the motive
PHYSICAL THERAPY SPECIALISTS
www.themotiveaz.com

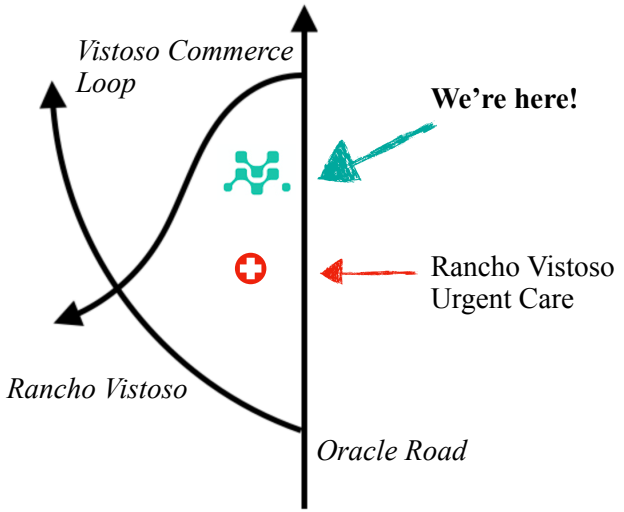
Call or text: **520-389-5311**

Patient's Name: _____ Patient's Phone: _____

Diagnosis: _____ DOB: _____

Precautions: _____

- ☐ **Evaluate and Treat**
- ☐ Therapeutic Exercise (Active, Passive, PRE)
- ☐ Functional Activities (Gait, Balance, ADL)
- ☐ Neuromuscular Re-education
- ☐ Manual Therapy (Joint & Soft Tissue Mobilization)
- ☐ Modalities (Elect Stim, Ultrasound, Iontophoresis)
- ☐ Thermal Modalities (Ice, Moist Heat)
- ☐ Traction (Lumbar, Cervical)
- ☐ Comments: _____ _____ _____



Frequency: _____times per week for _____weeks. Signauture_____Date:_____

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