

VANCOUVER
Rehabilitation
& Therapy
CLINIC, P.S.

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Date _____ Patient Name _____

Occupational Therapy

Physical Therapy

(see map on reverse side)

DIAGNOSIS _____

SPECIAL INSTRUCTIONS _____

SPLINTING _____

PRECAUTIONS _____

X-RAY FINDINGS _____

FREQUENCY as required
 daily
 TIW
 _____ visits

DURATION _____ weeks

Evaluate and Rx as needed with report to Doctor

Kinetics - Therapeutic Exercise

Pool Therapy with Exercise

Work Conditioning

Physical Capacities Evaluation

ROM ___ Passive ___ Active

MODALITIES

___ Cold pack ___ Moist heat

___ Traction ___ Ultrasound

___ Paraffin ___ Galvanic

___ TENS

PROCEDURES

___ Massage ___ Joint mobilization

___ Neurological ___ Trigger point

___ re-education ___ therapy

Back School Education

Iontophoresis/Phonophoresis

Scar Management/Desensitization

Home Exercise Program

TMJ Evaluation and Treatment

signed _____ M.D.