

HPTNYC

HOME PHYSICAL THERAPY

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Patient Name _____ Phone _____

Diagnosis/Surgery _____

Referred by _____

EVALUATE & TREAT

Modalities

- Hotpack
- Coldpack
- Taping
- TENS

Program

- McKenzie Program
- Core Muscle Strengthening
- Lumbar Stabilisation Program
- Patello-Femoral Program
- Functional Restoration
- Work Conditioning
- Post-op Spine instructions _____
- Post-op Hip instructions _____
- Post-op Knee instructions _____
- Post-op Shoulder instructions _____
- Other _____

Exercises

- Active ROM
- Passive ROM
- Stretching
- Strengthening
- Mobilisation
- Other: _____
- Isometrics
- Conditioning
- Gait Training
- Home Program
- Falls/Balance Training

FREQUENCY OF TREATMENT

- Standard Treatment Plan: 3 days a week 4 weeks 6 weeks 8 weeks
- Other Frequency of Treatment: _____ days a week for _____ weeks

COMMENTS

Signature

Date