



21200 Hwy 46 W Spring Branch, TX 78070
P: 830 980-4055 F: 830 438-4085

Patient Name: _____ Date: _____

Diagnosis: _____

Date of Surgery: _____ Frequency: _____ x _____ weeks

Does Procedure have MD specific PT protocol (circle one) YES NO

Evaluate & Treat

Aquatic Therapy

Therapeutic Exercise

- PROM
- AROM
- PRE's,
- PNF
- Strength training

Manual Techniques

- Myofascial Release
- Massage
- Joint Mobilization
- Muscle Energy Techniques

Neuro- Reed

- Balance
- Vertigo
- Pelvic Stabilization
- Postural Training

Modalities

- US
- Phonophoresis
- Traction
- Electrical Stimulation

Gait Training: To improve patients functional ambulation

Other _____

Next MD Appointment _____

Physician Signature _____