

## 1501 HOLIDAY DRIVE SULPHUR SPRINGS, TX 75482

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## JASON MANESS, PT, DPT DOCTOR OF PHYSICAL THERAPY

## CASSIE MANESS, PTA, LMT PHYSICAL THERAPIST ASSISTANT/ LICENSED MASSAGE THERAPIST

Patient's Name:	Phone:	DOB
Diagnosis:	DX Code:	
Surgery Date:		
Duration / Frequency:		
Precautions / Limitations: (if Protocol, Please Fa	<u>x)</u>	
Goals:		
	ate and Treat	
MODALITIES AS INDICATED  STRENGTHENING / STRETCHING EXERCISES  TENS/TENS HOME UNIT  ULTRASOUND PHONOPHORESIS  10% HYDROCORTISONE  IONTOPHORESIS DEXAMETHASONE  GAIT TRAINING JOINT MOBILIZATION SPINAL STABILIZATION EX'S.  BALANCE / COORDINATION HOME EXERCISE PROGRAM	HOT PACKS  COLD PACKS  TRACTION: MECH./MAN  CERVICAL  LUMBAR  PARAFFIN  MASSAGE / SOFT TISSU  RECONDITIONING  ORTHOTICS  AROM / PROM  PASSIVE / ACTIV	JE MOBILIZATION
BRACING (Please specify)		
OTHER:		
COMMENTS:		
<u>,————————————————————————————————————</u>		
NEXT PHYSICIAN'S APPOINTMENT		
Physician Signature:		Date: