

Physical Therapy

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Patient:	DOB:
Diagnosis	
Frequency	/week Duration /week
O EVALUATE AND TREAT FO	R PHYSICAL THERAPY/OCCUPATIONAL THERAPY
O Orthotics/Equipment	Occupational Therapy: PROM, AAROM, AROM (Circle) Ther-Ex/Activities Manual Therapy ADL's Aquatics Kinesiotaping Splinting Modalities as Indicated
Date:	