



RAINIER FAMILY

physical therapy, ps

18710 Meridian E, Suite 21
Puyallup, WA 98375-2231
P 253.875.6826 F 253.875.1547

Name _____ Date _____

Diagnosis _____

Date of Injury/Surgery _____

Precautions/Comments _____

- Evaluate and treat per Therapist's discretion
- Evaluate and treat with recommendations as below

MODALITIES/PROCEDURES

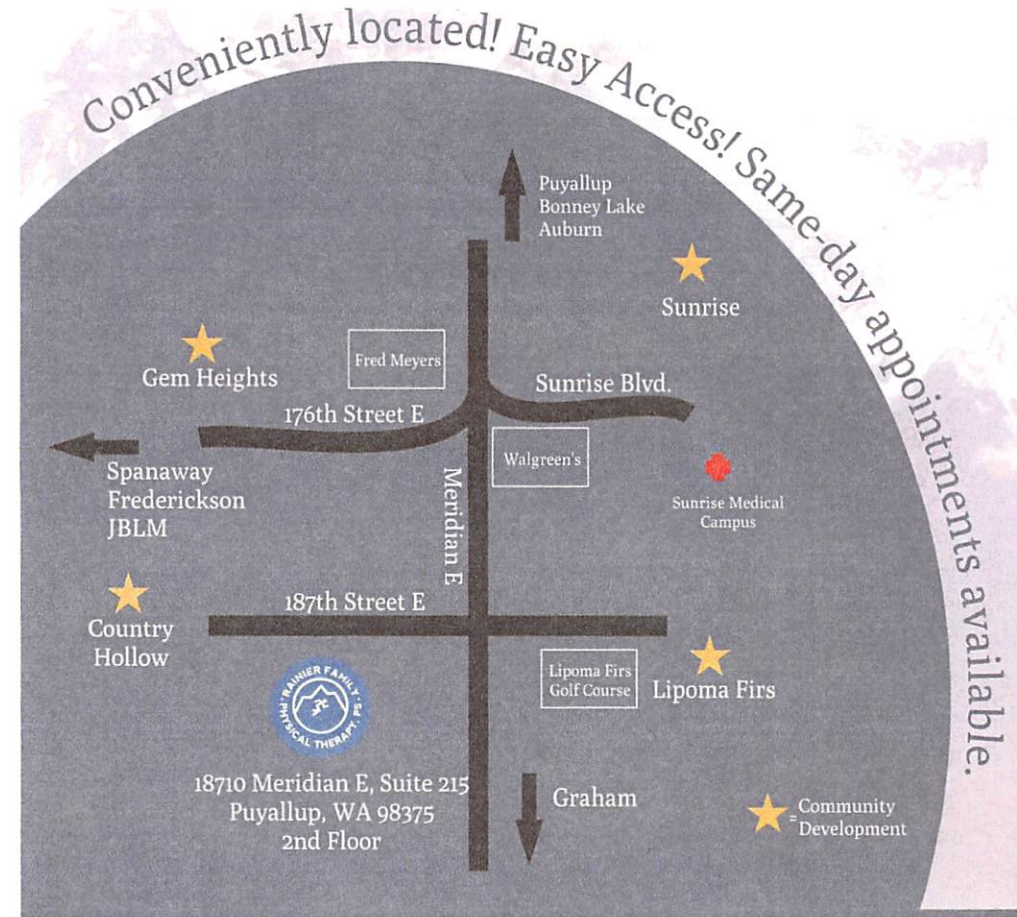
- | | |
|---------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Heat/Ice | <input type="checkbox"/> Strain/Counterstrain |
| <input type="checkbox"/> Ultrasound | <input type="checkbox"/> Gait Training |
| <input type="checkbox"/> Iontophoresis | <input type="checkbox"/> Functional Activity/Training |
| <input type="checkbox"/> Electrical Stimulation | <input type="checkbox"/> Home Exercise Program |
| <input type="checkbox"/> TENS | <input type="checkbox"/> ROM/Stretching |
| <input type="checkbox"/> Manual Traction | <input type="checkbox"/> Balance/Proprioception |
| <input type="checkbox"/> Cervical | <input type="checkbox"/> Core Stabilization |
| <input type="checkbox"/> Lumbar | |
| <input type="checkbox"/> Joint Mobilizations | |
| <input type="checkbox"/> Soft tissue mobilization | |
| <input type="checkbox"/> Myofascial Release | |

ADDITIONAL NOTES:

Physician's Signature _____

Physician's Name (printed) _____

See reverse side for a map to this location!



Conveniently located! Easy Access! Same-day appointments available.