



Kenosha **Racine**
(262) 942.0163 (262) 886.6780

Lake Geneva
(262) 249.1915

Patient Name: _____

Diagnosis: _____

Precautions/Restrictions: _____

Evaluate and Treat: _____

Modalities:

- | | |
|--|---|
| <input type="checkbox"/> Hot/Cold | <input type="checkbox"/> Traction cervical/pelvic |
| <input type="checkbox"/> Ultrasound | <input type="checkbox"/> Edema Control |
| <input type="checkbox"/> E-Stim | <input type="checkbox"/> Massage/MFR |
| <input type="checkbox"/> TENS | <input type="checkbox"/> Iontophoresis |
| <input type="checkbox"/> EMG (surface) | <input type="checkbox"/> Phonophoresis |

Exercises:

- | | |
|--|--|
| <input type="checkbox"/> Active | <input type="checkbox"/> Aquatics |
| <input type="checkbox"/> Passive | <input type="checkbox"/> Ergonomic Assessment |
| <input type="checkbox"/> ROM | <input type="checkbox"/> Functional Capacity Evaluation |
| <input type="checkbox"/> Stabilization | <input type="checkbox"/> Strength & Conditioning Program |

Education:

- | | |
|--|---|
| <input type="checkbox"/> Closed Kinetics | <input type="checkbox"/> Body Mechanics |
| <input type="checkbox"/> Isometrics | <input type="checkbox"/> Lifting |
| <input type="checkbox"/> Theraband | <input type="checkbox"/> Taping |
| <input type="checkbox"/> Home Exercise Program | |

Date of Next Doctor's Visit _____

Signature: _____ Date: _____

www.balistreript.com