the star jump independently, showing correct positioning of arms and legs throughout the exercise.

### Exercise 6 - 3 bunny hops from hands and knees position

- 0 **Can bounce independently in hands and knees but unable to keep hands on bed while lifting knees up**
- 1 **Beginning to lift knees with assistance** - With carer assisting, beginning to keep hands down while lifting knees.
- 2 **Making a recognisable attempt without support** - Is beginning to acquire the skill to bounce knees while keeping hands down. Not yet able to perform the exercise continuously.
- 3 **Showing further improvement** - Amount and quality of movement improving. Requires no physical support.
- 4 **Able to perform exercise independently and repeatedly** - Competent at independent bunny hops. Can perform set number and stop as required.

### Exercise 7 - Seat drop, not returning to feet

- 0 **Can show seat drop position on mattress with correct position of hands** - Unable or unwilling to go from standing position on mattress to seat drop position.
- 1 **With support of carer, can drop into seat drop position on mattress** - With carer assisting, student can drop into the position on the mattress and maintain correct position of hands.
- 2 **Can perform seat drop onto mattress without support**. Without assistance from carer, can safely drop into correct seat drop position. Landing may be a little unstable.
- 3 **Seat drop onto mattress with stable landing** - Beginning to land securely on mattress without falling backwards, forwards or sideways and maintaining correct position of hands.
- 4 **Seat drop, not returning to feet, without mattress**. Can safely and competently perform the seat drop onto the bed without assistance.

### Exercise 8 - Routine: Tuck jump, ½ twist jump, star position

- 0 **Can perform exercises individually but no concept as yet of linking them together**
- 1 **Can perform the exercises separated by several bounces** - With prompting from carer, can perform the exercises when they are followed by several bounces. May stop at times before continuing.
- 2 **Can perform exercises with reduced number of intermediary bounces** - With prompting from carer, number of intermediary bounces reducing.
- 3 **Can perform routine with just one extra bounce between moves**
- 4 **Can perform routine with no intermediate bounces**. Can follow instructions from carer to perform the exercises one after the other without any intermediate bounces and can stay in centre of trampoline.

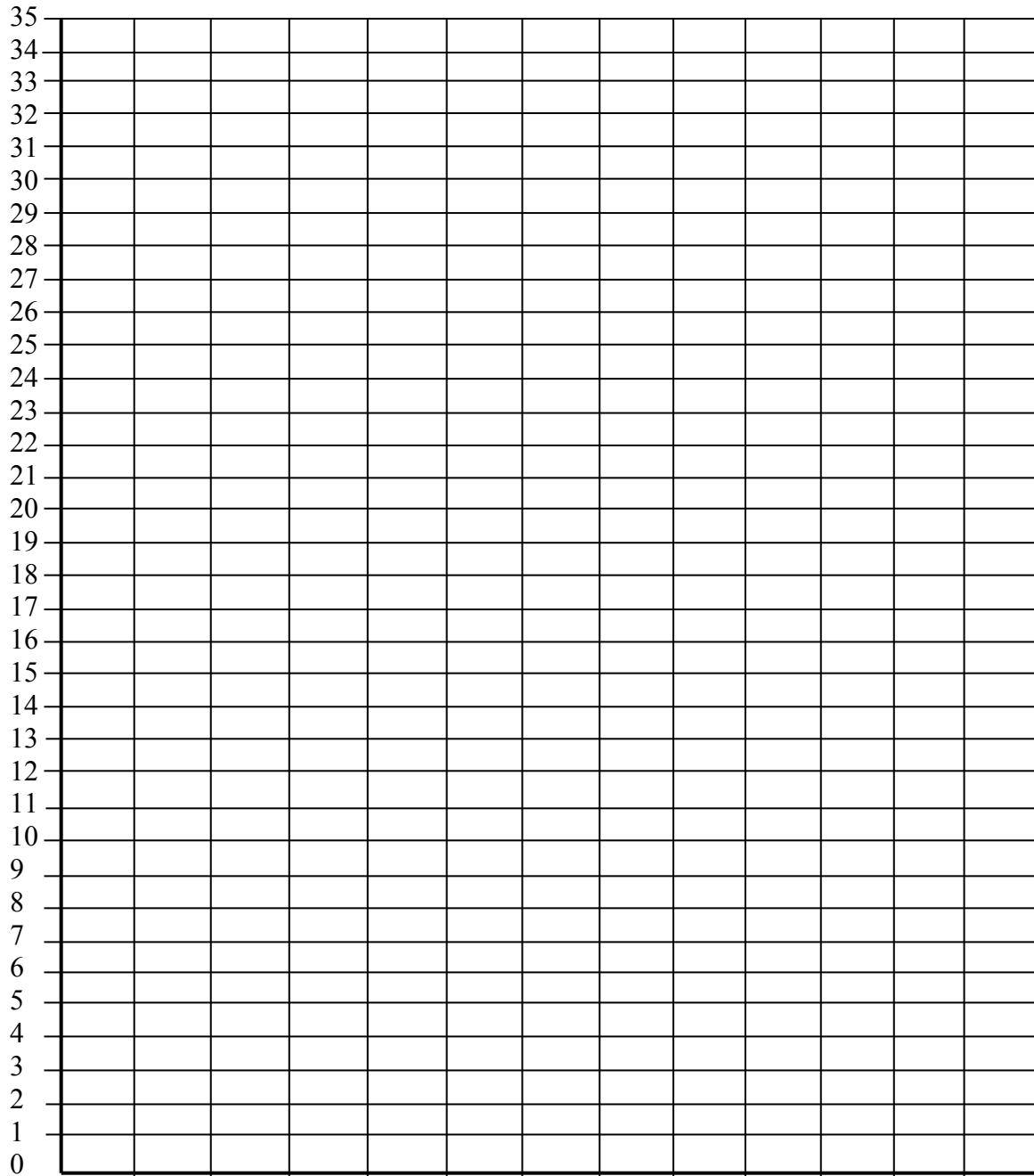
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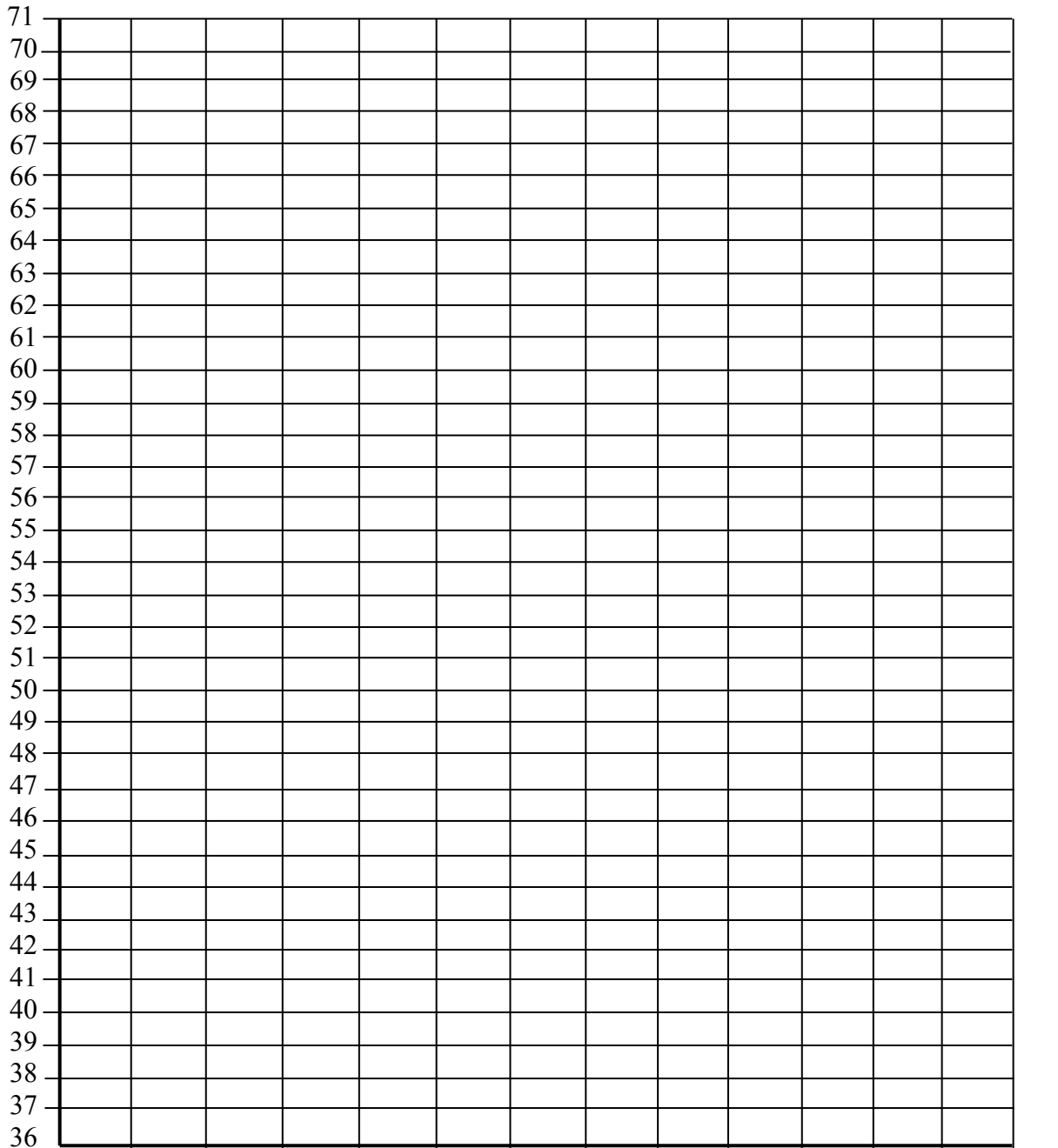
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