

HO PHYSICAL THERAPY
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Phone: (310) 278-5337
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Date _____

Patient's Name _____

Physician's Name _____

Diagnosis _____

Frequency _____ Duration _____

Evaluate & Treat _____

Modalities

- As indicated
- Cold Heat
- Diathermy
- Ultrasound
- Phonophoresis
- Iontophoresis
- Electrical Stimulation
- TENS
- Mechanical Traction

Treatment Area

- C/S T/S L/S
- Shoulder Elbow Hand
- Hip Knee Ankle/Foot
- TMJ

Procedures

- Massage/Soft Tissue Mobilization
- Joint Mobilization
- ROM
- Stretching
- Strengthening
- Therapeutic Exercise
- Spine Stabilization
- Posture/Body Mechanics Instruction
- Balance Training
- Gait Training
- General Reconditioning
- Spray-Stretch
- Tai-chi
- TMJ Rehab

Special Instructions _____

Physician's Signature _____