AJOINTEFFORT
PHYSICAL THERAPY

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PATIENT:	DIAGNOSIS:

- ☐ Evaluation and Treat
- ☐ Manual Therapy
- ☐ Therapeutic Exercises
  - ☐ Stretching
  - ☐ Strengthening
  - ☐ Functional
  - ☐ Postural
- ☐ Modalities as Indicated
  - ☐ Cold Therapy
  - ☐ Hot Packs
  - ☐ Ultrasound
  - ☐ Electrical Stimulation
  - ☐ Neuro Muscular Reeducation
- ☐ Traction
  - ☐ Cervical
  - ☐ Pelvic
- ☐ Consultation
  - ☐ Posture/Body Mechanics
  - ☐ Reconditioning Program
  - ☐ Gait Training
  - ☐ Presurgical Instruction
- ☐ Other
  - ☐ T.N.S
  - ☐ Bracing
  - ☐ Orthotics

Goals:

Radiographic Finding:

Specific Instructions/Remarks/Precautions:

Frequency and Duration:

_____Times/Week for_____Weeks

REFERRING PHYSICIAN:	DATE:

NEXT PHYSICIAN APPOINTMENT: