Individual Goal Development: Using ICF and DKM	
Key Findings Task Analysis:	Suspected Drivers:
MS:	
NM:	Limiting Factors:
Sensory and Pain:	
Other Systems:	Goals of Intervention:
Individual:	
 Goals: Body Structure and Function: Short Term Lessen the impact of cumulative micro-trauma due to sustained alignments or repeated movements Externally support hypermobile structures in the movement system which have become the path of least resistance for ground reaction forces Direct forces toward target structures to increase their relative flexibility Restrict or resist motions in planes not compatible for healthy biomechanics Influence neuromuscular activation patterns during gait and other weightbearing activities 	Goals: Body Structure and Function: Developmental Kinesiopathological Model. For the patient as an adult: • Minimize negative sequelae of developing in the context of a pediatric health condition • Minimize pain • Maximize structural resilience of the movement system • Maximize neuromotor function and access to varied movement options
 Goals: Environment: Short Term Increase direct access to goal environments and structures Goals: Activities: Short Term Improve Function Efficiency Safety Goals: Environment and Activities: Developmental Kinesiopathological Model. For the patient as an adult: Maximize the environments and activities the patient can access with their movement system in the future 	 Goals: Participation & Personal Factors: Short Term Social Acceptance Self-Acceptance Fit In Stand Out Appear Neurotypical Celebrate differences Be Cool Goals: Participation & Personal Factors: Developmental Kinesiopathological Model. For the patient as an adult: Maximize acceptance of individual differences Maximize the ability to self-advocate and access appropriate resources Maximize work and social engagement as an adult
Goals of Orthotic Intervention: PT's goals:	
Patient's goals:	
Family's goals:	
Other team member's goals:	