



PHYSICAL THERAPY & PERFORMANCE

Patient _____ Date _____

Diagnosis _____

Date of Surgery _____

Frequency of Treatment _____ times per week Duration _____ weeks

Area (s) to be Treated _____

EVALUATE & TREAT

Therapeutic Exercise

Total Joint Rehab

PROM

Modalities

AAROM

PT Discretion

AROM

Heat/Cold

Stretching

Traction

Strengthening

NMES/TENS/IFC/IONTO

HEP

Gait Training NWB, PWB, WBAT, FWB

Manual Therapy

Concussion Exertion Testing

PNF Techniques

Balance Training

Strain/Counterstrain

Other: _____

Referring Physician (print) _____

Signature _____

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