



# AVID PHYSICAL THERAPY

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PATIENT'S NAME: \_\_\_\_\_ PATIENT'S PHONE: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

PRECAUTIONS: \_\_\_\_\_

## PHYSICAL THERAPY

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Evaluate and Treat</b>                               | <input type="checkbox"/> Modalities<br>(Elect Stim, Ultrasound,<br>Iontophoresis) |
| <input type="checkbox"/> Therapeutic Exercise<br>(Active, Passive, PRE)          | <input type="checkbox"/> Thermal Modalities<br>(Ice, Moist Heat)                  |
| <input type="checkbox"/> Functional Activities<br>(Gait, Balance, ADL)           | <input type="checkbox"/> Traction<br>(Lumbar, Cervical)                           |
| <input type="checkbox"/> Neuromuscular<br>Re-education                           | <input type="checkbox"/> Comments:<br>_____<br>_____<br>_____                     |
| <input type="checkbox"/> Manual Therapy<br>(Joint & Soft Tissue<br>Mobilization) |   |

## SPECIALTY PROGRAMS

- |  |  |
|--|--|
| <input type="checkbox"/> ACTIVITY PRESCRIPTION PROGRAM<br>• General Exercise for Health / Disease Prevention<br>• Oncology / Cancer Conditioning<br>• Diabetes Management through Activity | <input type="checkbox"/> POST-MASTECTOMY CARE  |
| <input type="checkbox"/> ARTHRITIS / PREHABILITATION PROGRAM   | <input type="checkbox"/> POST-SURGICAL CARE  |
| <input type="checkbox"/> BALANCE / FALL PREVENTION   | <input type="checkbox"/> PRENATAL PROGRAMS<br>• Carpal Tunnel Syndrome<br>• Low Back / Pelvic Pain |
| <input type="checkbox"/> CARDIOPULMONARY PHYSICAL THERAPY  | <input type="checkbox"/> TMJ / HEADACHE PROGRAM  |
| <input type="checkbox"/> DIABETIC PERIPHERAL NEUROPATHY / ANODYNE  | <input type="checkbox"/> VESTIBULAR REHABILITATION   |
| <input type="checkbox"/> LOW BACK AND NECK PAIN  | <input type="checkbox"/> WORK INJURY / RETURN TO WORK  |
| <input type="checkbox"/> OSTEOPOROSIS PROGRAM  | <input type="checkbox"/> OTHER: _____  |

Comments / Parameters: \_\_\_\_\_

Frequency: \_\_\_\_\_ times per week for \_\_\_\_\_ weeks. Signature: \_\_\_\_\_ Date: \_\_\_\_\_