

Patient Name: _____ Date: _____

Diagnosis: _____

Frequency/Duration: _____ Precautions/Special Instructions: _____

Evaluate & Treat

Rehabilitation Techniques

- Soft Tissue Mobilization • Myofascial Release
- Active Release Techniques®
- Joint Mobilization
- Core Strengthening / Performance Conditioning
- Therapeutic Exercise
- ROM • Stretching
- Neuromuscular Re-education
- Gait and Balance Training
- Home Exercise Program
- McConnell Taping / Kinesio Taping
- Vestibular Training
- Pelvic Floor Muscle Re-education

Supplies

- Swiss ball (home ex's)
- Foam roll (home ex's/self-release)
- Theraband
- McConnell Tape
- Kinesio Tape
- Orthotics

Other: _____

Modalities

- Ultrasound
- Electrical Stimulation
- Phonophoresis
- Iontophoresis
- Cervical Traction
- Lumbar Traction

Referring Physician (PRINT): _____

Signature: _____

Notes: _____
