



Central Coast Physical Therapy

ATASCADERO

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Name: _____ Phone _____ Date _____

Diagnosis: _____

Precautions: _____ Date of Onset: _____

- Evaluate and Treat
- Back / Neck Rehabilitation Program
- Extremity Rehabilitation
- Neuro Rehabilitation
- Therapeutic Exercise
- Range of Motion
- Joint Mobilization / Manipulation
- Soft Tissue Mobilization
- Gait Training
- Osteoporosis Program
- Prenatal Back Care Program
- Balance / Vestibular Training
- Sport Specific Training

Modalities:

- Ultrasound / Phonophoresis
- Electrical Stimulation
- Iontophoresis
- TENS
- Whirlpool
- Traction

Special Instructions: _____

Frequency: _____ *Duration:* _____

Signature: _____