



South Whidbey Physical Therapy & Sports Clinic

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Patient: _____ Date: _____

Patient Contact Info: _____

Diagnosis : _____ Dx Code: _____

Comments: _____

MODALITIES

- Heat/Cold
- Ultrasound
- Electrical Stim
- Biofeedback
- TENS

EXERCISE

- Gait Training
- Endurance Training
- Strength Training
- Proprioceptive Drills
- Balance & Agility Drills

AQUATICS

- Strengthening
- Lumbar Stabilization
- Arthritis Protocol
- TKA Protocol
- Stretching

OTHER

- Joint Mobilization
- Soft Tissue Massage
- Taping
- Body Mechanics
- Home Exercise Prog.

Treatment Frequency: _____ times per week, for _____ weeks.

Or *Physical Therapist to evaluate and determine treatment.*

Follow Up Desired by Physician: _____ Please send progress note.

Have patient reschedule in _____ weeks.

Physician Signature : _____ NPI: _____

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