



**ABILENE PHYSICAL THERAPY**  
and  
**SPORTS REHAB**

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PATIENT NAME \_\_\_\_\_ AGE \_\_\_\_\_ DX \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ FREQUENCY/DURATION 1 2 3 4 5 TIMES/WK \_\_\_\_\_ WEEKS

PHYSICAL THERAPY: EVALUATE & TREAT

**PROCEDURES**

\_\_\_\_\_ ROM/STRETCHING  
\_\_\_\_\_ STRENGTHENING  
\_\_\_\_\_ GAIT TRAINING  
\_\_\_\_\_ ASYTM  
\_\_\_\_\_ MOBILIZATION  
\_\_\_\_\_ CORE STRENGTHENING  
\_\_\_\_\_ MANUAL THERAPY  
\_\_\_\_\_ POSTURE/BACK EXERCISES  
\_\_\_\_\_ HOME INSTRUCTIONS  
\_\_\_\_\_ ORTHOTICS

**MODALITIES**

\_\_\_\_\_ ULTRASOUND  
\_\_\_\_\_ PHONOPHORESIS  
\_\_\_\_\_ E-  
\_\_\_\_\_ STIM  
\_\_\_\_\_ INTERFERENTIAL  
\_\_\_\_\_ IONTOPHORESIS  
\_\_\_\_\_ TENS/NMES  
\_\_\_\_\_ PARAFFIN  
\_\_\_\_\_ CERVICAL TX  
\_\_\_\_\_ PELVIC TX  
\_\_\_\_\_ MASSAGE  
\_\_\_\_\_ CRYOTHERAPY/MOIST HEAT

**WOMENS HEALTH**

\_\_\_\_\_ PELVIC FLOOR STRENGTHENING  
\_\_\_\_\_ BIOFEEDBACK  
\_\_\_\_\_ PRENATAL  
\_\_\_\_\_ EXERCISES  
\_\_\_\_\_ POSTNATAL EXERCISES  
\_\_\_\_\_ MASTECTOMY PROGRAM  
\_\_\_\_\_ OSTEOPOROSIS  
\_\_\_\_\_ PROGRAM

Other \_\_\_\_\_

PHYSICIANS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_