

My Rehab Journey

Aphasia-friendly



From **Hospital** to **Outpatients** to **Community**



Plan your recovery.

Set goals through your recovery.

Keep notes about your appointments.

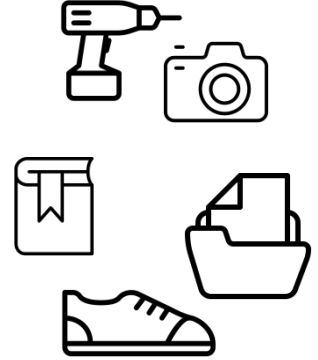
List community programs that could help you.

Track your progress and concerns.

This booklet belongs to: _____

What is important to me?

My work and my hobbies



My home



Created by icon 54
from Noun Project

My family and care partner



Created by icon 54
from Noun Project

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Setting Goals

Example A

First Goal

Go to Bingo at the community centre once a week

My goal date: July 15

Completed

How?

1. Walk using my walker for 5 minutes each day for 1 week, then increase by 1 minute every week
2. Practice my numbers 1 to 75 and letters
3. Do my physiotherapy exercises 2 times every day

Example B

First Goal



Sun Mon Tue **Wed** Thurs Fri Sat

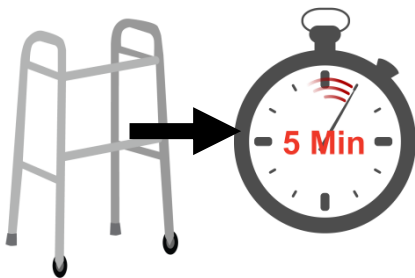


My goal date: July 15

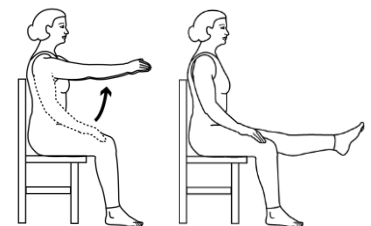
Completed

How?

Sun **Mon** Tues Wed **Thurs** Fri Sat



1 2 3 ... 75
A B C ... Z



Tracking progress and appointments

Track progress examples

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
✓ AM	✓	✓ 8:00 _{AM}	✓ 8:00 _{AM}	😊	😊	★
✓ PM	✗ ✓	✓ 12:30 _{PM}	✗ 12:30 _{PM}	😊	☹️ 😊	★
		✓ 7:45 _{PM}	✓ 7:45 _{PM}			

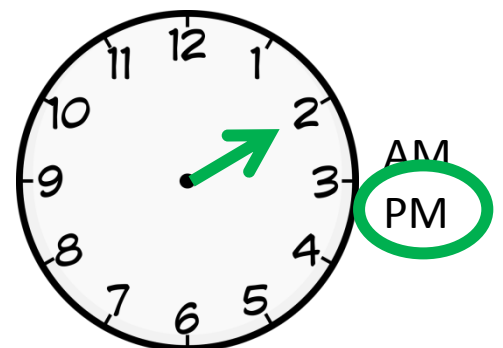
Appointment example

Where: Abbotsford Hospital Rehabilitation

Who: Physiotherapy Occupational Therapy
 Speech Language Family doctor Other _____

When: Monday Tuesday Wednesday Thursday Friday

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	<u>18</u>	19	20	21
22	23	24	25	26	27	28
29	30	31				



My goals

Make your goals **clear**, **achievable**, and **measureable**.

Your therapist can help with this.

Goal #1

My goal date:

Completed

How?

My goals

Make your goals **clear**, **achievable**, and **measureable**.

Your therapist can help with this.

Goal #2

My goal date:

Completed

How?

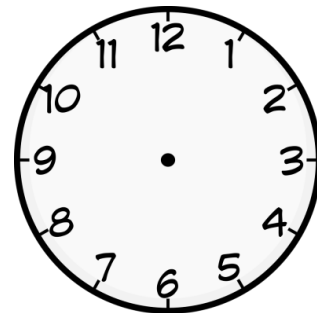
My appointments

Where: _____

Who: Physiotherapy Occupational Therapy
 Speech Language Family doctor Other _____

When: Monday Tuesday Wednesday Thursday Friday

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				



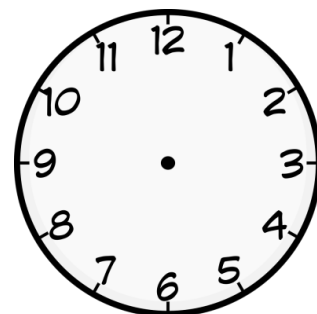
AM
PM

Where: _____

Who: Physiotherapy Occupational Therapy
 Speech Language Family doctor Other _____

When: Monday Tuesday Wednesday Thursday Friday

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				



AM
PM



My progress

Month:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday